



MODELLI CCH e Prospettive

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Abano Terme, 9 novembre 2018

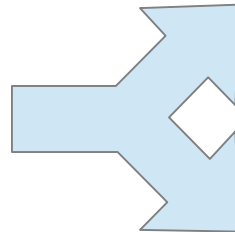
Petalo CCH

10 anni

2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
15	14	16	13	20	21	21	19	20	19
5406	7279	7709	4406	<u>8024</u>	8314	8208	8250	8555	8097

Caratteristiche Petalo CCH-Dati

- Preoperatori
- Intraoperatori
- Postoperatori



INGRESSO SALA OPERATORIA

Data ingresso sala operatoria: 02/11/2018

Ora ingresso sala operatoria: 07:45

OPERATORI (Facoltativo)

Chirurgo

Anestesista

CIRCOLAZIONE EXTRA CORPOREA

☐ OFF-PUMP ☒ CEC

Tempo totale di CEC: 78 Durata(min)

Clampaggio aortico

☒ Si ☐ No

47 Durata(min)

DHCA

☐ Si ☒ No

DISPOSITIVI

☒ EcoTransEsophagea

☐ Test per la valutazione dell'aggregabilità piastrinica (qualsiasi metodo)

☐ Test viscoelastici di valutazione della coagulazione (TEG/TEM)

☒ Titolazione eparina/protamina

☐ Nessun dispositivo

FARMACI MODULATORI DELLA COAGULAZIONE

☐ Acido tranexamico

☒ Desmopressina

☐ Nessuno

Finimo (A-11626-5362) Età: 47 Ammesso il: 02/11/2018 Status: 2

Fine Intervento

Cardiochirurgia->Fine Intervento

Intervento di: Chirurgia coronarica effettuato il: 02/11/2018

FINE INTERVENTO

TRASFUSIONI INTRAOPERATORIE

☒ Nessuna trasfusione intraoperatoria

☐ Trasfusioni intraoperatorie

Estubato in Sala Operatoria

☒ Si ☐ No

Data di fine intervento: 02/11/2018

Ore di fine intervento: 11:45

Levosimendan

☐ Si ☒ No

Diastasi sternale (sterno aperto)

