

SCA 22

LATE PRESENTATION OF TEE-RELATED GASTRO-INTESTINAL COMPLICATIONS IN CARDIAC SURGICAL PATIENTS

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Objective: To determine the incidence of major upper gastrointestinal (GI) complications associated with intraoperative transesophageal echocardiography (TEE) in adult cardiac surgical patients.

Design: Retrospective audit.

Setting: University-affiliated teaching hospital.

Participants: 859 consecutive cardiac surgical cases.

Interventions: None

Measurements and main results: The records of all patients who developed a major upper GI complication within 30 days of cardiac surgery between January 2001 and May 2003 were examined. The patients were identified by cross referencing cardiac surgery and endoscopy databases. A major GI complication was defined

as a perforation or upper GI bleeding requiring endoscopic or surgical intervention. Early presentation was defined as <24h; late presentation was defined as >24h. During the audit period 516 patients had cardiac surgery with TEE (Group 1) and 343 patients had cardiac surgery without TEE (Group 2). We identified six patients, 1.2% (95% confidence interval, CI: 0.5-2.5%) in Group 1 who had a major upper GI complication consistent with TEE injury (two perforations and four bleeding complications). Two patients, 0.38% (95% CI: 0.05-1.40%) presented early and four patients, 0.76% (95% CI: 0.21-1.98%) presented late. One of the patients in Group 2 developed a major upper GI complication, 0.29% (95% CI: 0.01-1.6).

Discussion: The incidence of major GI complications related to TEE in this group of cardiac surgical patients was higher than previously reported. Late presentation was more common than early. Previous studies that have not included late presentations may have underestimated the true incidence of major GI complications related to TEE.