

Report of the BACTS Database Committee

13th Congress on Cardio-Thoracic
Surgery

November 15, 2008



Belgische Vereniging voor Cardio-thoracale Heelkunde (BVCTH)
Societe Belge de Chirurgie Cardio-thoracique (SBCCT)
Belgian Association for Cardio-Thoracic Surgery (BACTS)

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BACTS DATABASE COMMITTEE
FINAL REPORT 2003



BACTS DATABASE COMMITTEE
FINAL REPORT 2004



Version 07.11.2006

**BACTS
Cardiac Surgical
Database
Report**

FINAL REPORT 2005



Compiled by
BACTS DATABASE COMMITTEE

Version 07.11.2007

BACTS Cardiac Surgical Database Report

FINAL REPORT 2006



Compiled by
BACTS DATABASE COMMITTEE

Version 04-11-2008

BACTS

2006 report

- All groups and subgroups reanalyzed
 - SAS codes: inclusion and exclusion criteria
 - Discrepancy with 2005: valve section
- Report finished
 - Focus on adult cardiac surgery
 - Hardcopy
 - Pdf-format in public domain of website
- 2007 report: 5 year overview

2006 report **General cardiac surgery includes**

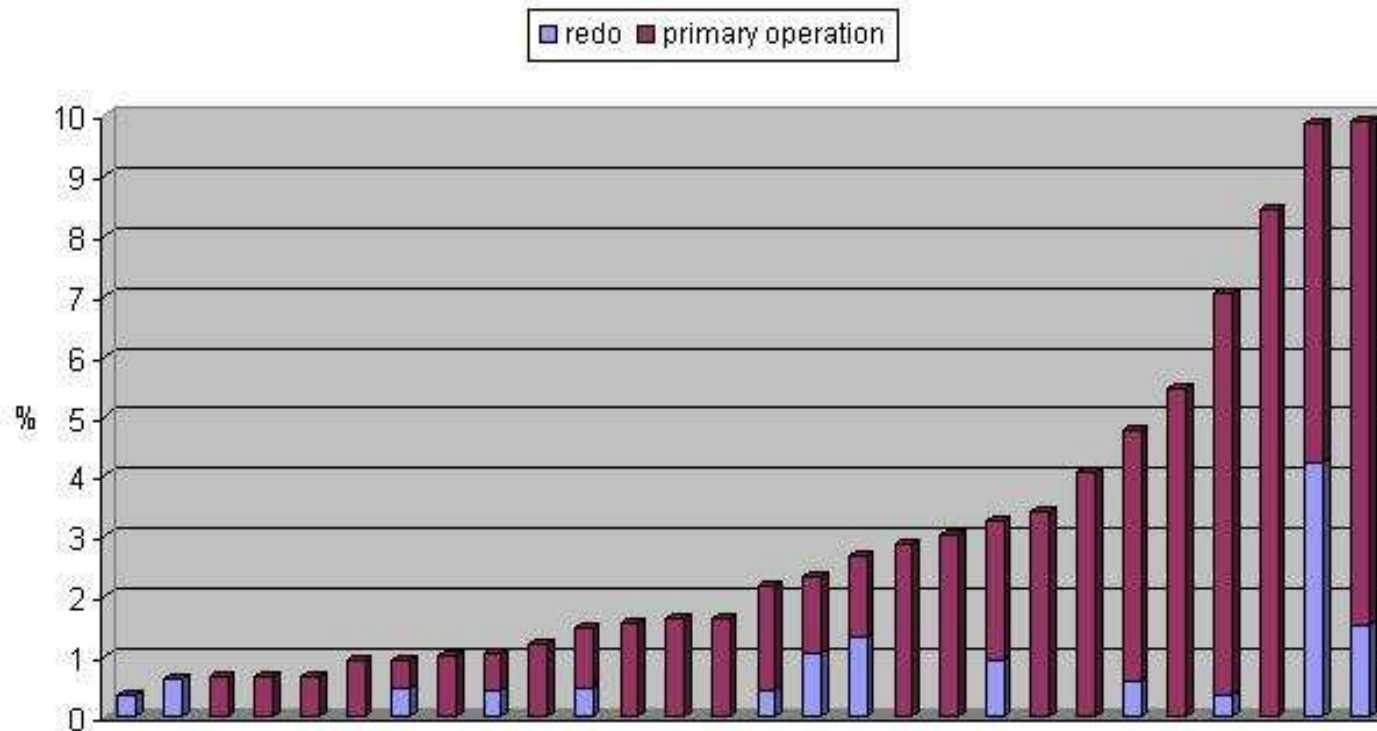
- The traditional cardiac operation with or without ECC (CABG, OPCAB, Valve, HTX, HLTX, Ascending Aorta and Arch, Congenital)
- Assist devices and ECMO/ECLS
- Surgery of the descending aorta
- Cardiac wounds
- Pericardiectomy
- Other congenital procedures such as: ductus botalli, coarctatio of the aorta, banding of pulmonary artery, Blalock/Taussing shunts....
- Introduction and removal of IABP

2006 report **General cardiac surgery: Not included**

- Revisions for bleeding: this is considered to be a complication
- Pacemakers
- Non-cardiac operations as far as this procedures or not performed in combination with a cardiac operation.
- Procedures/operations performed by other specialists

2006 report **Isolated CABG**

% venous only grafting – by centre



n= 165 patients out of 6369 isolated CABG (2.59 % of total)

