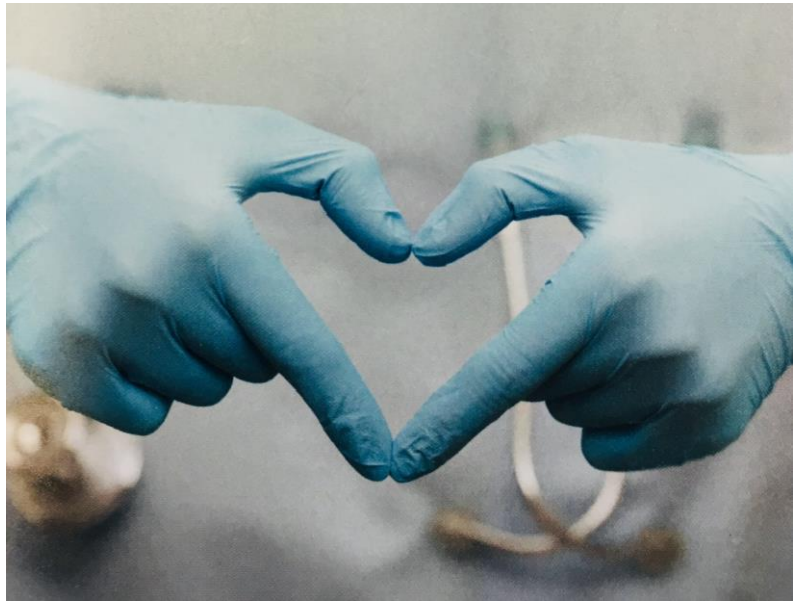
Herzchirurgie

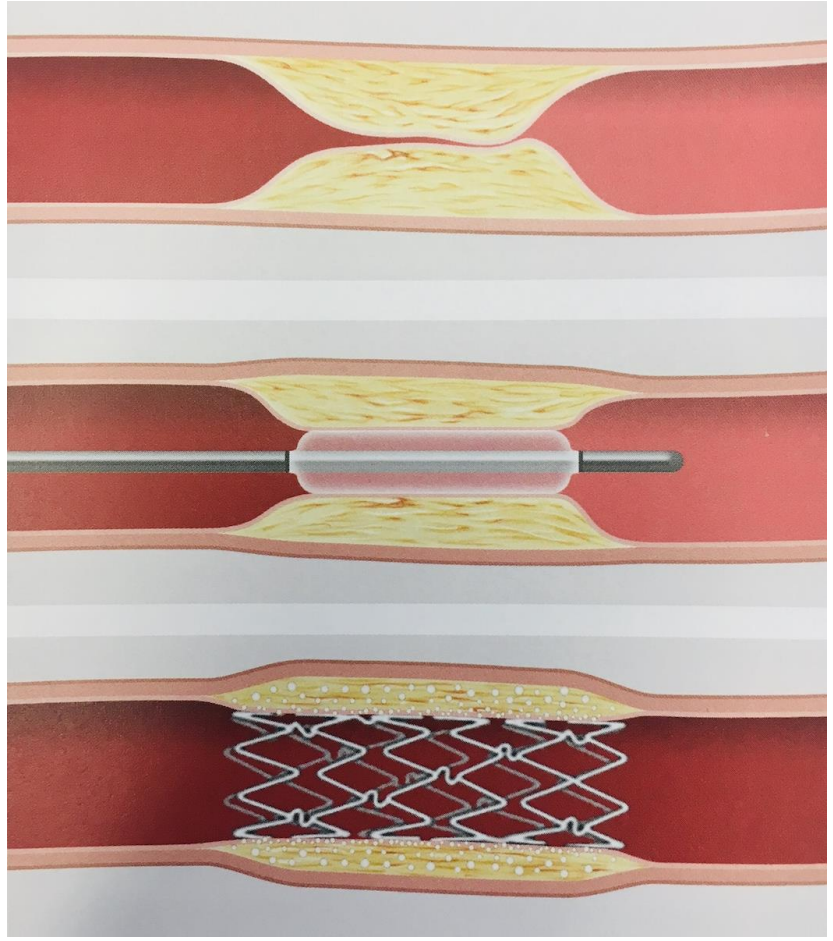


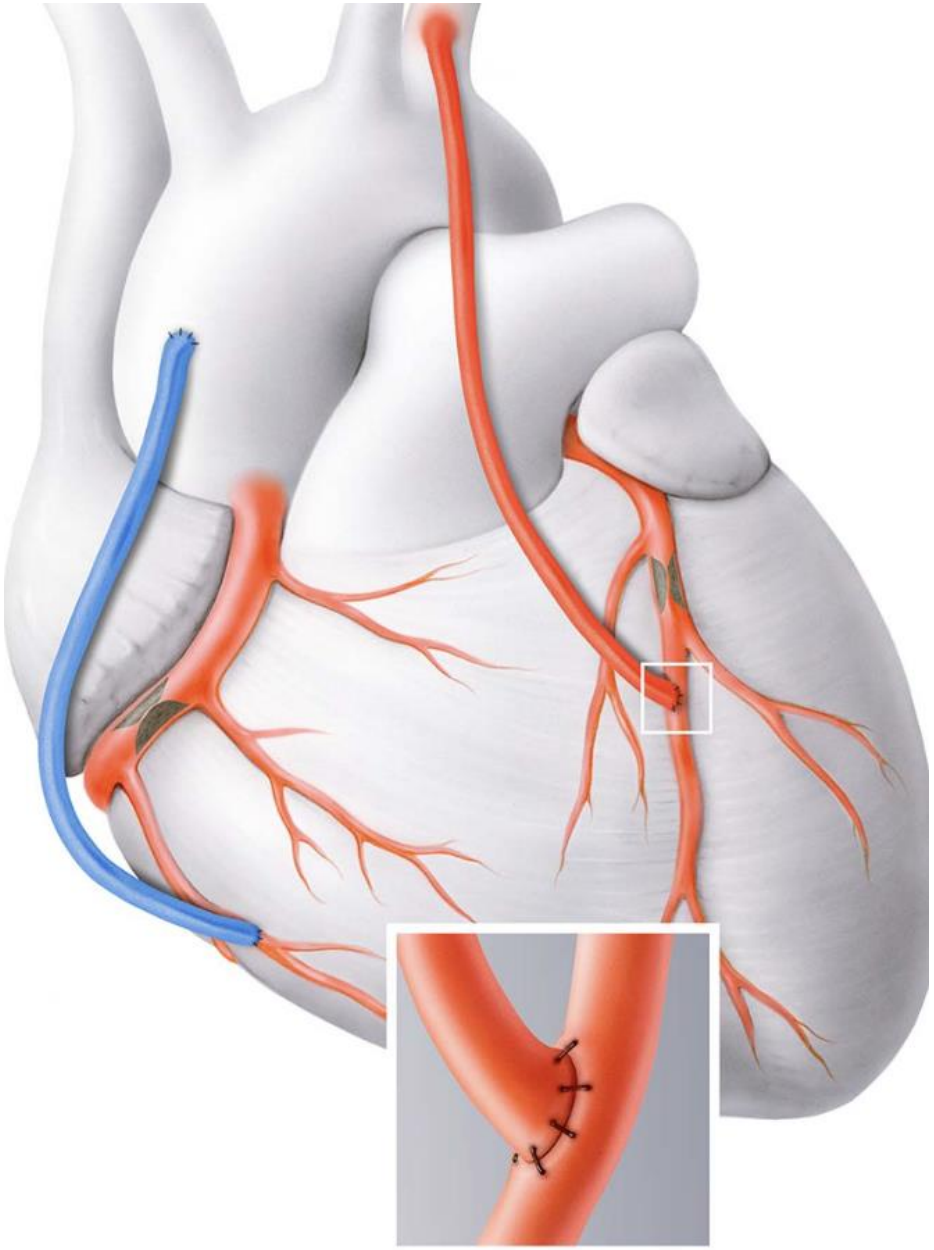
PD Dr. med. A. Weber

Cause of death in Switzerland 2012

Cause of death	Men Number	Men %	Women Number	Women %	Total Number	Total %
Cardiovascular disease	**9'868**	**32.9%**	**12'360**	**38.1%**	**22'228**	**35.6%**
Hypertension	838	2.8%	1'800	5.5%	2'638	4.2%
Ischemic heart disease	4'479	14.9%	4'098	12.6%	8'577	13.7%
Other heart disease	2'255	7.5%	3'131	9.6%	5'386	8.6%
Cerebrovascular disease	1'509	5.0%	2'403	7.4%	3'912	6.3%
Arterial disease	563	1.9%	583	1.8%	1'146	1.8%
Venous disease	49	0.2%	91	0.3%	140	0.2%
Other cardiovascular disease	175	0.6%	254	0.8%	429	0.7%
Pulmonary disease	2'128	7.1%	1'963	6.0%	4'091	6.5%
Cancer	9'009	30.0%	7'510	23.1%	16'519	26.4%
Accidents, injuries						
exogenous	2'222	7.4%	1359	4.2%	3'581	5.7%
other	6'801	22.6%	9'256	28.5%	16'057	25.7%
All causes	**30'028**	**100.0%**	**32'448**	**100.0%**	**62'476**	**100.0%**

Ballon oder Bypass





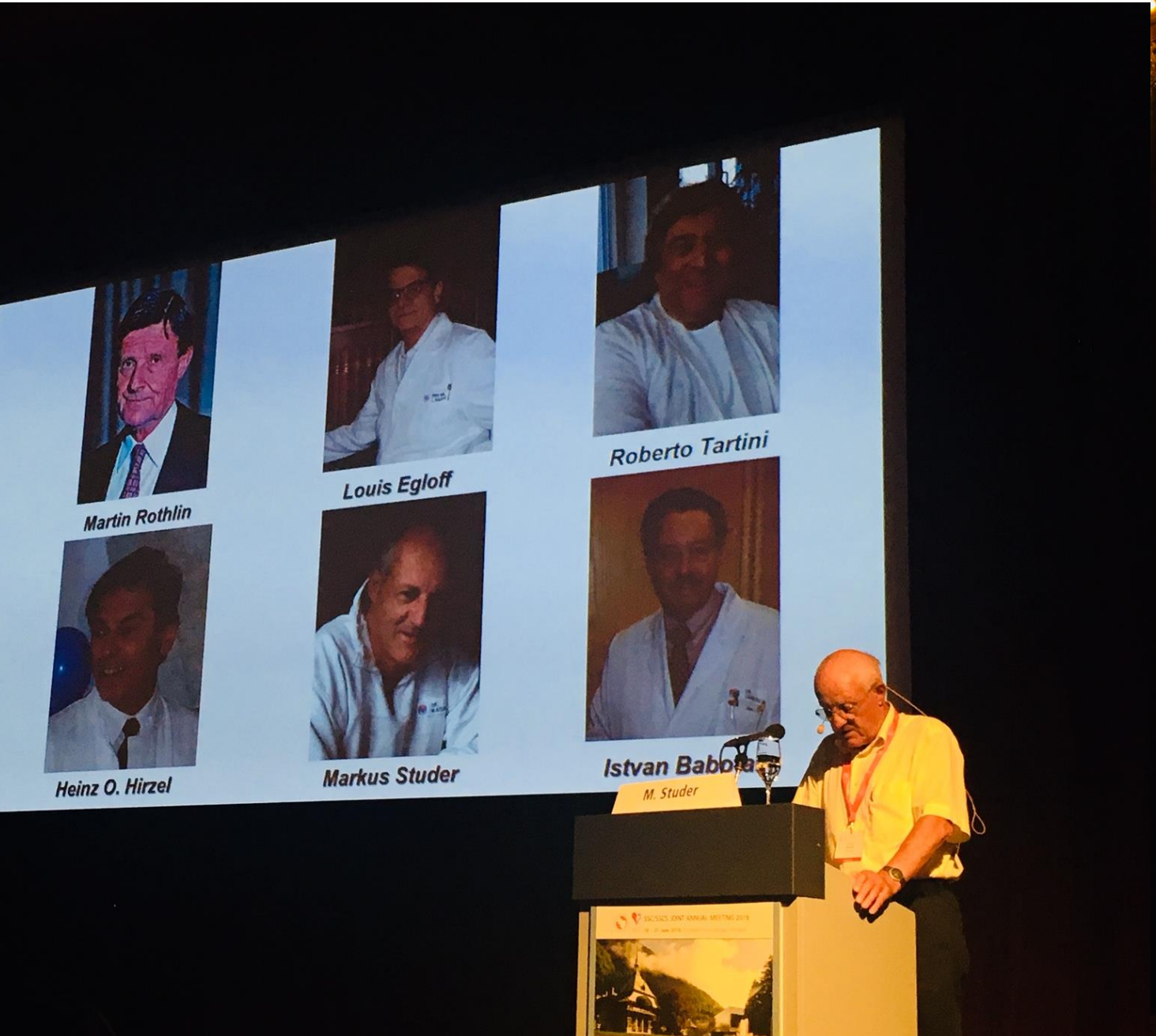
HerzZentrum
Hirslanden Zürich

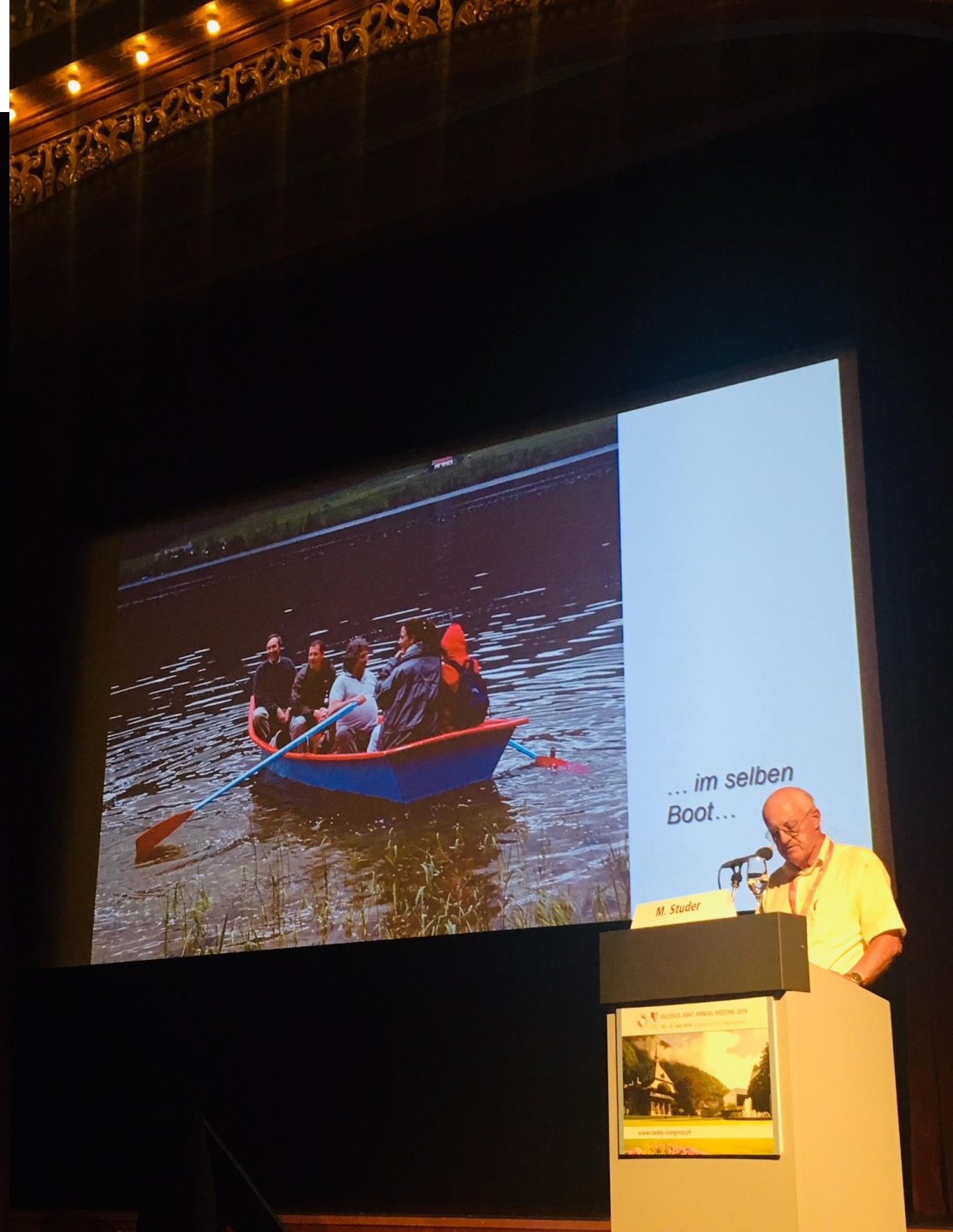
- **Diese Woche Patient Nummer**

  90’400 behandelt

- **> 50’000 Herzkatheter**

- **> 18’000 Herzoperationen**


Martin Rothlin
Louis Egloff
Roberto Tartini
Heinz O. Hirzel
Markus Studer
Istvan Babba
M. Studer

