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9. ხელმძღვანელი იმოქმედება: ა) გამოყენება საგამოსრულ მოდელის შექმნილი ხელმძღვანელი და გამოყენება; ბ) გამოყენება საგამოსრულ მოდელის შექმნილი ხელმძღვანელი და გამოყენება.
10. სტატიის თან უნდა შეფარდდეს უნდა ვერსიონის ხელმძღვანელმა შეიძლო ამოღება და გამოყენება 5-6 წლის ხელმძღვანელმა.
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EVALUATION OF THE QUALITY OF LIFE AFTER REVASCULARIZATION AND RECONSTRUCTIVE OPERATIONS ON MITRAL VALVE IN PATIENTS WITH CORONARY HEART DISEASE

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Abstract.

Background: Studies of recent years confirm the importance of assessing the health status and quality of life of patients suffering from coronary heart disease. The aim of the study was to determine the quality of life in patients who underwent isolated coronary artery bypass grafting and coronary artery bypass grafting in combination with reconstructive operations on the mitral valve in the long-term postoperative period.

Materials and methods: During the period from 2015 to 2018, 132 patients with ischemic heart disease with low left ventricular ejection fraction were evaluated in our center. In 30 (22.7±3.65%) patients, isolated CABG was performed according to the generally accepted methods; in 77 (58.3±4.29%) patients, concomitant reconstructive operations along with CABG were performed according to various indications. 70 out of 102 survived patients completed information included in the SF-36 questionnaire. Patients were divided into 2 groups according to the surgical procedure: group I - 20 patients who underwent isolated CABG, group II - 50 patients who underwent CABG + reconstructive operations on the mitral valve and its elements. In the late postoperative period (5 years of follow-up), the questionnaire the SF-36 Health Status Survey (SF-36) were used to determine QOL.

Results: In patients who underwent isolated CABG, the functional class improved by 100%; and after CABG + reconstructive operations - by 88.4%. In the long-term postoperative period after isolated CABG, vital signs improved by 3.2 points in comparison with the preoperative level and by 9.3 points after CABG + reconstructive operations. After surgery, in patients who have undergone isolated CABG, disability of the II group was reduced by 35% and after CABG + reconstructive operations by 3%.

Conclusions: Evaluation of the quality of life after revascularization for coronary heart disease using the SF-36 questionnaire allows to obtain adequate results. In the late postoperative period in patients undergoing CABG the quality of life improves both in physical and psychological aspects.

Key words. Ischemic heart disease, surgical treatment, quality of life.

Introduction.

According to the World Health Organization statistics reports, cardiovascular diseases are still the leading cause of death [1,2]. Among these, ischemic heart disease is the leading cause of death, and related problems are among the most concerning issues in health and medicine [3,4]. Inadequate revascularization increases mortality in the long term and has a significant negative impact on the quality of life of patients [5].

Several studies suggested that quality of life should be defined as an indicator of the effectiveness of surgical intervention and any treatment in general [6,7]. Based on this point, debate continues among the clinicians stating that the task of medical science should not only prolong the life of the patient, but also maintain an adequate quality of life. Quality of life is a very important and integral indicator of a patient's health and should be evaluated together with other clinical indicators [8]. The physical, emotional, psychological, and social status of human life is described as the concept of “quality of life” [9].

Coronary artery bypass grafting (CABG) is a standard surgical procedure for patients with coronary artery disease (CAD). Studies shows that it has a positive effect on both the mental and social state of the patient, can lead to the relief of symptoms, reduces mortality from other causes, reduces the number of hospitalizations and reduces mortality related to cardiovascular diseases [10,11]. Thus, although the operation is still associated with possibility of late complications, however, results in most cases are positive with acceptable risk. These risks and complications are reduced if the operation is performed not emergently and if the patient does not have other pathologies complicating the clinical course of CAD [12,13].

The definition of quality of life is a concept that characterizes the patient's well-being based on the results of objective, clinical and instrumental examinations. In other words, the quality of life is characterized by how a person acts in accordance with his physical, psychological, and social level in society and how he enjoys life [14].

Various methods have been proposed to quantify various aspects of health and determine the level of quality of life (QL). Determining the quality of life in the long-term period of surgical interventions in patients with coronary heart disease allows retrospectively evaluate the results of treatment and taking into account these results, will improve the surgical methods and positively change the outcome of treatment. Therefore, the definition of QL in coronary heart disease (CHD) is of particular importance.

Aim.

The aim of the study was to determine the quality of life in patients who underwent isolated coronary artery bypass grafting and isolated coronary artery bypass grafting in combination with reconstructive operations on the mitral valve and its elements in the late postoperative period.

Materials and methods.