median = 1,91 % by centre

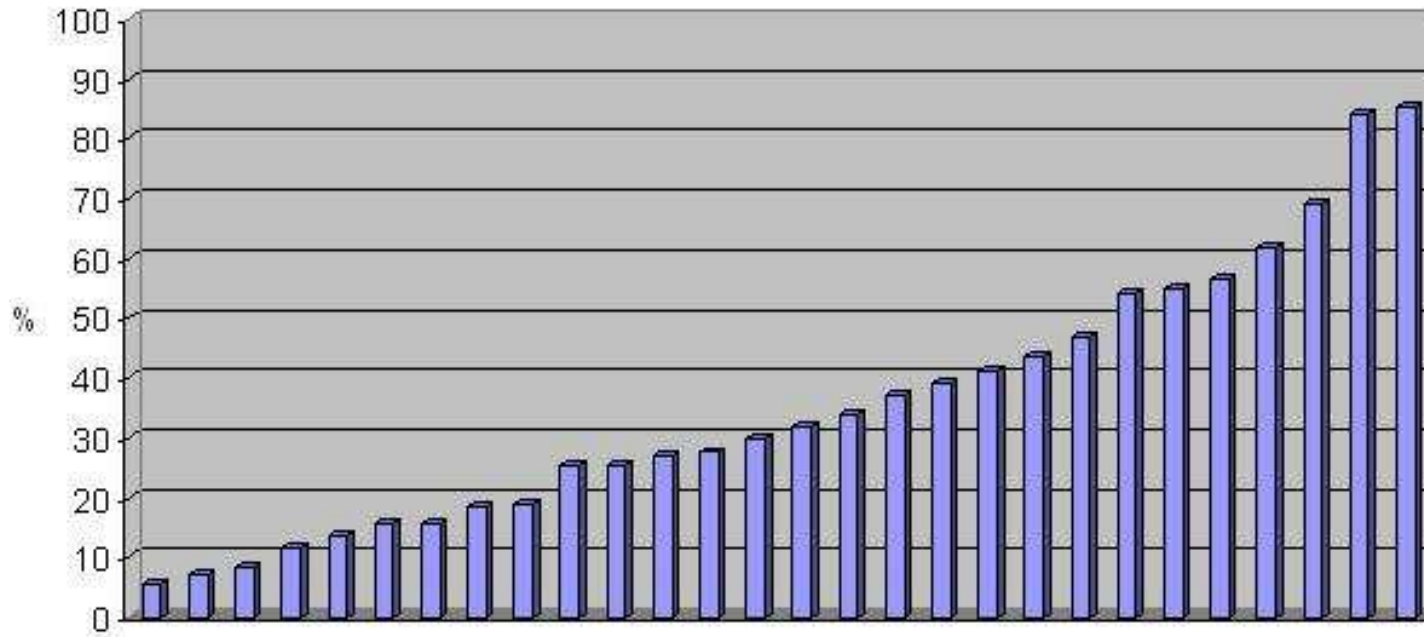
mean = 2.99 % by centre

n= 137 primary CABG

n= 28 repeat CABG

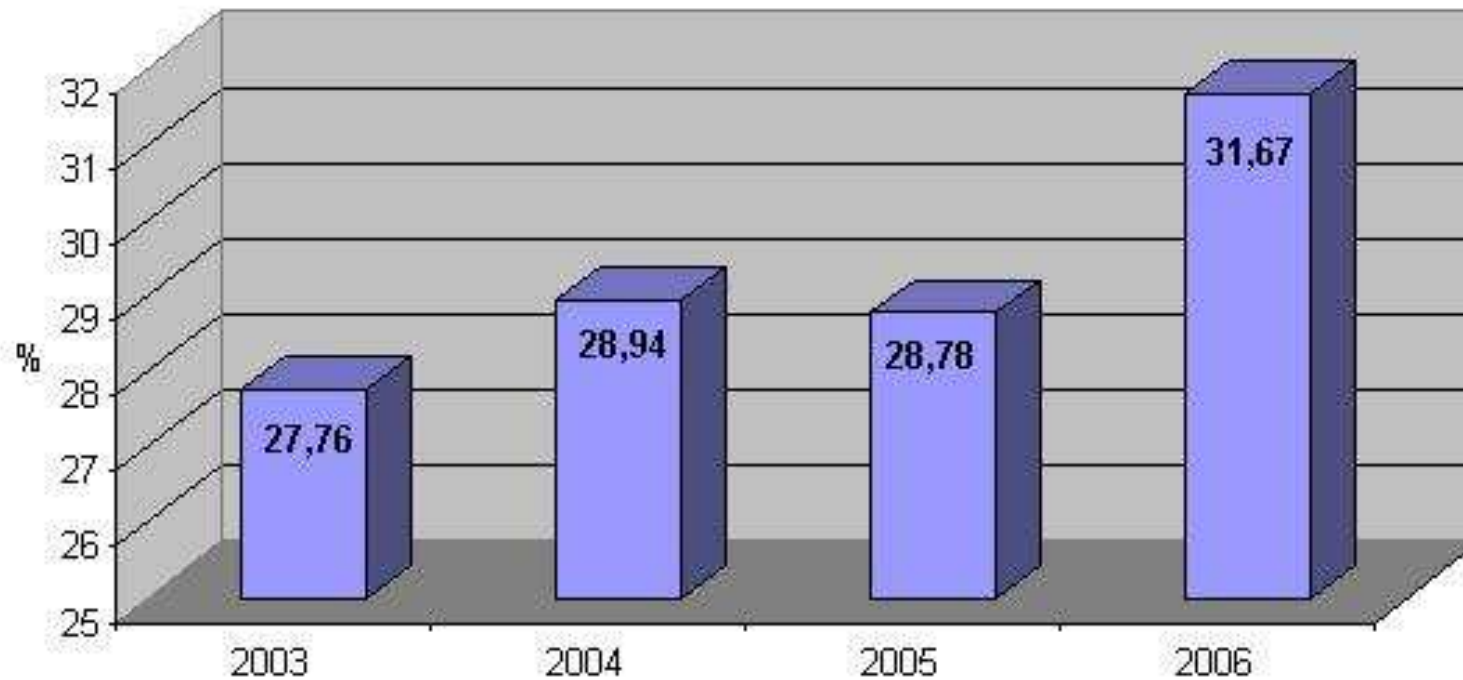
13 patients with an early venous only redo were not considered.

2006 report **Isolated CABG - % total arterial grafting (no venous grafting) - by centre**

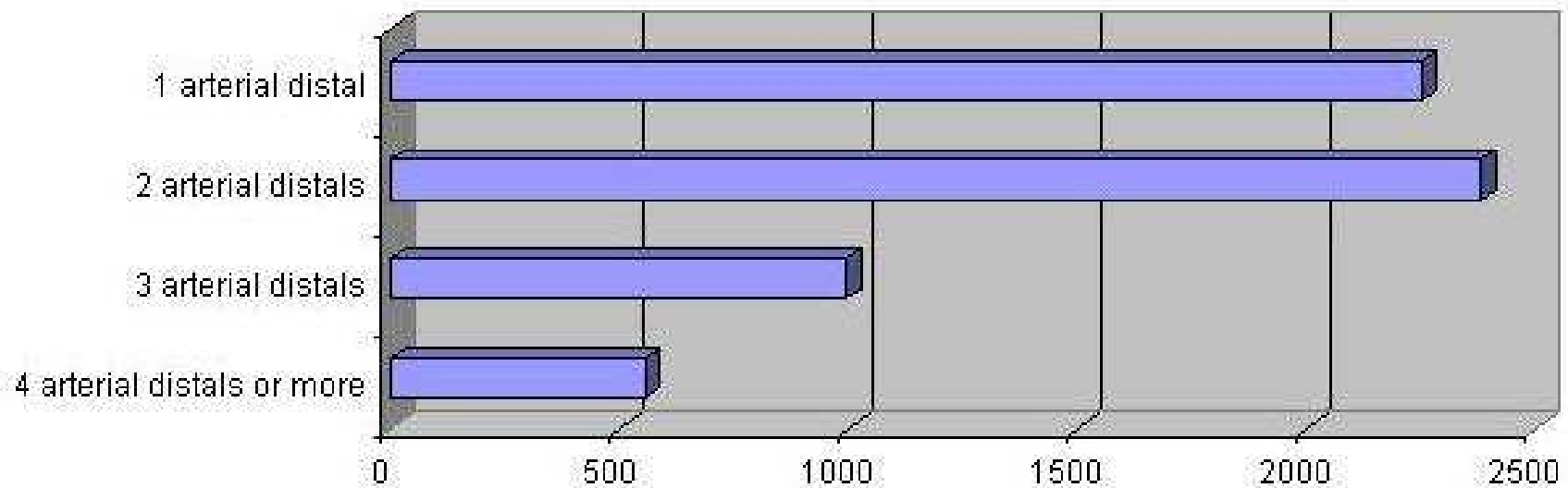


n= 2016 patients out of 6369 isolated CABG (31.67%)
median = 30.79 % by centre
mean = 35.27 % by centre

