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Introduction:
Obligatory posthorax vest application was introduced in our institution for all patients undergoing cardiac surgery via median sternotomy since March 2010. In this analysis we compare incidence and severity of wound healing complications in patients having received the vest with numbers observed in a matched patient cohort in 2009 without vest.

Patients:
Group I (vest) n=1130 pts; 3/12/2010, Group II (no vest) n=1094; 3/12/2009; comparable cohorts with regards to age, risk profile and indication for surgery.

Results:
Approximately 10% of all eligible patients did not wear the vest, of those 5% due to medical reasons, another 5% due to non compliance. Incidence of all wound healing complications (WHC) was 2.56% (n=29) in Gr.1 vs. 3.19% (n=35) in Gr.II (p=0.05). Of those patients with WHC in Gr.I 72.4% (21/29) had not worn the vest due to either non compliance (n=15) or medical reasons (n=6). Deep WHC (mediastinitis/sternal dehiscence) happened in n=10 (0.88%) in Gr.I vs. n=22 (2.01%) in Gr.II; p<0.001. None of the patients wearing the vest on a constant basis developed a deep WHC. Duration of postoperative hospital stay for presternal and deep WHC will be calculated!

Conclusion:
Application of the posthorax vest leads to significant reduction of WHC. In particular, we observed that consequent use of the posthorax vest seems to almost eliminate the incidence of mediastinitis and sternal dehiscence.

OBESE CARDIAC PATIENTS: SIGNIFICANT REDUCTION OF DEEP STERNAL WOUND COMPLICATIONS BY WEARING THE POSTHORAX™ VEST?

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Objectives:
Sternal wound healing disturbances are still a frequently postoperative complication after median sternotomy especially in obese patients. Surgical wound revision and prolonged hospitalization increase the costs disproportionally. Thus we planned a study to evaluate if the sternal wound complication rate after cardiac surgery can be profitably reduced by wearing the Posthorax™ vest.

Methods: The Study started in 08/2014 until 07/2015. All 129 elective obese patients (BMI > 30 kg/m²) scheduled for cardiac surgery were preoperatively adapted with a vest. If the patient did not wear strictly the vest, he was eliminated from the study. The Outcome in the Vest group was compared to a Control group of similar 131 patients from 07/2013 until 12/2013. Group differences were tested by exact Fisher test and T-test (SPSS 23).

Results:
Deep sternal wound complication rate was 4.7% (6/129) in the Vest group compared to the Control group with 10.7% (14/131). The Vest and Control group were matchable in BMI (34 kg/m²) and age (65yrs), operation time (195 minutes) and time on respirator. The Vest group had a significant shorter stay on ICU and showed significant earlier mobilization than the Control group (p<0.0001).

Conclusion:
The rate of deep sternal wound complication in the Vest group tells its own tale. There is a reduction of half as less. As limitation we have to ask if the Vest group is comparable to the Control group because of significant shorter ICU stay and earlier mobilization, but otherwise these factors belong to postoperative course without complications. Of course the surgical technique for wound closing is also important and dependent on the surgeon. Nevertheless in our clinic we apply the Posthorax vest in every obese patient who has to undergo cardiac surgery via median sternotomy in order to reduce postoperative deep sternal wound complications and costs.
THE TOTAL ARTERIAL MYOCARDIAL REVASCULARIZATION USING BILATERAL IMA AND THE ROLE OF POST-OPERATIVE STERNAL STABILIZATION TO REDUCE WOUND INFECTIONS IN A LARGE COHORT STUDY.

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Objectives:
The total-arterial myocardial revascularization using bilateral IMA shows improved results regarding mortality, long-term survival as well as superior graft patency and thus has become the standard technique according to recent guidelines. On the other hand, those patients might suffer from an increased risk of developing sternal wound infections, especially when being obese or having a medical history of diabetes. One reason for the wound complications may be an early sternum instability, which could be avoided using a thorax support vest (e.g. Posthorax vest). This retrospective study compares the wound complications after bilateral IMA grafting according to the use of a Posthorax vest.

Methods:
Between April 2015 and December 2015 471 patients received a total-arterial myocardial revascularization using bilateral IMA via median sternotomy and have been administered a Posthorax support vest on 2nd postoperative day. We compared those patients with the 515 patients operated via the same access the preceding 9 months. The endpoints have been the incidence of wound infections, when did the wound infection occur and how many wound revisions were needed until wound closure.

