

## Rethinking EuroSCORE – how can we redefine surgical risk to diminish intraoperative complications

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Since its introduction 10 years ago on the initiative of Mr. Samer Nashef, a cardiac surgeon of Papworth Hospital in Cambridge, UK, the European System for Cardiac Risk Evaluation EuroSCORE, has been increasing its applicability.

Despite the fact that the current EuroSCORE scale overestimates the risk level, it is still systematically used in

making decisions as to the method of treatment. The selection of the type of revascularisation (PCI vs. CABG) in a patient with ischemic heart disease is conditioned, first and foremost, by the status of coronary arteries, the number and type of affected arteries and heart efficiency. However, it is EuroSCORE that enables us to estimate more precisely the risk level, taking into consideration additional factors, such as concomitant diseases; this stimulates the cardiologists and cardiac surgeons to pay particular attention to high risk patients with past and concomitant diseases. We

also know that it is much better, for both the patient and the surgeon, to perform elective rather than rescue or emergency surgery, whenever possible.

It is good that the database will be updated, taking into account also the data coming from Polish cardiac surgery centers, so that the postoperative in-hospital death risk can be re-evaluated based on a more representative European population of patients. It can be expected that by introducing reliable data subjected to external audits, we will gain a more precise risk model.

EuroSCORE re-evaluation is immensely important and needed. As we operate growing numbers of elderly diseased patients, we – doctors – more and more frequently face the very difficult and important issue of choosing the safer method of treatment.

That is why on behalf of Dr. Samer Nashef and on my own behalf, I invite Polish cardiac surgeons and cardiologists to participate in this important European project.