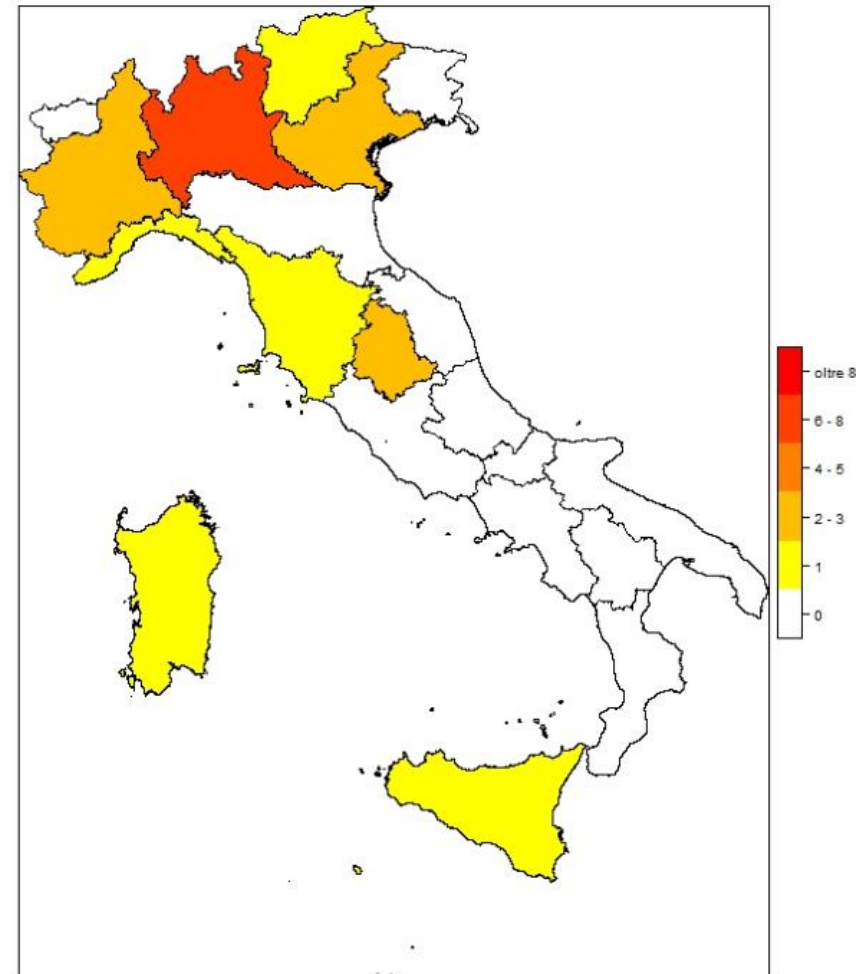
☐ Si ☒ No

Valore più alto dei lattati durante l'intervento (mmol/L): 0,9

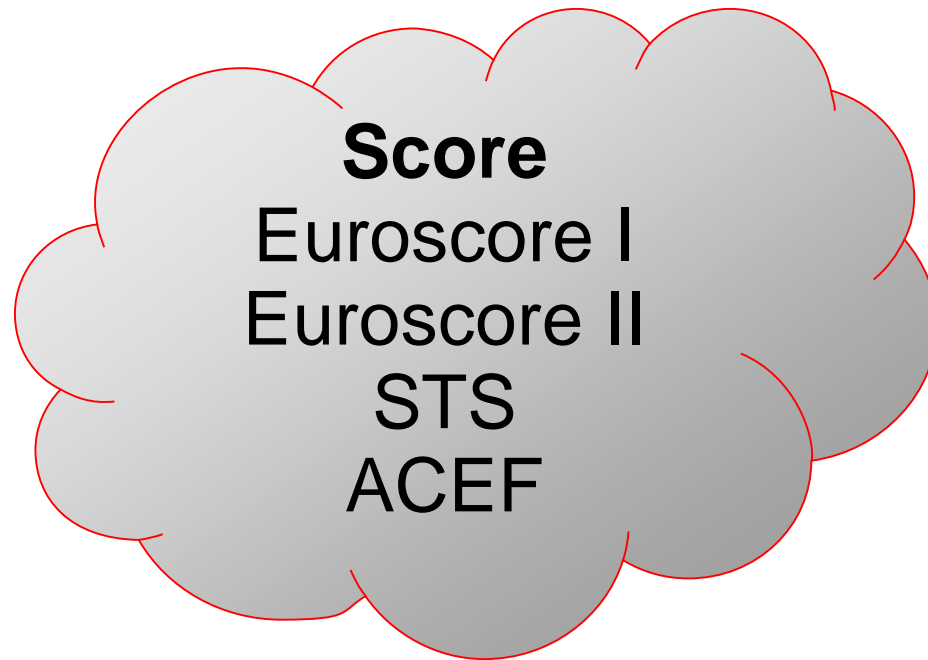
Report nazionale

Report personalizzato

Collocazione delle TI aderenti al progetto sul territorio nazionale (N=19)
Numero di TI per regione



cardiologo



cardiochirurgo

anestesista/intensivista

Linguaggio comune

Euroscore I European System for Cardiac Operative Risk Evalutation **1999**

Euroscore II European System for Cardiac Operative Risk Evalutation **2011**

STS Society of Thoracic Surgeons Cardiac Surgery Risk Models **2008**

ACEF Age Creatinine Ejection Fraction Score **2011**

Score CCH

molteplici studi di **validazione**
in differenti anni e Paesi

Discriminazione: capacità di discriminare tra i pz che sopravvivono da quelli che muoiono

Calibrazione: la capacità del modello di stimare correttamente l'evento (mortalità)

Metodo: Hosmer-Lemeshow statistics, calibration plot

non individua

le classi di rischio nelle quali il modello miscalibra

Valutare la Calibrazione oltre che con

Hosmer-Lemeshow C test

Standardized Mortality Ratio (SMR)

