

44542 - ROUTINE IMMEDIATE EXTUBATION IN OPEN HEART SURGERY IS SAFE, FEASIBLE, DECREASES POST-OPERATIVE COMPLICATIONS AND SIGNIFICANTLY SAVES MONEY: A 795 PATIENTS' PROSPECTIVE COHORT

David Bracco, Montreal General Hospital, Montreal, QC, Canada;

Nicolas Noiseux, Hotel Dieu de Montreal;

Charles Giroux, Montreal General Hospital;

Ignacio Prieto, Hotel Dieu de Montreal;

Fadi Basile, Hotel Dieu de Montreal;

MJ Dubois, Hotel Dieu de Montreal;

T H Hemmerling, Montreal General Hospital;

Background:

There is a trend toward implementation of fast track cardiac surgery programs and several authors promoted immediate operating room extubation after cardiac surgery. The aim of the present cohort is to present the incidence of complications and resource use in a consecutive cohort of patients extubated immediately after cardiac surgery

Methods:

Local IRB approval was obtained for this study. Implementation of ultra-fast track cardiac surgery program at the Hotel Dieu de Montreal. Endorsement of immediate operating room extubation by 7/13 anesthesiologists. Consecutive prospective data acquisition of all patients operated from July 1st 2002 to January 31st 2006.

Results:

A total of 1290 elective patients were operated: 495 were transferred intubated in the ICU and 795 were extubated in the operating room. The two cohorts were comparable preoperatively. The reintubation rate was 0.5%. Patients extubated in the operating room had less pneumonia, less catheter infection. The mean ICU length of stay decreased from 74 hours to 39 hours. In the ICU costs decreased from 21'500 to 8'700 US \$ per patients. ICU mortality decreased from 2.83% to 0.75%. In a subgroup of 910 OP-CABG, ICU length of stay decreased from 2.64 to 1 and mortality from 2.36% to 0.18%.

Conclusion:

Routine immediate extubation after cardiac surgery is safe, reduces postoperative complication rate, decreases resource utilization and mortality. The standard cardiac anesthesia technique for cardiac surgery should change and immediate extubation be the standard of care.