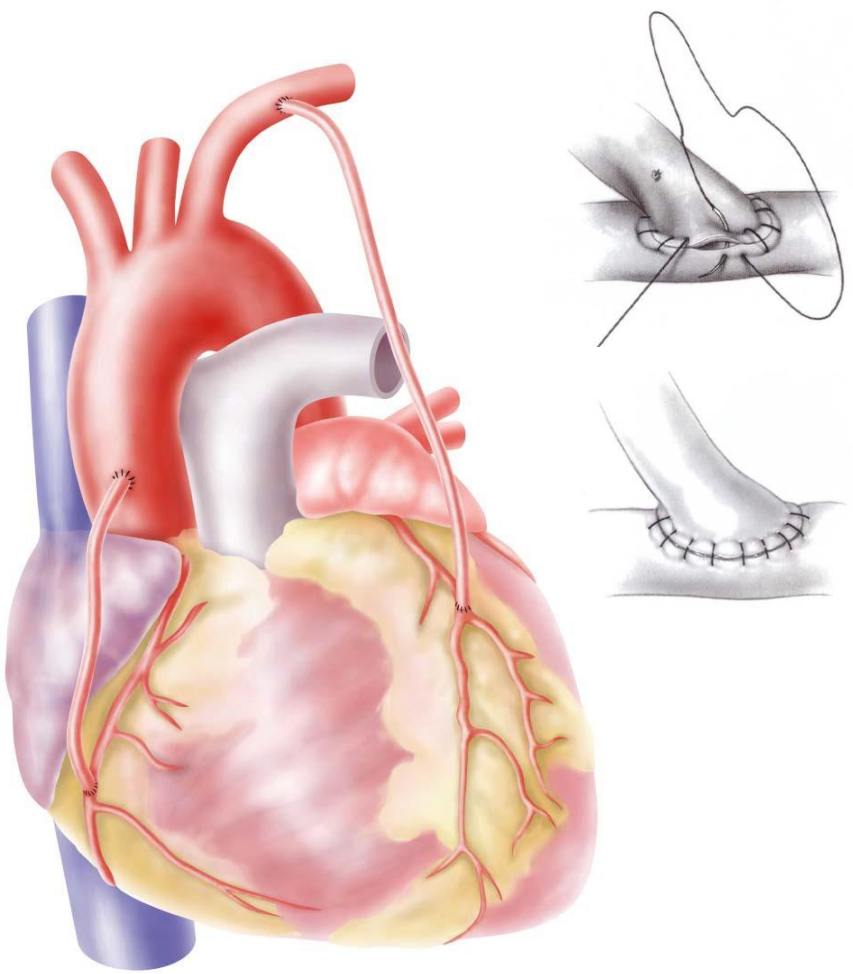

... im selben
Boot...
M. Studer

Roberto Tartini
Herzlichen Dank !
M. Studer
SSCVSCS JOINT ANNUAL MEETING 2019
www.cardio-congress.ch

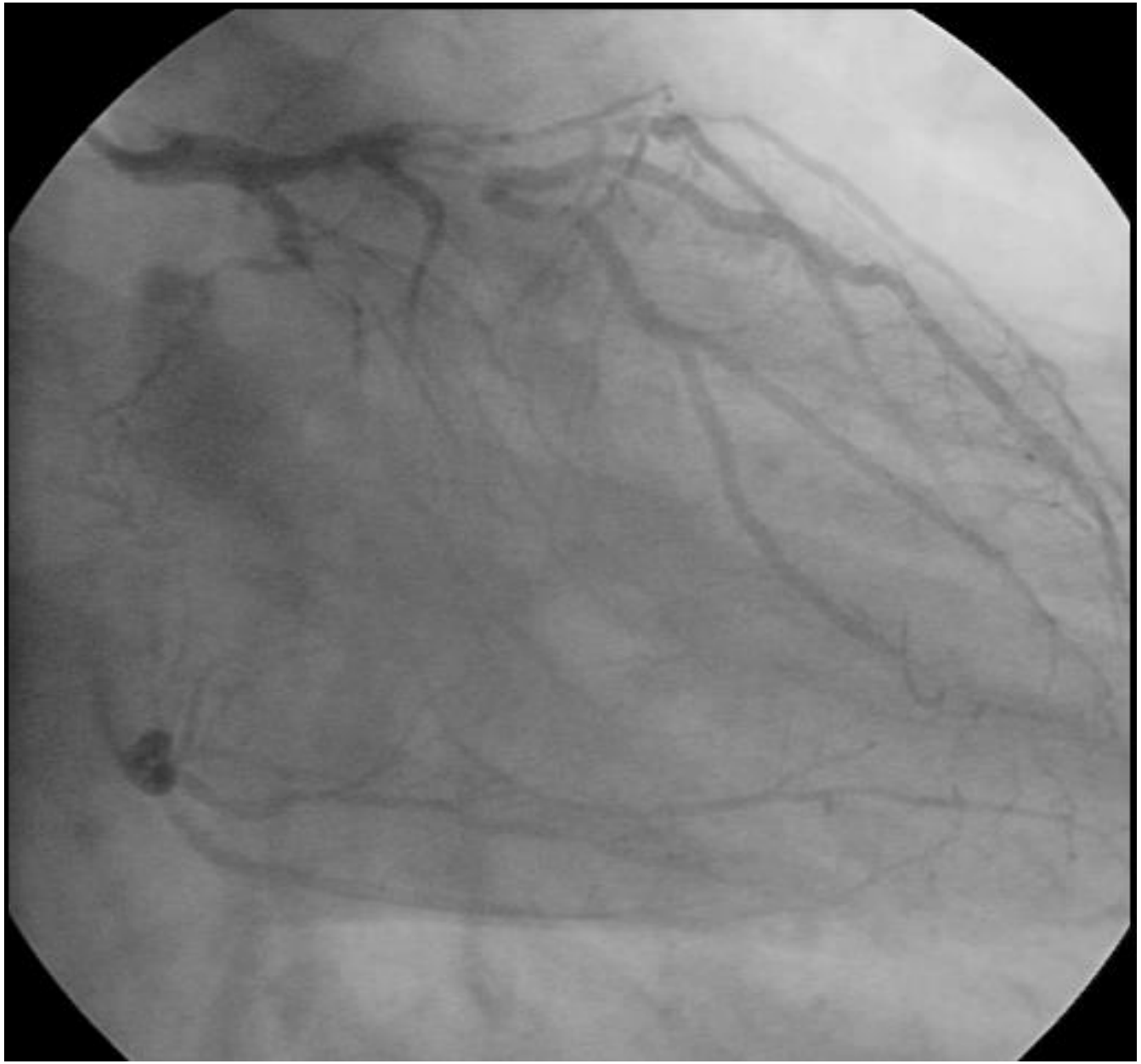
You can train a Monkey to do an Operation – but it needs a Surgeon to perform Surgery
HerzZentrum
Hirslanden Zürich
L. Egloff

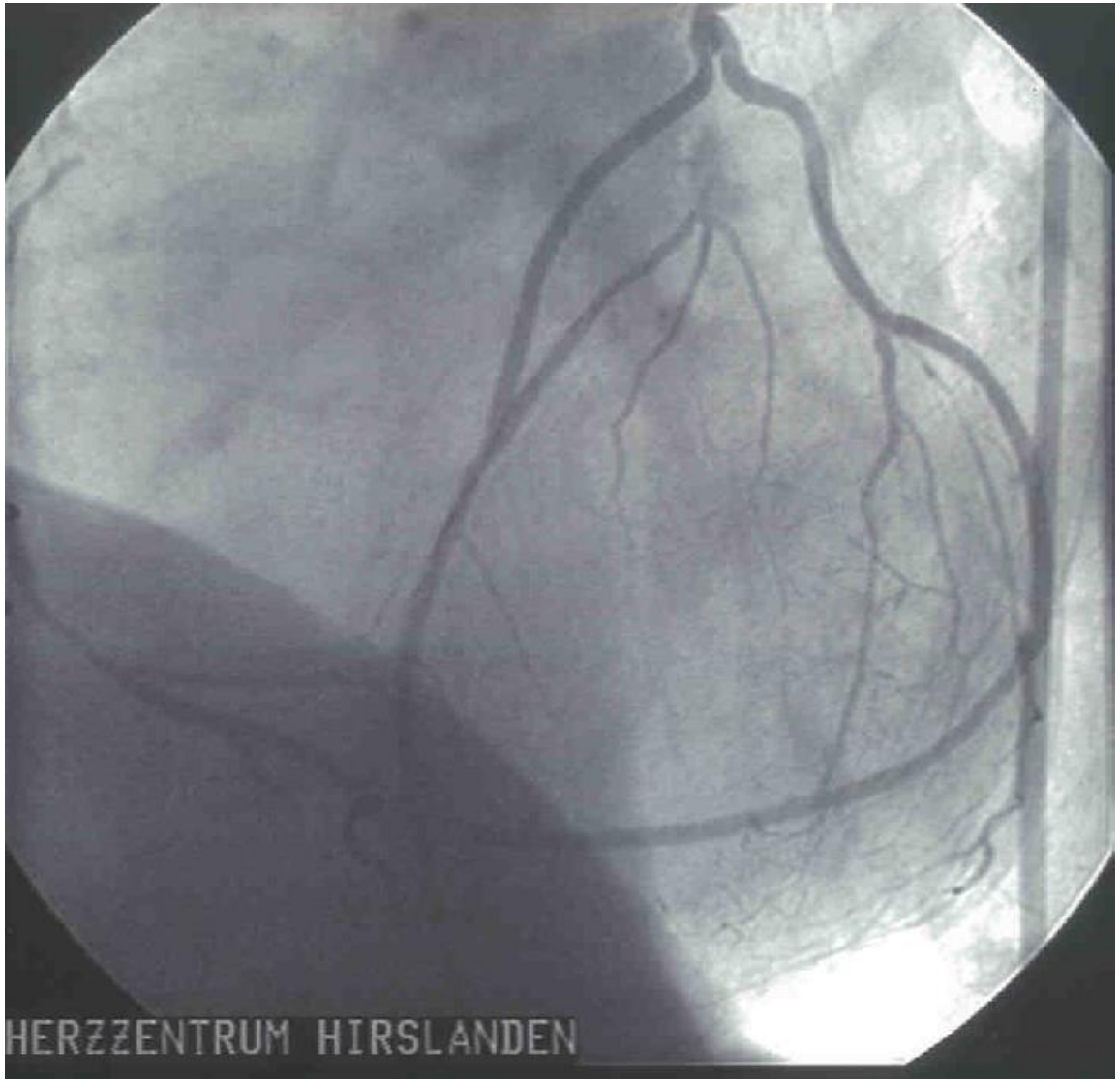
6. Pflegekongress für Herzmedizin
PD Dr. med. A. Weber

