

European Respiratory Society Annual Congress 2012

Abstract Number: 789

Publication Number: P2442

Abstract Group: 8.2. Transplantation

Keyword 1: Transplantation **Keyword 2:** Intensive care **Keyword 3:** Mechanical ventilation

Title: Effect of the type of end-stage lung disease on postoperative evolution of lung transplantation patients

Dr. Marc 6290 Brosseau brosseau.marc@gmail.com MD ¹, Dr. Thomas 6291 Vandemoortele thomas.vandemoortele@umontreal.ca MD ¹ and Dr. Charles 6292 Poirier charles.poirier.chum@sss.gouv.qc.ca MD ¹. ¹ Department of Medicine (Respirology Division), Centre Hospitalier de l'Université de Montréal (CHUM), Montreal, QC, Canada, H2L 4M1 .

Body: Introduction : The postoperative period is a critical time in lung transplantation. It has already been established that the type of end-stage lung disease has an impact on the survival benefit after lung transplantation. However, the specific aspects of postoperative evolution such as mechanical ventilation duration (MVD), intensive care unit length of stay (ICU LOS), and hospital LOS have not been extensively studied. Methods: We reviewed the experience in our center through a retrospective chart analysis of 201 patients who underwent lung transplantation from 2004 to 2010. We investigated if the MVD, ICU LOS, hospital LOS and the need for a tracheotomy are related to the underlying end-stage lung disease. We analyzed the data with descriptive statistics to identify differences between subgroups. Access to medical charts was granted by the Research Ethics Committee. Results: Our results show that Idiopathic Pulmonary Fibrosis (IPF) patients have much longer MVD, ICU LOS and hospital LOS, require more tracheotomies and have higher mortality in the postoperative period when compared to other end-stage lung diseases. (Table 1) Conclusion: Patients with IPF have longer ICU LOS and this seems to be related to longer MVD. Further research could address methods of improving weaning from mechanical ventilation in these patients.

Table 1: Results

	Number of patients	Median ICU LOS (days)	Median MVD (days)	Number of Tracheotomies	Median Hospital LOS (days)	Mortality
Total Cohort	201	4	1	38	25	24
Cystic Fibrosis	74	4	1	7	22	3
Idiopathic Pulmonary Fibrosis	45	24	15	22	38	11
Chronic Obstructive Pulmonary Disease	46	3	1	5	22	5
	14	4	1	2	26	1

Alpha-1-Antitrypsin deficiency						
Other	22	5	1	2	27	4