GiViTI calibration test and belt

Discriminazione AUC ROC analysis

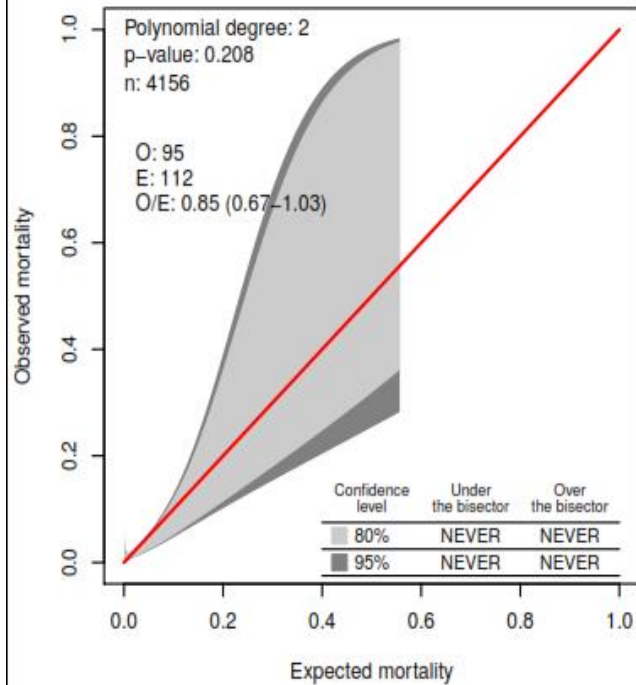
2014-2015

16 TICCH italiane

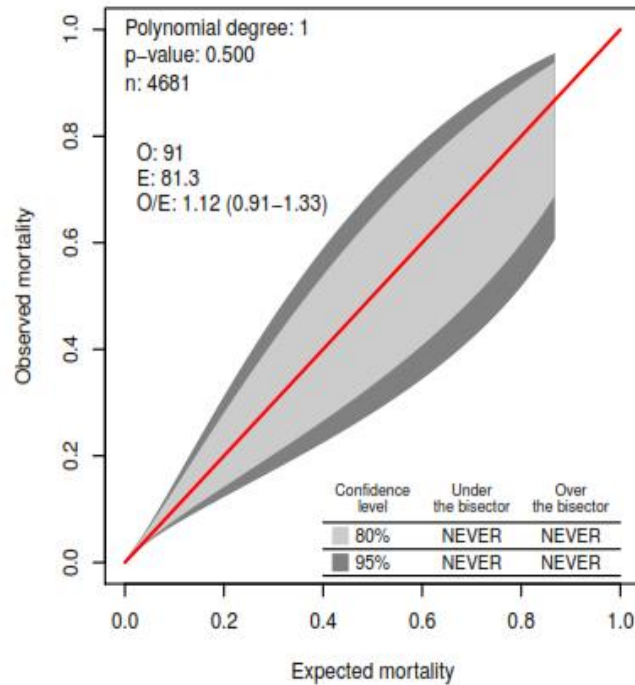
14.559 pazienti

STS score

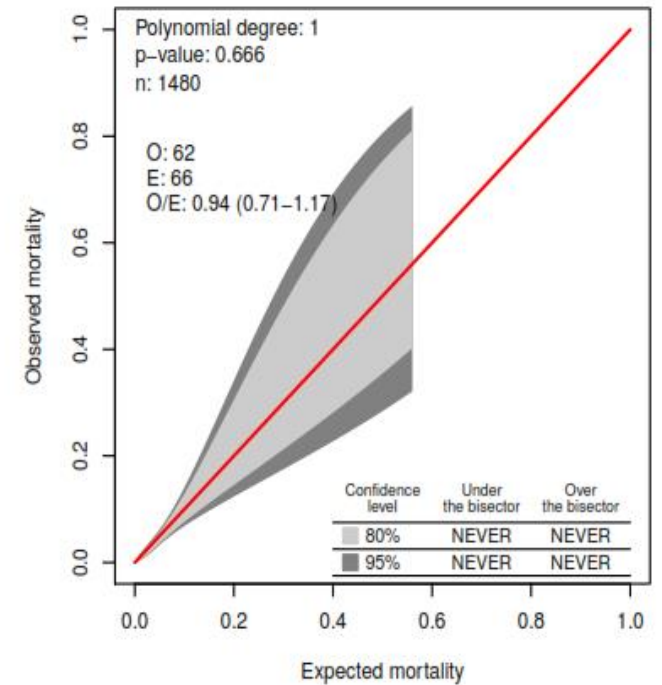
STS – Isolated valve surgery



STS – CABG surgery

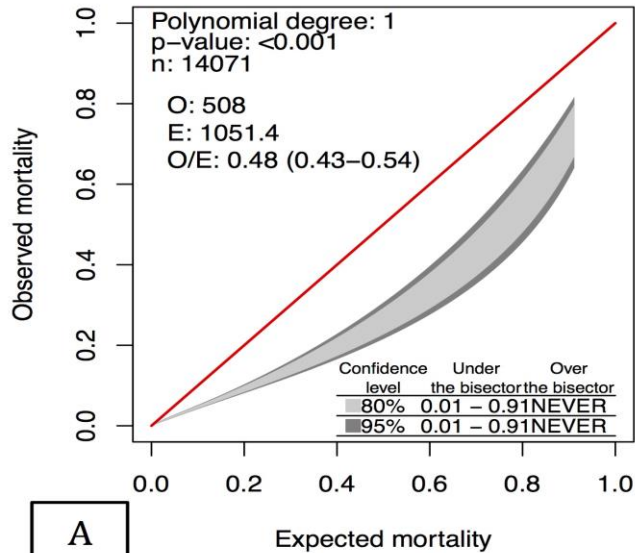


STS – CABG and valve surgery

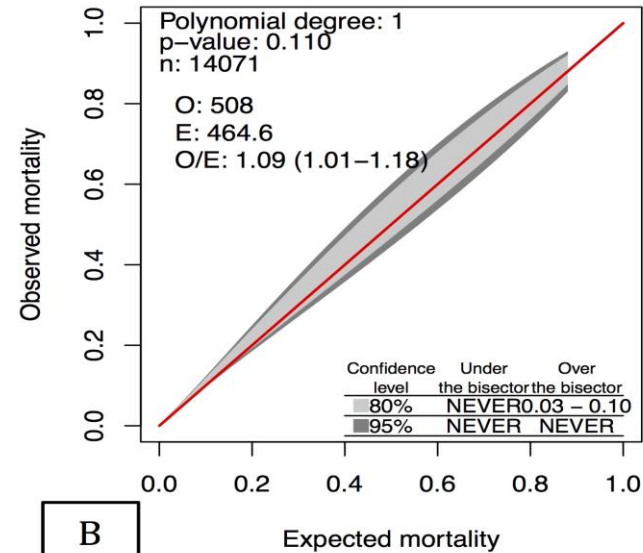


EUROSCORE I e II

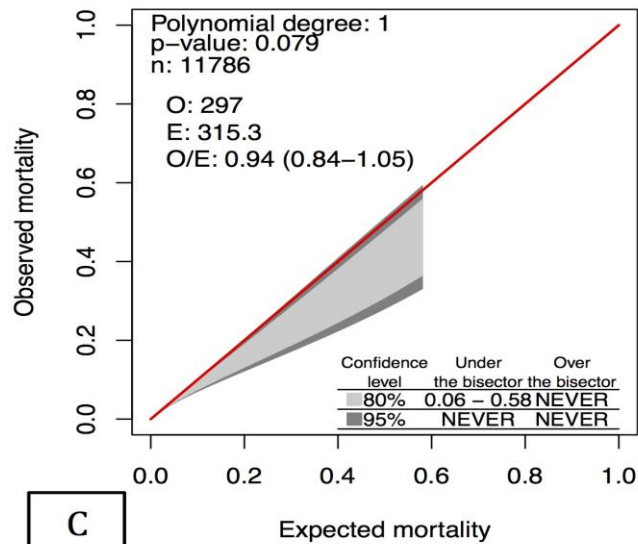
EUROSCORE I



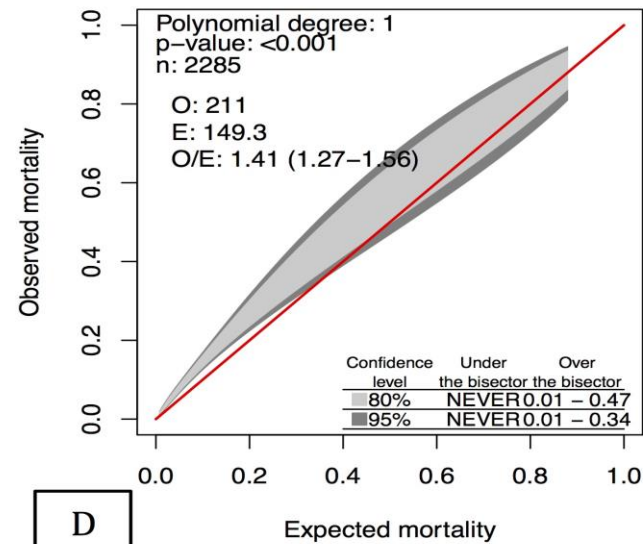
EUROSCORE II



EUROSCORE II (elective)

