



Tricuspid Valve Replacement: The Effect of Gender on Operative Results

D. Leviner, B. Medalion, I. Baruch, A. Sagie, E. Snir, E. Sharoni, A. Fuks, A. Almogue, I. Glik, P. Biderman, D. Aravot, R. Sharony

Dept. of Cardiothoracic Surgery and Dept. of Cardiology, Rabin Medical Center, Israel
Sackler School of Medicine, Tel Aviv University, Israel

DISCLOSURE

- None

Background 1

- TR is the result of functional or organic disease
- TV repair is the preferred option whenever possible
- Operations of the TV are uncommon in cardiac surgery¹

1 - The Society for Cardiothoracic Surgery in Great Britain & Ireland. Sixth National Adult Cardiac Surgical Database Report 2008.

<http://www.scts.org/modules/resources/default.aspx?type=bluebook>

Background 2

- TVR is associated with a high operative mortality¹
- There is a growing interest in gender medicine ^{2,3}

1 - Iscan ZH, et al. What to expect after tricuspid valve replacement? Long-term results. Eur J Cardiothorac Surg 2007;32:296—300

2 - Higgins J, et al. Influence of patient gender on mortality after aortic valve replacement for aortic stenosis. J Thorac Cardiovasc Surg 2011;142:595-601

3 - Seeburger J, et al. Gender Differences in Mitral Valve Surgery. Thorac Cardiovasc Surg 2013;61:42–46

Aim

- To analyze our 7 year experience with tricuspid valve replacement and characterize specific risk factors for this operation

Methods

- Retrospective analysis of all tricuspid valve replacement cases operated on in our institution from January 2005 to August 2012

