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'The Future is Now: Aspire, Achieve, Advance'



The Effects of Coronary Artery Disease on the Transplanted Interstitial Lung Disease Patient Cohort

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Biography:

Natalie is a Registered Nurse in the field of heart and lung transplantation and is currently a Transplant Coordinator. Natalie has worked at St Vincent's Hospital since 2009 where she gained her experience in Cardio-thoracic, Respiratory and Transplant nursing. She has recently completed a post graduate degree in Cardiovascular Nursing and her professional interest remains within the field of transplantation and organ donation.

Lung transplantation poses its own risks, however when coupled with a co-morbidity this can increase the rates of morbidity and mortality intra operatively and post operatively. The lung transplant cohort within our centre, is comprised of many disease classifications, one of these being a large patient group suffering from Interstitial Lung Disease (ILD).

It has been long discussed in literature that Coronary Artery Disease (CAD) remains a relative contraindication to lung transplantation, as it can increase the morbidity and mortality when an intervention is not undertaken prior to lung transplantation occurring. However, there is minimal discussion to establish a link between pre-operative CAD and an increased mortality or morbidity post-operatively in the transplanted ILD patient cohort.

We plan to examine the ILD patient cohort with pre-existing CAD transplanted at our centre within the last 3 years and compare this against the rates of morbidity and mortality of that of the rest of our lung transplant population. We will report ventilation hours, Reintubation, Intensive care unit (ICU) length of stay (LOS), return to ICU and hospital LOS as our markers of morbidity. Through this, we aim to establish whether there is a link between CAD and increased morbidity and mortality in our ILD patient cohort post lung transplantation.