Does Noninvasive Ventilation Before and After Cardiac Surgery Prevent Pulmonary or Heart Failure?



STUDY DESIGN

- Prospective, randomized, monocentric trial of 216 adult patients at risk of postoperative cardiac or pulmonary failure
- Randomized to receive noninvasive ventilation (NIV) for 5 days prior to and after surgery vs standard care

HIGH RISK:

BMI > 30 COPD stage I-III Total lung capacity < 80% Ejection fraction < 55% Hypoventilation syndrome or OSA not on NIV

| Cardiorespiratory Failure at 1 Month | | | |
|--------------------------------------|---------------------------|-------|---------------------------|
| Ρ | atients on NIV | | Patients in control group |
| 55.1% | | | 79.8 % |
| Relative risk, 0.69 (0.57-0.84) | | | |
| | | NIV | STANDARD CARE |
| | Cardiorespiratory failure | 55.1% | 79.8% |
| | Acute respiratory failure | 16.8% | 45% |
| | Acute heart failure | 9.3% | 8.3% |
| | Postoperative cough | 18.6% | 79.2% |

RESULTS

The results of this study indicate that the use of NIV before and after cardiac surgery reduces the rate of cardiopulmonary failure after high-risk cardiac surgery.

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