2006 report **Evolution of total arterial grafting in isolated CABG**



2006 report **Number of arterial distal anastomoses in isolated CABG**



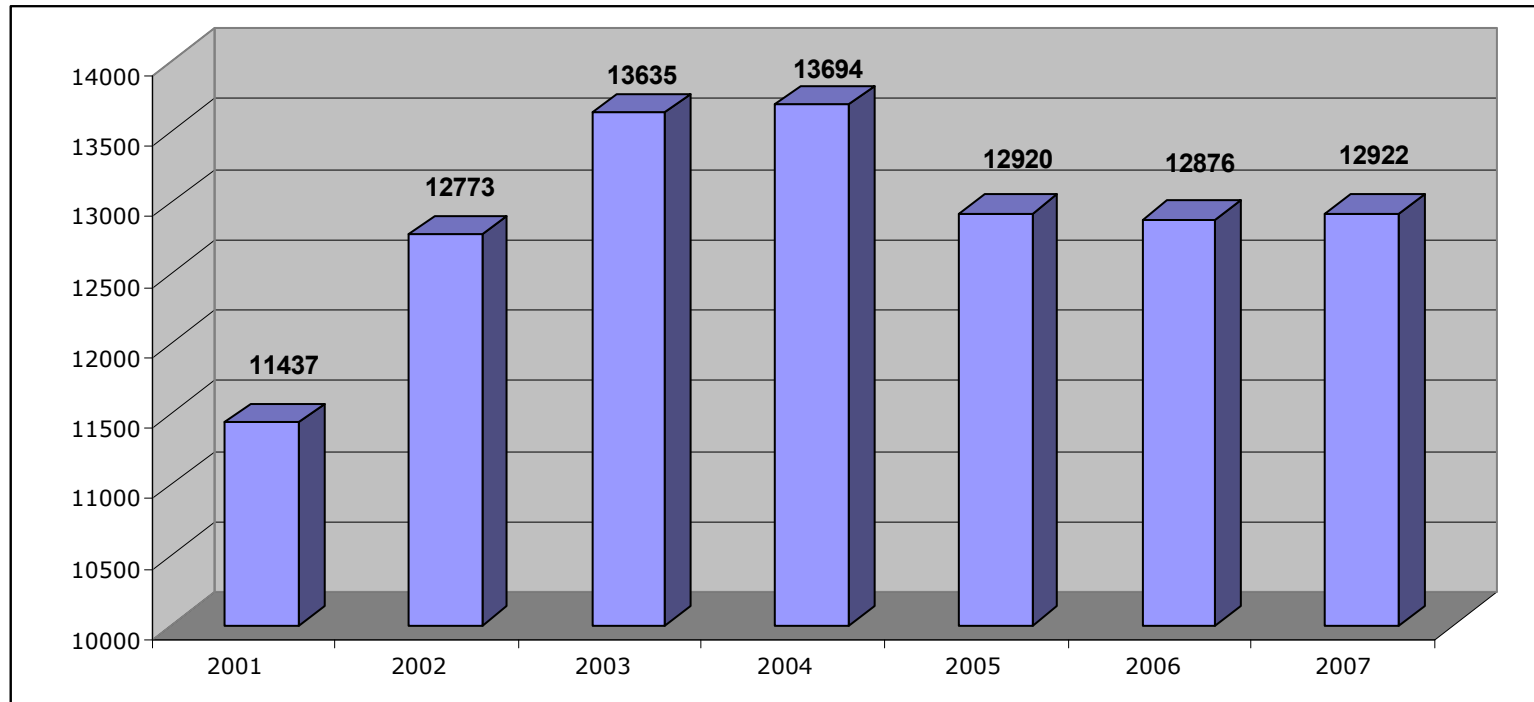
mean = 1.92 arterial anostomosis per patient

2007 data: status of today

- All data received (28 centres)
- All error reports send (28)
 - 25 corrections received
 - 3 not received yet
- Final analysis not finished yet