During the period from 2015 to 2018, 132 patients with ischemic heart disease with low left ventricular (LV) ejection fraction were operated in our center. There were 119 men...
The methods of variation statistics, the Shapiro-Wilk test (determining the correspondence to the normal distribution), the student’s t-test (comparison of numerical data), the Mann-Whitney test (comparison of non-parametric data), the Friedman test and the paired Whittle Kinston test (determining differences in indicators during treatment). Using the Kolmogorov-Smirnov test (adjusted by Lilliefors), we checked all indicators of asymmetry, including quantitative variables for the type of distribution. At the same time, variables were considered, the statistical significance for which did not exceed 0.1 in univariate analysis. The relationship between the studied parameters was studied using correlation analysis with the calculation of the Pearson coefficient (r) and Spearman coefficient (R). The Kaplan-Meier method was used to assess survival. Multivariate logistic regression analysis was used to identify predictors of adverse cardiovascular events. Significant values were taken at p < 0.05.

Results.

Total survival for 5 years of the postoperative period among 132 patients was 77.3% (102 patients). Of the 102 healthy patients operated on for coronary artery disease, 70 (61 men, 9 women) provided complete information on the items included in the SF-36 questionnaire. Patients were divided into 2 groups according to the nature of the surgery: group I - 20 patients who underwent isolated CABG, group II - 50 patients who underwent CABG + reconstructive operations on the mitral valve and its elements. The survival data are shown in Table 1.

As can be seen from Table 1, in the preoperative period, functional class I of circulatory failure according to NYHA classification was not detected among both groups of patients. Functional class 2 of circulatory failure among the 1st group occurred in 5 (25±9.68%) patients and in 7 (14±4.91%) patients among the 2nd group. Functional class 3 of circulatory disorders among the 1st group were noted in 28 (56±7.02%) among the 2nd group. 24 months after the operation, the functional class 1 in group I was observed in 5 (25±9.68%) patients, the functional class 2 - in 15 (75±9.68%) patients.

In the late postoperative period in group I patients, the functional class of III and IV degree were not observed. At the same time, among the 2nd group of patients the functional class of degree I was detected in 8 (16±5.18%) patients, the second-degree functional class - in 37 (74±6.2%) patients; and III-degree functional class was found only in 4 (8±3.84%) patients. Among the patients of the 1st group, the functional class of III degree before surgery was noted in 15 (75±9.68%) patients, but in the long-term period, no patient in this group was found to have the III-degree functional class.

As can be seen from Table 1, in the preoperative period, functional class of IV degree were not observed. At the same time, among the 2nd group of patients the functional class of degree I was detected in 8 (16±5.18%) patients, the second-degree functional class - in 37 (74±6.2%) patients; and III-degree functional class was found only in 4 (8±3.84%) patients. Among the patients of the 1st group, the functional class of III degree before surgery was noted in 15 (75±9.68%) patients, but in the long-term period, no patient in this group was found to have the III-degree functional class.

In the preoperative period in group I of patients, the functional class of IV degree was found among 15 (30±6.48%) patients, and in the late postoperative period, only 1 (2±1.98%) patient had the IV degree of functional class.

Circulatory disorders of the 1st degree were diagnosed in 1 (5±4.87%) patient in the group I and in 2 (4±2.77%) patients in group II before surgery. II-degree circulatory disorders were registered in 19 (95±4.87%) patients in group I and in 35 (70±6.48%) patients in group II. 3° degree circulatory disturbance was not observed in group I before the operation; in the group II, it was detected in 13 (26±6.2%) patients.

In the late-postoperative period among 20 patients, due to complications after isolated CABG, circulatory disorders of the first degree...
### Table 1. The functional class and the degrees of circulatory disorders in the pre- and postoperative period of patients undergoing CABG and CABG + reconstructive operations on the mitral valve and its elements according to the SF 36 questionnaire.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Before surgery</th>
<th>5 years after the surgery</th>
<th>t, p</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Group I N=20</td>
<td>Group I N=50</td>
<td>Group I N=20</td>
</tr>
<tr>
<td>Function Class (NYHA)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I degree</td>
<td>-</td>
<td>-</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>(25±9.68%)</td>
<td>(16±5.18%)</td>
<td>p=0.0236</td>
</tr>
<tr>
<td>II degree</td>
<td>5 (25±9.68%)</td>
<td>7 (14±4.91%)</td>
<td>t=1.01</td>
</tr>
<tr>
<td></td>
<td>(16±5.18%)</td>
<td>(75±5.18%)</td>
<td>p&gt;0,05</td>
</tr>
<tr>
<td>III degree</td>
<td>15 (75±9.68%)</td>
<td>28 (56±7.02%)</td>
<td>t=1.59</td>
</tr>
<tr>
<td></td>
<td>(75±9.68%)</td>
<td>(75±9.68%)</td>
<td>p&gt;0,05</td>
</tr>
<tr>
<td>IV degree</td>
<td>15 (30±6.48%)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Degrees of circulatory disorders (CD)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I degree</td>
<td>1 (5±4.87%)</td>
<td>2 (4±2.77%)</td>
<td>t=0.18</td>
</tr>
<tr>
<td></td>
<td>(4±2.77%)</td>
<td>(15±7.98%)</td>
<td>p=0.0335</td>
</tr>
<tr>
<td>II degree</td>
<td>19 (95±4.87%)</td>
<td>35 (70±6.48%)</td>
<td>t=3.08</td>
</tr>
<tr>
<td></td>
<td>(70±6.48%)</td>
<td>(60±10.95%)</td>
<td>p&lt;0,05</td>
</tr>
<tr>
<td>III degree</td>
<td>-</td>
<td>13 (26±6.2%)</td>
<td>-</td>
</tr>
<tr>
<td>CD was absent</td>
<td>-</td>
<td>-</td>
<td>5</td>
</tr>
</tbody>
</table>