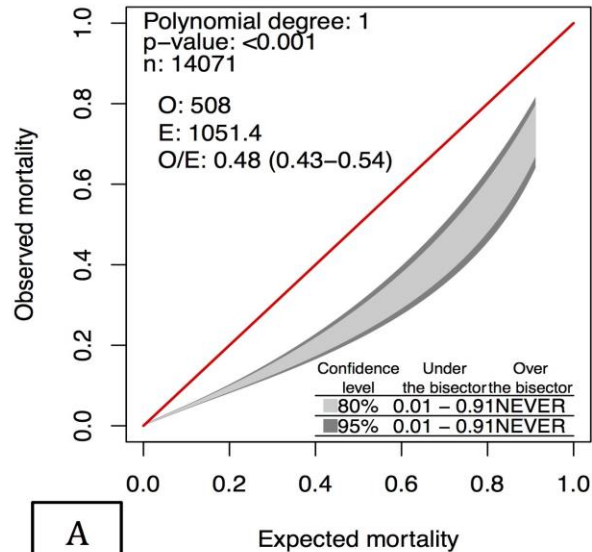


EUROSCORE II (non elective)

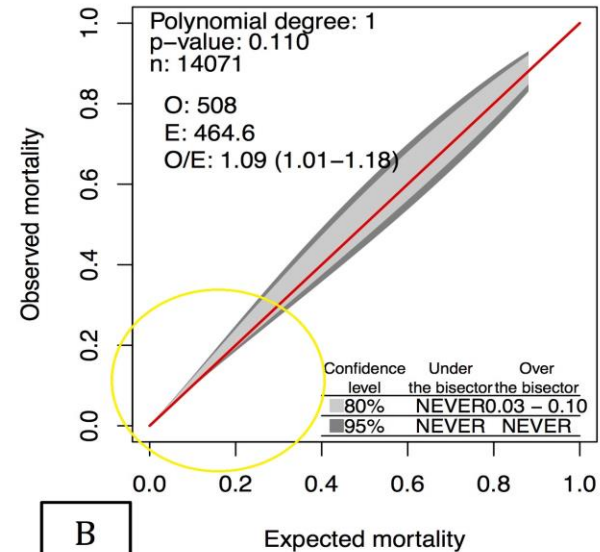


EUROSCORE I e II

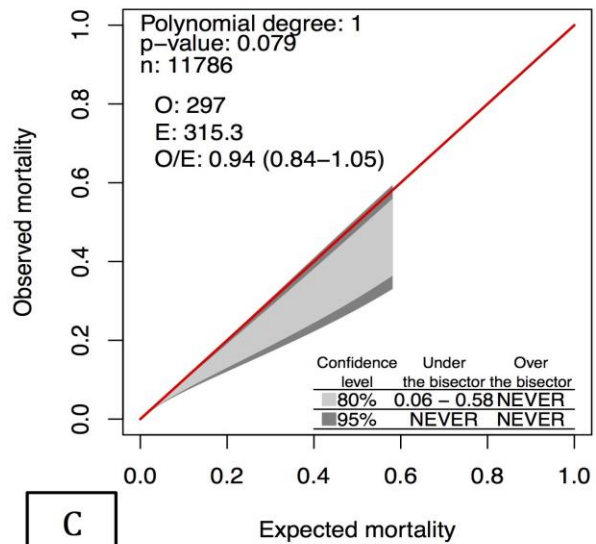
EUROSCORE I



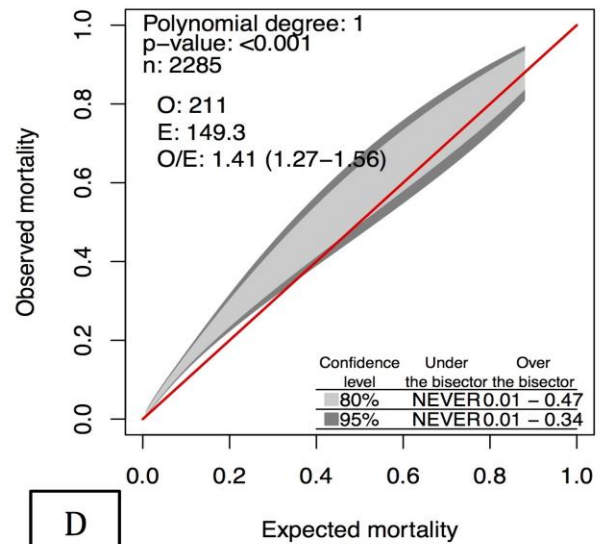
EUROSCORE II



EUROSCORE II (elective)

