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### Original Article

#### Predictive Factors for ICU and Ward Stay After CABG

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#### Abstract:

**Background:** To determine factors that predicts ICU and ward stay during hospitalization for coronary artery surgery.

**Methods:** Data were collected retrospectively from 200 patients. ICU and ward stay time was divided into two groups and compared by  $X^2$  and  $t$  test and variables with a  $p$  value of less than 0.1 were included in logistic regression model. Specificity and sensitivity of tests were examined by ROC curve.

**Results:** Mean time of ICU and ward stay (day) was 3.89 and 11.07 days respectively. The mean volume of transfused blood in group 1 (ICU stay  $\leq 3$  day) was 694 ml and in group 2 ( $> 3$  day) was 1231 ml where the difference was significant ( $p < 0/05$ ) and this correlation between stay time and transfusion was not seen in ward stay. In univariate analysis, factors such as transfused volume, maximum flow, Chronic obstructive pulmonary disease (COPD), Ejection fraction (EF), Intra aorta pump (IABP) and drainage volume were different between two groups of ICU stay times and such factors in ward stay were transfused volume, minimum flow, COPD, reoperation due to bleeding, and amount of 24 hours bleeding. In logistic regression model variables such as age, pump time, transfused volume and COPD were predictors of ICU stay and only drainage volume was predictor of ward stay.

**Conclusion:** Transfusion of blood is associated with long ICU stay time. Mechanism of this increased time is depression of immune system and increased rate of infection. Volume of bleeding from chest tube in 24 hours is associated with long hospital stay, because chest tube dose not pull out until drainage volume reduced to 50 ml in 24 h.

#### Keywords:

Ward stay . ICU stay . Coronary artery risk factors . Open heart surgery

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