

Outcomes worse with reinterventions after congenital cardiac surgery

June 21 2022



Among transplant-free survivors requiring pre-discharge reinterventions

after congenital cardiac surgery, those with persistent major residua have significantly worse long-term outcomes, according to a study published in the June 28 issue of the *Journal of the American College of Cardiology*.

Aditya Sengupta, M.D., from Boston Children's Hospital, and colleagues assessed the long-term outcomes of transplant-free survivors of hospital discharge requiring pre-discharge reinterventions after surgery for congenital heart disease. The analysis included 408 patients treated from 2011 through 2019.

The researchers reported 58 postdischarge deaths or [transplants](#) (14.2 percent) and 208 late reinterventions (51.0 percent) at a median follow-up of 3.0 years. Worse transplant-free survival and freedom from reintervention were seen with greater pre-discharge residual lesion severity. Compared with grade 1 patients (no residua), grade 3 [patients](#) (major residua) had an increased risk for postdischarge mortality or transplant (hazard ratio, 4.8) and late reintervention (subdistribution hazard ratio, 2.1).

"Understanding the factors responsible for residual anatomic defects after surgery for [congenital heart disease](#), particularly those involving the atrioventricular valves, could improve patient selection for individualized corrective strategies," the authors write.

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Citation: Outcomes worse with reinterventions after congenital cardiac surgery (2022, June 21)

retrieved 22 June 2024 from <https://medicalxpress.com/news/2022-06-outcomes-worse-reinterventions-congenital-cardiac.html>

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