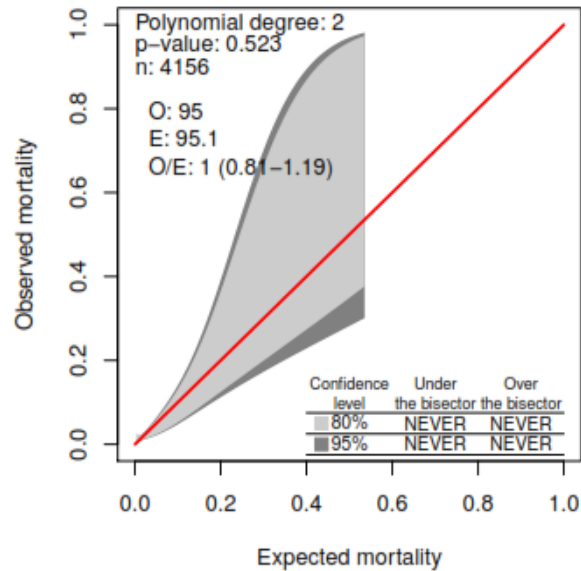


EUROSCORE II (non elective)

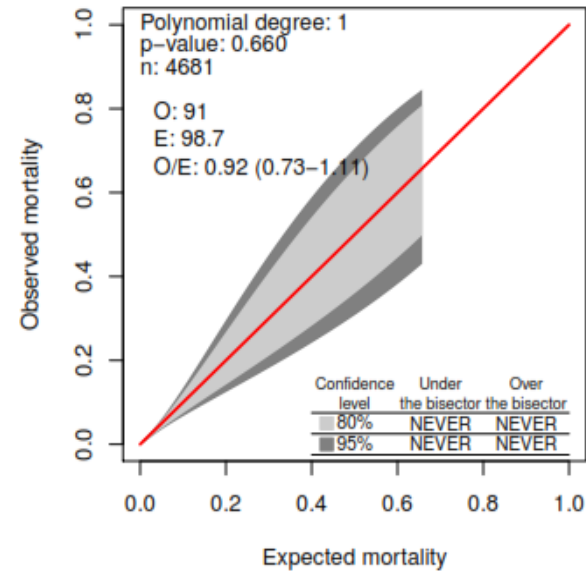


EUROSCORE II

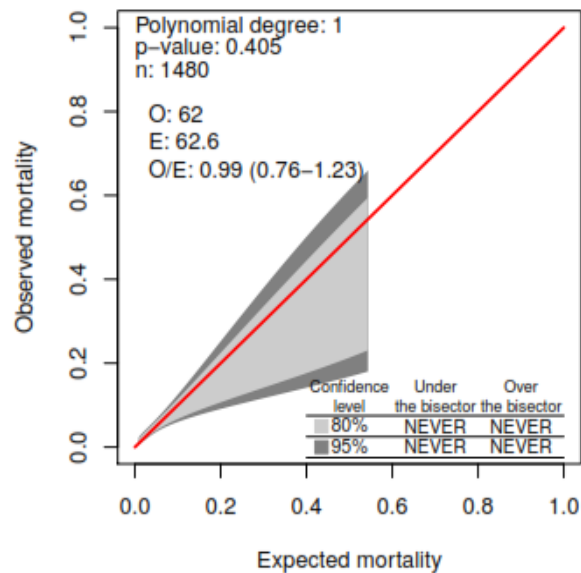
Euroscore II – Isolated valve surgery



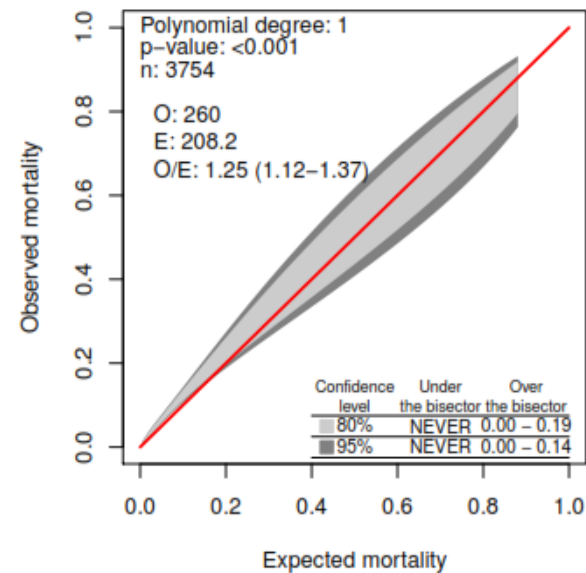
