

Respiratory Care After Pediatric Cardiac Surgery

Thesis

*Submitted for Partial Fulfillment of
Master Degree In Pediatrics*

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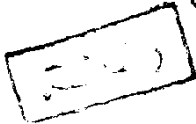


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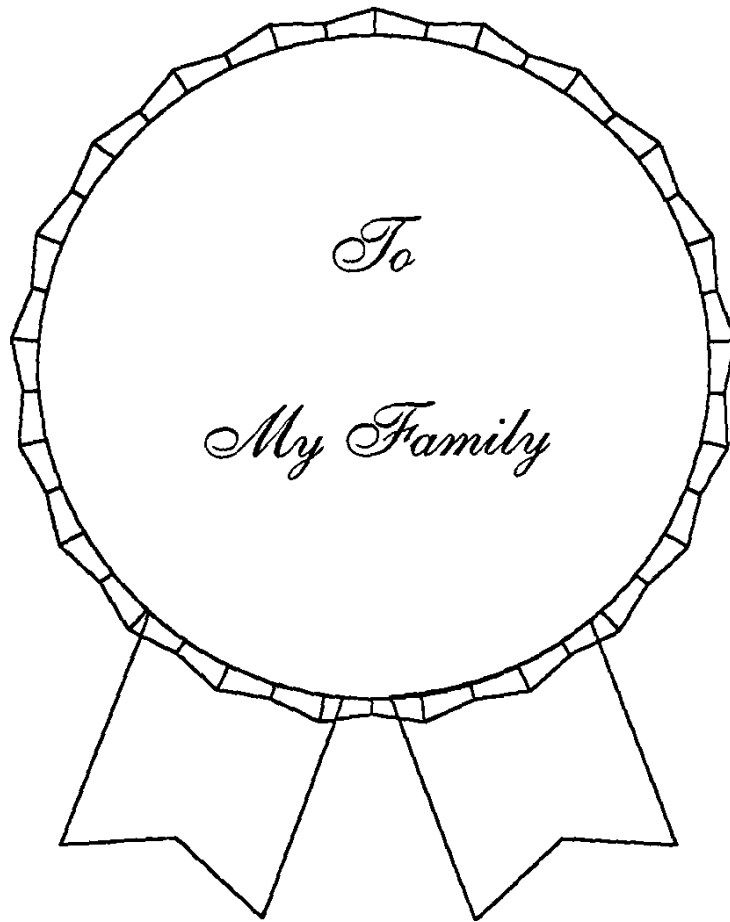
بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

سُبْحَانَكَ اللَّهُمَّ إِنَّا نَعْلَمُ أَنَّكَ أَعْلَمُ بِنَا أَلَّا نَعْلَمُ بِنَا

إِنَّا أَنْتَ اللَّهُمَّ الْحَكِيمُ

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Introduction & Aim of The Work

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The outcome of pediatric patients undergoing cardiac surgery has been improved not only by advances in surgical techniques and myocardial preservation but also by better postoperative care and ventilatory management in I.C.U. Ventilatory support of the postoperative patient is now specifically tailored for individual patients after considering such variables as pulmonary hypertension, pulmonary edema and cardiopulmonary bypass time.

Open heart surgery in infancy demands intensive postoperative management, often entailing prolonged ventilation. Postoperative factors such as circulatory and respiratory complications appear to affect the duration of mechanical ventilation. Stabilization of the circulatory state is essential for successful postoperative respiratory management and weaning.

So, mechanical ventilation is required for various periods in most cardiac surgical patients and is an important component of early postoperative care. Complications related to mechanical ventilation can be a significant source of morbidity and mortality but can almost always be avoided with proper attention to potential risks.

Aim of the work:

This study aims at evaluating the current postoperative care for children undergoing cardiac surgery and to establish a protocol for postoperative ventilatory and respiratory management for children undergoing cardiac surgery in cardiac thoracic department in Ain Shams University hospital.