



Outcomes of neonatal patent ductus arteriosus ligation in Canadian neonatal units with and without pediatric cardiac surgery programs.

<https://arctichealth.org/en/permalink/ahliterature113672>

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Source: J Pediatr Surg. 2013 May;48(5):909-14

Date: May-2013

Language: English

Publication Type: Article

Keywords: Abnormalities, Multiple - epidemiology
Anti-Inflammatory Agents, Non-Steroidal - therapeutic use
Brain Diseases - epidemiology - etiology - ultrasonography
Canada
Cardiology Service, Hospital - organization & administration
Combined Modality Therapy
Databases, Factual
Ductus Arteriosus, Patent - drug therapy - mortality - surgery
Female
Hospital Departments - organization & administration
Hospital Mortality
Humans
Infant, Low Birth Weight
Infant, Newborn
Infant, Premature
Infant, Premature, Diseases - mortality - surgery
Infant, Small for Gestational Age
Intensive Care Units, Neonatal - statistics & numerical data
Ligation
Male
Patient Transfer - statistics & numerical data
Pediatrics - organization & administration
Postoperative Complications - epidemiology - etiology - ultrasonography
Retrospective Studies
Sepsis - epidemiology - etiology
Severity of Illness Index
Surgery Department, Hospital - organization & administration
Tertiary Care Centers - organization & administration - statistics & numerical data
Treatment Outcome

Abstract: Preterm infants needing patent ductus arteriosus (PDA) ligation are transferred to a pediatric cardiac center (CC) unless the operation can be done locally by a pediatric surgeon at a non-cardiac center (NCC). We compared infant outcomes after PDA ligation at CC and NCC.

We analyzed 990 preterm infants who had PDA ligation between 2005 and 2009 using the Canadian Neonatal Network database. In-hospital mortality and major morbidities were compared between CC (n=18) and NCC (n=9). SNAP-II-adjusted mortality rates were similar (CC=8.7% vs NCC=10.7%, P=.32). Significant cranial ultrasound abnormalities (CC=24.1% vs NCC=32.1%, P

PubMed ID: 23701758 [View in PubMed](#) 