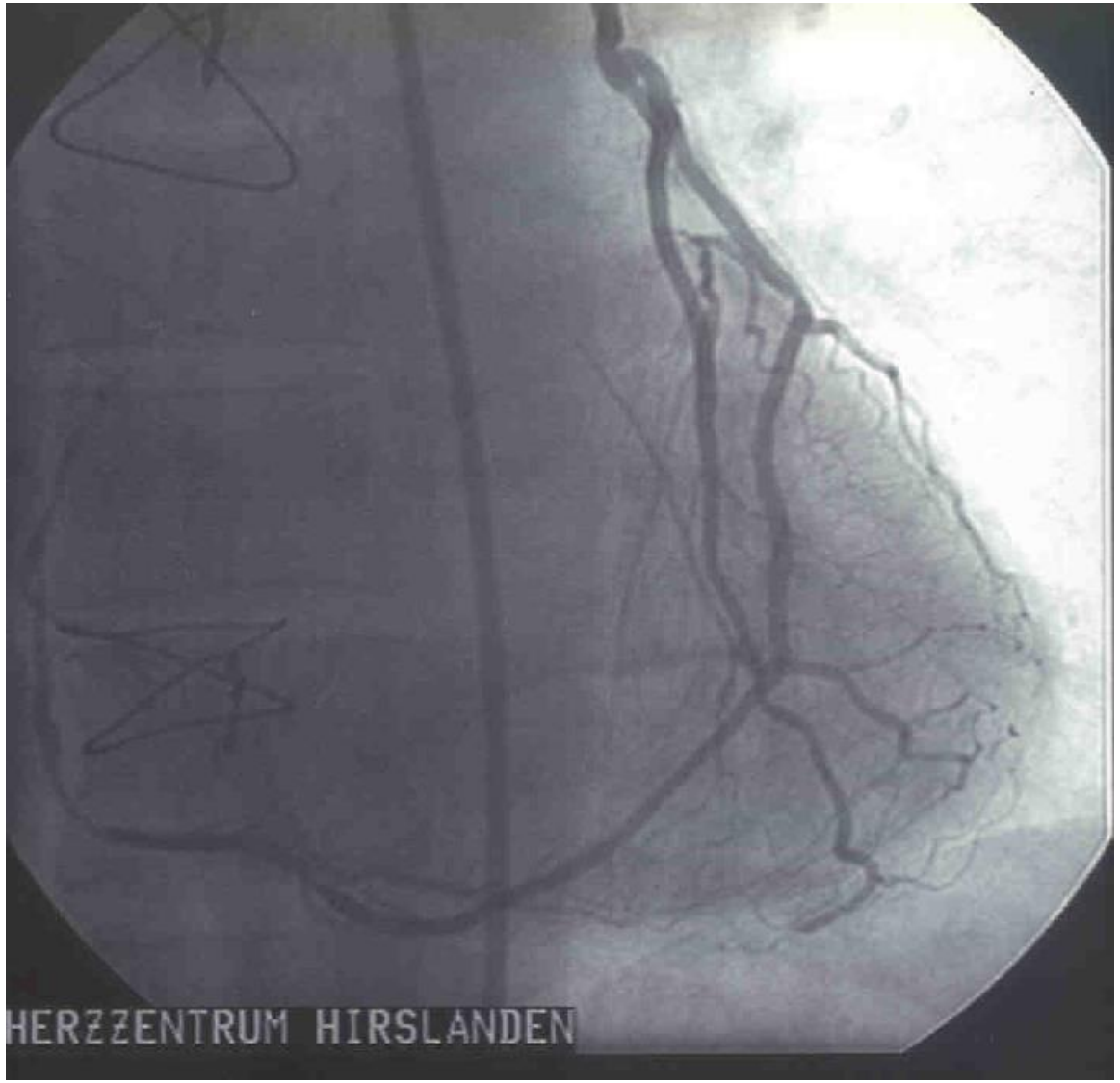
Dr. Denton Cooley

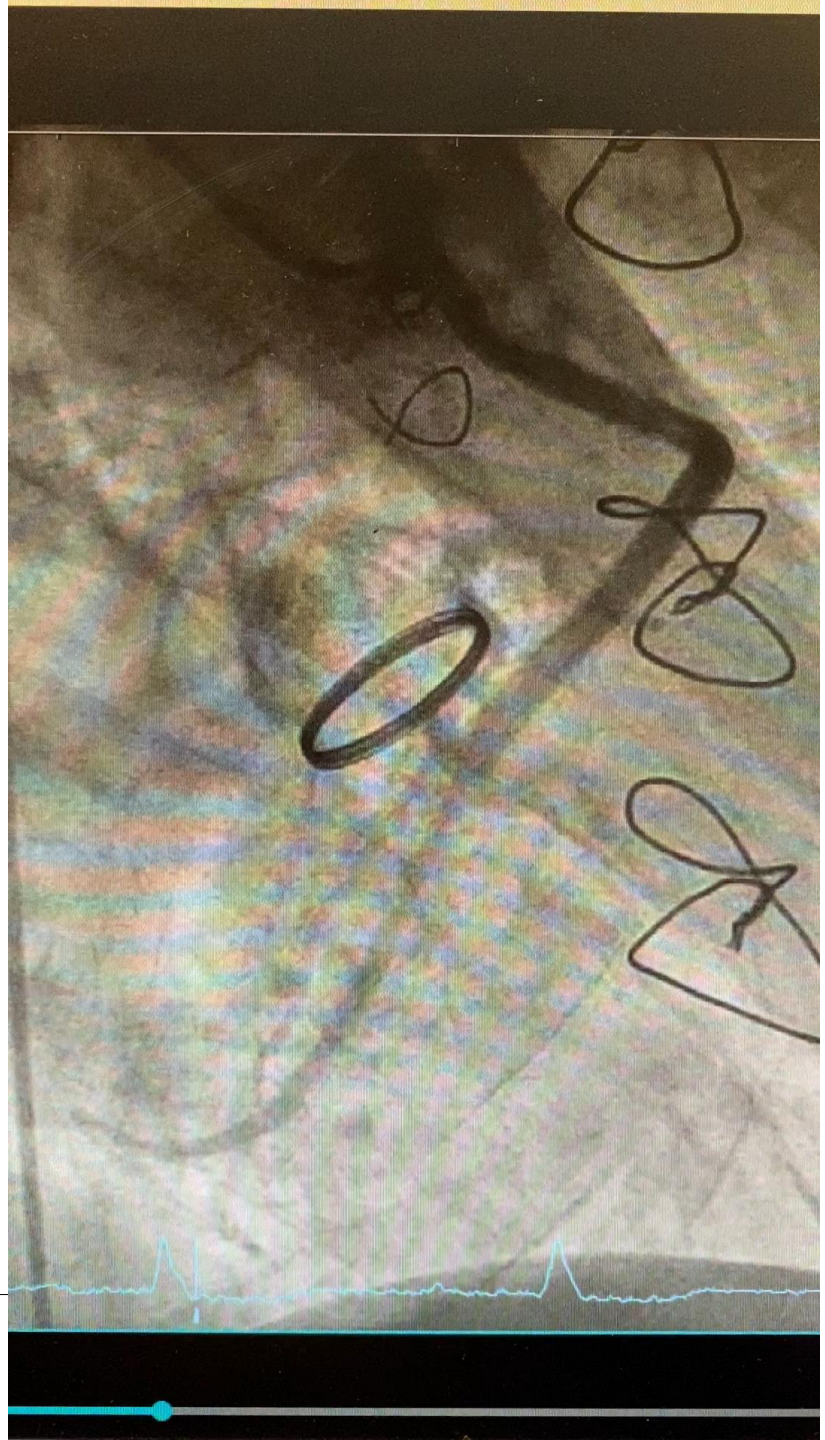


Gaudiani and Khonsari / Sintek, Cardiac Surgery – Safeguards & Pitfalls in operative technique, Lippincott Williams & Wilkins (2003)



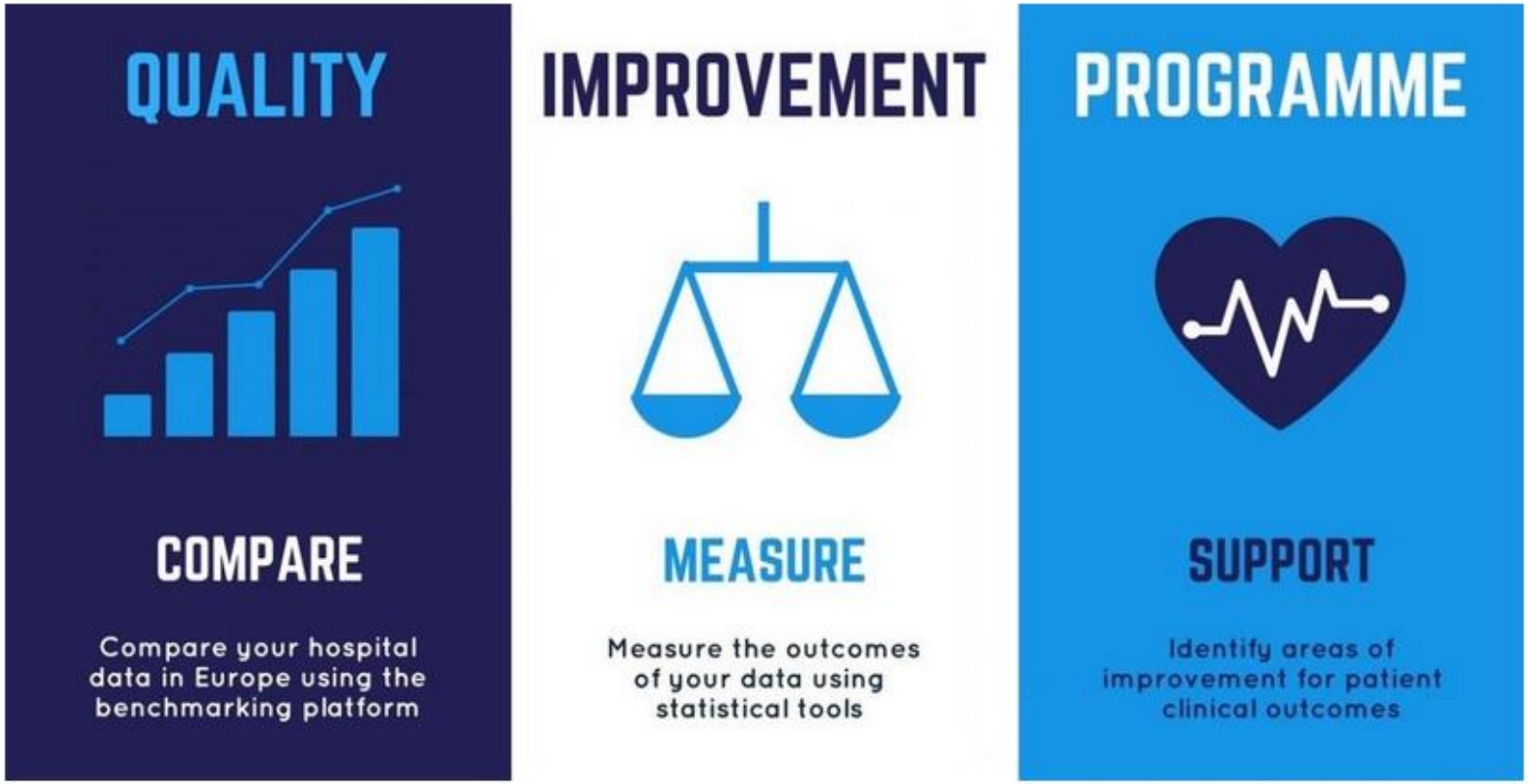

HERZZENTRUM HIRSLANDEN


HERZZENTRUM HIRSLANDEN



6. Pflegekongress für Herzmedizin
PD Dr. med. A. Weber

EACTS
European Association For Cardio-Thoracic Surgery



HerzZentrum
Hirslanden Zürich

Hospital Selection - currently, your hospital will be EXCLUDED from the analysis

Hospital View By: In-Hospital Mortality Rate % **Statistical Controls:** Mean +/-1SD Select My Hospital Select All Other Hospitals

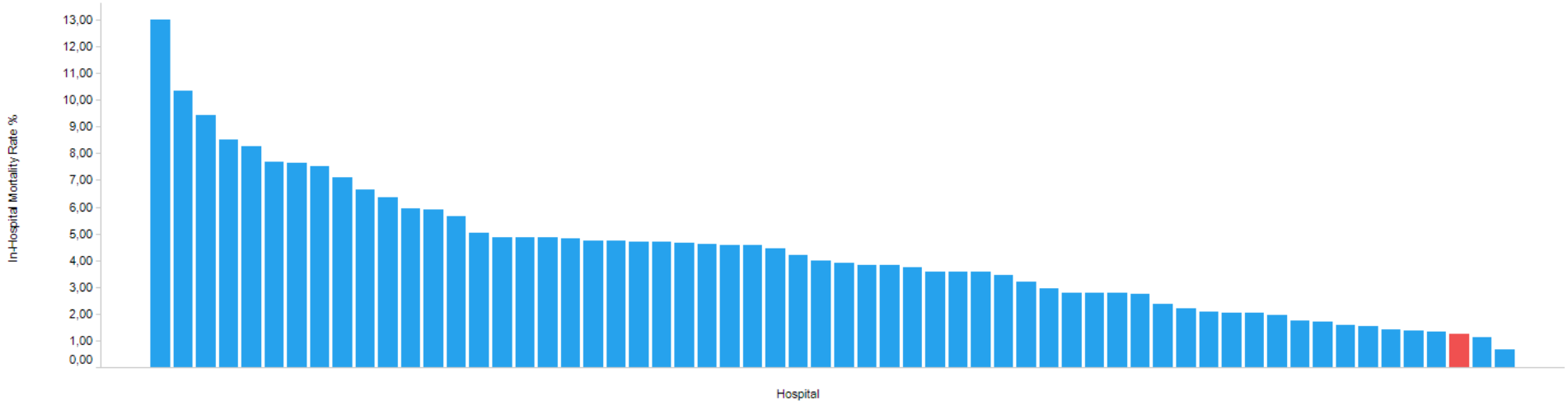
Filters - scroll down for more

Procedure Class

- ALL
  - CABG only
  - Isolated aortic valve
  - Isolated mitral valve
  - Other / unknown valve(s)
  - Arrhythmia surgery only
  - Surgery on the aorta
  - Other
  - CABG & aortic valve
  - CABG & mitral valve
  - CABG & other / unknown valve(s)
  - CABG & valve(s) & other
  - CABG & other
  - Valve(s) & other

Period (by quarter/year)

Drag and Select Hospitals - hover over bar segments for more details



HerzZentrum
Hirslanden Zürich

Hospital Selection - currently, your hospital will be EXCLUDED from the analysis

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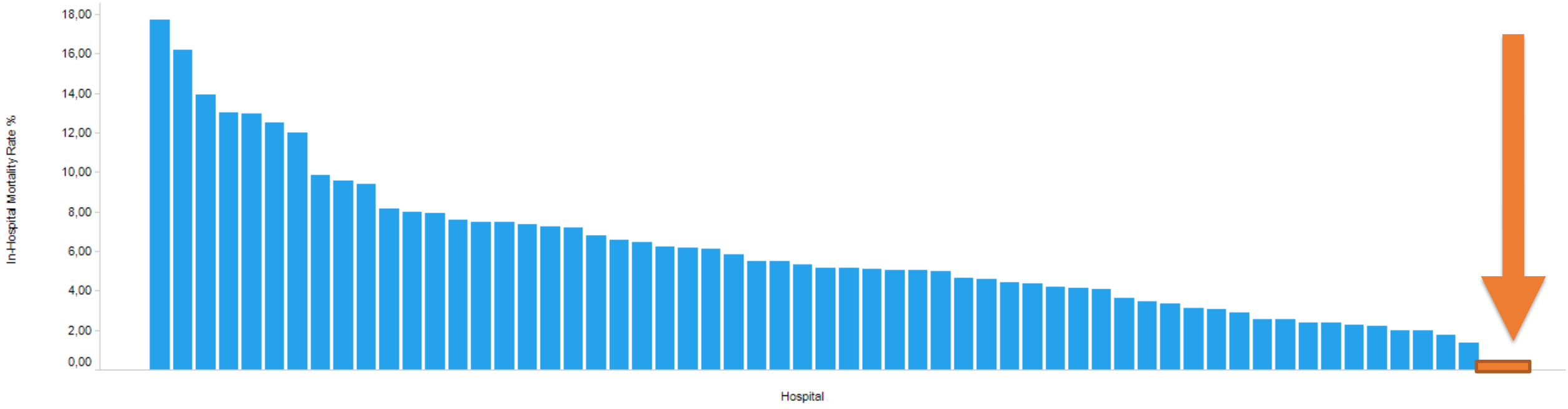
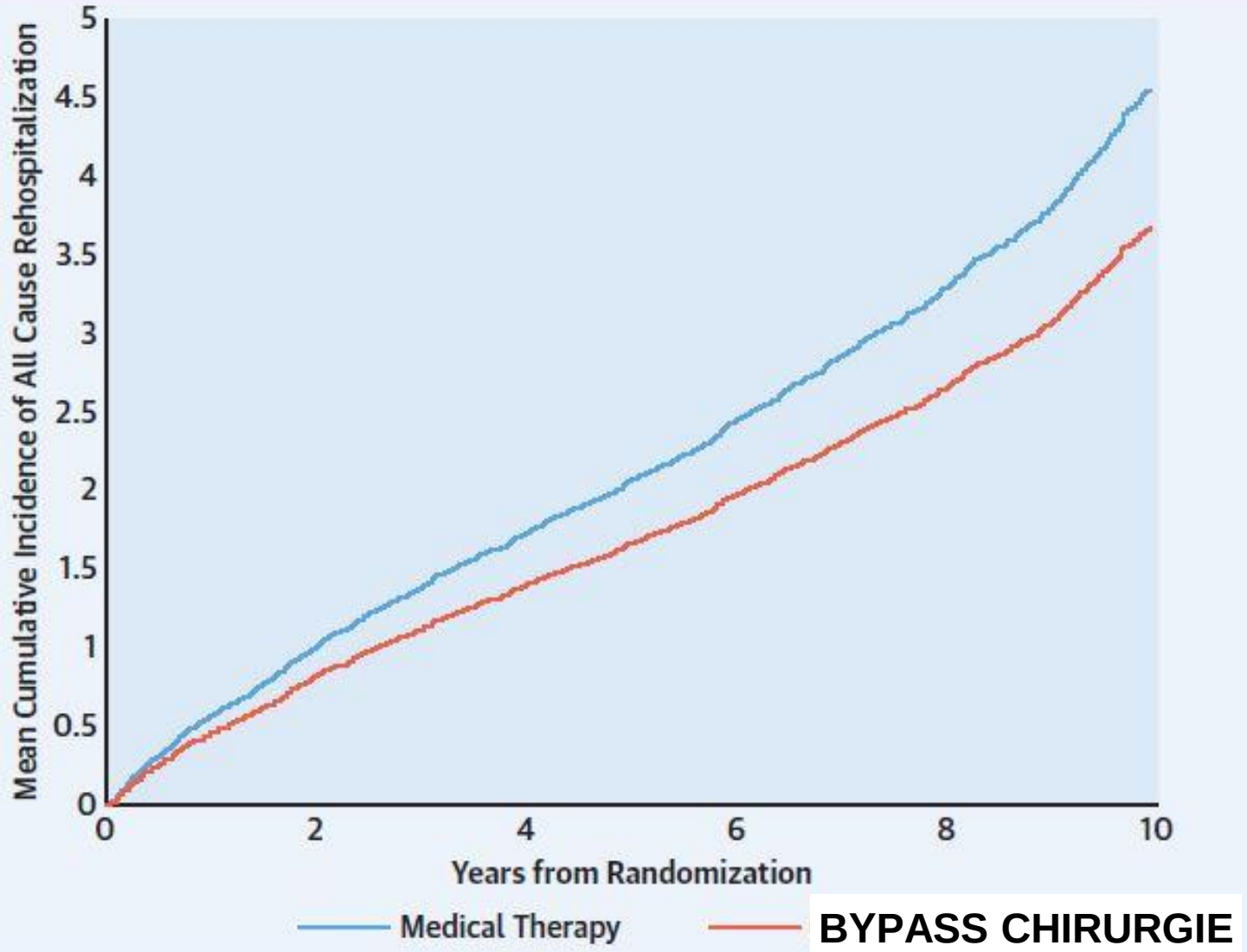