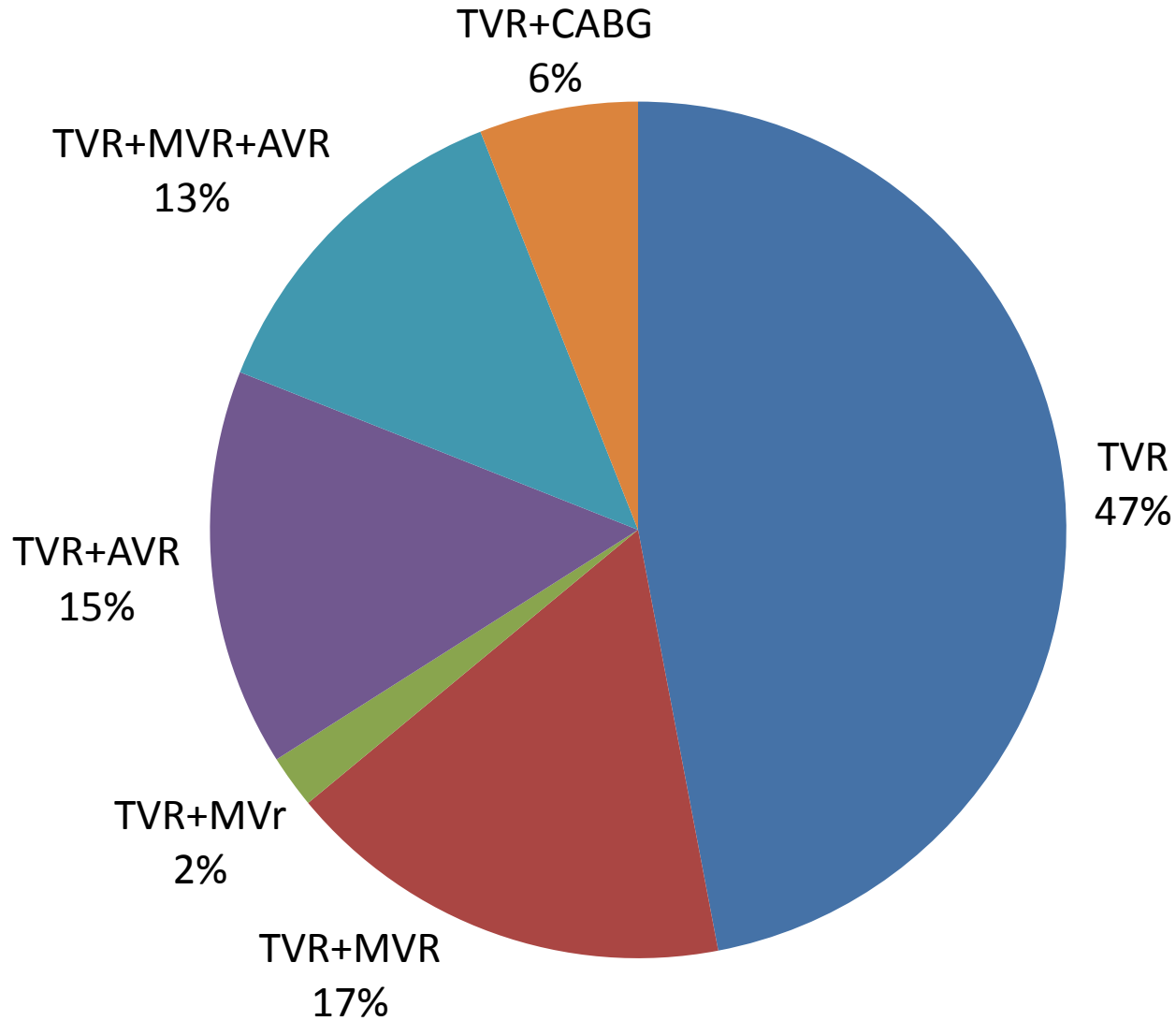
Results - Patient characteristics 1

	N=67 (%)
<u>Age (mean±SD)</u>	58±14
- Female	61±13
- Male	54±13
<u>Gender</u>	
- Female	45 (67%)
<u>Etiology</u>	
- Rheumatic	48 (72%)
- Endocarditis	3 (5%)
- A. Fib.	6 (9%)
- Pacemaker	2 (3%)
- Other	8 (12%)
Previous CVA	6 (9%)
Atrial fibrillation	44 (66%)

Results - Patient characteristics 2

	N=67 (%)
Previous cardiac operation	48 (72%)
Number of previous operations:	
1	11 (16%)
2	18 (27%)
3	14 (21%)
4 or more	5 (7%)
Preoperative RV function	
Good	4 (6%)
Moderate	44 (66%)
Severe	14 (21%)
N/A	5 (7%)

Results - Intra-operative 1



Results - Intra-operative 2

	Mean	Range
Type of valve	Bioprosthesis 55 (82%) Mechanical 12 (18%)	
Size of valve	31 mm.	23-35 mm.
Bypass time	165±79 min.	57-465 min.
Cross clamp time	120±50 min.	38-218 min.

Post-op Morbidity

	Number (%)
Hospital mortality: overall	12 (17.9%)
- Male	0
- Female	12 (27%)
Re-exploration d/t bleeding	12 (18%)
Renal failure requiring renal replacement therapy	7 (10%)
Low cardiac output	20 (30%)
Prolonged mechanical ventilation	19 (28%)
Permanent Pacemaker insertion	6 (9%)
ICU stay (median)	3 days