Results:
The demographic data of both groups were similar. A significant advantage for the use of a thorax support vest could be seen regarding the incidence of wound infection (p=0.012) and the hospital length of stay when a wound complication did occur (p=0.029). See Tab. 1

<table>
<thead>
<tr>
<th></th>
<th>Postorax vest (n=471)</th>
<th>No vest (n=515)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wound complication [No]</td>
<td>2 (0.4%)</td>
<td>9 (1.7%)</td>
<td>0.044</td>
</tr>
<tr>
<td>No of wound revisions per patient</td>
<td>5.0 ± 2.8</td>
<td>5.1 ± 2.4</td>
<td>0.955</td>
</tr>
<tr>
<td>Onset of Complication after operation [weeks]</td>
<td>3.0 ± 0.0</td>
<td>3.8 ± 2.4</td>
<td>0.357</td>
</tr>
<tr>
<td>Hospital length of stay w/ wound complication [d]</td>
<td>17.0 ± 3.4</td>
<td>29.6 ± 9.7</td>
<td>0.029</td>
</tr>
</tbody>
</table>

Tab 1: Results

Conclusion:
As seen in this retrospective study, the early perioperative use of a thorax stabilization vest such as the POSTORAX vest can reduce the incidence of sternal wound complications significantly. Furthermore when a wound infection occurred and the patients returned to hospital for wound revision, the patients who had been administered the POSTORAX vest postoperatively will have a significant shorter length of stay until wound closure.
PERIOPERATIVE MANAGEMENT AND STRATEGIES TO DECREASE STERNAL WOUND INFECTION

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Introduction:
Sternal wound infections can lead to major morbidity and mortality in patients undergoing cardiac surgery. It was also found recently to have an impact on long-term survival. Since sternal wound infection (SWI) may lead to an extended length of hospital stay additional surgical procedures, vacuum-assisted wound dressing, and antibiotic therapy, its impact on the health care costs are enormous as they may almost triple the costs for patients undergoing CABG. The rate of SWI varies in different reports. Approximately 0.3%-5.0% of median sternotomy surgical approaches result in infection. Since there are risk factors that are hard to change and may contribute to poor wound healing leading to sternal infection such diabetes, obesity, history of smoking, COPD, and immunosuppression.

Method:
After obtaining an approval from our institutional review board (including a waiver of signed informed consent) a database review was conducted. We analyzed retrospectively the data of all patients undergoing cardiac surgery between 2008-2010 (first period) and 2012 (second period). Data from 2011 were not included, since changes were implemented in that year and it was considered as a transition period. In the second period we introduced evidence-based practice changes to reduce sternal infection. Education of all health care members including physiotherapist, nurses and surgeons was provided to implement changes. The changes implemented were hand disinfection technique, sternotomy, sternal and skin closure technique, efficient operation time, strict guideline in post-operative wound care and the use of the Posthorax® vest in all patients. Sternal wound infections were classified according to the guidelines of the Center of Disease Control and Prevention Fig. 1. Superficial if only the skin and subcutaneous tissue are involved, deep when the infection reaches the sternum but does not involve it and organ/space when sternal osteomyelitis or mediastinitis occurs. Continuous data are presented as mean standard deviations (S.D.) and a Mann–Whitney test was used to compare the data. Categorical data are presented as the number and percentage and are compared using the x2-test or Fisher’s exact test.

Result:
There were a total of 1,689 patients. 1,250 patients underwent cardiac surgery during the first period 2008-2010 and 439 patients during the second period 2012. Off pump coronary bypass was the major procedure in both periods 47.5% and 43.1% respectively, followed by isolates valve surgery 19.2% and 21.4% respectively, followed by combined coronary bypass and valve surgery 17.7% and 18.5% respectively. There was no difference in age, gender, diabetes, BMI, creatinine, euro score, and type of surgery between the two groups. There was a significant difference in the history of hypertension 79.5% and 68.0% respectively (p<0.0001), ejection fraction average 53.4% and 54.6% respectively (p=0.018) and CRP 12.32 mg/ml and 11.95 mg/ml (p<0.001) between the two groups Table 1. However, no correlation was seen between those variables and sternal infection Table 2. There was no difference in the percentage of type of surgeries performed during those two periods Fig. 2. Use of BIMA was significantly more in the second period. BIMA was used in 31% bypass patients in the first period and 62% in the second period (p 0.006) Fig 3. Surgical time (average minutes hours versus 251 minute, p<0.0001) intubation time (average 27.5 hours versus 24 hours, p<0.0001), postoperative peak creatinine kinase (average 57.6ug/L versus 53.7ug/L, p<0.0001) and the unit of blood transfusions (average 3.49 packet red blood cell versus 3.02 packed red blood cell, p=0.030) was significantly lower in the second period and the use of noradrenalin (average 9.35mcg/min versus 11.1 mcg/min, p=0.009) was higher in the second period Tab 3. In the first period 3.4% developed pre-sternal infection, 3.2% deep sternal infection and in the second period 1.1% developed pre-sternal and 1.6% deep sternal infection. There was a significant reduction in both pre-sternal infection and deep sternal infection in the second period Fig. 4. Sternal infection was associated to surgical time, intubation time, blood transfusion, and use of noradrenalin and BIMA Tab 4.

