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Title: EARLY OUTCOMES OF MITRAL VALVE REPLACEMENT PERFORMED BY RESIDENTS ON HIGH RISK PATIENTS AT A CENTRE SERVING URBAN POOR COMMUNITY. (A SINGLE CENTRE EXPERIENCE)

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Background & Aims: Mitral valve replacement (MVR) surgery traditionally carries a significant risk, frequently demanding fully certified specialist as a lead surgeon, however due to resource constrains associated with some public training institutions, serving large population rural communities burdened with rheumatic heart disease, final years resident surgeons are backed up to lead in MVR cases . We evaluated the outcomes of MVR performed by residents on high risk patients from rural communities, in the context of surgical education

Methods: A retrospective review of all MVR operations (n =47) performed by residents on multi comorbidity patients at a single academic institution hospital between January 2015 and January 2017, data were presented as mean \pm standard deviation. Statistical analyses were performed using SPSS 11.0 (SPSS, Inc., Chicago, IL).

Results: There were 16 (34.0%) male and 31(66%) female patients of mean age, (46 ± 11.9 y). Mitral valve diseases were, mitral regurgitation 24 (51.1%) and mitral valve stenosis 23 (48.9%). Co morbidities included mild-moderate pulmonary hypertension (n=40), mild tricuspid regurgitation (n=36), atrial fibrillation (n=19), mild aortic regurgitation (n=18), hepatitis B viral infection (n=18), elevated plasma liver enzymes (n=12), bacterial infection (n=11), diabetes (n=8), malnutrition (n=5), hypertension (n=4), coronary artery disease (n=3), stroke (n=3), left atrial thrombus (n=3), elevated plasma creatinine (n=2), and chronic obstructive pulmonary disease (n=1). Major postoperative morbidies included temporary pulmonary dysfunction (n=40), persistent anaemia (n=38), septicaemia (n=39), and low cardiac output (n=34). There were 3 operative deaths. The mean length of hospital stay (postoperative to home discharge) was 13.4 ± 9.0 days

Conclusions: Supervised residents can safely perform MVR on high risk patients, in resource constrain centres serving large volume of rheumatic mitral valve cases