OBESITY AS RISK FACTOR OF POSTOPERATORY COMPLICATIONS IN CORONARY PATIENTS

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Introduction: The high prevalence of overweight and obesity currently evidenced in our society, is a cardiovascular risk factor added an important influence on the postoperative cardiac surgery (CS).

Objectives:
1. To analyze the relationship between the presence of obesity or overweight and the occurrence of complications in patients undergoing CS.
2. Designing a plan of action to prevent them.

Method: An observational, analytical, longitudinal. Displays of 40 patients (53% males, 47% females), intervened CS. In our unit 1/1/2006 to 30/5/2006. Inclusion criteria: Patients undergoing Valve Heart Disease and Surgery, age range 50-80 years. Key variables: age, sex, height, weight, abdominal circumference, body mass index (BMI.), clinical and laboratory data from the clinical history. We conducted semi structured interview adjusted eating habits, lifestyle and psychosocial aspects.

Results: Mean age: 70.34 years; average weight 73.08 Kg., 166.56cm height, average BMI of 26.37 Kg./m2.

<table>
<thead>
<tr>
<th>Nº patients</th>
<th>Normal BMI</th>
<th>Overweight I</th>
<th>Overweight II</th>
<th>Obesity</th>
<th>total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presence of complications</td>
<td>1</td>
<td>4</td>
<td>6</td>
<td>5</td>
<td>16</td>
</tr>
<tr>
<td>Complication %</td>
<td>14%</td>
<td>27%</td>
<td>46%</td>
<td>100%</td>
<td>40%</td>
</tr>
</tbody>
</table>

Conclusions: 1. The increase in BMI raised the risk of surgical complications in coronary patients, highlighting the sternal dehiscence and mediastinum infection. 2. Obesity affects a higher morbidity and mortality, preventing it should occupy prominent place for the important social and implications involved. 3. We must undertake a programme of weight loss in these patients since the consultation once the diagnosis and planned intervention as primary prevention.

Enferm Cardiol. 2009; Año XVI(47-48):56-57

Bibliografía
“OBESITY AS RISK FACTOR OF POST OPERATORY COMPLICATIONS IN CORONARY PATIENTS”.

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BACKGROUND/AIMS
The high prevalence of overweight and obesity currently evidenced in our society is a cardiovascular risk factor which is of concern to all health professionals. This study aimed to evaluate the association between obesity and postoperative complications in coronary patients. The main aims of this study were:
1. To assess the relationship between obesity and the occurrence of complications in patients undergoing CABG.
2. To design a plan of action to prevent them.

METHODS
An observational, analytical, longitudinal study. Sample of 98 patients (65% males, 35% females), all patients undergoing CABG, were included in our study. The study period was from 1/1/2006 to 30/12/2006. Inclusion criteria: Patients undergoing CABG and having a BMI greater than 30 kg/m². Exclusion criteria: Patients with known obesity or obesity-related diseases. The main outcomes were obesity, obesity-related diseases, and postoperative complications.

RESULTS
Mean age: 70.34 years; average weight: 75.08 kg; average height: 1.66 m; average BMI: 26.37 kg/m². "Graphics 1.2. Table 1.

COMPLICATIONS
a) Mainstream infection: 22.5% (9) b) Sternal Dehiscence: 10% (4) c) General Sepsis: 2.5% (1)

TABLE 1

CONCLUSIONS
1. The increase in BMI raised the risk of surgical complications in coronary patients, highlighting the importance of postoperative complications.
2. Obesity affects a higher morbidity and mortality, presenting it should occupy a prominent place for the importance social and implications involved.
3. We must undertake a programme of weight loss in these patients since the consultation once the diagnosis and planned intervention as primary prevention.

BIBLIOGRAPHY