

MEETING ABSTRACT

Open Access

# Debut century in cardiac surgery - Is it worth mentioning

Kalyana Javangula

From World Society of Cardiothoracic Surgeons 25th Anniversary Congress, Edinburgh  
Edinburgh, UK. 19-22 September 2015

## Background/Introduction

Consultant surgical practice including the outcomes has been under great scrutiny from day 1. Having a solid foundation in the early stages is going to give confidence to take high risk cases in the later years with good results. With this I am going to present my own series of first 100 cases.

## Aims/Objectives

Here I would like to present, how I performed first 100 operations as a consultant surgeon without mortality, stroke, re-exploration, deep sternal wound infections or mediastinitis. I take this opportunity to share my methodology of case selection and preparation for surgery with the upcoming consultant colleagues and senior trainees who are going to be the future generation of cardiac surgeons.

## Method

This is prospective, which was retrospectively collected on my patients whom I operated between July 2010 and March 2011 as a new consultant. The total 105 cases includes 76 CABG, 21AVR, 8 AVR+CABG and third of these were acute cases. The mean age was 59.3 (5 - 84) and mean additive Euro score of 4.5 (0-10) and only 10% are mod -poor LV function. None of the patients had IABP either before or after surgery.

## Results

There were no post-op mortality or stroke and none of the patients were re-explored for bleeding or tamponade. Only 2 patients were readmitted to ICU for tachyarrhythmias and 3 patients needed re-intubations (out of which one needed tracheostomy). 10% had minor postop complications including small left sided pleural effusions, pneumothorax and superficial leg wound infections. None of these

patients had deep sternal or leg wound infections requiring vac therapy or rewiring.

## Discussion/Conclusion

Careful patient selection and attention to detail are the key factors for achieving good postoperative outcomes. Career as a consultant cardiac surgeon is a challenging journey. We are practising in times where outcomes are highly scrutinised and available to public domain. Gone those days where people are going to accept mishaps (just because you started as a newly appointed consultant). Good foundation in the initial stages gives you the confidence to handle challenging and high risk cases in the future.

Published: 16 December 2015

doi:10.1186/1749-8090-10-S1-A300

**Cite this article as:** Javangula: Debut century in cardiac surgery - Is it worth mentioning. *Journal of Cardiothoracic Surgery* 2015 **10**(Suppl 1):A300.

Submit your next manuscript to BioMed Central  
and take full advantage of:

- Convenient online submission
- Thorough peer review
- No space constraints or color figure charges
- Immediate publication on acceptance
- Inclusion in PubMed, CAS, Scopus and Google Scholar
- Research which is freely available for redistribution

Submit your manuscript at  
[www.biomedcentral.com/submit](http://www.biomedcentral.com/submit)



Leeds Teaching Hospitals NHS Trust, Leeds, LS1 3EX, UK



© 2015 Javangula This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited. The Creative Commons Public Domain Dedication waiver (<http://creativecommons.org/publicdomain/zero/1.0/>) applies to the data made available in this article, unless otherwise stated.