Conclusion:
Strategies to reduce sternal infection have shown a significant reduction of sternal infection despite increase in BIMA.

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COMPARISON OF THORAX SUPPORT SYSTEMS AFTER MEDIAN STERNOTOMY: EVALUATION OF FORCE DISTRIBUTION IN A BIOMECHANICAL ANALYSIS

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Objective
Based on the clinical success using the Posthorax support vest to prevent sternum related complications the biomechanical mechanism of different sternum support systems were evaluated.

Methods
Elastic bandages were compared with the Posthorax support vest in 27 patients after sternotomy and 27 volunteers. The effect of the supportive devices was acquired with eight specially designed high sensitive real time pressure transducers, which were placed between the chest wall and support devices. Measuring point during normal breathing, coughing, and arm movement were analyzed.

Results
The Posthorax support vest proved to be superior in the parasternal and posterior region compared to the elastic bandage in all groups at normal breathing (Sensor 0+4: 2.788±0.79 N vs. 0.88±0.2 N and Sensor 3+7: 2.06±0.88 N vs. 0.78±0.04 N; p=0.001). During coughing and arm movement all sensors at the anterior and posterior chest wall revealed a significant higher pressure using the Posthorax support vest (Sensor 0+4: 3.34±0.98 N vs. 1.47±0.59 N; Sensor 3+7: 5.69±2.99 N vs. 1.92±0.7 N; p=0.001).

Conclusion
The findings of the study proved a positive biomechanical effect of the Posthorax support vest in the anteroposterior movement which predicates its favorable clinical effect in avoiding sternum related complications.

THE FIRST UK EXPERIENCE WITH POSTHORAX® VEST – PROPHYLACTIC USE RESULTS IN REDUCED STERNAL WOUND COMPLICATIONS FOLLOWING STERNOTOMY.

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Objective:
Deep sternal wound complications (DSWC) after sternotomy have an incidence of 2 to 8% and carry a significant mortality and morbidity as well increased expenditure. The majority of preventive measures against DSWC involve the pre and intra operative period. The aim of this study was to evaluate the effect of a post operative supportive sternal jacket (Posthorax®).

Methods:
2,284 patients underwent median sternotomy in our centre over a 2 year period. Patients with increased risk for DSWC such as high BMI, diabetes, steroids, redos and Chronic Obstructive Pulmonary Disease (COPD) were prospectively selected to wear the Posthorax® vest prophylactically (Group I n=214). Post operative outcomes were compared with Group II n=2,070 (No Posthorax®). Mean values for risk factors between Group I & Group II were respectively; BMI 31.3±5.9 & 27.8±4.9 (p<0.001), diabetes 25.6% & 19.4% (p=0.05), COPD 17.3 % & 12% (p=0.03) and redos 16.3% & 11.5% (p=0.07). The groups were comparable in terms of age, EuroSCORE, gender, left ventricular function and urgency.

Results:
The overall incidence of DSWC for the 2 year period was 2.3% (53/2284). The incidence of DSWC between Group I and Group II was 2/214 (0.9%) vs 51/2070 (2.4%) (p=0.2) and for mechanical sternal dehiscence was 0/214 (0%) vs 8/2070 (0.3%) (p=0.5) respectively.