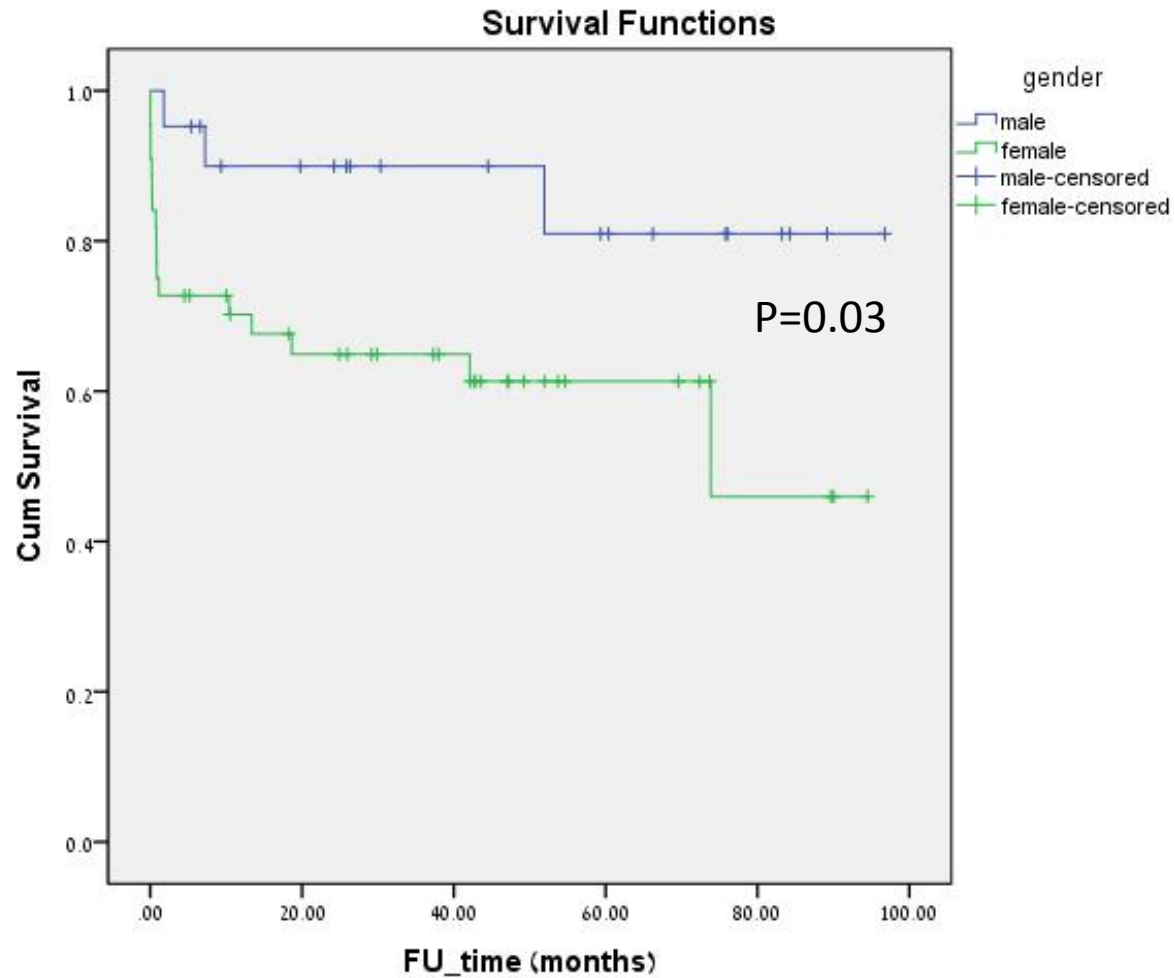
Univariate analysis for Hospital Mortality

Risk factor	Hospital mortality with risk factor (%)	Hospital mortality without risk factor (%)	<i>p</i> value
Female gender	12/45 (26.7%)	0/22 (0%)	0.007
REDO operation	10/48 (20.8%)	2/19 (10.5%)	0.485
Pre-operative CVA	3/6 (50%)	9/61 (14.8%)	0.066
Chronic atrial fibrillation	7/44 (15.9%)	5/23 (21.7%)	0.738
Post op. Renal failure	6/12(50%)	6/55 (10.9%)	0.005
Prolonged mechanical ventilation	9/19 (47.4%)	3/48 (6.3%)	<0.001

Follow up 1

- NYHA- 2.5 ± 0.7
- 92.6% - less than grade 2 TR
- Mean gradient – 5.0 ± 2.9 mmHg
- RV function – 72% with good RV function

Follow up 2



Conclusions

- This subset of patients represents very high risk patients
- TVR remains a high risk operation
- Women undergo TVR at an older age with higher mortality
- First time TVR is associated with reasonable operative results

Thank you!

Causes of mortality

- Sepsis – 2
- Multiple organ failure – 5
- Low cardiac output – 2
- CVA – 1
- Stuck valve – 1
- SCD - 1