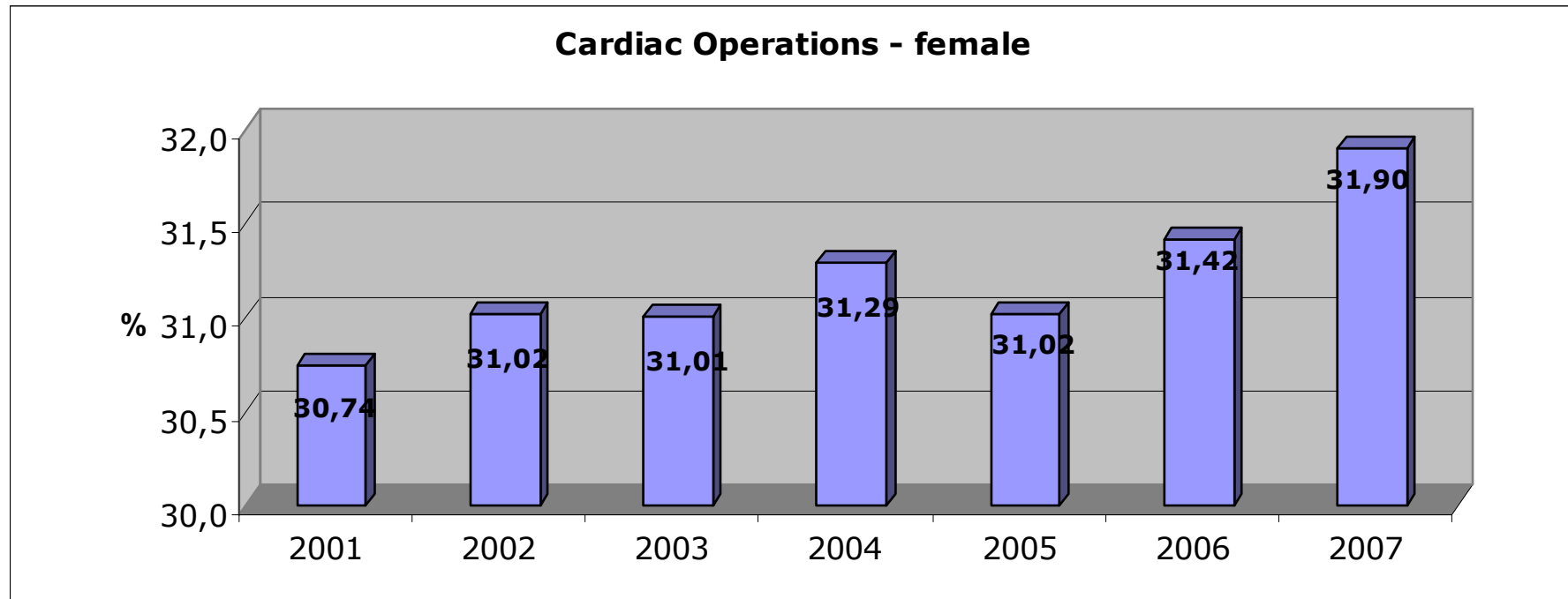
PLEASE SUBMIT THE DATA EARLIER

Operations 2001-2007

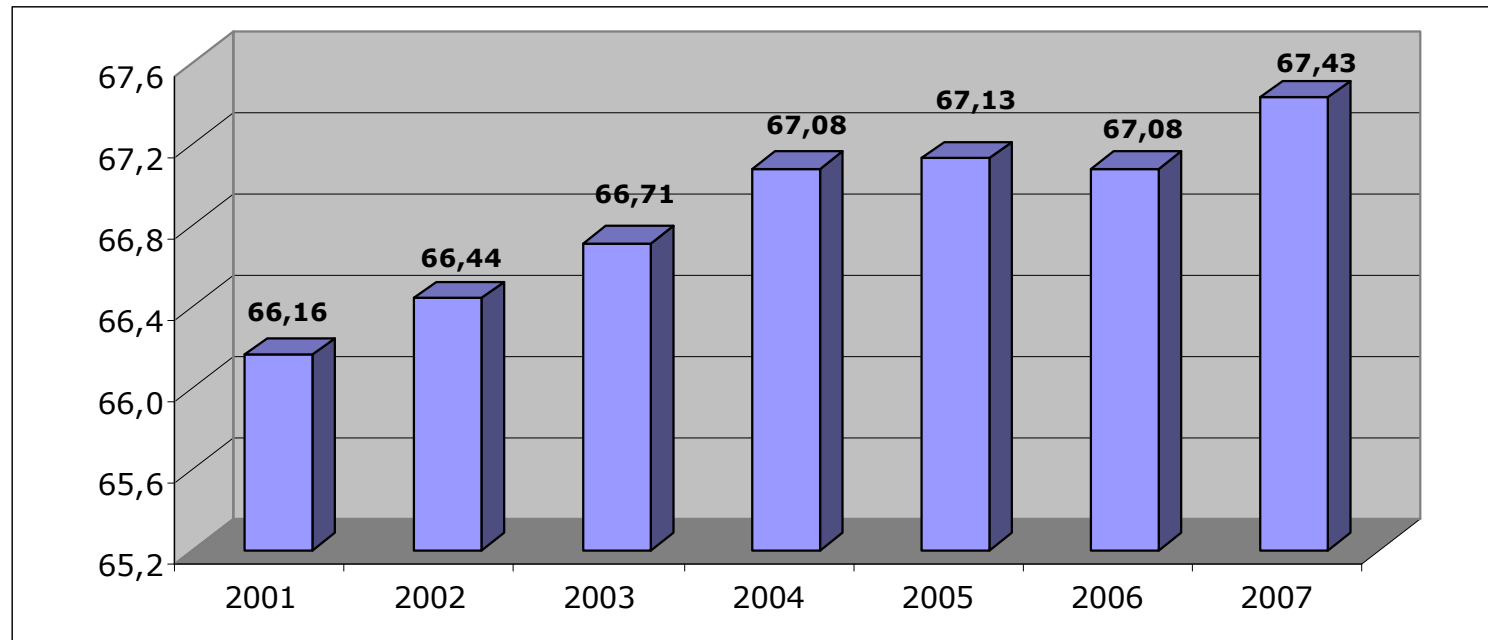


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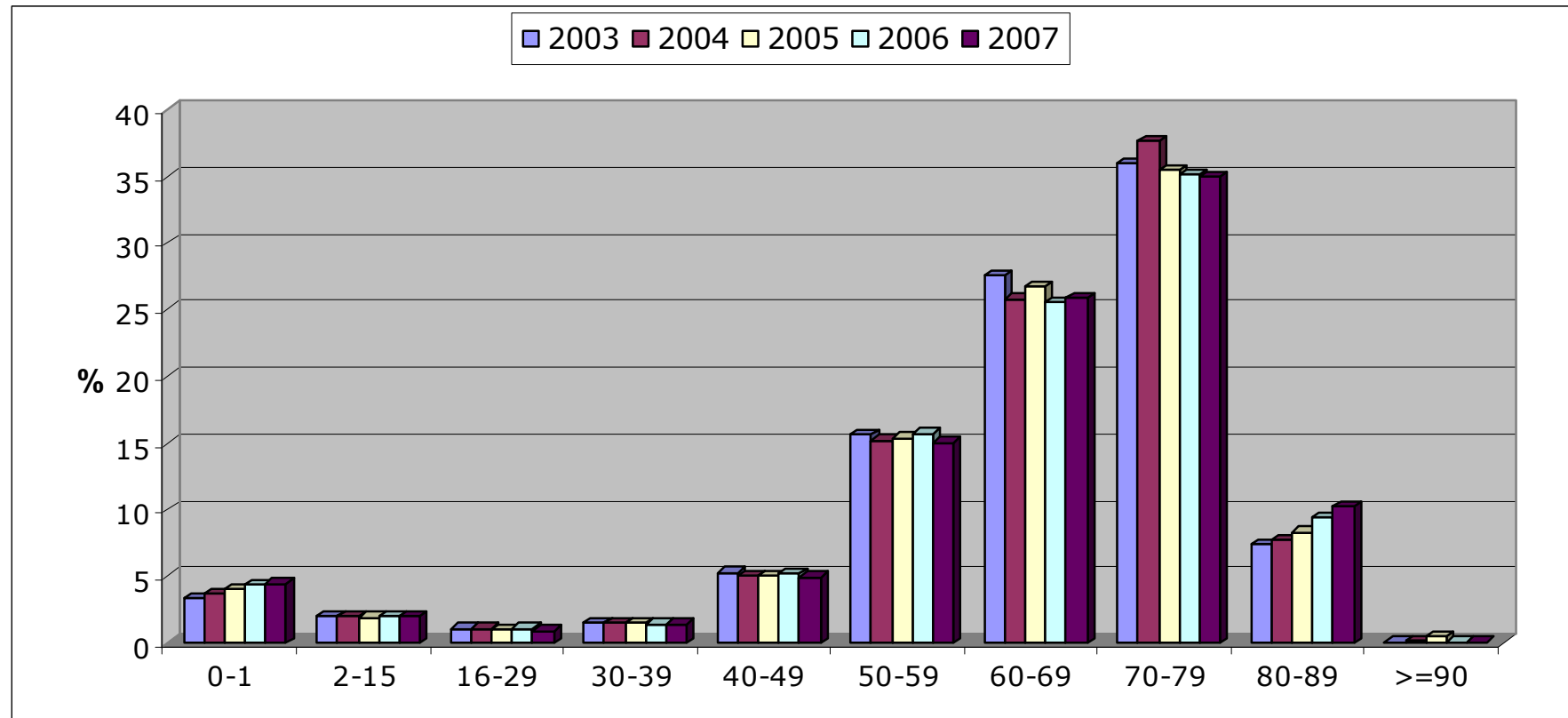
Gender 2001-2007