Conclusion:
Despite a higher risk profile, patients with prophylactic Posthorax® vest had a lower incidence of postoperative sternal complications.
INTERACTIVE CARDIOVASCULAR AND THORACIC SURGERY

STERNUM SUPPORT MAY PREVENT MAJOR ATELECTASIS AFTER MEDIAN STERNOTOMY

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Abstract

Objectives:
Atelectasis and other pulmonary complications are common after cardiac surgery. A new type of sternum support vest (Posthorax®) has been shown to lower the risk of deep mediastinitis after median sternotomy. Clinical observations at the department of thoracic surgery at the Karolinska university hospital indicated that the vests also lowered the risk of atelectasis. We, therefore, designed a study aimed at testing if a sternum support vest could be shown objectively to lower the risk of a number of pulmonary complications after median sternotomy.

Methods:
Two groups of patients were selected for inclusion. Group A (n = 67) was operated on in September 2011, before the vest was introduced. Group B (n = 80) was operated on in March 2012, after the introduction of the vest. The median age and ratio of men to women was similar in both groups, with 70% men. Scoring systems (0-4) were created to quantify the degree of atelectasis in each lung lobe and pleural effusion on each side on the post-operative chest x-ray images. The severity of atelectasis was compared between the groups. Information was also gathered from medical records.

Results:
A significantly lower (p = 0.02) prevalence of complete or near complete lobar atelectasis was seen in group B. This difference was seen only among men (p = 0.01). There were no other significant differences in complications between group A and group B.

Conclusions:
This study provided the first evidence that a sternum support vest can lower the risk of complete atelectasis among men who have undergone median sternotomy.

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USE OF THE POSTHORAX VEST IN PATIENTS WHO UNDERWENT HEART SURGERY DURING CARDIAC REHABILITATION AND ITS IMPACT ON FUNCTIONAL RECOVERY AND RESPIRATION FUNCTION

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Florence, Fortezza da Basso
30 May - 1 June 2013

The POSTHORAX® vest has shown to reduce morbidity and mortality in the postoperative period for patients undergoing cardiac surgery via median sternotomy, thanks to the prevention of dehiscence and the instability of the sternal wound. In the past, the use of thoracic devices, such as flexible bends, aggravated restrictive lung disease, which, on the other hand, is typical of the first post-operative phase (which is related to atelectasis, pleural effusions, parenchymal imbibition, etc.).

In this study we wanted to evaluate the impact of the POSTHORAX® vest on the recovery of lung function and functional capacity in patients undergoing cardiac surgery via median sternotomy as part of a cardiac rehabilitation programme lasting 14 days. Upon arrival at our rehabilitation centre, those patients who did not present contraindications for enrolment (over 80 years of age, no BPCO, no operation of thoracic aortic aneurysmectomy, no already obvious presence of sternal wound complications) were enrolled consecutively and randomised to the two arms of the study: Group 1 (15 patients, age = 64 ± 12, M = 12) wore the POSTHORAX® vest 24 hours a day, while Group 2 (15 patients, age = 65 ± 8, M = 10) did not wear it. On the first day, all of the subjects underwent a plethysmograph with the calculation of total lung capacity (TLC) and respiratory flow in the 1st sec. (FEV1), a measure of alveolar-capillary diffusion for CO (DLCO), and a 6 minute walk test (6MWT); the same examinations were repeated on day nine prior to discharge. In the two weeks of hospitalisation, all the patients were subjected to the same rehabilitation regime consisting of aerobic exercises on the exercise bike and/or treadmill, calisthenics, and breathing exercises.

Table 1 shows the obtained results.

The study, in addition to confirming the already known restrictive lung disease that is typical of this patient population, demonstrates the full effect of a rehabilitation cycle on the recovery of respiratory function and submaximal functional capacity. The absence of differences between the two groups in terms of the improvement of various ventilation parameters and the distance walked in the 6MWT also shows that the use of a device such as the POSTHORAX® vest does not have a negative impact on the recovery of these parameters. The absence of contraindications may be a reason for the continued use of this kind of device in all patients during the rehabilitation cycle following cardiac surgery via sternotomy.
PREVENTION OF STERNAL WOUND COMPLICATIONS AFTER STERNOTOMY: RESULTS OF A LARGE PROSPECTIVE RANDOMIZED MULTICENTER TRIAL

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Abstract
Objectives: A prospective randomized multicenter trial was performed to analyse the efficacy of a vest (Posthorax support vest®) to prevent sternal wound infection after cardiac surgery, and to identify risk factors.