### Table 2. The dynamics of the revealed scores by groups of patients who underwent surgery due to the complications of ischemic heart disease according to the SF-36 scale.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Before surgery (score)</th>
<th>In the long-term period (score) after 5 years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>group I</td>
<td>group II</td>
</tr>
<tr>
<td>Mental health</td>
<td>58,4</td>
<td>55,5</td>
</tr>
<tr>
<td>Emotional condition</td>
<td>31,1</td>
<td>29,6</td>
</tr>
<tr>
<td>Social function</td>
<td>48,6</td>
<td>47,7</td>
</tr>
<tr>
<td>Vitality</td>
<td>55,5</td>
<td>59,8</td>
</tr>
<tr>
<td>General state</td>
<td>55,7</td>
<td>53,8</td>
</tr>
<tr>
<td>Pain intensity</td>
<td>44,8</td>
<td>47,2</td>
</tr>
<tr>
<td>Functional role</td>
<td>15,3</td>
<td>16,1</td>
</tr>
<tr>
<td>Physical function</td>
<td>44,6</td>
<td>45,8</td>
</tr>
</tbody>
</table>
were detected in 3 (15±7.98%) patients, circulatory disorders of the II degree - in 12 (60±10.95%), and 5 (25±9.68%) patients had no circulatory disorders.

We also used the SF-36 questionnaire to determine the ability to work in the late postoperative period. 24 months after the operation, the 3rd disability group among patients of group I was 60.8% (14 patients), the 2nd disability group - 26% (6 patients); among group II patients, disability of group I occurred in 23%, and disability of group II - in 56% of patients.

The SF-36 questionnaire also included the determination of the general and emotional state, levels of physical and social functions, vital activity and functional level, as well as the intensity of pain in the operated area of patients. The results of determining these parameters are shown in Table 2.

Table 2 shows that the indicators of mental health in the preoperative period in patients of the group I was 58.4 points, and in the long-term period - 62.5 points; in the group II, these indicators were 55.5 and 63.7 points, respectively. The emotional state among the group I of patients before surgery reached 31.1 points, in the long-term period - 42 points; in the group II they were 42 and 48 points, respectively. Social function among the group I of patients before surgery was at the level of 48.6 points, and in the late postoperative period was within 44.7 points; in the group II, these indicators were 47.7 and 48.8 points, respectively. Among the group I of patients, the vital signs before surgery were 55.5 points, in the long-term period - 58.8 points; in the group II, these indicators reached 59.8 and 69.1 points, respectively. The general condition in the group I before the operation was estimated at 55.7 points; in the remote period 45.9 points; in the group II 53.8 and 48.2 points, respectively. The intensity of pain in the region of the heart in the group I before surgery was estimated at 44.8 points and in the postoperative long-term period at 44 points; in the group II by 47.2 and 52 points, respectively. The functional role before surgery in the group I was at the level of 15.3 points and in the long-term period reached up to 33.6 points; in the group II, these indicators were 16.1 and 35.4 points. Physical function in the group I before the operation did not exceed 44.6 points, in the group II 45.8 points; in the late postoperative period, the physical function of patients in the group I reached 56 points, and in patients of the group II - 59.7 points.

Discussion.

Quality of life is a concept that characterizes the patient's well-being based on the results of objective, clinical and instrumental examinations. To determine the quality of life, we used a questionnaire, SF-36 (Health Status Survey) and compared the results of the survey before and after the operation.

The study of the state of the NYHA (functional class) according to the SF-36 questionnaire showed that in patients who underwent isolated CABG (Group I) before surgery, the II degree of functional class was found in 25%, the III degree of functional class - in 75%; in the late postoperative period in this group, the III degree of functional class was not detected, the functional class of I degree occurred in 25% and II degree - in 75% of cases.