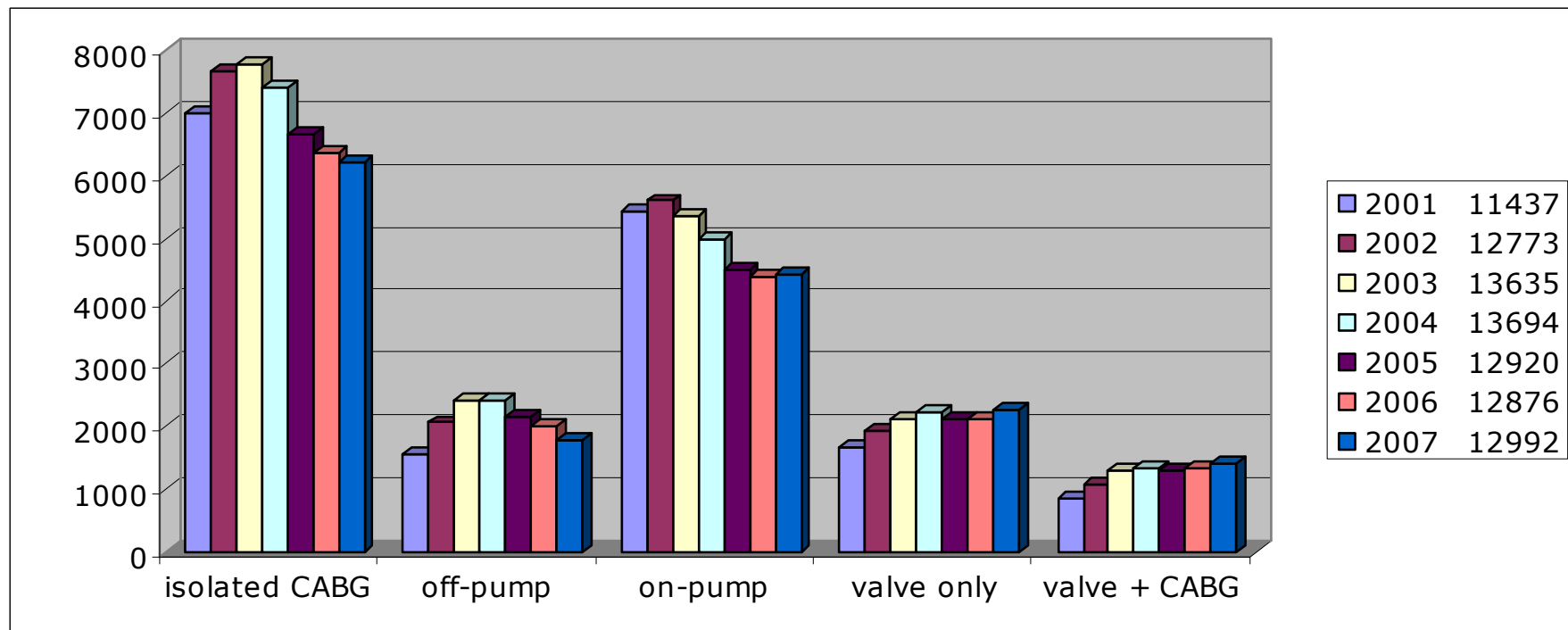
Evolution mean age (≥ 16 y)



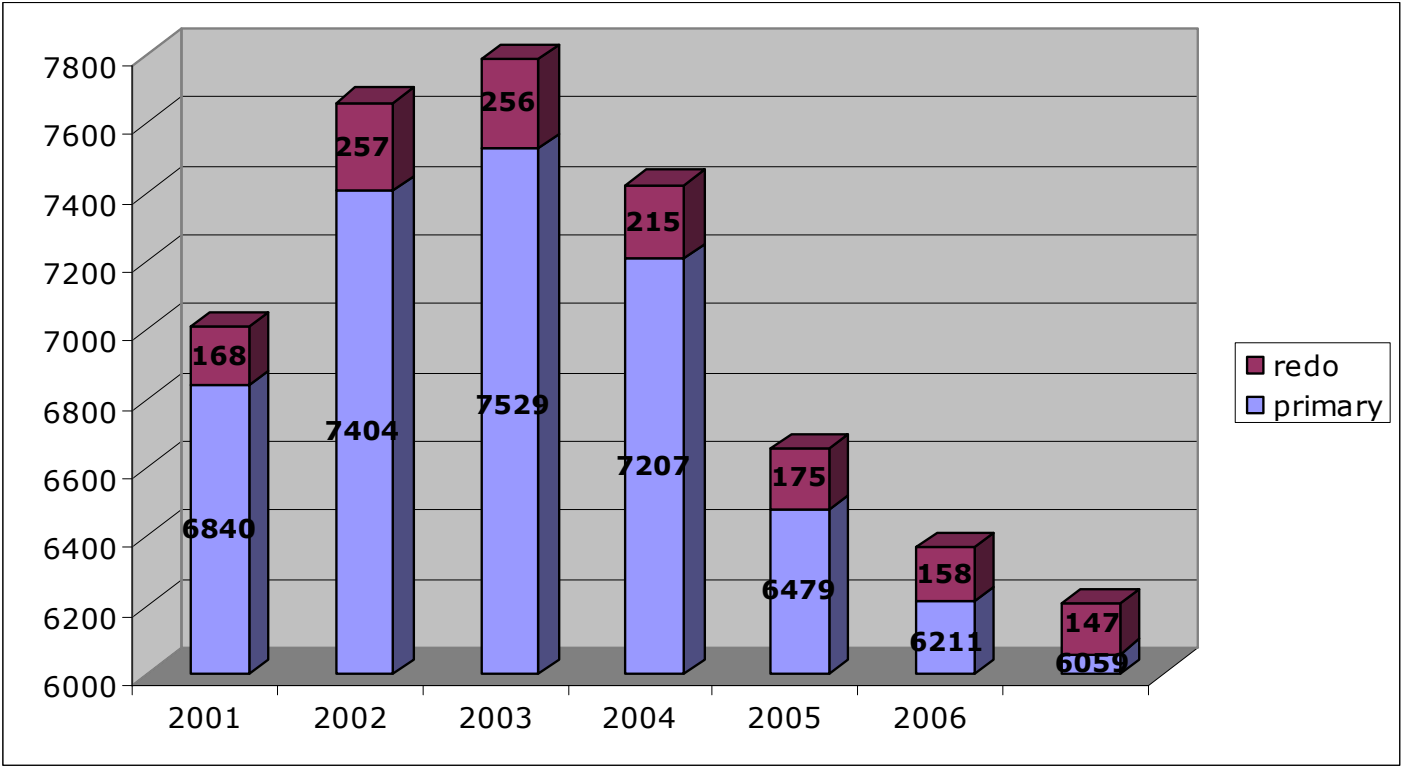
Age distribution



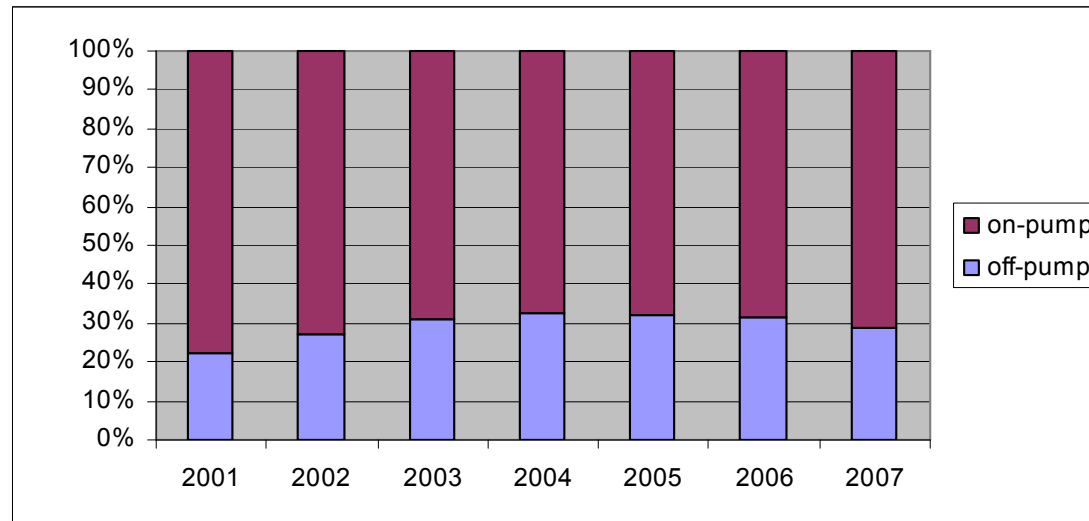
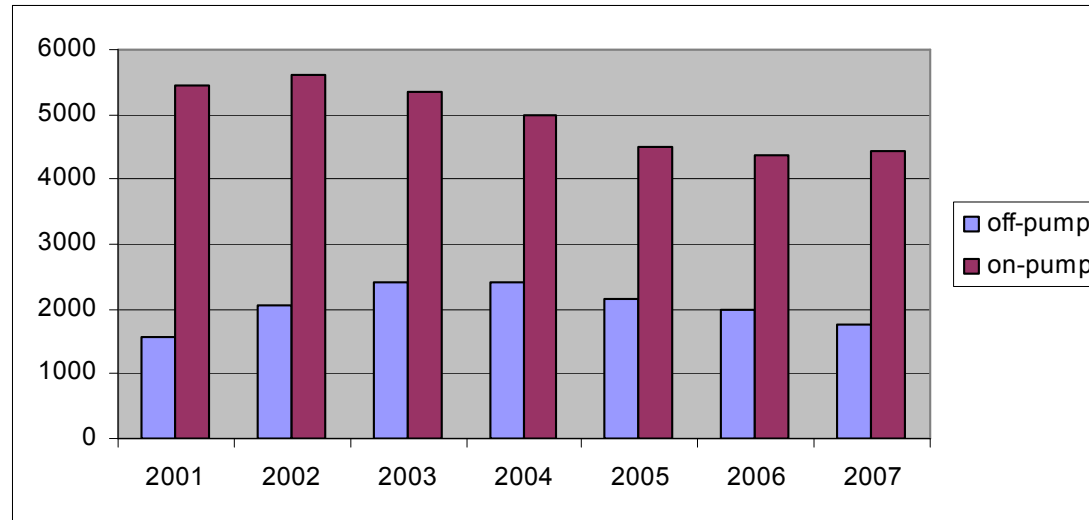
Major operations 2001-2007