Methods: From September 2007 to March 2010, 2,539 patients undergoing cardiac surgery via median sternotomy were prospectively randomized into those who received a Posthorax® vest and those who did not. Patients were instructed to wear the vest postoperatively for 24 h a day for at least 6 weeks; the duration of follow-up was 90 days. Patients who did not use the vest within a period of 72 h postoperatively were regarded as study dropouts. Statistical calculations were based on an intention-to-treat (ITT) analysis. Further evaluations comprised all subgroups of patients.

Results: Complete data were available for 2,539 patients (age 67 ± 11 years, 45% female). Of these, 1,351 were randomized to receive a vest, while 1,188 received no vest. No significant differences were observed between the groups regarding age, gender, diabetes, body mass index, chronic obstructive pulmonary disease (COPD), renal failure, the logistic EuroSCORE and the indication for surgery. The frequency of deep wound complications (dWC: mediastinitis and sternal dehiscence) was significantly lower in vest (n = 14; 1.04%) vs non-vest (n = 27; 2.27%) patients (ITT, P < 0.01), but superficial complications did not differ between the groups. Subanalysis of vest patients revealed that only 933 (Group A) wore the vest according to the protocol, while 202 (Group BR) refused to wear the vest (non-compliance) and 216 (Group BN) did not use the vest for other reasons. All dWC occurred in Groups BR (n = 7) and BN (n = 7), although these groups had the same preoperative risk profile as Group A. Postoperatively, Group BN had a prolonged intubation time, a longer stay in the intensive care unit, greater use of intra-aortic balloon pump, higher frequency of COPD and a larger percentage of patients who required prolonged surgery.

Conclusion: Consistent use of the Posthorax® vest prevented deep sternal wounds. The anticipated risk factors for wound complications did not prove to be relevant, whereas intra- and postoperative complications appear to be very significant.
A NEWLY DESIGNED THORAX SUPPORT VEST PREVENTS STERNUM INSTABILITY AFTER MEDIAN STERNOTOMY

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Abstract
Objective: Sternum infection remains one of the primary causes of postoperative morbidity and mortality after median sternotomy. We report the clinical efficacy for primary reinforcement of the sternum with a new design of thorax support vest.

Methods: A prospective randomized study including 455 patients was started in September 2007 to evaluate the effectiveness of the Posthorax sternum vest (Epple Inc., Vienna, Austria). One hundred and seventy five patients were treated with the sternum dressing postoperatively (group A), 227 patients did not receive the vest (group B) and 53 patients refused it (group C). Several clinical and operative data were evaluated. All the patients were recorded using the STS risk scoring analysis for mediastinitis after cardiac surgery.

Results: The median age and gender distribution were comparable in both groups. Preoperative data such as renal failure, chronic obstructive pulmonary disease, peripheral artery disease, and myocardial infarction were not significant. There were more patients with diabetes in group A and C (A: 39.4%, B: 29.1%, C: 43.4%, p = 0.036). A total of 55.8% underwent coronary bypass grafting, 15.4% aortic valve replacement, 7.7% mitral valve repair and 21.1% concomitant cardiac procedures. The median risk factor analysis and body mass index were comparable. In the follow-up period up to 90 days, in group A we observed 0.6% sternum wound complications, in group B 4.9%, and in group C 9.4% (group A vs B: Fisher’s exact test p = 0.0152 and group A vs C: p = 0.0029).

Conclusions: The use of the Posthorax® sternum vest shows a favourable outcome to prevent sternum instability after cardiac surgery. There was one reoperation in patients treated with this sternum vest compared to 16 in the control group.
PREVENTION OF POST-Sternothomy Mechanical Complications Through the Use of the Latest Generation Posthorax Support Vest.

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2. Department of Experimental Surgery, University Hospital of Novara, Italy
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4. Department of Anatomy, University of Eastern Piedmont “Amedeo Avogadro”, Novara, Italy

Background:
Post-sternotomy mechanical complications are still a significant cause of morbidity and occasionally of mortality in cardiac surgery. These complications lead to a prolonged hospitalization and a need for surgical sternal revision. The increased utilization of resources, in terms of staff work-hours, use of materials, and infrastructure, results in higher health care costs. The limitations on the reimbursement of health care costs, especially in recent years, have heightened the importance of preventing post-sternotomy mechanical complications and the need to reduce mean hospitalization times whilst at the same time providing for the best patient recovery and subsequent quality of life. The Posthorax corset support stabilizes the sternum following sternotomy, relieves pressure on the suture wires and reduces pain when coughing and during rehabilitation, hence it should also decrease the mechanical post-sternotomy complications and mean hospital stay, improve the time to full patient recovery, and finally reduce health care costs.

