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اصول تنظیم قراردادها

آموزشی مهارت های کاربردی در تدوین و چاپ مقاله
Cost-Effectiveness of Intraoperative Transesophageal Echocardiography in Cardiac Valve Surgery

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A B S T R A C T

Introduction: Being a unique diagnostic technique, transesophageal echocardiography (TEE) has influenced many different aspects of cardiac surgery including valve repair surgery. The cost-effectiveness of this method however is questioned considering the conditions of every region and country. In this study we aimed at answering the question if utilizing TEE throughout valve repair surgery could be cost-effective. Methods: Twenty four patients were studied within two groups of case "valve repair operation plus intra-operative TEE (IO-TEE)" and control "valve replacement operation". Variables including age, gender, left ventricle ejection fraction (LVEF), re-operation, intensive care unit (ICU) stay, hospital stay and cost were studied and compared. Results: There was no significant difference regarding age, gender and LVEF between two groups (p=0.559, p=0.413, and p=0.408, respectively). ICU stay in repair group was less than replacement group (p=0.009). Hospital stay however was not statistically significant (p=0.928). The cost of valve repair under IO-TEE monitoring was significantly less than valve replacement (p=0.001). Conclusions: IO-TEE not only would assist surgeons by increasing their interest toward valve repair operation instead of replacing impaired cardiac valves but also consequently decrease hospital costs. It is also advised for the cardiac anesthesiologists to use IO-TEE routinely in the valve repair operations provided that there are no contraindications.

Introduction
At the time being valve repair is considered the first approach toward valve surgery, especially for mitral valve pathology.1 Transesophageal echocardiography (TEE) is the most powerful cardiovascular diagnostic technique available in the present practice of perioperative medicine2 and its impacts on surgical management and outcome are well established.3 TEE indications are presented in guidelines.4 Cost-effectiveness of TEE in cardiac valve surgery has been demonstrated as well.5,6 No similar study however has been performed in this regard in our region. Therefore in the present study we were to evaluate cost-effectiveness of TEE in heart valve surgery in our region.

Materials and methods
Previously there was no intraoperative TEE in cardiac surgery operating room of Tabriz Alinasab hospital, Tabriz, Iran. Therefore cardiac surgeons were less likely to repair valve regurgitations due to lack of adequate monitoring of quality of repair. Being monitored by cardiac anesthesiologists using intraoperative TEE (IO-TEE), valves of 12 patients having valvular regurgitation were repaired. Consequently, we compared them with 12 patients who had undergone valve replacement due to lack of IO-TEE. We compared two groups regarding age, gender, left ventricle ejection fraction (LVEF), re-operation, intensive care unit (ICU) stay, hospital stay and cost. Collected data were analyzed using SPSS 17 (SPSS Inc. Chicago, IL, USA). Kolmogorov–Smirnov (K-S) test was used for testing normal distribution of continuous variables. K-S test revealed that age, LVEF and cost presented a normal distribution (p=0.876, =0.129 and =0.173, respectively) but ICU and hospital stay data distribution were skewed (p=0.026 and p=0.002, respectively). Thus, we used independent samples t-test for comparing means of age, LVEF and cost and Mann–Whitney test for analysis of differences in
ICU and hospital stay. Categorical variables were analyzed using Chi-Square or Fisher’s Exact Test as appropriate. Level of statistical significance was considered as P≤0.05.

Results
Twenty four patients were studied in two groups (1=valve repair and 2=valve replacement). Types of cardiac pathology in two groups are presented in Figure 1.

There was no significant difference regarding age, gender and LVEF between two groups (p=0.559, p=0.413, and p=0.408, respectively). Three patients in replacement group needed re-operation due to valve malfunction and bleeding (1 case and 2 cases, respectively) but the difference was not statistically significant (p=0.217).