Evolution isolated CABG



Evolution CABG - OPCAB



Project on Acute Type A Aortic Dissection

- Inclusion Criteria

- ACUTE
- TYPE A dissection
- June 1, 2008 and May 31, 2009
- arriving alive in theatre

- Exclusion Criteria

- Chronic dissection
- TYPE B
- not operated

**BACTS Questionnaire
Acute Type A Aortic Dissection**

DEMOGRAPHICS			
Patient ID			
Gender	M	F	
Date of birth (day, month, year)/...../.....		
Height cm		
Weight Kg		

DEFINITION OF THE PATHOLOGY:	
Intramural hematoma*	Y N
Acute (less than 1 week)	Y N
Type I (DeBakey)	Y N
Type II (DeBakey)	Y N
Retrograde type B	Y N

ETIOLOGY:	
Medial degeneration Hypertension	Y N
Medial degeneration Bicuspidity	Y N
Medial degeneration Unknown	Y N
Marfan syndrome	Y N
Connective tissue disorder (other than Marfan)	Y N
Pregnancy—Post partum	Y N
Previously aneurysmal aorta	Y N
Traumatic	Y N
Drug abuse	Y N
Intogenic	Y N
Related to Cardiac Surgery	Early (same hospitalization) Y N
Other	Inte Y N
If yes, please explain ...	

PREOP DIAGNOSIS:	
Contrast enhanced CT	Y N
MRI	Y N
TEE	Y N
Angiography	Y N
Other	Y N
If yes, please explain ...	

PATIENT'S PREOP STATUS:	
Stable*	Y N
If unstable:	Intubated Y N
	Inotrope Y N
	Vasopressor Y N
	Agitation Y N
	Resuscitation Y N
Other	Y N
Please, explain ...	

Preoperative Complications:	
Pericardial effusion*	Y N
Timpanide	Y N
Coronary ischemia*	Y N
Aortic insufficiency:	None Y N
	Mild Y N
	Moderate Y N
	Severe Y N
Neurological deficit*	Y N
Spinal cord ischemia	Y N
Visceral malperfusion	Y N
Limb ischemia	Y N
Others	Y N
Please, explain ...	

SEVERITY SCORES	
Euroscore (additive)*	
Euroscore (logistic)*	

DELAY BETWEEN SYMPTOMS, DIAGNOSIS AND SURGERY:	
First symptoms/...../2008 Hour:
Diagnosis/...../2008 Hour:
Induction of anaesthesia/...../2008 Hour:

SURGICAL SET UP AND SURGICAL PROCEDURE:	
Urgent	Y N
Emergency	Y N
Ph (1st in OR)
Blood lactate (1st in OR) mg/100 ml
Arterial cannulation:	
	Femoral Y N
	Subclavian-axillary Y N
	Carotid Y N
	Aortic Y N
	IV Y N
Open distal anastomosis	Y N

If yes:	
Duration of Circulatory arrest in minutes
T* during Circulatory arrest*
Specific surgical cerebral protection	Y N
If yes, retrograde perfusion	Y N
Selective antegrade brain perfusion	Y N
Via subclavian perfusion	Y N
Other	Y N
Please, explain ...	

Antegrade Reperfusion	
Entry tear	
	Entry tear found Y N
	Entry tear in the aortic root Y N
	Entry tear in the ascending aorta Y N
	Entry tear in the arch Y N
	Entry tear in the descending aorta Y N

Project on Acute Type A Aortic Dissection

- Patient ID-number
- Follow - up

**BACTS Questionnaire Acute Type A Aortic Dissection
one year follow up**

	patient ID	date of birth	date of operation	date of follow-up	status (alive/dead)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

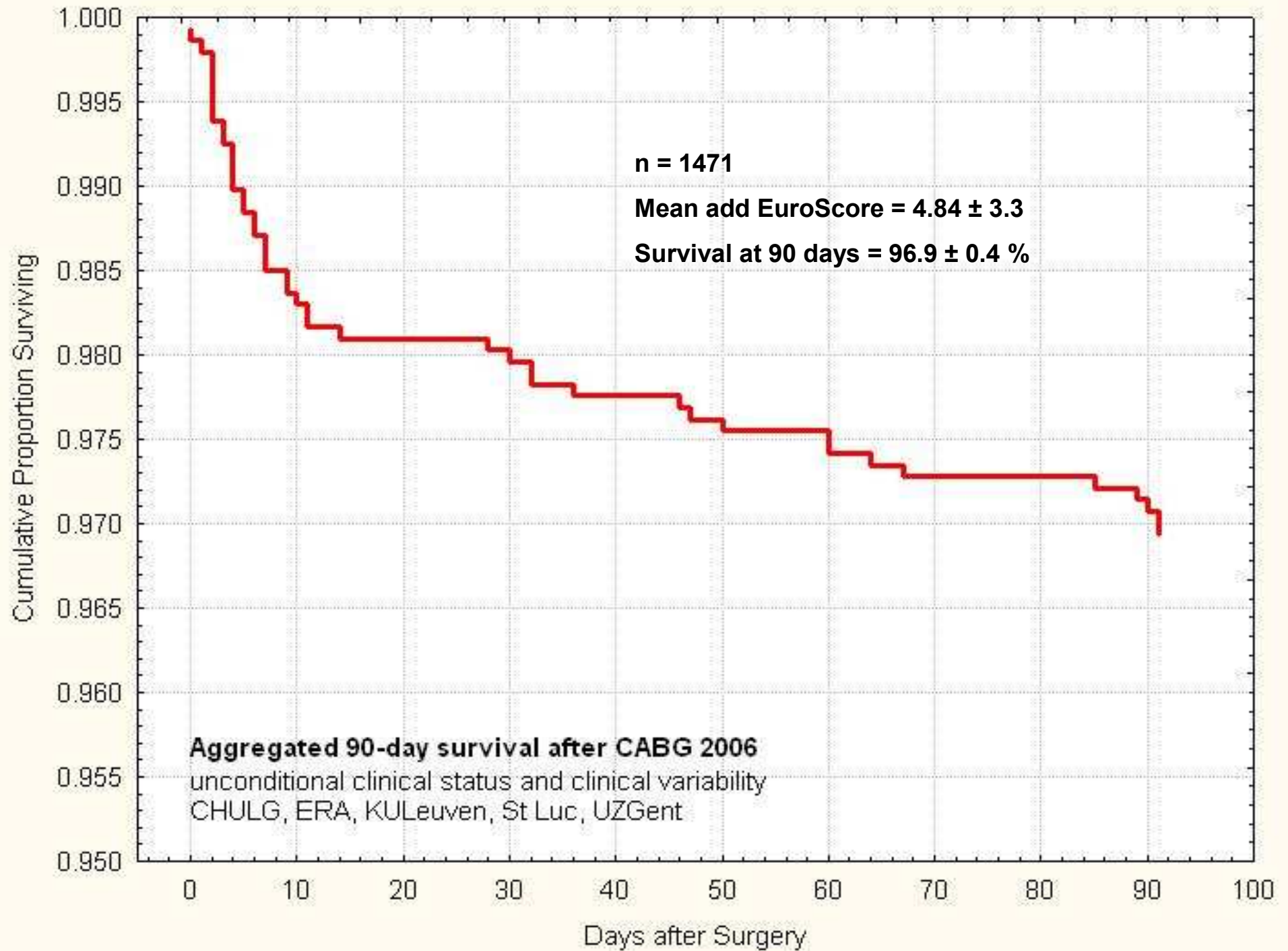
Project on Acute Type A Aortic Dissection