Aim of Study:
This randomized prospective study intended to assess the prevention of post-sternotomy mechanical complications through the use of the latest generation Contenitive Posthorax corsets and analyze its impact on in-hospital recovery and hospitalization cost.

Methods:
From February 15th, 2010 to September 15th, 2014 we conducted a prospective, randomized study comparing two study groups: Group A which was comprised of 155 patients which underwent sternotomy and cardiac surgery and in which the Posthorax corset containment was used after the removal of the chest drains, for their entire hospitalization and Group B which was also comprised of 155 patients in which no corsets were used after sternotomy. Both groups had identical inclusion criteria which included at least one of the following recognized risk factors for post-sternotomy mechanical complications: diabetes mellitus, obesity, bilateral internal mammary artery (BIMA) harvesting and chronic obstructive pulmonary disease (COPD). The study variables recorded for both groups were: the need for reoperation for sternal mechanical complications/dehiscence, the degree of post-operative pain as measured by the Visual Analog Scale (VAS) score, the total amount of analgesic medication used during each patient’s hospitalization and also the number of requests for analgesic supplementation by the patients, the quality of life as measured by the EQ-5D test which was administered to patients at the moment of discharge, the duration of hospitalization (in days), the number of patients that were readmitted for post-sternotomy mechanical complications and their mean stay after readmission (in days). Exclusion criteria for both groups were: the removal of the chest drains after the 4th post-operative day, readmission to the intensive care unit and mechanical ventilation for any cause and re-operation for non-mechanical post-sternotomy complications such as: mediastinitis, infection of the sternum or of the sternotomy wound, and bleeding.
Results:
There were no cases of reoperation for mechanical sterna complication in Group A versus 7 cases in Group B. The overall use of analgesia was lower in Group A versus Group B but this difference did not reach statistical significance. However, a subgroup analysis demonstrated a significant decrease in analgesic use for the following subgroups: those of age < 70 years (p<0.05), patients with weight > 80kg (p<0.001) or with a BMI > 25 (p<0.02), males (p<0.05), those who underwent BIMA harvesting (p<0.01), and those with COPD (p<0.001). The number of requests for supplemental analgesia were significantly lower in Group A compared to Group B (p<0.001). The mean VAS score was significantly lower in Group A than in Group B (p<0.02), a difference which in the subgroup analysis was more pronounced in the following subgroups: those of age < 70 years (p<0.003), patients with weight > 80kg (p<0.001) or with BMI > 25 (p<0.001), males (p<0.005), those who underwent BIMA harvesting (p<0.001), and those with COPD (p<0.001). The EQ-5D test of post-operative quality of life demonstrated significantly better results in terms of freedom from pain (p<0.02), anxiety (p<0.5) and in walking limitation (p<0.03) in Group A compared to Group B. The differences in the ED-5Q scores were particularly statistically significant in the following subgroups: patients with weight > 80kg (p<0.001 for pain, p<0.003 for walking), those with BMI > 25 (p<0.001 for pain, p<0.002 for walking), those which underwent BIMA harvesting (p<0.001 for pain, p<0.001 for walking) and those patients with COPD (p<0.001 for pain, p<0.001 for walking). The average days of in-hospital stay were significantly lower in Group A (7 ± 2.7) versus Group B (12 ± 3.4, p< 0.02). In Group B 16, patients were readmitted for post-sternotomy mechanical complications versus 6 patients in Group A. The mean post re-admission hospital stay was significantly lower in Group A (8 ± 3.2 days) versus Group B (24 ± 7 days, p< 0.05).

Conclusions:
Our data clearly demonstrate that the latest generation Posthorax sternum support vest is effective in preventing post-sternotomy mechanical complications and in improving the recovery course and the patients' quality of life in the early post-operative period. Considering the reduction in post-operative in-hospital stay and in readmission rates, this study shows a 60.5% savings in the costs. The distribution of the saving costs along all of Group A patients allows for a 39% savings for each patient on in-hospital stay costs. In conclusion, on the basis of these data the use of the latest generation of Posthorax support vest should perhaps become mandatory for all post sternotomy patients for clinical, ethical, and economic reasons.
To schedule a presentation: info@posthorax.com
For more information: www.posthorax.com