UNIVERSIDAD SIMÓN BOLÍVAR | INSTITUTO DE POSGRADOS

Factores de Riesgo y Morbimortalidad en Paciente Postoperatorio de Cirugía Cardiovascular

Autores
María Ángel Gómez Carrillo
Isabel María Pacheco Patiño

Trabajo de Investigación o Tesis Doctoral como requisito para optar el título de Especialista en Medicina Crítica y Cuidados Intensivos

Tutores
Abul Enrique Ariza Algarín
Henry J. González-Torres

RESUMEN

Antecedentes:
Las enfermedades cardiovasculares son una pandemia silente que se encuentra asociadas al estilo de vida actual, lo que ha hecho que se eleven el número de cirugías por estas causas y consecuentemente los factores de mortalidad asociados a estas y que son inherentes a la hospitalización en la Unidad de Cuidados intensivos.
Objetivo: Evaluar los principales factores de riesgo de morbimortalidad en los pacientes postquirúrgicos cardiovasculares de la Clínica General del Norte, en Barranquilla, Colombia.
Metodología: Se realizó un estudio retrospectivo observacional. En una clínica de Barranquilla (Atl, CO), el periodo de estudio estuvo comprendido entre enero 2016 y junio 2018. Se recogieron datos de las historias clínicas socio demográficos, factores de riesgo preoperatorios, intraoperatorios, postoperatorios que afectan la morbi-morbilidad. Se realizó estadística descriptiva y representación porcentual de los valores encontrados. Los análisis estadísticos fueron realizados en statgraphic xvi ®.
Resultados:
Se incluyeron 661 pacientes. La edad promedio fue de 63±12 años; el 71% de la población fueron hombres. La proporción sexual fue 3:1, hombre a mujer, 53.2% de la población se encontraba en sobrepeso y/u obesidad. El IMC global fue de 26.0±4.42, Entre los antecedentes HTA 75%; la dislipidemia 33 %. El procedimiento quirúrgico más frecuente fue el coronario (60.51%) seguido del Reemplazo valvular (24.05%), los factores que más impactan en la Mortalidad

HTA 81.5 % (p: 0.0358), 5.9% Enfermedad cerebrovascular (p: 0.0316) y el 16.8% Enfermedad Renal Crónica (p: 0,0002). Procedimiento en Aorta torácica 7,6% (p: 0,0007).La estancia promedio en UCI fue de 13±12, la estancia hospitalaria prolongada estuvo asociada a cirugía de aorta torácica. Las complicaciones fueron Diálisis 23,5% (p: 0,0000), neurológicas 5,9% (p: 0,0017), Infecciones 8,4% (p: 0,0006) y la Necesidad de Transfusión 47,9% (p: 0,0027)

Conclusión: La tasa de mortalidad está asociada a factores preoperatorios (HTA, enfermedad cerebrovascular y ERC) , factores intraoperatorios y postoperatorios, tales como procedimiento de aorta torácica, diálisis, complicaciones neurológicas, infecciones y transfusión; el manejo del paciente debe dirigirse a prevenir la morbimortalidad en cirugía cardiovascular, disminuyendo complicaciones, estancia en uci y optimizando los resultados postoperatorios .

Palabras clave: Cirugía cardiaca, Complicación, Mortalidad en UCI, Estancia hospitalaria.

ABSTRACT

Background:
Cardiovascular diseases are a silent pandemic that is associated with the current lifestyle, which has increased the number of surgeries for these causes and consequently the mortality factors associated with them and that are inherent to hospitalization in the Unit intensive care.

Objective: To evaluate the main risk factors for morbidity and mortality in post-surgical cardiovascular patients at the Clinic General del Norte, in Barranquilla, Colombia.

Methodology: A retrospective observational study was carried out. In a clinic in Barranquilla (Atl, CO), the study period was between January 2016 and June 2018. Data were collected from socio-demographic, preoperative, intraoperative, and postoperative risk medical records that affect morbidity and morbidity. Descriptive statistics and percentage representation of the values found were performed. Statistical analyzes were performed in statgraphic xvi ®.

Results: 661 patients were included. The average age was 63 ± 12 years; 71% of the population were men. The sexual ratio was 3: 1, male to female, 53.2% of the population was overweight and / or obese. The global BMI was 26.0 ± 4.42, Among the antecedents HTN 75%; dyslipidemia 33%. The most frequent surgical procedure was coronary (60.51%) followed by valve replacement (24.05%), the factors that had the greatest impact on Mortality are HTN 81.5% (p: 0.0358), 5.9% Cerebrovascular disease (p: 0.0316) and 16.8 % Chronic Kidney Disease (p: 0.0002). procedure in thoracic aorta 7.6% (p: 0.0007). The average stay in the ICU was 13 ± 12, the long hospital stay was associated with thoracic aortic surgery. The complications were Dialysis 23.5% (p: 0.0000), neurological 5.9% (p: 0.0017), Infections 8.4% (p: 0.0006) and Need for Transfusion 47.9% (p: 0.0027).

Conclusion: The mortality rate is associated with preoperative factors (HTN, cerebrovascular disease and CKD), intraoperative and postoperative factors, such as thoracic aortic procedure, dialysis, neurological complications, infections and transfusion; Patient management should be aimed at preventing morbidity and mortality in cardiovascular surgery, reducing complications, staying in ICU and optimizing postoperative results.

Keyword: Cardiac surgery, Complication, ICU mortality, Hospital stay

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