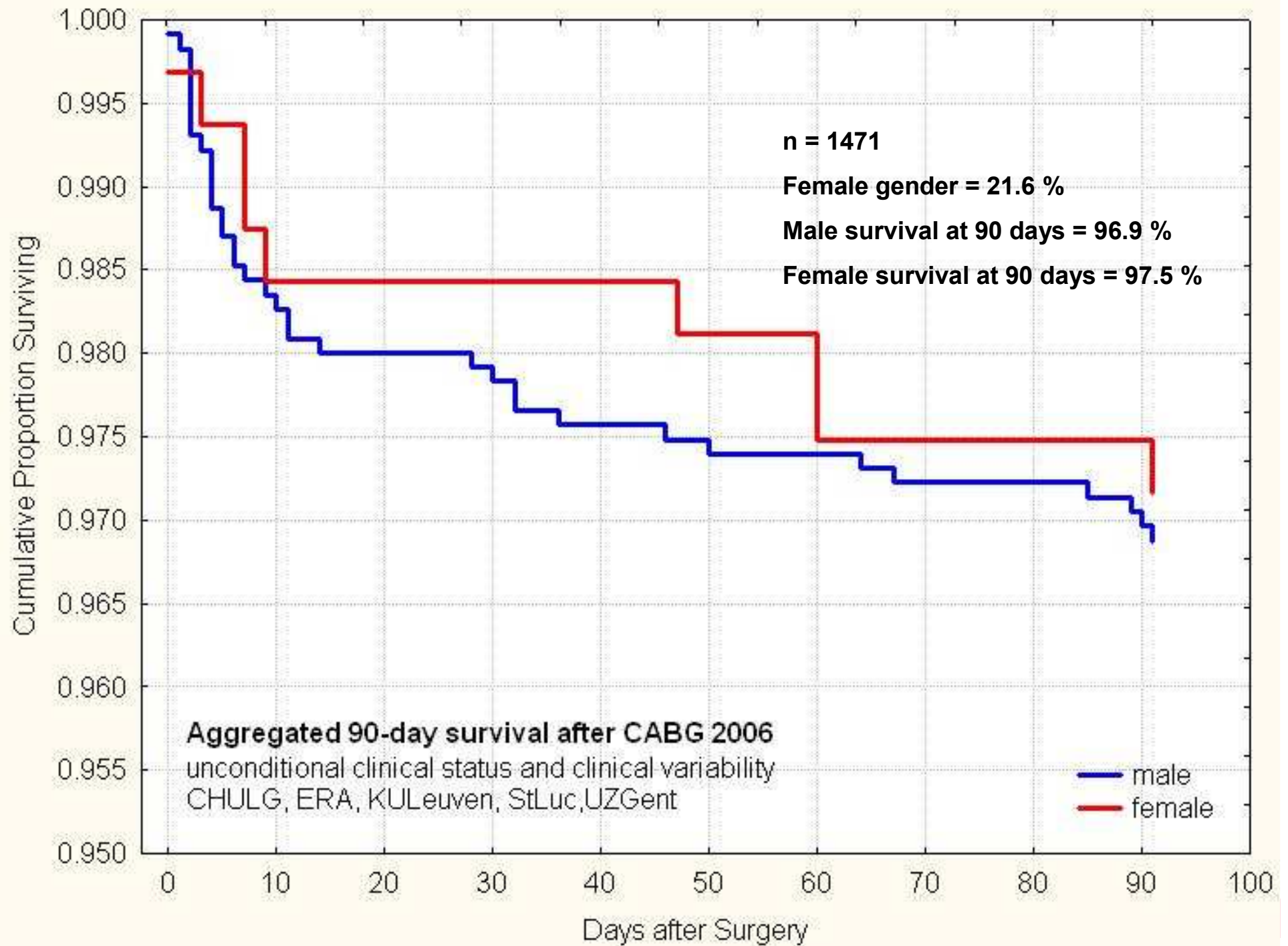
- Participation is mandatory
 - Royal Decree 15 Feb 1999 on the college of cardiac surgery.
 - Project to improve quality of care in cardiac surgery.
- Contribution
 - OLV, UZA, KUL, ROES

