

Survival and Quality of Live of Elderly Patients Undergoing Open Heart Surgery

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Background:

The percentage of elderly (>75 years old) in Israel is anticipated to increase by 50% in the next 20 years from 4.6% to 6.7% of the population (estimated ~1.4m by 2030). The prevalence of heart disease increases with age and a growing number of elderly are referred for heart surgery. These patients are at higher risk due to the complexity of the operation and multiple co-morbidities. Survival and quality of life (QOL) are the corner-stone outcomes evaluating any therapeutic intervention in this age group.

Aim:

Examine the survival and QOL of elderly patients undergoing open-heart surgery

Methods:

The outcomes of 207 consecutive elderly patients (≥ 75) undergoing open heart surgery between 2008 and 2011 were evaluated. Baseline patient profile and hospital outcomes were extracted from a prospective Departmental database. Follow up data were obtained by telephone contact with the patient or family. Health status and QOL were assessed by SF36, ADL and IADL. SF36 scores were compared to a control group of general population age 60-75. Kaplan-Meier method was used to calculate survival.

Results:

Average age was 79 ± 3 years (range 75-92, 56% males). Follow up was 100% complete. Four-year survival was 81%. Independent predictors of decreased survival by Cox regression were older age (HR=3.2), Sephardi (HR=2.8) and Arab (HR=8.1) ethnicities. Gender did not predict survival or QOL. By ADL and IADL, most patients were highly independent and functional. SF36 scores of physical function domain in the elderly were worse compared to controls ($p < 0.001$). Scores of general health and vitality were similar between the groups ($p = 0.67$) whereas scores bodily pain, social, mental and emotional roles were significantly better in the elderly group ($p < 0.0001$).

Conclusions:

Survival and quality of life after open heart surgery in the elderly are excellent. Outcomes are affected by ethnicity. Age should not be a contraindication to surgery.