6. Pflegekongress für Herzmedizin
PD Dr. med. A. Weber

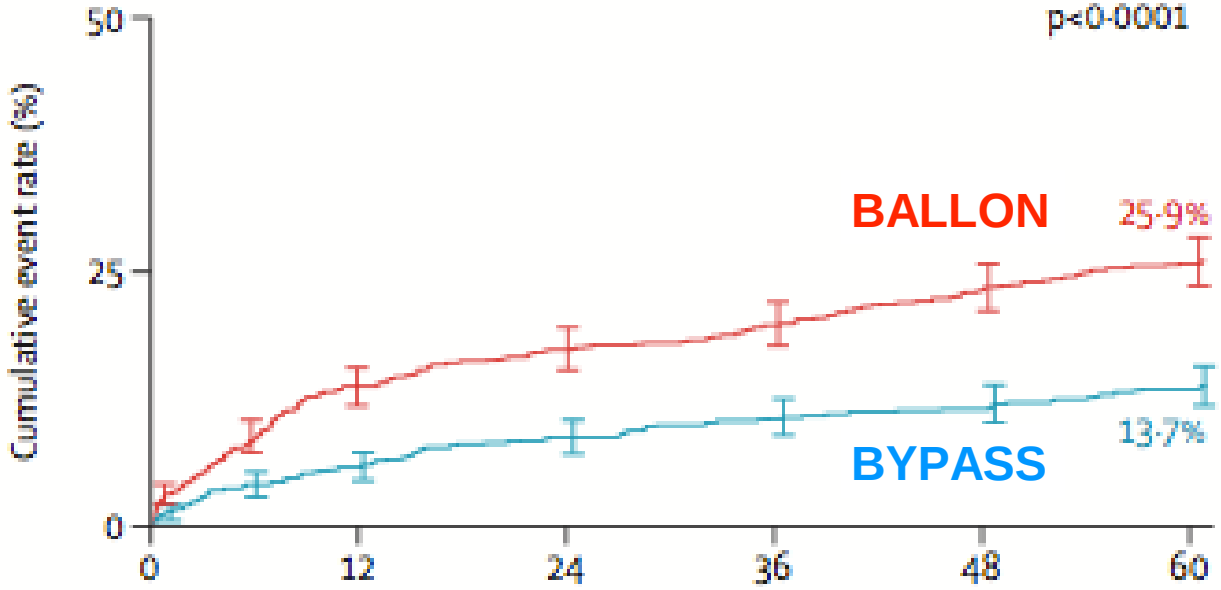
WENIGER REHOSPITALISATIONEN NACH BYPASS CHIRURGIE



Howlett, J.G. et al. J Am Coll Cardiol HF. 2019;■(■):■-■.

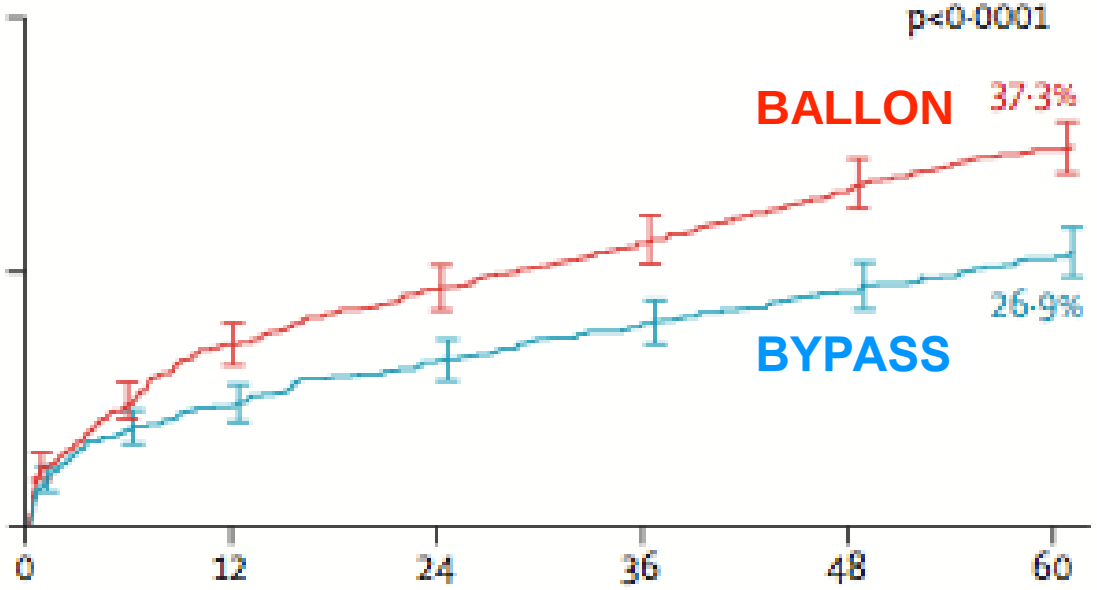
5 Jahre nach Ballon oder Bypass

WIEDERHOLTE BEHANDLUNG



Monate

TOD, HIRNSCHLAG, INFARKT



Monate

Lancet 2013; 381: 629–38

ESC European Society of Cardiology
European Heart Journal (2018) **00**, 1–96
doi:10.1093/eurheartj/ehy394

2018 ESC/EACTS Guidelines on myocardial revascularization

Classes of recommendations

Classes of recommendations	Definition	Suggested wording to use
Class I	Evidence and/or general agreement that a given treatment or procedure is beneficial, useful, effective.	Is recommended/is indicated
Class II	Conflicting evidence and/or a divergence of opinion about the usefulness/efficacy of the given treatment or procedure.	
Class IIa	*Weight of evidence/opinion is in favour of usefulness/efficacy.*	Should be considered
Class IIb	*Usefulness/efficacy is less well established by evidence/opinion.*	May be considered
Class III	Evidence or general agreement that the given treatment or procedure is not useful/effective, and in some cases may be harmful.	Is not recommended

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Table 2 Levels of evidence

Level of evidence A	Data derived from multiple randomized clinical trials or meta-analyses.
Level of evidence B	Data derived from a single randomized clinical trial or large non-randomized studies.
Level of evidence C	Consensus of opinion of the experts and/or small studies, retrospective studies, registries.

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ESC European Society of Cardiology
European Heart Journal (2018) **00**, 1–96
doi:10.1093/eurheartj/ehy394

2018 ESC/EACTS Guidelines on myocardial revascularization

Classes of recommendations

Classes of recommendations	Definition	Suggested wording to use
Class I	DEFINITIV INDIZIERT / EMPFOHLEN	
Class II	GUT MÖGLICH	
Class IIa		
Class IIb	KANN MAN	
Class III	JA NICHT	

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Table 2 Levels of evidence

Level of evidence A	GROSSE STUDIEN
Level of evidence B	MITTLERE STUDIEN
Level of evidence C	KLEINE STUDIEN o. EXPERTEN MEINUNGEN

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SCHWEREGRAD

	BYPASS		BALLON	
	Class[a]	Level[b]	Class[a]	Level[b]
Eine Koronararterie befallen				
	IIb	C	I	C
	I	A	I	A
Zwei Koronararterien				
	IIb	C	I	C
	I	B	I	C
Haupstammstenose				
	I	A	I	A
	I	A	IIa	A
	I	A	III	B
Drei Koronararterien ohne Blutzucker				
	I	A	I	A
	I	A	III	A
Drei Koronararterien mit Blutzucker				
	I	A	IIb	A
	I	A	III	A

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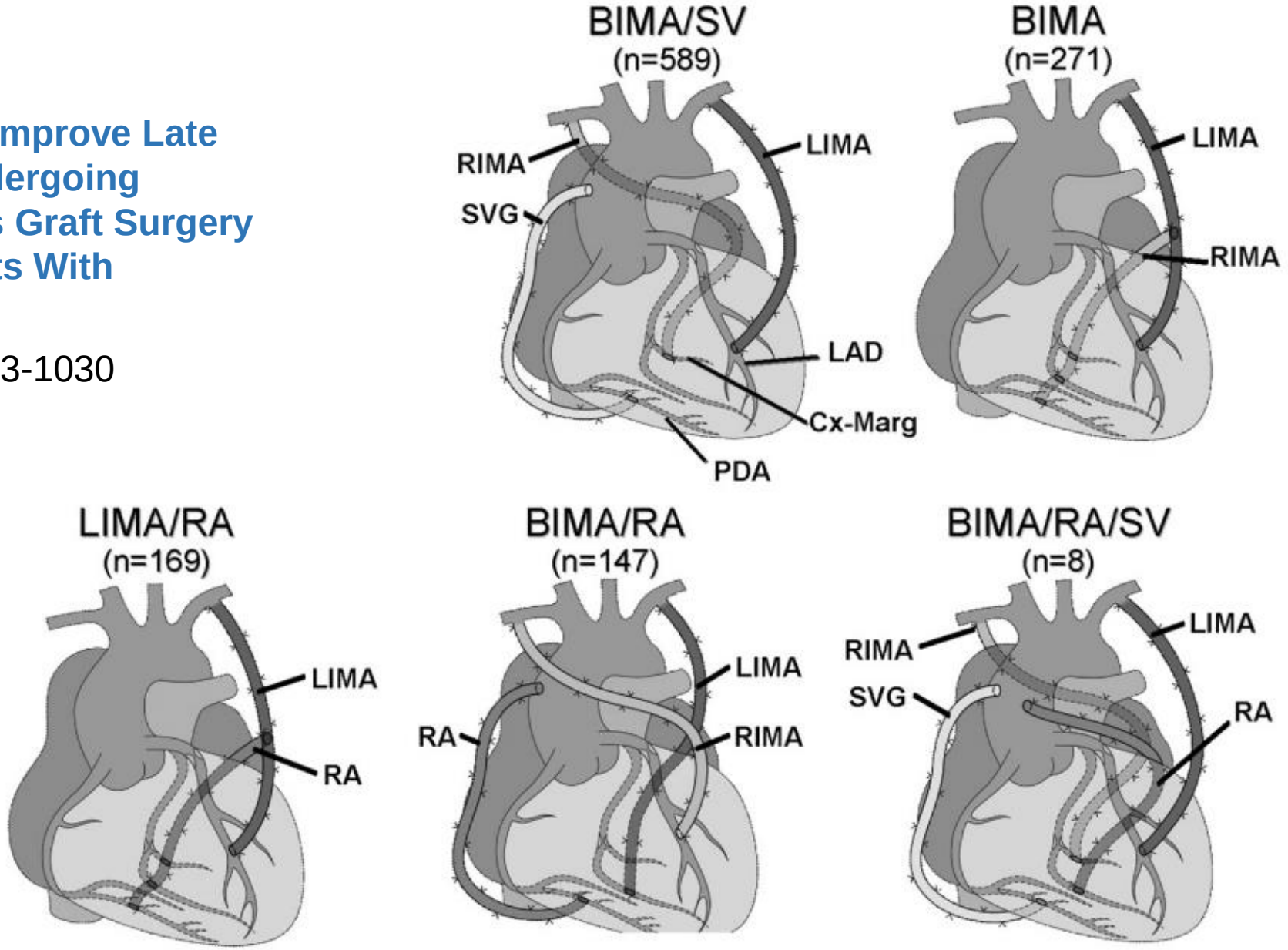
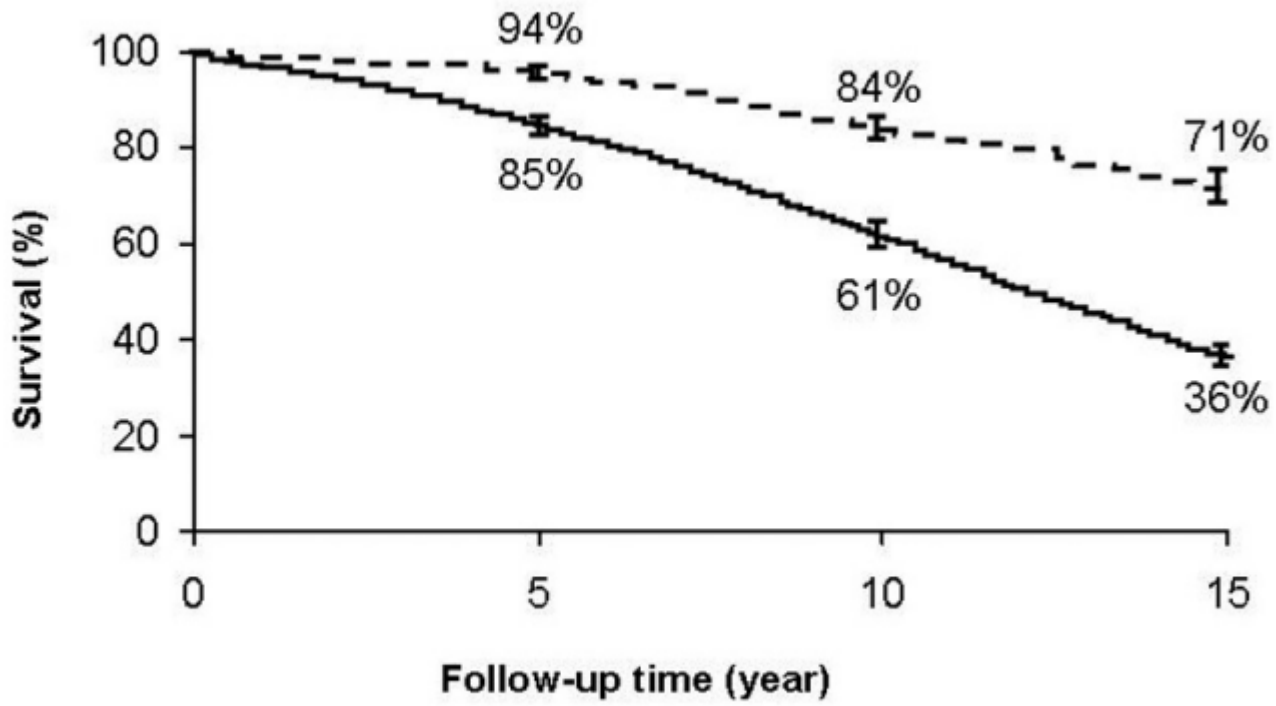
Multiple Arterial Grafts Improve Late Survival of Patients Undergoing Coronary Artery Bypass Graft Surgery Analysis of 8622 Patients With Multivessel Disease

