

Others - Other Abstract

[MEP-48]

Perioperative Management Strategies in Cardiac Surgery for Patients with Ankylosing Spondylitis

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Objective: This study aimed to discuss preoperative, intraoperative, and postoperative management strategies in patients with ankylosing spondylitis undergoing cardiac surgery.

Methods: A retrospective analysis was performed with patients who underwent cardiac surgery between 2009 and 2024. Fourteen patients diagnosed with ankylosing spondylitis and followed by relevant clinics were identified. These patients were compared with 15 randomly selected patients who had similar profiles in terms of age, sex, and type of cardiac surgery. Age, sex, mode of intubation, length of hospital stay, duration of intubation, postoperative pulmonary complications, transfusion requirements, mobilization time, and the incidence of postoperative venous thromboembolism were evaluated.

Results: Of the patients, 78.6% were male, with a mean age of 55±8 years. The postoperative intubation duration was significantly longer in the ankylosing spondylitis group (14±8 h vs. 6±5 h). Due to intubation difficulty, the need for fiberoptic intubation was higher in the ankylosing spondylitis group (16.6% vs. 0%). There were no significant differences between the groups in terms of hospital stay, postoperative exploration rates, transfusion requirements, or venous thromboembolism incidence. No postoperative sternal dehiscence was observed in either group. The need for rehabilitation due to postoperative pulmonary complications was higher in the ankylosing spondylitis group (33.3% vs. 13.3%). Cardiovascular mortality rates were similar in both groups.

Conclusion: The management of cardiac surgery in patients with ankylosing spondylitis requires a multidisciplinary approach. Appropriate perioperative management, including preoperative patient planning as well as intraoperative and postoperative follow-up and care, is essential.

Keywords: Ankylosing spondylitis, cardiac surgical procedures, postoperative complications.

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