IMMEDIATE EXTUBATION AFTER CARDIAC SURGERY AS ROUTINE: EXPERIENCE OF MORE THAN 500 PATIENTS

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INTRODUCTION: This study presents the results of routine immediate extubation after cardiac surgery in 508 patients.

METHODS: Five hundred and eight patients undergoing cardiac surgery with an ejection fraction of at least 25 % were included in this prospective audit. Patients received one of the three regimens of analgesia: analgesia based A) on TEA B) on fentanyl during surgery and po. PCA-morphine or C) bilateral paravertebral blocks + fentanyl during surgery followed by PCA morphine. Anesthesia was induced using fentanyl 2-3 µg/kg, propofol 1-2 mg/kg, and maintained using sevoflurane titrated to a BIS of 40-50. All patient data were recorded; pain scores were compared between the analgesic groups using Kruskal Wallis test, $P < 0.05$.

RESULTS: Five hundreds and eight consecutive patients were successfully extubated after cardiac surgery. Three hundred ninety four had aorto-coronary bypass grafting (22 on-pump and 372 off-pump). Ninety-two patients underwent simple or combined aortic valve replacement or mitral valve repair or replacement (22). 349 patients had a TEA, 138 had PCA-morphine and 21 had paravertebral blocks + PCA-morphine. Post-operative pain scores were significantly lower in the TEA group (Figure 1). Mean extubation time after surgery was 10 (5) min without significant differences between groups. There was no complication related to epidural catheter placement. Only three patients needed re-intubation, two due to respiratory failure within 60 min after extubation and one secondary to myocardial infarction.

DISCUSSION: This audit shows the feasibility of immediate extubation after cardiac surgery. Significantly better postoperative pain scores were achieved with TEA.