Circulation. 2012;126:1023-1030



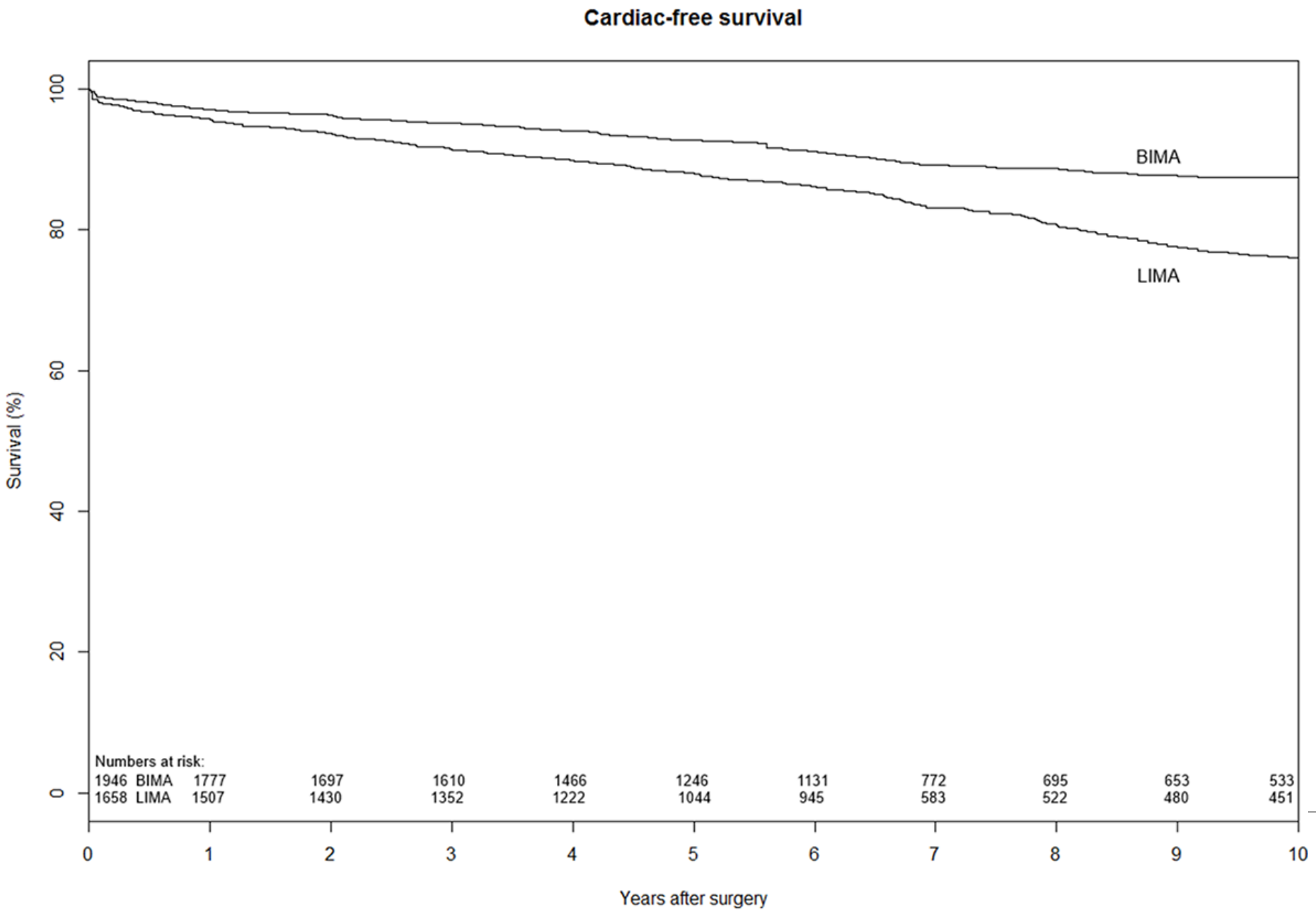
Late Survival MultArt *vs* LIMA/SV



MultArt	1,177	851	362	83
LIMA/SV	7,281	4,898	2,493	578

Circulation. 2012;126:1023-1030

Buttar SN, et al. **Heart 2017**; 103:1419–1426. doi:10.1136/heartjnl-2016-310864



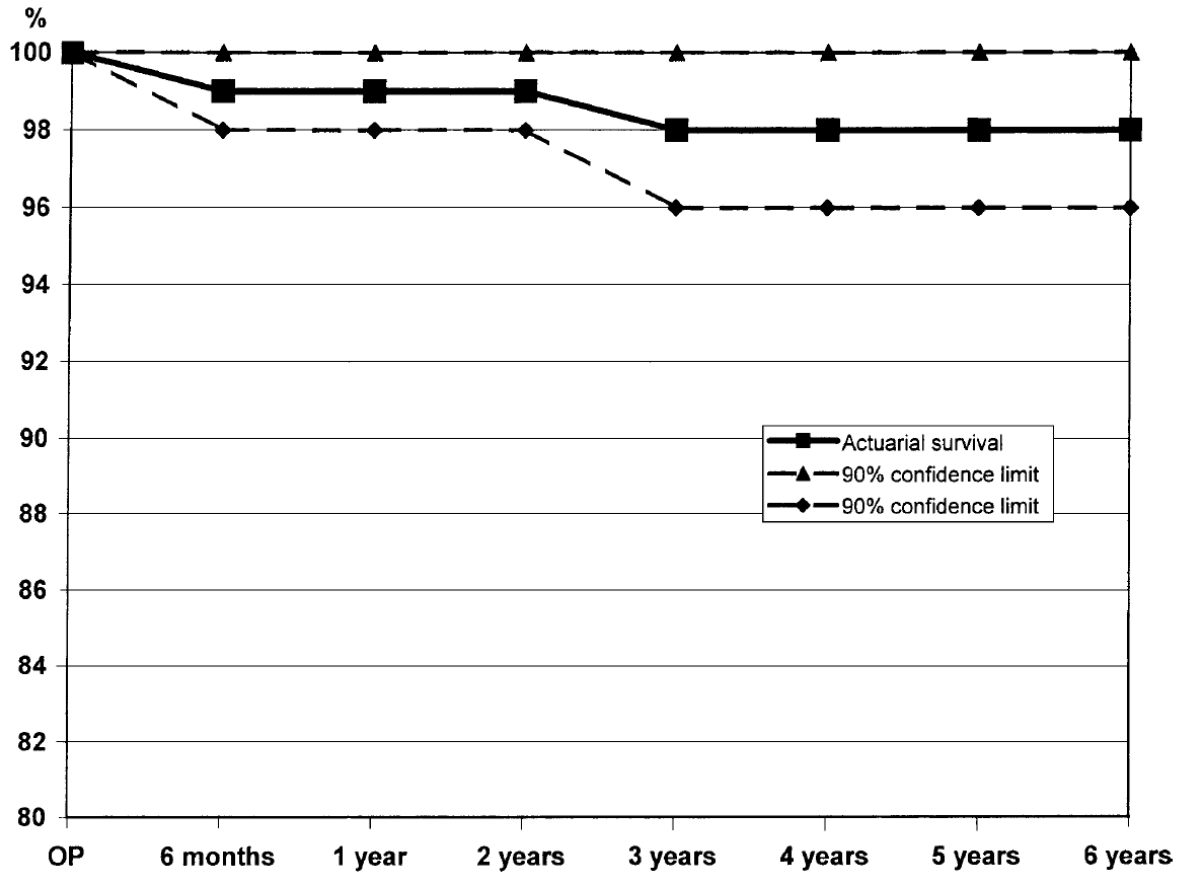
BMJ Journals

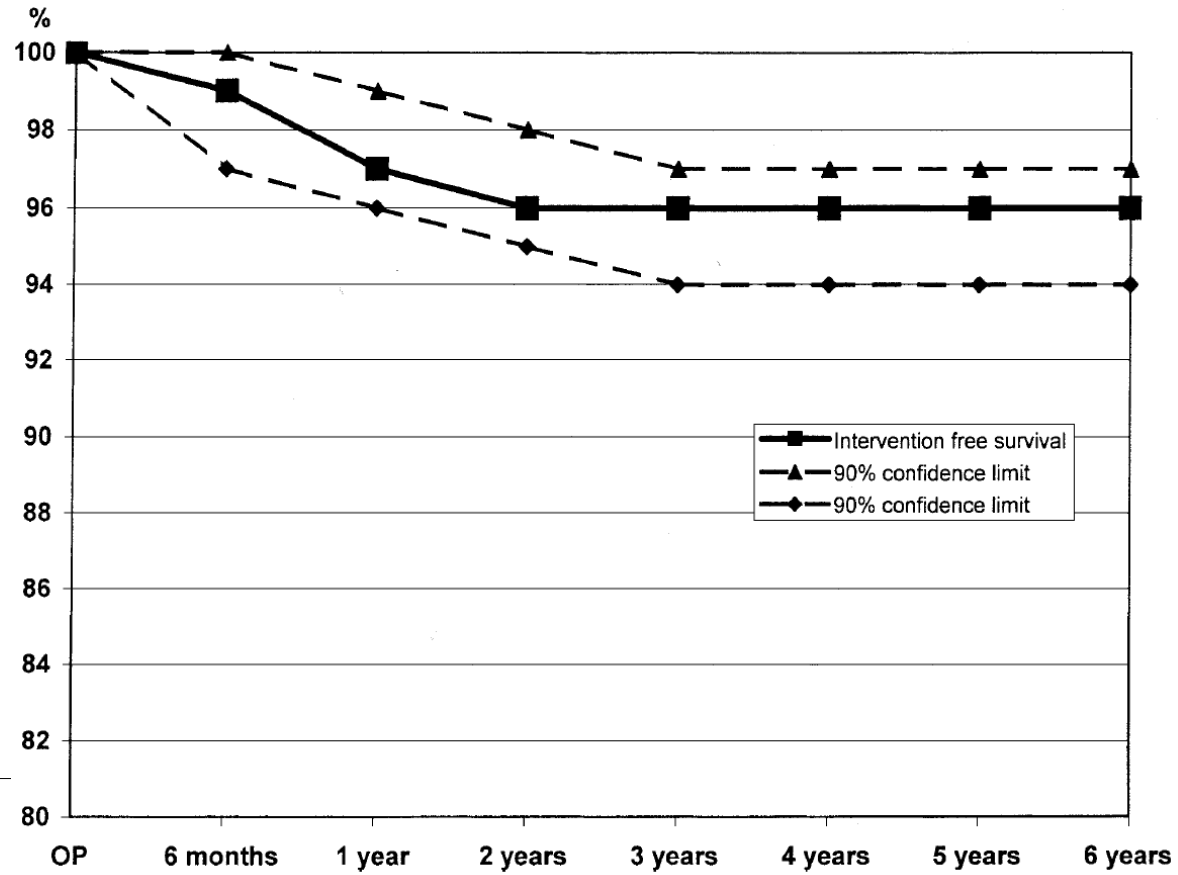
Heart

Thorac Cardiov Surg 2002; 50: 31–34

L. Egloff
A. Laske
R. Siebenmann
M. Studer

Coronary Artery Revascularization Using Both ITAs

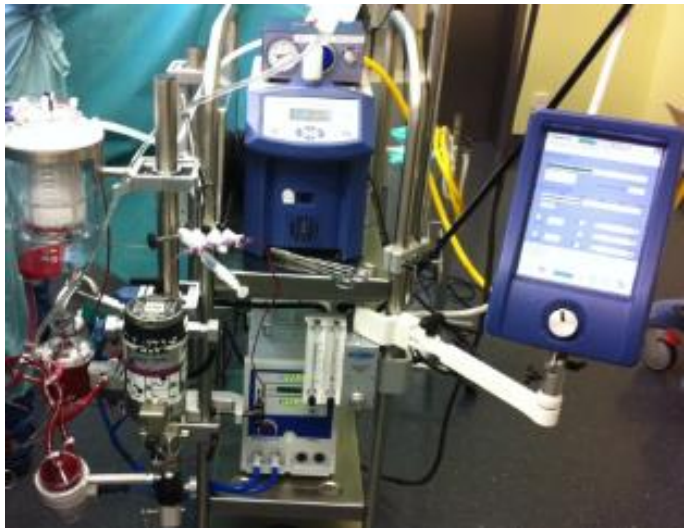


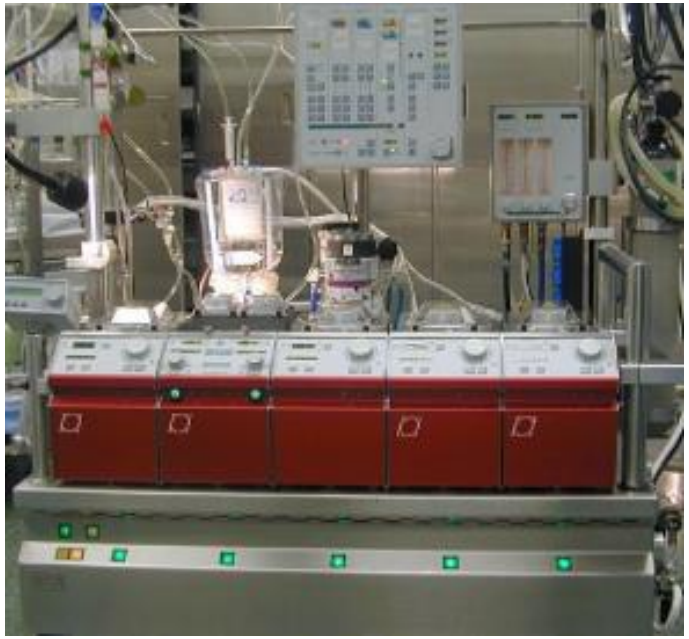


L. Egloff
A. Laske
R. Siebenmann
M. Studer

Coronary Artery Revascularization Using Both ITAs

An average of **4.9** (3-7) distal anastomoses was performed



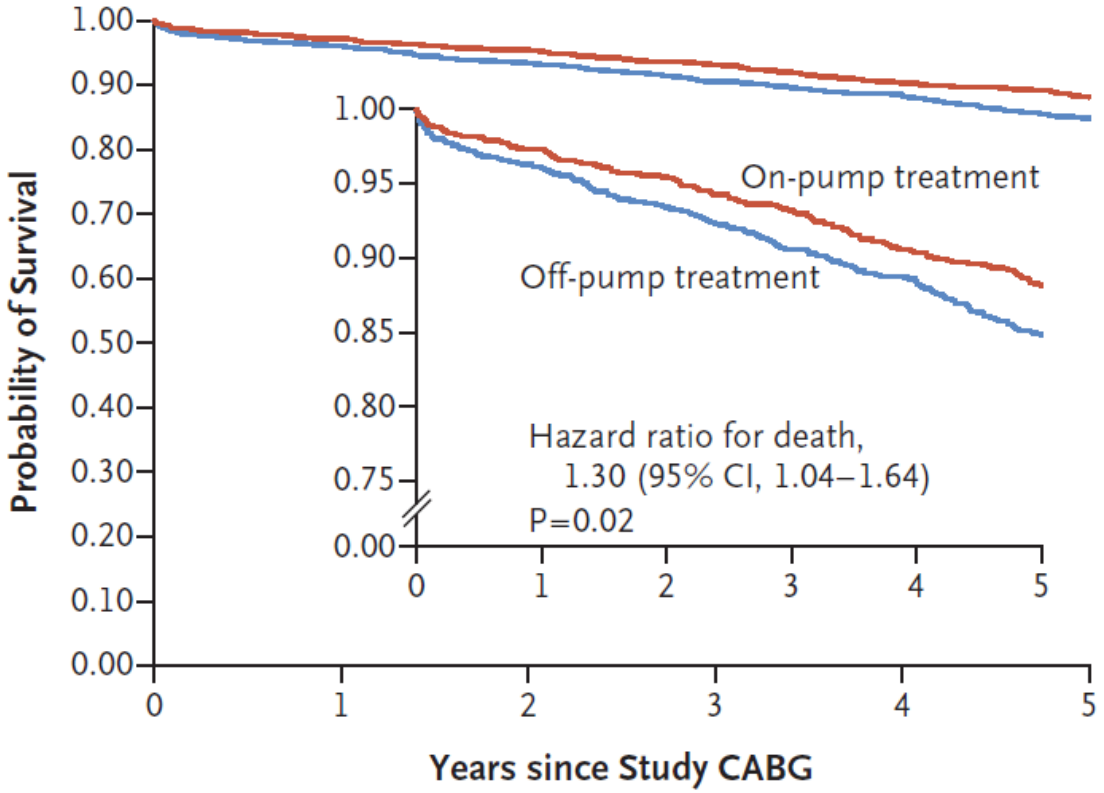


The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Five-Year Outcomes after On-Pump and Off-Pump Coronary-Artery Bypass