<table>
<thead>
<tr>
<th>Table 1. Clinical variables of the two study groups</th>
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<tbody>
<tr>
<td><strong>Valve repair</strong> &amp; <strong>Valve replacement</strong> &amp; <strong>P</strong></td>
</tr>
<tr>
<td>n=12 &amp; n=12 &amp;</td>
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<tr>
<td>Age (year) &amp; 56.9 ± 14.2 &amp; 53.8 ± 11.0 &amp; 0.559</td>
</tr>
<tr>
<td>Gender (male) &amp; 4 (33.3 %) &amp; 7 (58.3 %) &amp; 0.413</td>
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<tr>
<td>LVEF %* &amp; 43.3 ± 3.9 &amp; 44.6 ± 3.3 &amp; 0.408</td>
</tr>
<tr>
<td>Re-operation &amp; 0 &amp; 3 (25 %) &amp; 0.217</td>
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<tr>
<td>ICU stay (day) ** &amp; 2 (2-3) &amp; 3 (2-7) &amp; 0.009</td>
</tr>
<tr>
<td>Hospital stay (day) ** &amp; 8 (7-10) &amp; 8 (7-13) &amp; 0.928</td>
</tr>
<tr>
<td>Cost (USD) &amp; 730 ± 237 &amp; 2698 ± 801 &amp; 0.001</td>
</tr>
</tbody>
</table>

* LVEF=left ventricle ejection fraction
** Median (min-max)

One patient in replacement group died in ICU 5 days after surgery. ICU stay in repair group was less than replacement group (p=0.009) but hospital stay difference was not statistically significant (p=0.928). TEE costs included machine costs calculated on basis of a mean value of 80000 USD, assuming a life span of 10 years and no trade-in value at the end of its working life, storage, cleaning, recording and cost of anesthesiologist performing the TEE.

<table>
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<th>Table 2. Estimated costs of echocardiography machine</th>
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<tr>
<td>Cost of TEE machine &amp; 80000 USD</td>
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<tr>
<td>Years for use &amp; 10</td>
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<tr>
<td>TEE cases per year &amp; 400</td>
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<tr>
<td>Cost of machine for each case &amp; 20 USD</td>
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<tr>
<th>Table 3. Estimated cost of transesophageal echocardiography for each case (USD)</th>
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<tr>
<td>Machine &amp; 20 USD</td>
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<tr>
<td>TEE performer cost &amp; 50 USD</td>
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<tr>
<td>Cleaning, recording and other costs &amp; 10 USD</td>
</tr>
<tr>
<td>Total cost &amp; 80 USD</td>
</tr>
</tbody>
</table>

Costs calculated in this study included artificial valve and valve ring, physician visit, coagulation tests, warfarin, TEE and physician visit for repair group which would be 4 times at first year and then 1 time annually (Total cost=120 USD). Coagulation tests are performed 9 times at first year and 4 times per year in the following years. Total cost for visit, laboratory tests and warfarin in replacement group is 850 USD. The cost of valve repair under intraoperative TEE (IOTEE) monitoring is significantly less than valve replacement (p=0.001).

Discussion
The present study revealed that using TEE intra-operatively in patients with impaired valvular function undergoing valve repair operation could assist surgeons with monitoring the quality and efficiency of valve repair, therefore increasing the interest of the surgeons in valve repair operation and consequently reducing unnecessary costs.

It is widely accepted that valve repair is the first choice in the management of patients with valvular diseases in case of possibility. In the centers where IOTEE is not performed, cardiac surgeons are less eager to perform valve repair due to the following reasons: uncertain quality and efficiency of the repaired valve, probability of difficulty in discontinuing the pump and hemodynamic instability in the patients with residual valvular dysfunction, probable need of re-operation to repair the remaining dysfunction, change in the reputation and the image of the surgeon among the cardiologists, other medical staff and patients and facing legal problems and complaints from the families of the patients.

Numerous studies have proven the efficacy of intraoperative TEE in increasing the quality of the operation and reducing the costs in adults and children undergoing cardiac surgery.
Some other studies however have questioned the efficiency of IO-TEE in VHD (valvular heart disease) patients. We could not find any similar study having been carried out in this regard in our region. Equipping the cardiac surgery operating room with intra-operative TEE assisted the surgeons abundantly with the quality and efficiency of the repaired valves which in terms led to an increase in their interest toward valve repair. In addition to patients’ benefits and reduction in complication rates, hospital costs significantly increased.

**Conclusion**

The present study revealed the positive effect of IO-TEE in assisting surgeons not only by increasing their interest toward valve repair instead of replacing impaired cardiac valves but also consequently decreasing hospital costs. Considering the low number of the studied patients, further studies with more patients are suggested to be conducted. It is also advised for the cardiac anesthesiologists to use IO-TEE routinely in the valve repair operations wherever no contraindications exist.

**Ethical issues**

The study was approved by the Ethical Committee of Tabriz University of Medical Sciences, Tabriz, Iran. We kept personal information of patients as confidential. Also, patients signed informed consent form before launching of the study.

**Conflict of interests**

No conflict of interest to be declared.

**References**

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