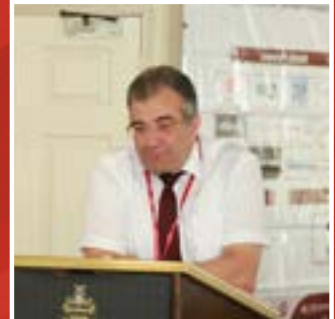


3th World Congress on
**CARDIOLOGY
AND CARDIAC NURSING**
March 25-26, 2019 | Amsterdam, Netherlands

CARDIOLOGY SUMMIT 2019



ACCEPTED ABSTRACT

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DIAGNOSIS OF ACUTE MYOCARDIAL INFARCTION AFTER CORONARY ARTERY BYPASS GRAFT (CABG) SURGERY: A SYSTEMATIC REVIEW

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Introduction: Myocardial infarction after coronary artery bypass grafting is a serious complication and one of the most common causes of perioperative morbidity and mortality. Multiple mechanisms have been proposed to explain myocardial injury after CABG. Diagnosis will be established according to Creatine Kinase (CK) values more than five times the 99th percentile of the normal reference range during the first 72 hours following CABG, (or Troponin or CKMB more than ten time increase) when associated with the appearance of new pathological Q-waves or new Left Bundle-Branch Block (LBBB), or angiographically documented new graft or native coronary artery occlusion, or imaging evidence of new loss of viable myocardium, should be considered as diagnostic of a CABG related MI.

Objectives: To identify the methods of diagnosis of post coronary artery bypass graft (CABG) acute myocardial infarction.

Data sources: MEDLINE (PubMed), EMBASE, Google Scholar and the Cochrane Library and all materials available in the internet till 2017.

Study selection: This search presented 23 eligible studies which studied the diagnostic methods for acute myocardial infarction after Coronary Artery Bypass Graft (CABG) surgery. Data extraction: If the studies did not fulfill the inclusion criteria, they were excluded. The methodological quality of included studies was assessed using an adjusted QUADAS-tool. Data synthesis: comparisons was made by structured review with the results tabulated. Conclusion: Troponin I and T can both be used to indicate myocardial damage, with the level correlating well with the level of injury. However until issues such as a 'gold standard' for peri-operative MI are addressed, one single cut-off point cannot be recommended for either test.



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**HIGH LEVELS OF RISK FACTORS BUT POOR SECONDARY PREVENTION
FOR PATIENTS WITH CORONARY HEART DISEASE IN PUBLIC HOSPITALS IN
JORDAN**

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Secondary Prevention (SP) is a priority after coronary revascularization for effective long term cardiovascular care. Coronary Heart Disease (CHD) is a major health problem in Jordan, but little is known about the current provision of SP. We aimed to evaluate risk factors and explore the current provision of SP of CHD in public hospitals in Jordan. A quantitative repeated measures research design was used using a quota sample of 180 patients during hospitalization post coronary revascularization and six months later from three interventional hospitals following of the 180 patients at discharge, 77% were obese or overweight, 59% were smokers, 59% had low levels of physical activity, 51% had elevated LDL, 58% had uncontrolled blood glucose and 11% had uncontrolled Blood Pressure (BP). Of the 169 patients presenting at follow-up 75% were obese or overweight, 47% continued to smoke, 41% had low levels of physical activity, 64% had not controlled blood glucose and 25% had not controlled BP. There was no cardiac rehabilitation, or secondary prevention available post discharge. Despite an extremely high prevalence of risk factors in this population, the provision of SP is poor, which requires urgent improvement and the contribution of nurses' to SP should be enhanced.