In the group II, if in the preoperative period II degree of functional class was detected in 14% of patients, III degree in 56% and IV degree of in 30% of patients, then in the postoperative period these indicators were - II degree in 74%, degree III - in 8% and degree IV in 2% of patients, respectively. 16% of patients in group II had the I degree of the functional class, and the IV degree of the functional class among the group II of patients in the postoperative period was absent. Therefore, in the late postoperative period in patients who underwent CABG, the severity of the functional class of blood circulation decreased by 100% compared with preoperative indicators; and after CABG + reconstructive operations on the mitral valve and its elements - by 88.4%.

In the preoperative period among patients of group I, circulatory disorders of degree I was 5%, of degree II - 95%; among patients of group II, the degree I of circulatory disorders was 4%, of degree II - 70% and of degree III - in 26% of patients. In the late postoperative period, circulatory disorders of degree I among patients of group I were detected in 15%, circulatory disorders of degree II - in 60%; in 25% of patients in group II there was no circulatory disorder. Thus, after CABG in the long-term period, the severity of circulatory disorders improved by 40%.

In 50 patients who underwent CABG + reconstructive surgery in the late postoperative period, circulatory dysfunction of the third degree decreased from 26% to 4% compared with preoperative indicators, which proves the adequacy of surgical treatment. Mental health indicators in the late postoperative period among patients in group I improved by 4.1 (7.02%) points, among group II by 8.2 (14.8%) points. The emotional state among patients of group I improved by 10.9 (35%) points, among group II by 18.4 (62.2%) points. Social function among patients of group I worsened by 3.9 (8%) points, while among group II it improved by 1.1 (2.3%) points. The improvement in vital signs in patients of the group I in the late postoperative period was 3.3 (5.95%) points; in the group II - 9.3 (15.6%) points.

In terms of the general condition of patients, deterioration was revealed compared to preoperative indicators - by 9.8 (17.6%) points in the group I and by 5.6 (10.4%) points in the group II. In terms of the intensity of pain in the region of the heart in the postoperative period, group I patients had a decrease by 0.8 (1.19%) points, while in group II it increased by 4.8 (10.2%) points. When calculating the functional role of patients according to the examination scale, it turned out that in group I this indicator in the late postoperative period increased by 119.6%, in group II - by 119.8% (p> 0.05). The above results prove that after isolated CABG and CABG + reconstructive operations on the mitral valve and its elements, the functionality of patients increased significantly.

After the operation, the number of patients who received a disability of any group decreased by 35% in group I; in group II, this value was 3%. Physical function in the group I in the long-term period increased by 11.4 (25.6%) points and by 13.9 (30.4%) points in the group II.

Our results are consistent with those of other clinicians who indicate that CABG appears to be a good choice to improve the quality of life of people with coronary heart disease after assessing the possible existing risks. The quality-of-life analysis using the SF questionnaire showed improvement in the quality
of physical and mental appearance. We also used the SF-36 questionnaire to determine the ability of patients to work for an extended period of time [15].

Summing up, our study showed that CABG and CABG + reconstructive surgery significantly improved the physical and psychological condition of patients, increased social status and vitality, and also significantly reduced the intensity and duration of pain in the heart area.

In the long-term period, determining the quality of life based on the SF-36 questionnaire showed that, compared with preoperative indicators, the physical, emotional and mental functions of patients increased significantly, their social status improved, and they began to lead a more active lifestyle.

Conclusions.
1. Determining the quality of life of patients after revascularization for coronary heart disease, reconstructive surgery on the mitral valve and its elements using the SF-36 questionnaire allows obtaining adequate results.
2. In patients with ischemic heart disease, isolated coronary artery bypass grafting and coronary artery bypass grafting in combination with reconstructive surgery on the mitral valve and its elements improves the patient's quality of life both in physical and psychological aspects, although this improvement is more significant in regarding physical factors.
3. In patients who underwent CABG for coronary heart disease in the late postoperative period, the severity of the functional class decreased by 100% compared with preoperative indicators; and after CABG + reconstructive surgery on the mitral valve and its elements - by 88.4%. In the late postoperative period after isolated CABG, vital signs improved by 3.3 points compared with the preoperative level, and after CABG + reconstructive surgery by 9.3 points; physical function improved by 15.4 and 13.9 points, respectively.
4. In the late postoperative period of isolated CABG surgeries, the SF-36 study performed for ischemic heart disease confirmed that the physical, emotional and mental activity of patients increased, their social status increased, and active life increased compared to preoperative indicators. After surgery, in patients of group 1 who underwent isolated CABG, the number of disabilities of any group decreased by 35% and after CABG + reconstructive surgery by 3%.

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REFERENCES