

Quality of life of children after surgical treatment of aortic coarctation

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Introduction: children and teens after surgical treatment (coarctation of the aorta) make up a special group of patients (grown-up congenital heart disease) (GUCH), who need constant supervision and specialized help with the aim of the complete restoration and preservation of health over the years. The quality of life is an integral characteristic feature of the physiological, psychological and social functioning of a healthy and sick person, which is based on their subjective perception. Data about the quality of life of children and adolescents after correction of aortic coarctation remain rather contradictory up to the present time.

Methods: Pediatric Quality of Life Inventory™ Cardiac Module 3.0 questionnaire (PedsQL Cardiac Module). 56 children after surgical treatment of aortic coarctation took part: boys – 42, girls – 14. Age between 10 and 15 years old.

Results: 37 patients (66.07%) considered their lives to be full, 26.79% (15 people) – inferior, 7.14% (4 children) found it difficult to answer. All the patients reported that their physical activity was limited by doctors and parents. 25 (44.64%) of respondents pointed out the presence of communication problems and psychological difficulties; 42 people (75.00%) noticed hyperguardianship on the part of their parents. 16.07% (9 patients) suffered from arterial hypertension, in connection with this fact the use of antihypertensive drugs, constant monitoring of blood pressure, certain instrumental examinations with a prescribed frequency were necessary. All the above-mentioned factors created psychological difficulties for patients; 15 (26.79%) respondents complained of the deterioration of well-being in the form of cardialgia, headaches, poor exercise tolerance; 10 (17.85%) patients experienced learning difficulties preconditioned by the congenital heart disease.

Conclusions: despite the satisfactory results of the surgical treatment, patients showed a decrease in the quality of life owing to various factors. The most significant were: deteriorating quality of life, limited physical activity, constant monitoring by parents, obtaining medical treatment and the necessity for regular consultations with doctors.