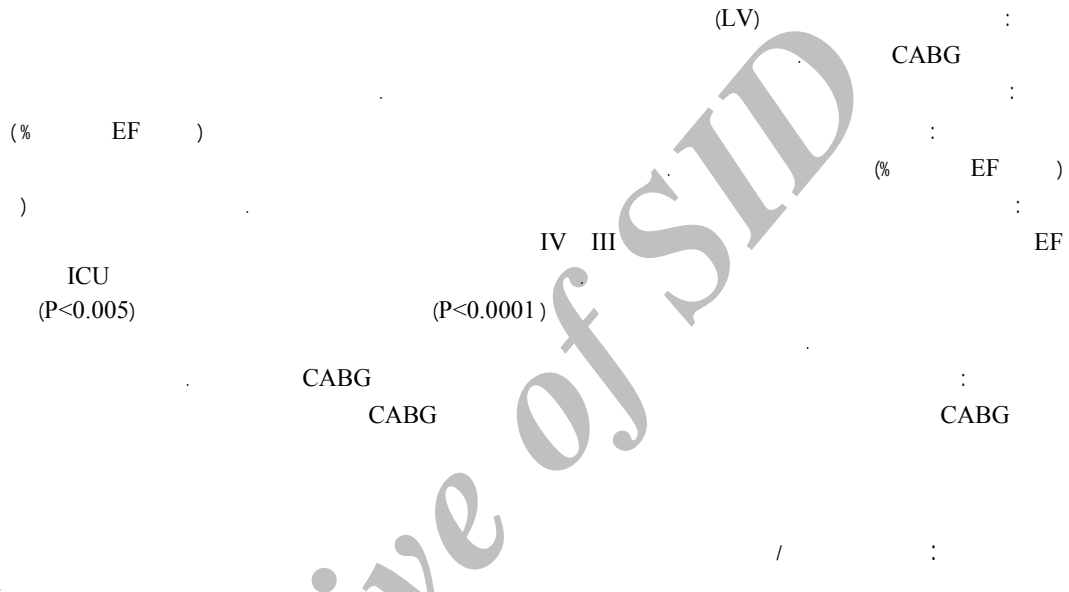


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amsmeibodi@yahoo.com:

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CABG
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 SVG Lima .()
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(% / % /) CHF (c)
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 .(P<0.001)

AF

ICU

.() CVA

.() % ±% / EF
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() () **EF** :

P. value			
N.S	۶۳/۲± /	/ ± /	
<0.005	/	/	
N.S	/	/	
N.S		/	AMI
<0.001		/	PMI
<0.001	/	/	CHF
N.S	/	/	AF
N.S	/	/	LM
<0.05		/	3VD
N.S	/	/	
N.S	/	/	
N.S	/	/	
N.S	/	/	
N.S	/	/	
N.S	/	/	
N.S	/	/	
N.S	/	/	CVA

N.S: Not Significant

() () **EF** :

P. value			
N.S	/ ± /	/ ± /	
<0.0005	± /	/ ± /	
<0.0005	/ ± /	/ ±	
<0.0001	±	/ ±	
N.S		/	Lima
			SVG
<0.05	/	/	

N.S: Not Significant

ICU
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 () ()
 » : ()) **EF** :
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 EF «
 % ±% / A
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 .(P<0.001)
 ICU
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/ ± /	/ ± /	
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/	/	complication
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()

CABG

()

CABG

CABG

CABG

(% %)

... CHF

(.)

(P< /)

(IABP)

(P< /)

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Investigation the Outcomes of CABG in Patients with Left Ventricular Dysfunction

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Abstract

Introduction: Patients presenting with severe left ventricular dysfunction undergoing coronary artery surgery are at increased risk of preoperative morbidity and mortality.

Objective: Investigate the outcomes of CABG in two groups of patients.

Materials and Methods: In this descriptive study 815 patients who underwent coronary artery surgery were divided to two groups: Group A, 66 cases with EF less than 40% and group B, 749 cases with EF more than 40%.

Results: Most of the cases were men and their Mean age was 63 years old. Most of the cases in Group A were in class III or IV of cardiac failure before the surgery (in attention to EF reported in echocardiography). In this group mean aortic clamp time, pump time and surgery time were more than group B. Also the evidences showed that intubations time, ICU stay and Hospitalization were more in group A. There were statistically meaningful differences between mortality ($P<0.0001$), morbidity after surgery and 5 years survival ($P<0.005$) in two groups. The results of study showed that left ventricular dysfunction had negative effects on prognosis of CABG. It is obvious that in these situations, heart transplant is better than CABG, but because of limitation of donated hearts, CABG is the main therapeutic plan now.

Conclusion: CABG can be more effective if the protective treatment and operation will be done as soon as possible and decrease the incidence of mortality and morbidity.

Key words: Coronary Artery Bypass/ Heart Ventricle

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