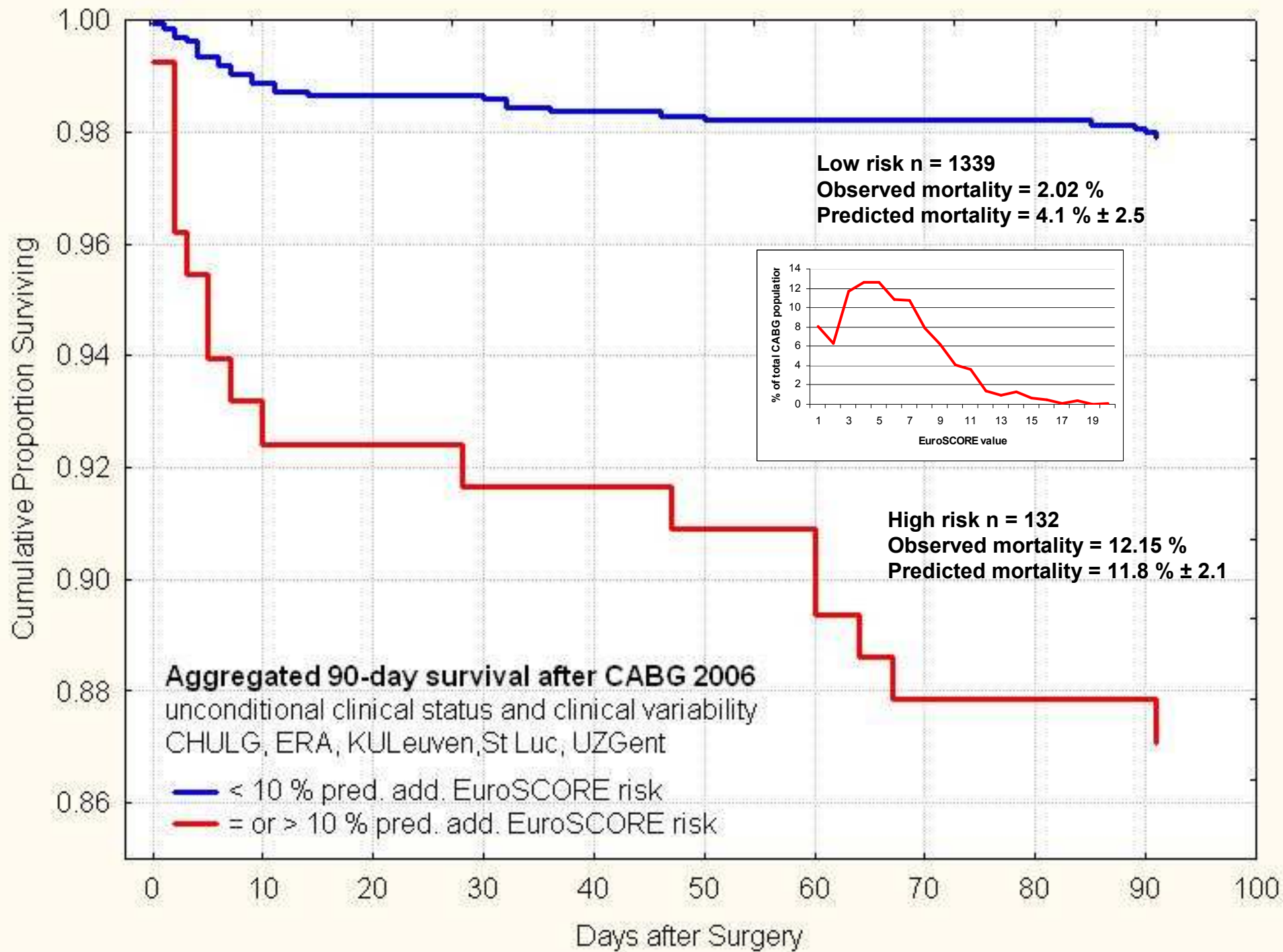
BACTS-DBC pilot project:

Mortality after Isolated CABG

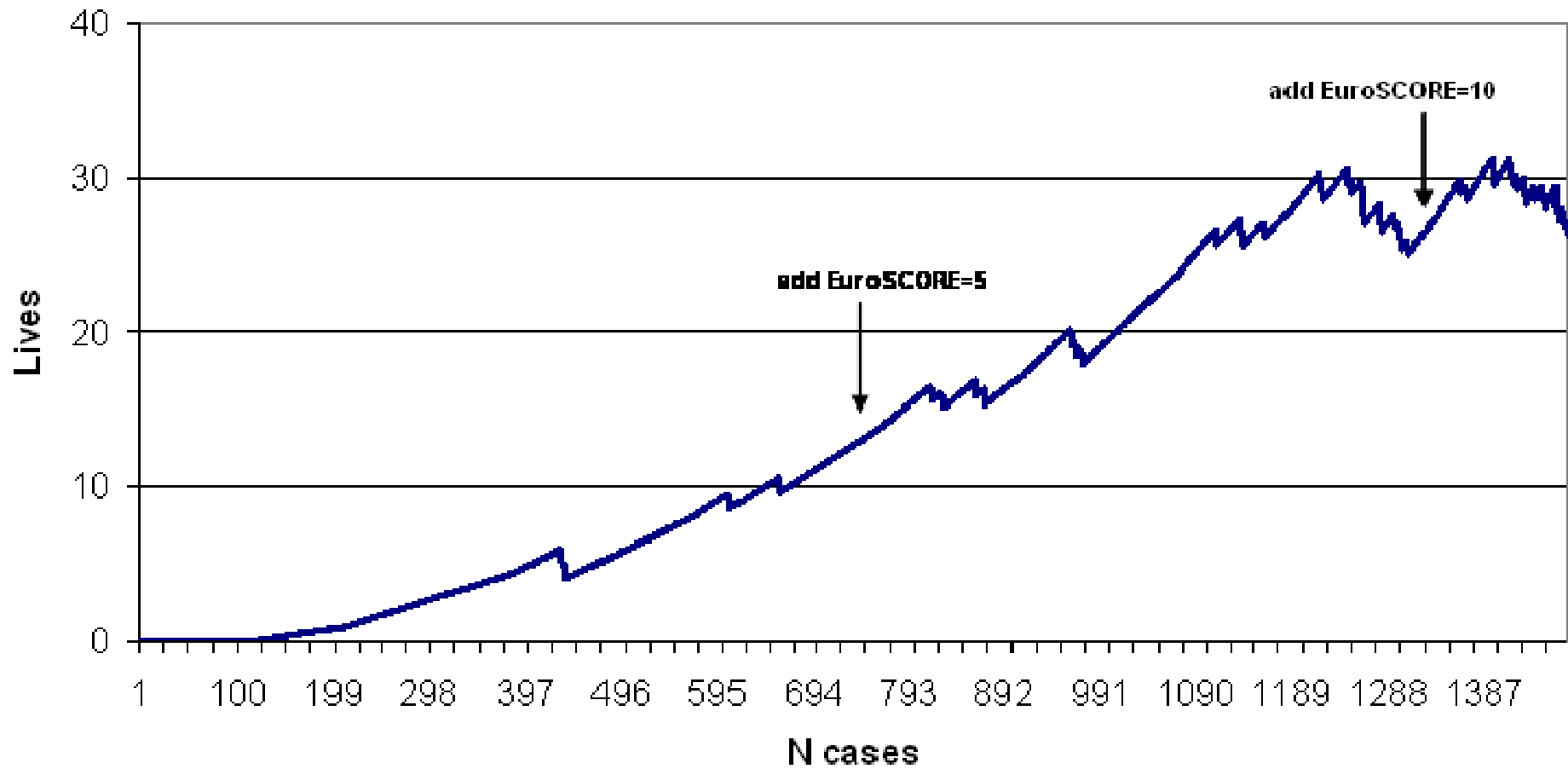
- 2005 data: UCL, UZA, UZG, UZL
 - Hospital mortality
- 2006 data: CHULG, ERA, UCL, UZG, UZL
 - 3 month survival
- 2007 data: MMG, TIV, ERA
 - 3 month survival







CRAM plot
cumulative sorted by add EuroSCORE risk



BACTS-DBC pilot project:
**Mortality after isolated primary and repeat
CAGB**

- Isolated CABG
- 2007
- 3 month mortality
- Additive EuroSCORE
- Invitation to participate

pt	event time	censoring	euroscore	
1	91	1	x	alive day > 91
2	47	0	x	dead day 47
3	1	1	x	reop day 1
4	52	1	x	lost day 52

Conclusion

- Project on Acute Type A Dissection
- Project on Hospital Mortality after Isolated CABG
- 2007 report: 5 year overview
 - Error reports
- 2008
 - Data submission