A. Laurie Shroyer, Ph.D., Brack Hattler, M.D., Todd H. Wagner, Ph.D., Joseph F. Collins, Sc.D., Janet H. Baltz, R.N., Jacquelyn A. Quin, M.D., G. Hossein Almassi, M.D., Elizabeth Kozora, Ph.D., Faisal Bakaeen, M.D., Joseph C. Cleveland, Jr., M.D., Muath Bishawi, M.D., and Frederick L. Grover, M.D., for the Veterans Affairs ROOBY-FS Group*



No. at Risk						
On-pump treatment	1099	1069	1049	1024	993	968
Off-pump treatment	1104	1061	1031	1000	976	936

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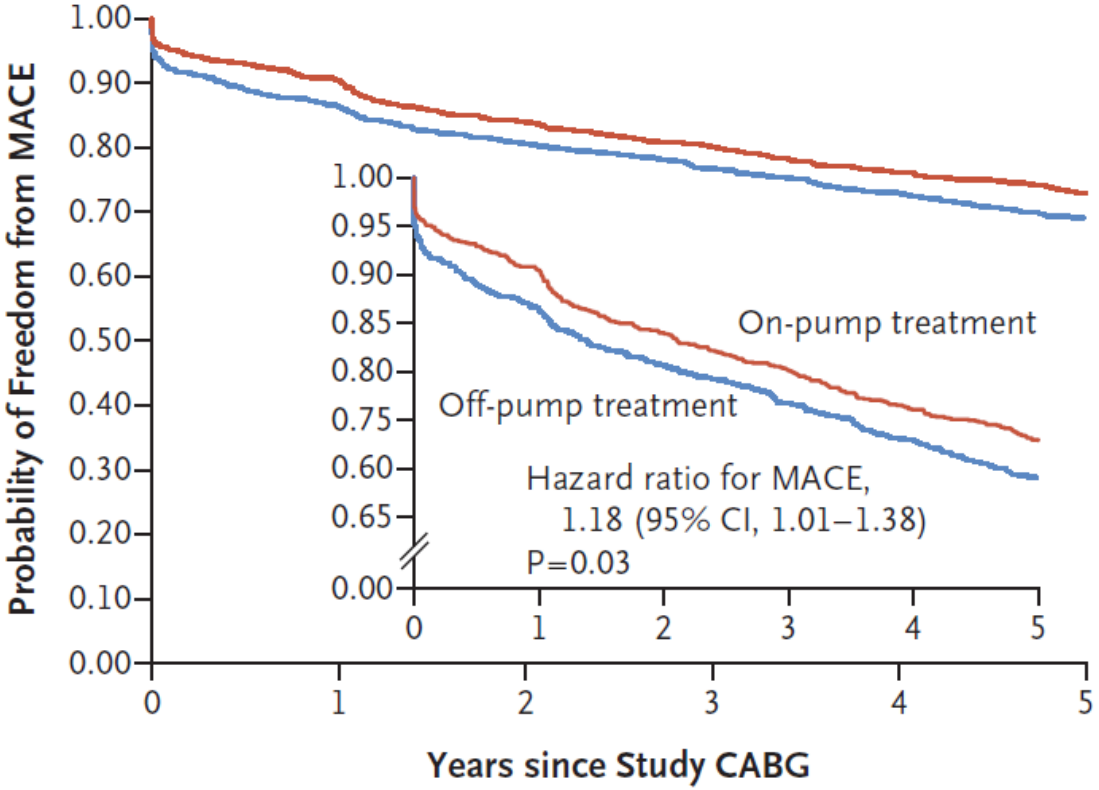
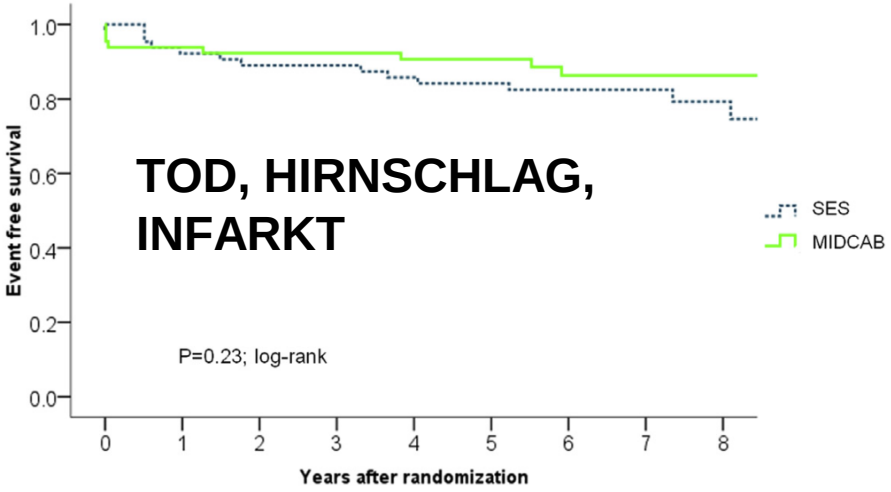
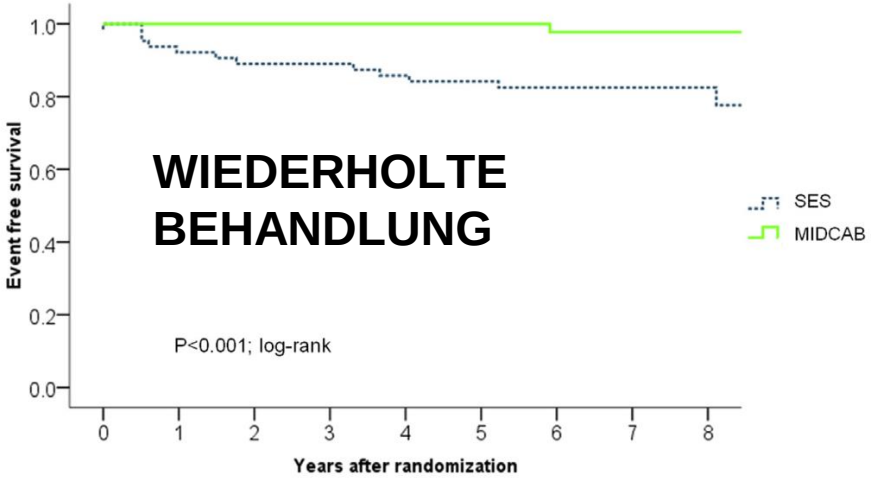
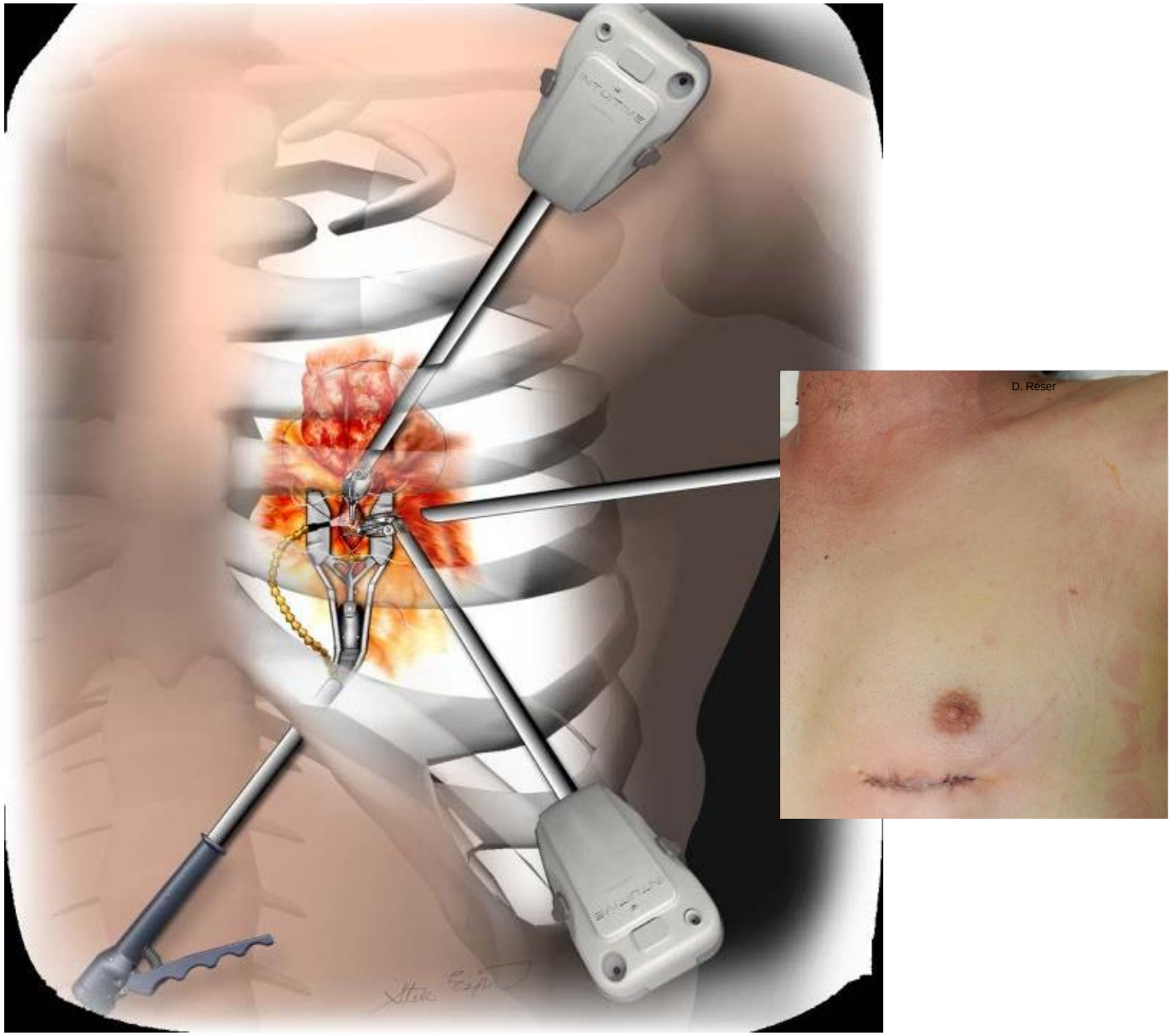
B Freedom from MACE



No. at Risk						
On-pump treatment	1099	994	923	881	836	801
Off-pump treatment	1104	955	890	847	805	762

