



EDITORIAL

THE FUTURE OF CARDIAC SURGERY IN ARGENTINA

Although there are cardiac surgery databases in different countries, Argentina has no national records that may serve to know and plan this practice in the context of the healthcare activities of the country. The only data available dates back to 2007, when we estimate the overall number of cardiac surgeries at 374 per million adults per year, assuming some 224 coronary surgeries per million.¹ Unfortunately, we have no new information following this study. According to the records of *The Society for Cardiothoracic Surgery in Great Britain and Ireland*, in 2013, 760 hundred cardiac surgeries per million adult inhabitants were performed in the UK; this figure included 343 were coronary surgeries, 160 were aortic valve replacements, either alone or in combination, and 66 mitral valve surgery per million adults.² The comparison with Argentina reveals that the local rate of surgery use is less than half than that of the UK, and approximately two thirds in the case of coronary surgery. The same British record has observed that, between 2004 and 2013, the number of coronary surgeries fell 24%, while aortic valve surgery increased 37% and mitral valve surgery, 26%, with an overall increase of cardiac surgeries of only 3% for the same period, according to the change in total population (4 million inhabitants more). In the US, in turn, the number of coronary surgeries fell 31% between 1996 and 2006, while the number of mitral valve surgeries rose by 26% in the same decade.³ In another US record, the trend for the number of coronary surgeries per year and million adults fell from 1,742 to 1,081 between 2001 and 2008, while the number of coronary angioplasties basically stood the same (from 3,827 to 3,667).⁴

In a press release of 2012, the *Argentine College of Interventional Cardioangiologists* (CACI) reported that the overall rate of use of coronary angioplasty in Argentina was of 942 angioplasties per million inhabitants, and that this proportion was fairly below that observed in developed countries. As a matter of fact, and with some local variations, the rate of use of angioplasty is reported per million

adults rather than inhabitants. Thus calculated, CACI's rate would be modified to 1,206 angioplasties per million adults, surpassing data from Canada, New Zealand and Portugal, and very close to that of Italy and Spain (about 1,300 procedures per million).⁵ With these rates, CACI still urges to make a greater use of angioplasty in Argentina, despite the fact that the ratio between angioplasties and coronary surgeries is of about 6:1 versus 5.2:1 in the UK, and 3.4:1 in the US.⁴⁻⁵ In any case, a greater use of angioplasty will entail a parallel increase in the number of coronary surgeries in order to maintain the current ratio between both procedures. In the worst case scenario, we could say that angioplasty has already reached a reasonable rate of use in Argentina, and that surgery has still ample headroom to grow in volume, with an orderly access of population to health resources. As compared with other countries, the over-proportional rate of use in angioplasty in Argentina (6 to 1) is due to several reasons. One of the main reasons is an incorrect use of repeated angioplasties in the same patient, and an inadequate indication of angioplasty in patients with multiple-vessel disease, left main disease, or diabetes.⁶ In some hospital centers, the preference for angioplasty over surgery is justified on the basis of eventual poor surgical results, thus forcing an incorrect medical indication. Although Argentina has outstanding surgeons and surgical centers, the quality of others should be carefully analyzed. However, the overall rate of hospital mortality observed in the study CONAREC XVI for all types of cardiac surgery in 2,553 patients from 49 Argentine centers was of 7.7% versus 4.3% for coronary surgery.⁷ In favor of these results independently audited by cardiologists, it should be noted that the mortality rate expected in patients operated in the UK in 2013 was of 7.5% and of 4.4% in the case of those undergoing coronary surgery².

Regardless of any strategy favoring one procedure or the other, the medical supply must provide actions not harmful, but rather beneficial for patients, and respecting their opinion. However,

it should be reminded that this opinion largely depends on the responsible information we ourselves provide to them, and on the background offered so that patients may analyze the usefulness of each procedure and assess their real risks and benefits. ■

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