Euroscore II – CABG surgery



Euroscore II – CABG and valve surgery

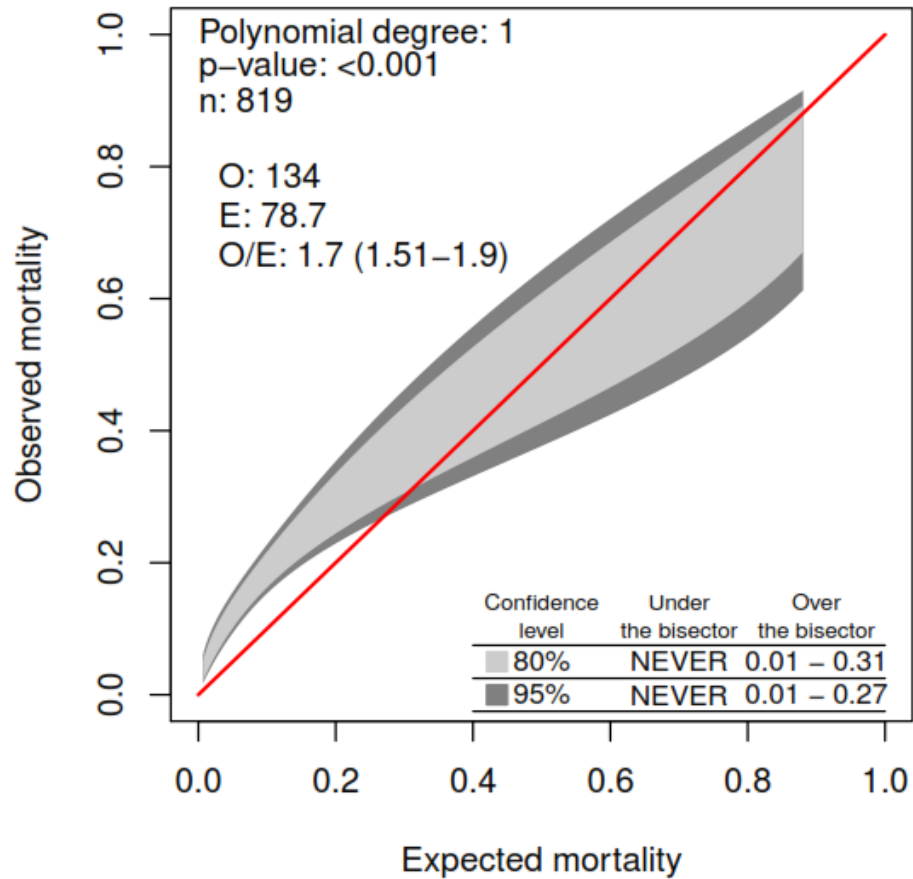


EUROSCORE II (other surgery)

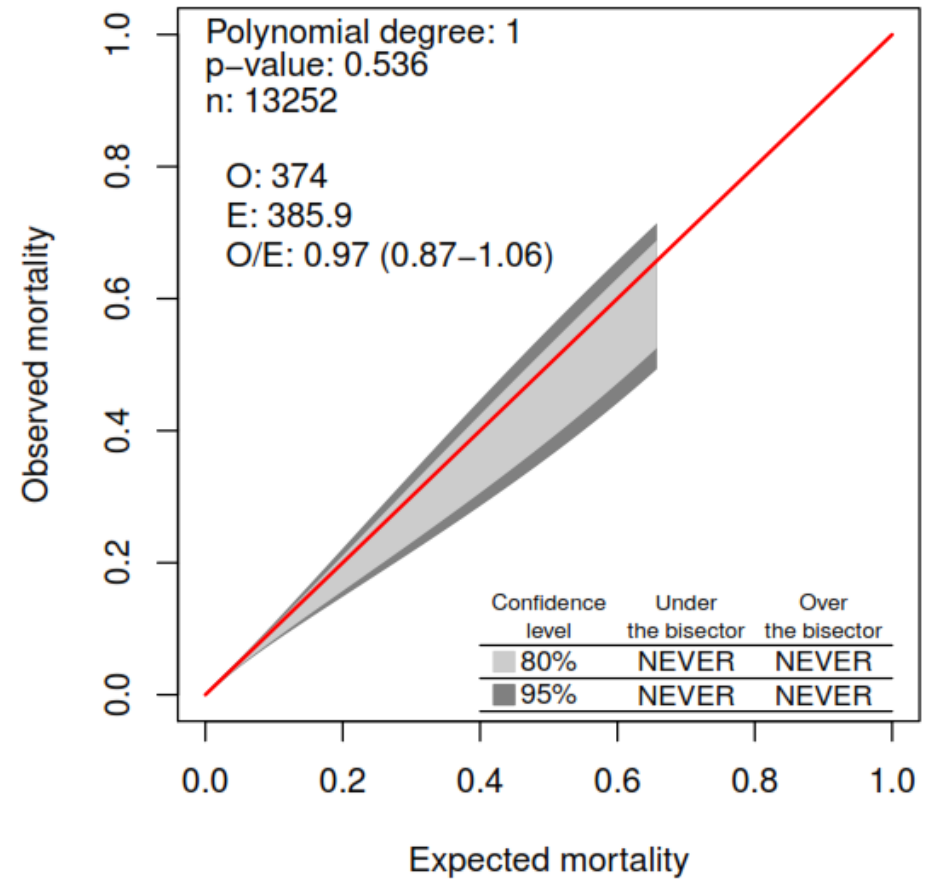


EUROSCORE II

EUROSCORE II (other surgery) (non elective)