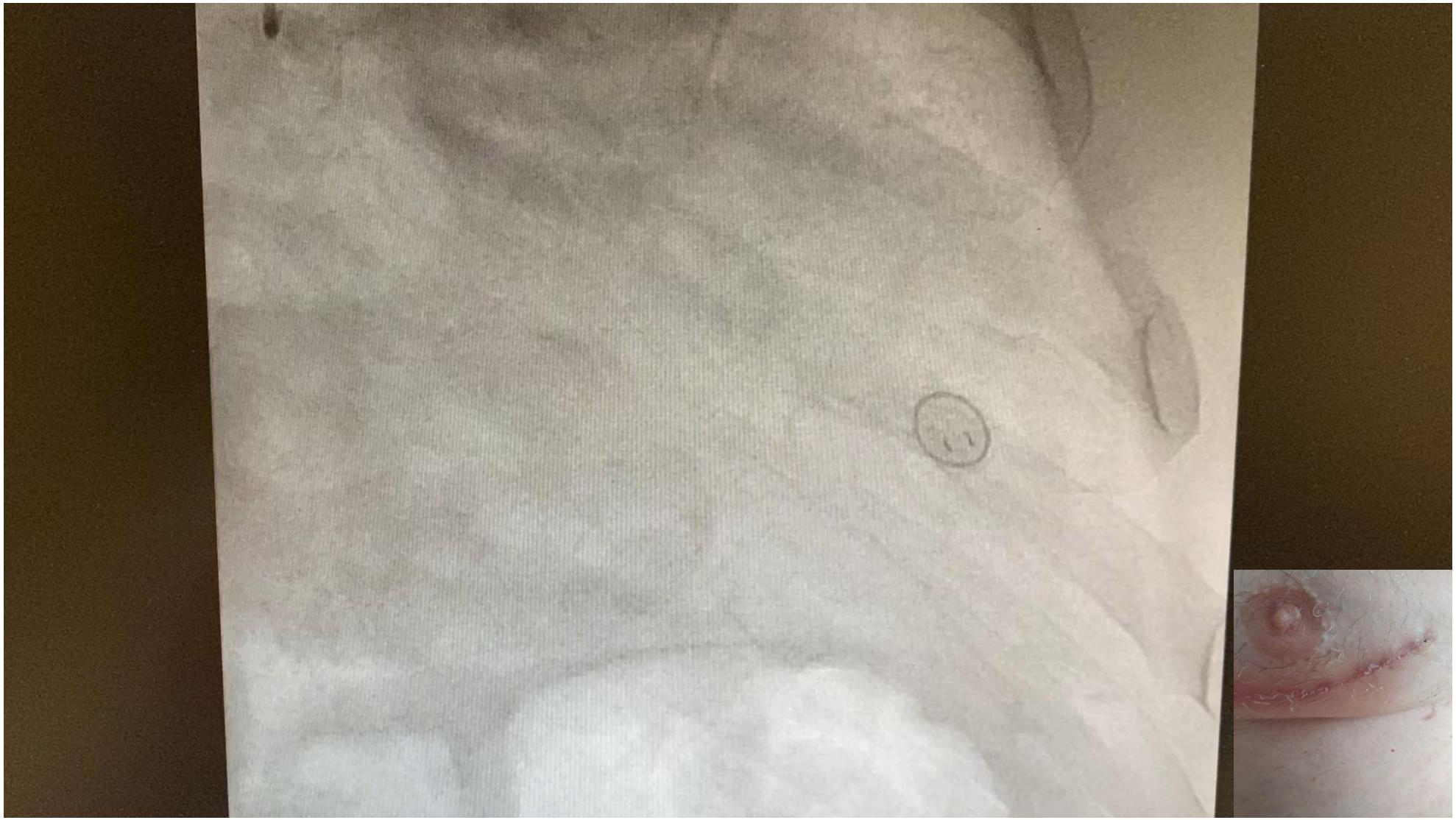


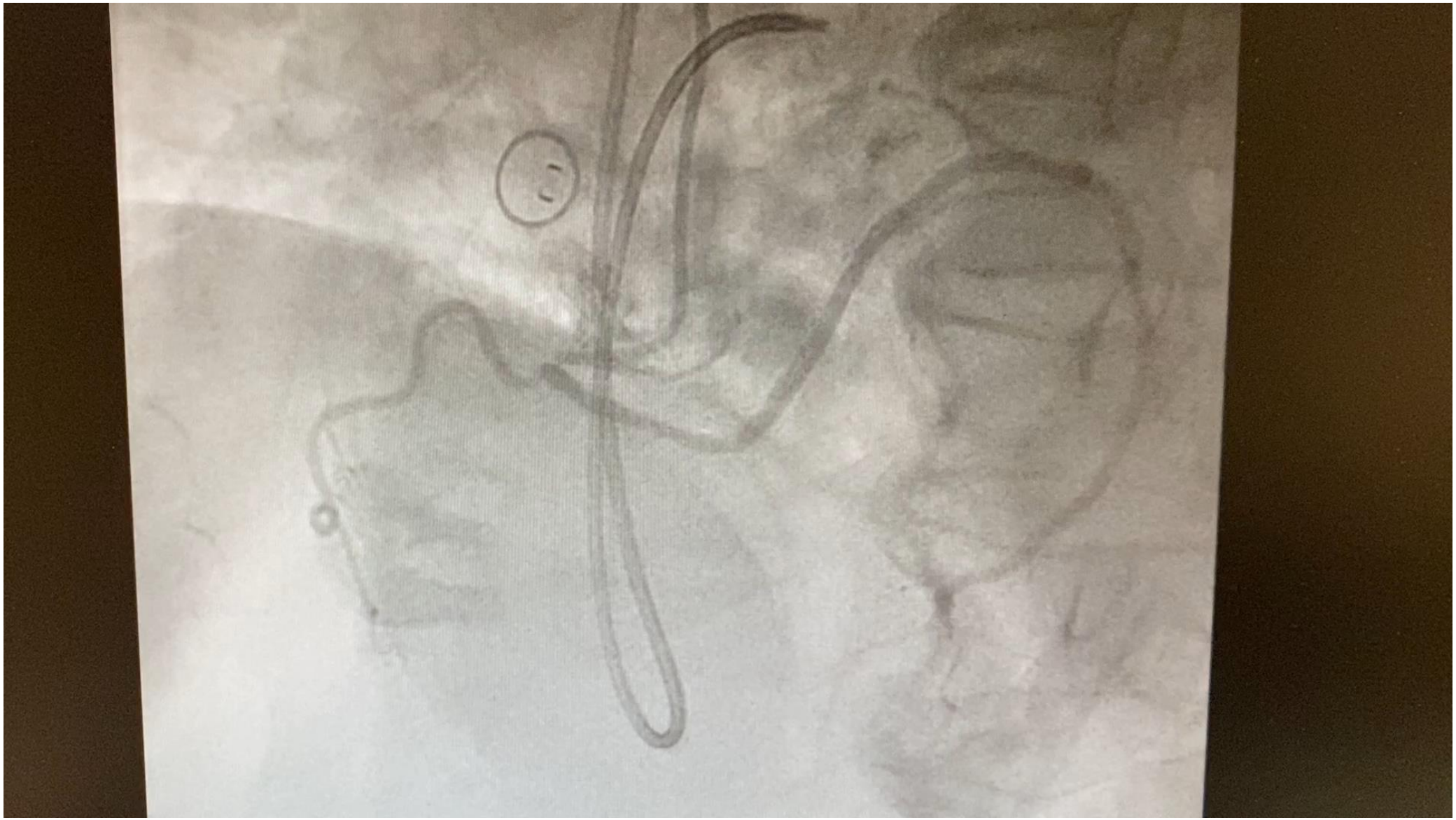


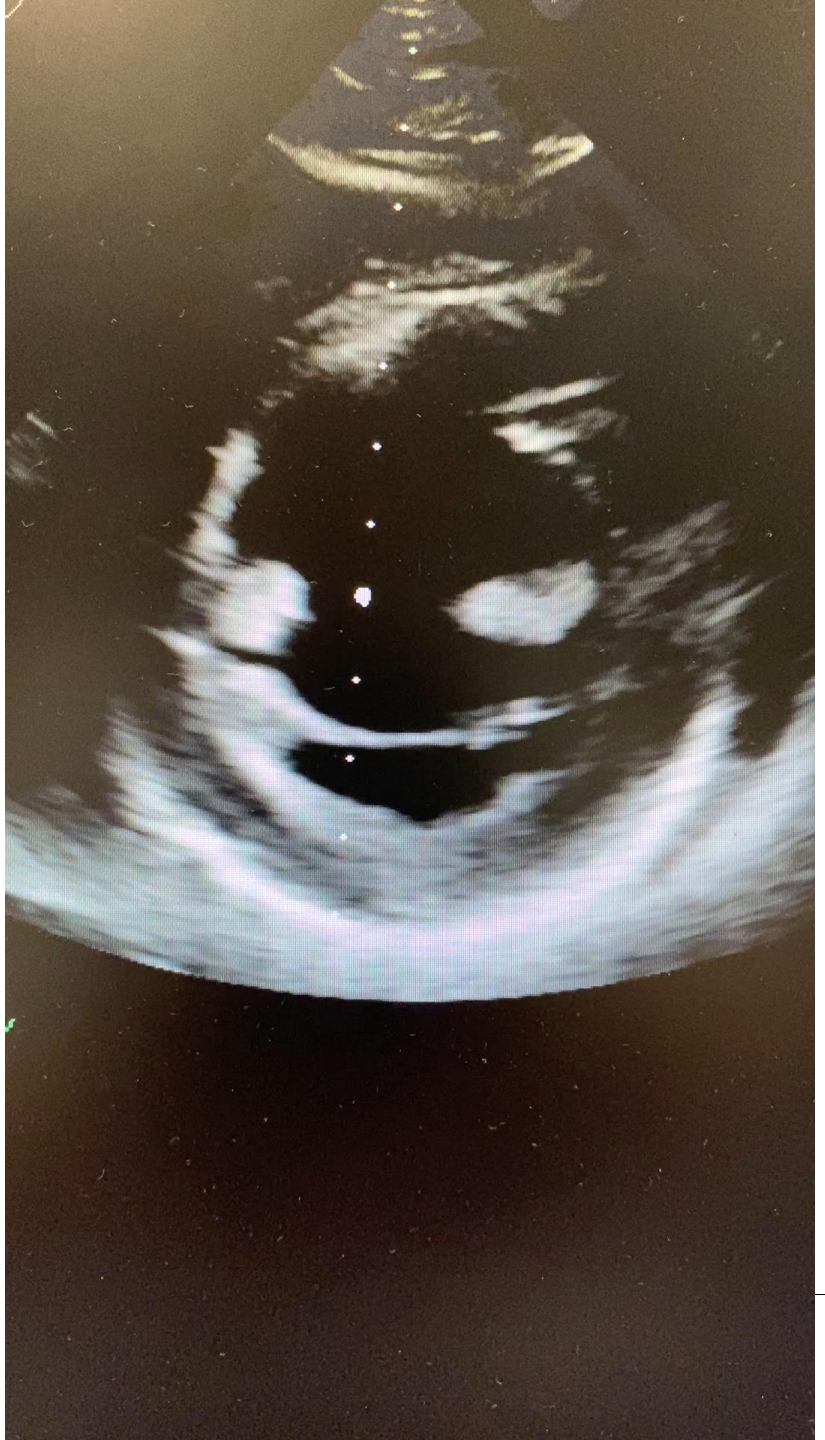


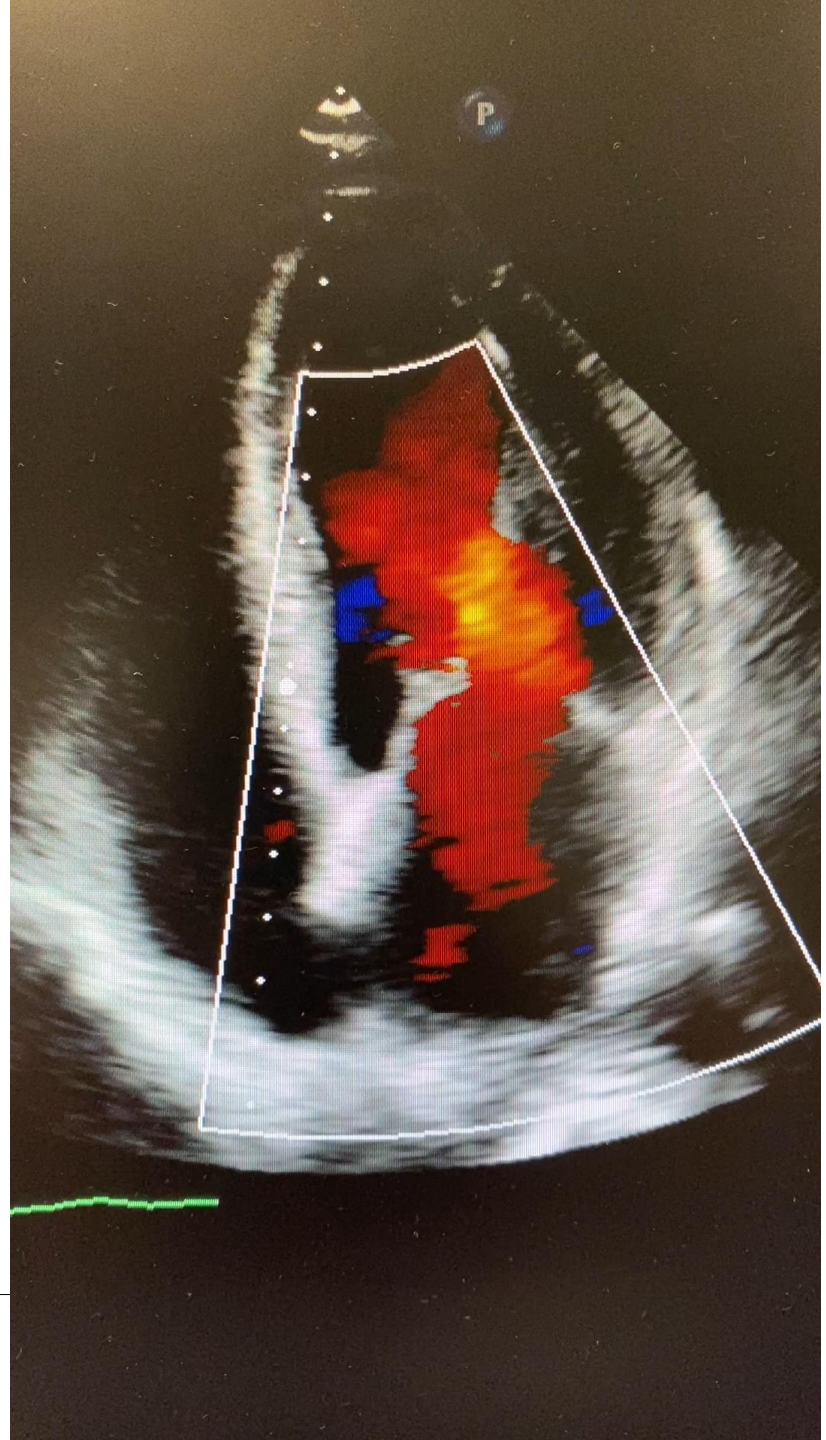
Blazeketal.

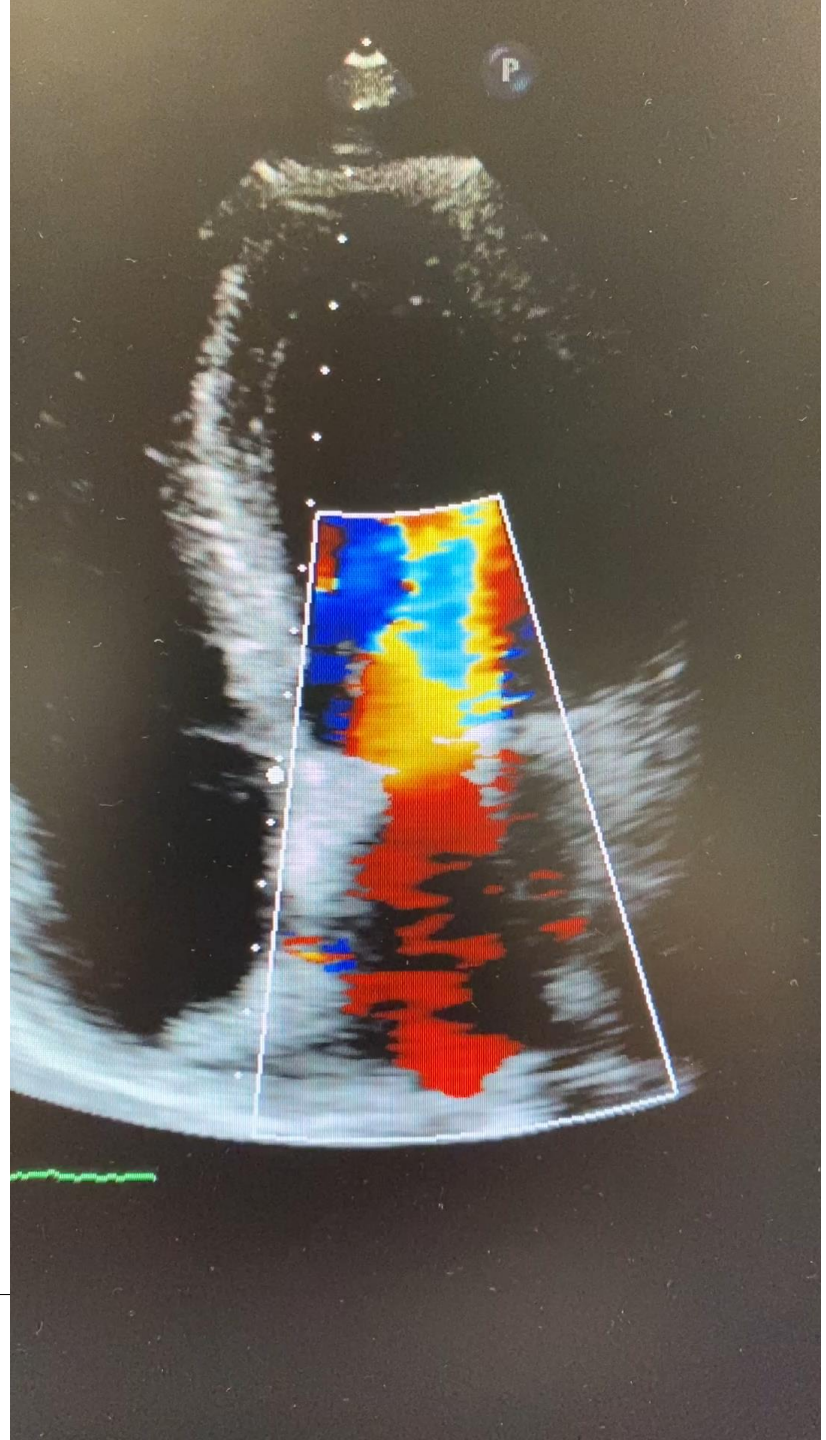
DES Versus MIDCAB Surgery in Proximal LAD