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THE HEALTH PRACTICES OF THE INDIGENOUS PEOPLES LEARNERS IN THE SCHOOLS DIVISION OF TARLAC PROVINCE: BASIS FOR PROPOSED CURRICULUM INTERVENTIONS

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The study determined the health practices of the Indigenous Peoples (IPs) learners in the Schools Division of Tarlac Province for SY- 2017-2018. The study employed mixed methods of research, utilizing both descriptive design and qualitative approaches. The respondents of the study were the Grades 4, 5 and 6 IP learners from three (3) indigenous cultural communities, namely: Ayta Abellen, Ayta Mag-antsi and Ayta Zambal. Questionnaire, interview and observation were used in data gathering. Focus Group Discussions (FGD) were also conducted to selected participants and immersion was done to have a better understanding, appreciation, exposure and experience of the health and practices of IP learners. The study revealed that the health practices of the IP learners were very satisfactory in personal hygiene, very adequate in nutrition, occasionally in junk foods consumption and averagely adequate in physical activities and rest and recreation. The study further revealed that IP learners were influenced by local beliefs and traditions as to their health practices like eating, cooking, bathing and the belief in “anito” or spirits in treating and curing their illnesses. The study further shows that the IP learners have encountered problems in maintaining their health, thus a proposed consultative meeting and research colloquium be conducted by the researcher to the nurses and dentists, school heads/OICs, and teachers of the IPed schools to address the said problems.

Based on the foregoing findings and conclusions, the researcher recommends the following: The health practices of the Indigenous Peoples must be improved to fully achieve and maintain their health focusing on the provision of the basic foods and avoidance of junk foods, DepED-Tarlac Province must pave the way for the advancement of the health practices of the IP learners taking into account the IP culture, beliefs and traditions and must intensify the implementation of the IPed curriculum that is localized and indigenized based and focused on the health practices and its advancement with respect to the culture and traditions of the IP learners, the adoption and intensification of the implementation of the Project “Indigenous Peoples” in the division which aims to bring closer the education, health and nutrition services to the Indigenous Peoples.



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CONTEMPORARY HOSPITAL OUTCOMES OF TISSUE VERSUS MECHANICAL AORTIC VALVE SURGERY : A MULTICENTER STUDY

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Objectives: Substantial controversy surrounds the choice between a mechanical versus bioprosthetic prosthesis for Aortic Valve Replacement (AVR), based on age. This study aims to investigate national trends and in-hospital outcomes of the 2 prosthesis choices.

Methods: All patients aged >18 years in the National Inpatient Sample who received an AVR between 1998 and 2011 were considered. Valve-type use was examined by patient, procedural, and hospital characteristics, after which we matched patients based on their propensity score for receiving a bioprosthetic valve and compared their in-hospital outcomes.

Results: Bioprosthetic valves comprised 53.3% of 767,375 implanted valves, an increase in use from 37.7% in the period 1998 to 2001 to 63.6% in the period 2007 to 2011. The median age was 74 years for patients receiving bioprosthetic valves, and 67 years for those receiving mechanical valves. Use of bioprosthetic valves increased across all age groups, most markedly in patients age 55 to 64 years. Compared with patients receiving mechanical valves, these patients had a higher incidence of renal disease (8.0% vs 4.2%), coronary artery disease (58.5% vs 50.5%), concomitant coronary artery bypass grafting (46.7% vs 41.9%), and having surgery in a high-volume (>250 cases per year) center (31.3% vs 18.5%). Patients receiving bioprosthetic valves had a higher occurrence of in-hospital complications (55.9% vs 48.6%), but lower in-hospital mortality (4.4% vs 4.9%) than patients receiving mechanical valves. This difference was confirmed in propensity-matched analyses (complications: 52.7% vs 51.5%; mortality: 4.3% vs 5.2%).

Conclusions: Use of bioprosthetic valves in AVR increased dramatically from 1998 to 2011, particularly in patients age 55 to 64 years. Prosthesis selection varied significantly by facility, with low-volume facilities favoring mechanical valves. Aortic valve replacement with a bioprosthetic valve, compared with a mechanical valve, was associated with lower in-hospital mortality.

