**SURGICAL VENTRICULAR RESTORATION FOR DILATED ISCHEMIC CARDIOMYOPATHY IN THE ELDERLY**

**C.L. Athanasuleas1**, G.D. Buckberg2, The RESTORE Group

1University of Alabama at Birmingham, AL, 2University of California, Los Angeles, CA, USA

Background: This study evaluates the efficacy of surgical ventricular restoration, an operation to treat heart failure after anterior infarction, in elderly patients over 75 years old.

Methods: The RESTORE Group, an international team of cardiologists and surgeons, performed SVR in 1198 patients between 1997 and 2003. Of these, 149 patients (12.4%)were greater than 75 years old.

Results: Postoperative hemodynamic support by intra aortic balloon pump was applied in 13% and no other mechanical support modalities were used. Mortality at 30 days after operation was 13% ( 8% with CABG, and 21% if added mitral intervention). Ejection fraction improved from 31% to 39% (p<.001), and left ventricular end systolic volume index (LVESVI) fell from 88 to 60 ml/m2(p<.001). Overall 5 year survival was 63% by the Kaplan Meier method. Concomitant CABG yielded a 5 year survival of 71% compared to 55% among patients undergoing mitral valve intervention. NYHA functional class III and IV was present in 70% of patients preoperatively and in 20% postoperatively. Mean NYHA class improved from 3.0 to 1.9. Hospital readmission for CHF at 5 years was 15%.

Conclusions: Geometric rebuilding by SVR has been shown to provide excellent early and long term results in patients with CHF following anterior infarction and ventricular dilation. This improvement extends to the older than 75-year-old subgroup with higher age related risk. The 5 year findings show improved systolic function, reduced LV volume, uncommon CHF readmissions, and most importantly, improved quality of life as evaluated by NYHA functional class.