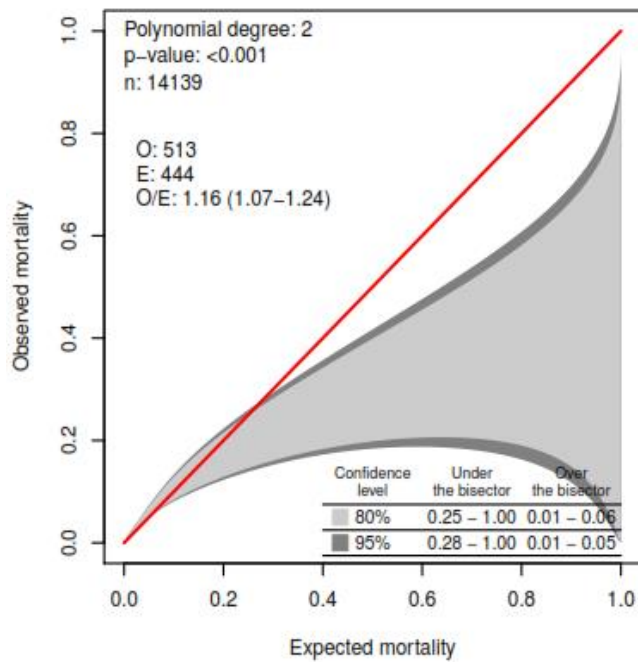


OTHER

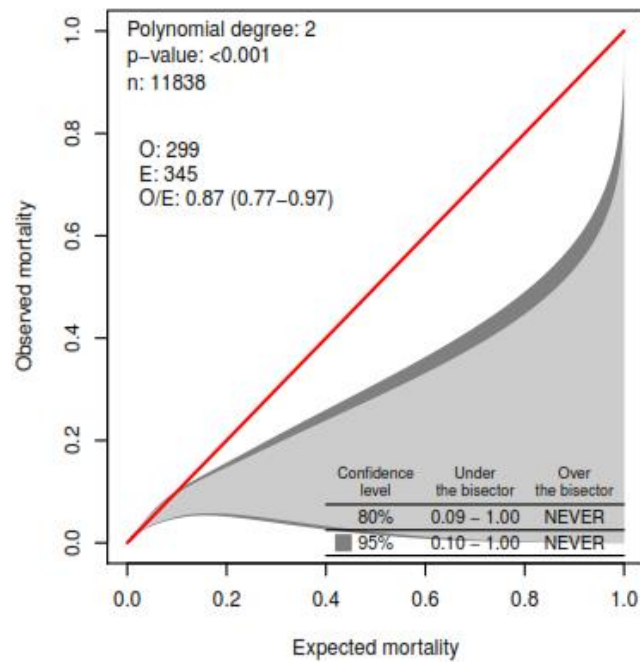


ACEF

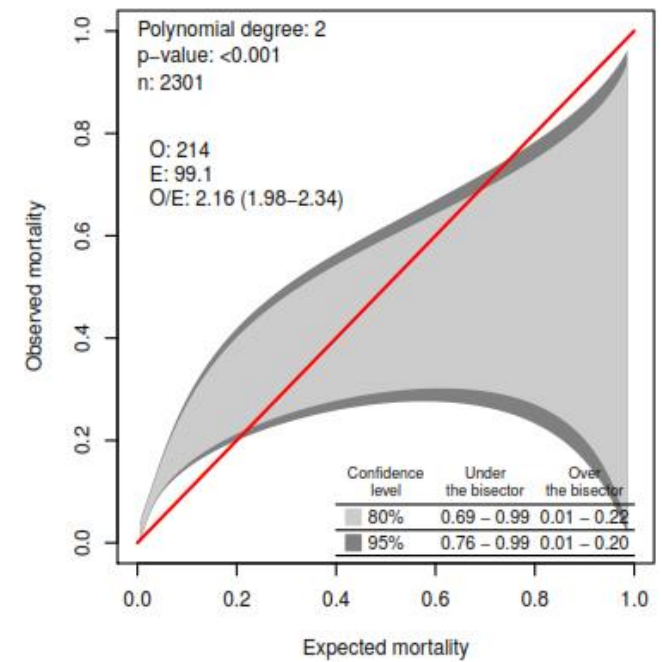
ACEF score



ACEF score (elective)



ACEF score (non elective)