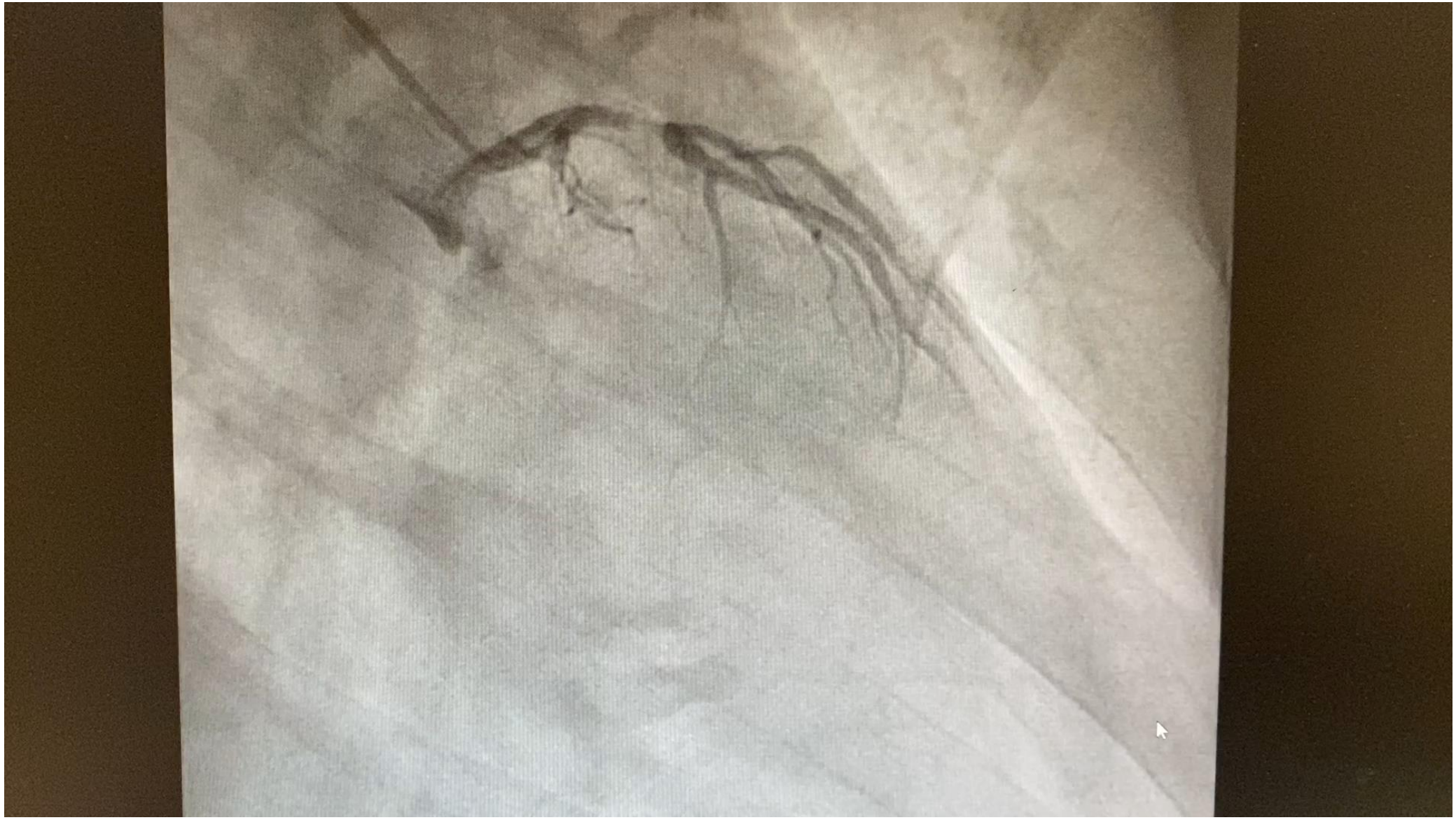







P



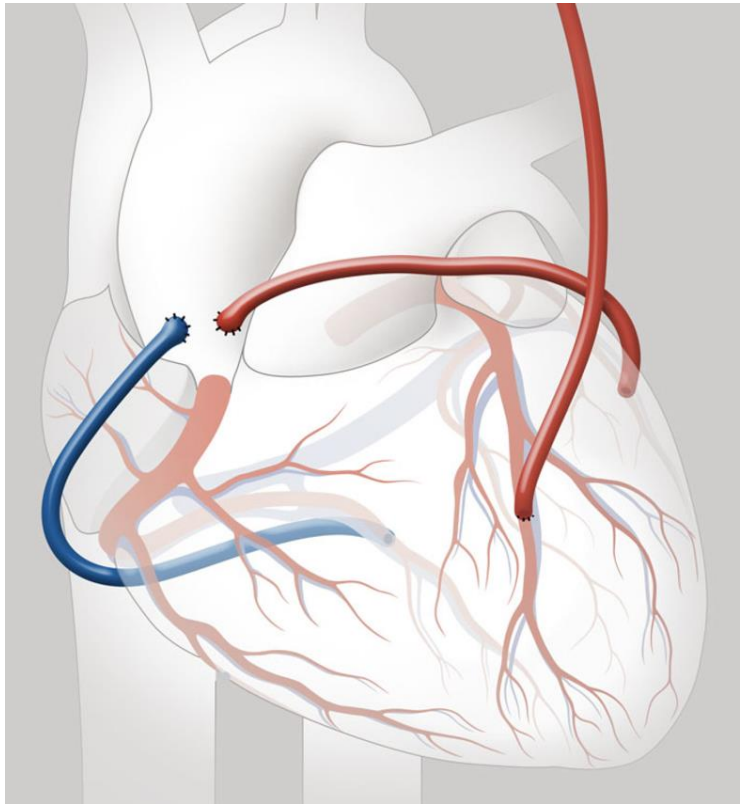


Postopertive Management after CABG

POD	1	2	3	4	5	6	7	8
	-IPS -Hämodynamik -Volumen -Drainagen ziehen -Verlegung Station	-ZVK ziehen -DK ziehen -Telemetrie	-Telemetrie	-Telemetrie	-Roentgen -EKG -Labor -Pacer Drähte ziehen -Duschen	-Evtl. Echo	-Austrittsgespräch	-Austritt -Rehabilitation

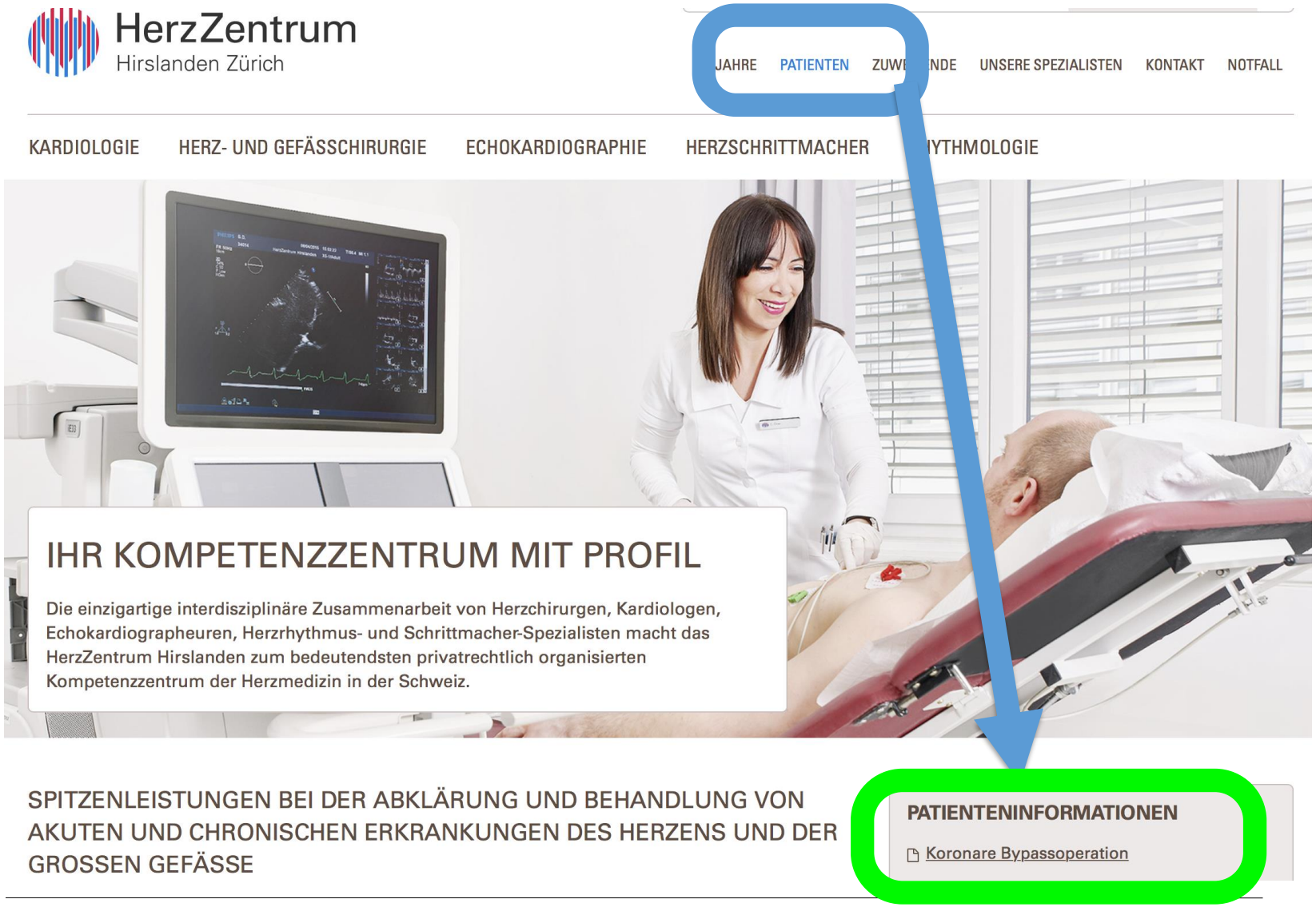
KORONARE BYPASSCHIRURGIE

http://herzzentrum.ch/herz-und-gefaesschirurgie/koronare-bypasschirurgie/



Wie gehts nach der Bypass OP weiter

herzzentrum.ch



ART UND ZIEL DER REHABILITATION

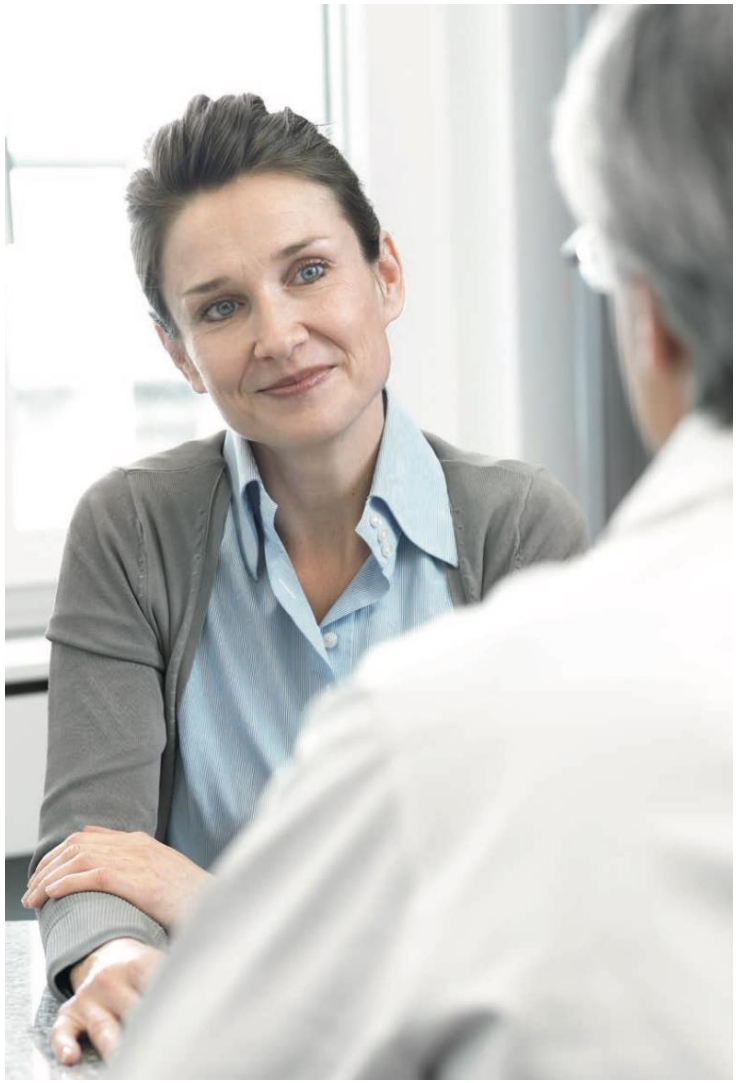
-Die Rehabilitation kann zu Hause oder in einem spezialisierten Zentrum erfolgen

Ziel der Rehabilitation ist es, das Vertrauen in die gute und schmerzfreie Funktion Ihres Herzens wiederzuerlangen und das nach der Operation immer untrainierte Herz zu einer guten Leistungsfähigkeit zu bringen

-2–3 Mal täglich im Freien Spaziergänge zu machen, anfänglich von einer Dauer von ca. 15–30 Minuten

-Sie dürfen bedenken los an diese Leistungsgrenze gehen, sollen sie aber respektieren

ARBEITSFÄHIGKEIT



Wünschenswert, mindestens 4–6 Wochen für Ihr Kreislauftraining zu reservieren, was die Ausübung Ihres Berufes verunmöglicht

Wenn Sie körperlich schwere Arbeit leisten, muss in der Regel 3 Monate bis zur Arbeitsaufnahme gewartet werden

Motorfahrzeug selbst führen ca. 3-4 Wochen nach der OP

KONTROLLEN

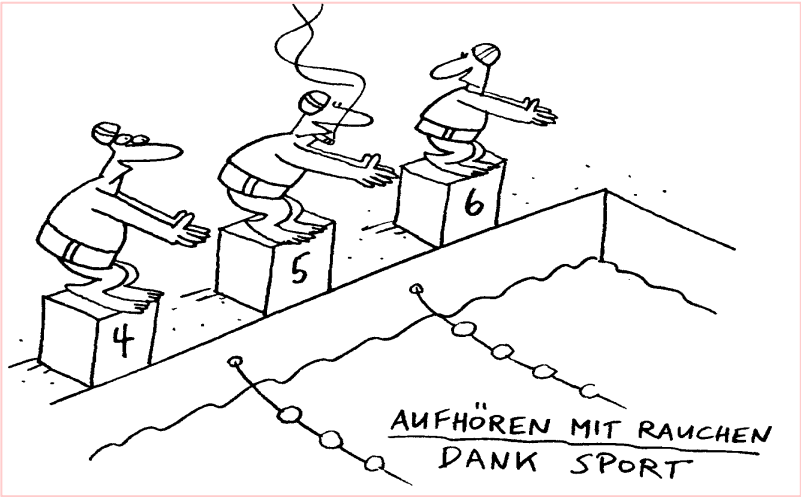
3 Monate nach der Operation eine sogenannte Postoperierten Kontrolle durch Ihren Herzspezialisten (Kardiologen) durchführen lassen

KONTROLLE DER RISIKOFAKTOREN

Allfälliges Übergewicht sollte reduziert werden

Cholesterinarme Diät: fettes Schweinefeisch, vollfette Milchprodukte (vollfetter Käse, Butter), Innereien (Leber, Nieren) und Eierprodukte nur in beschränktem Masse einnehmen

Alkohol im sogenannt «normalen» Rahmen hat keinen negativen Einfluss auf Ihr Herz



Dass Sie auf das Rauchen verzichten, ist selbstverständlich

Bei Tendenz zu hohem Blutdruck muss dieser medikamentös behandelt werden

Vielen Dank

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