Results of Batista Procedure in Ischemic Dilated Cardiomyopathy


From March 1995 to April 1998, 24 men and 5 women (mean age, 62.2 ± 10 years) underwent the Batista procedure for end-stage cardiac dysfunction due to ischemic dilated cardiomyopathy. Preoperatively, mean cardiac index was 1.9 ± 0.3 L min$^{-1}$ m$^{-2}$, stroke index was 25 ± 5 mL beat$^{-1}$ m$^{-2}$, ejection fraction was 20% ± 6%, and 22 (79%) patients were in New York Heart Association functional class IV. Associated procedures were coronary bypass (25), mitral valvuloplasty (15), aortic or mitral valve replacement (5), dynamic cardiomyoplasty (2), and aneurysmectomy (1). One patient (3.4%) died early and 3 (10.3%) died later. The 1- and 2-year actuarial survival was 87%. A left ventricular assist device was required in 2 patients during the follow-up period. Postoperatively, cardiac index was 2.9 ± 0.3 L min$^{-1}$ m$^{-2}$, stroke index was 36 ± 5 mL beat$^{-1}$ m$^{-2}$, and ejection fraction was 38% ± 10%. Left ventricular end-diastolic diameter decreased from 71 ± 8 mm to 55 ± 8 mm. Currently, 88% of survivors are in functional class I or II. It was concluded that the Batista procedure significantly improved objective and subjective parameters of cardiac performance during early and intermediate follow-up.