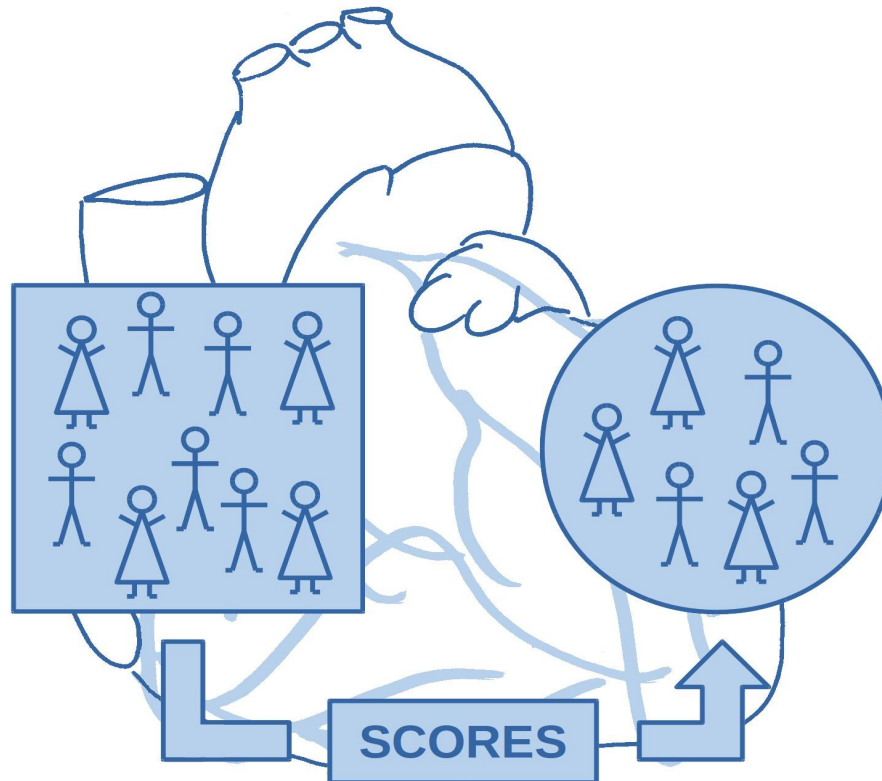
Risultati

STS & EUROSCORE II show good calibration and discrimination

EUROSCORE I overestimates mortality

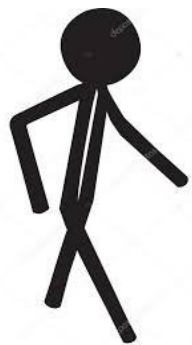
ACEF poorly calibrate

Case-mix



pz CCH omogeneità

patologie, percorsi diagnostico/terapeutici

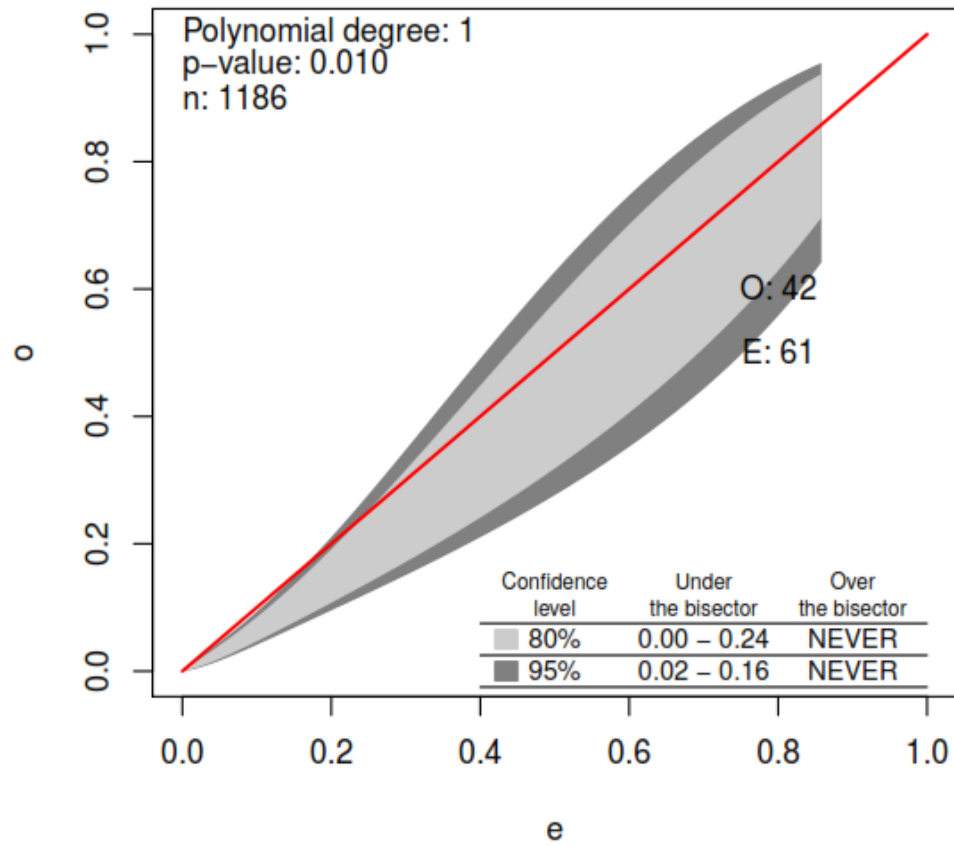




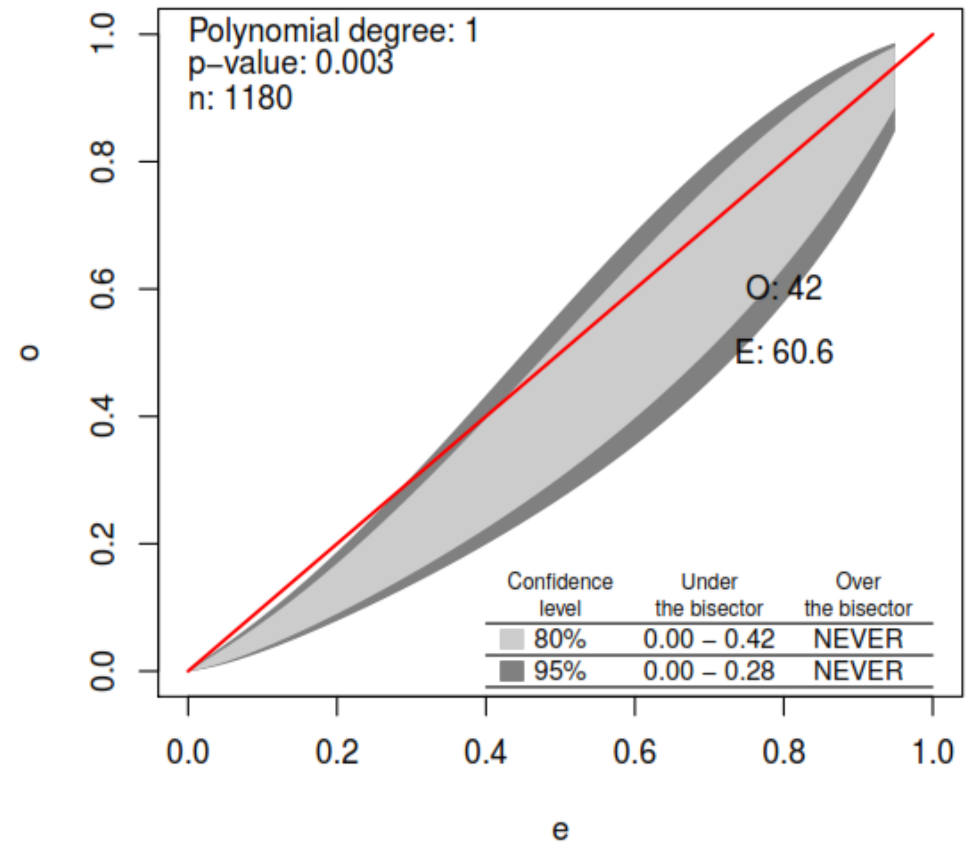
40 1 1 3 3
2 8 1 5 1 2 3 4

IT626

PRE



POST



Grazie

