

## COMPARISON OF RETURN TO WORK AT ONE YEAR AFTER STENTING OR CORONARY ARTERY BYPASS SURGERY.

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### INTRODUCTION

Coronary heart disease can cause premature disability resulting in socio-economic issues. A better understanding of return to work (RTW) and quality of life after percutaneous coronary intervention (PCI) and coronary artery bypass grafting (CABG) may help inform patients better, and could provide matrices for patients and physicians to understand longer term social outcomes.

### OBJECTIVES

The aim of this study was to determine return to work (RTW) rates, time taken to RTW, and to evaluate the predictive factors of return to work, for the subgroup of professionally active patients aged less than 60 years, treated either with PCI or CABG.

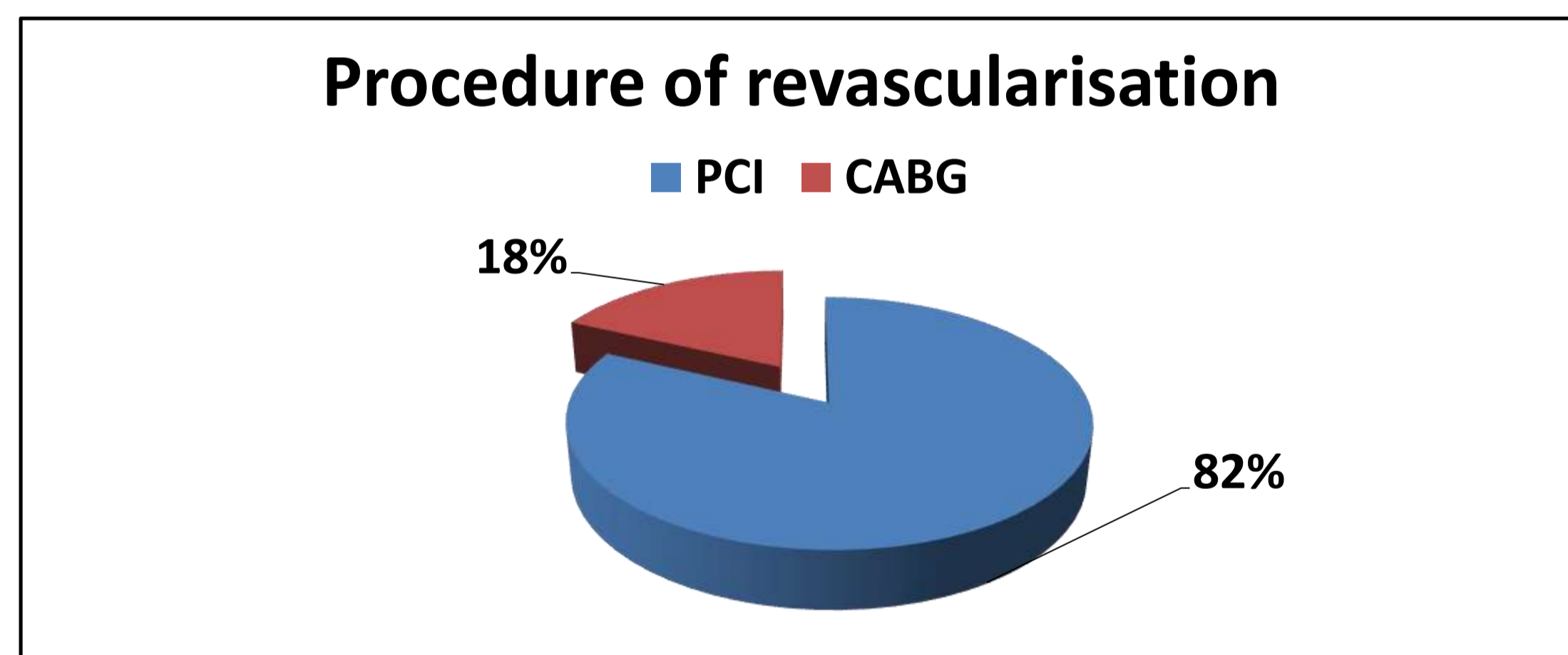
### METHODS

A descriptive cross-sectional study of active patients aged less than 60 years, followed for acute coronary syndrome in a cardiology department between 2019 and 2021 and who underwent PCI or CABG. The medical data were collected from the hospitalization records. In addition, socio-demographic and Occupational characteristics were collected using a questionnaire addressed to patients.

### RESULTATS

#### ➤ The demographics and procedural characteristics

78 patients were employed pre-procedure:  
64 patients (82%) underwent PCI and 14 patients (18%) underwent CABG. The median age was 52,39±5 years and there were 76 males and two females.



#### ➤ Return to work:

The return to work rate was 69.4%. Of these 44 (56,4%) PCI and 10 (12,8%) CABG. There was no significant difference between PCI and CABG patients in RTW nor in long term employment (p=0,401).

#### ➤ Time taken to return to work:

The median time taken to RTW was 53.5±40 days (6,14 weeks after PCI and 17,59 weeks after CABG, p=0.001).

#### ➤ Factors influencing return to work:

Return to work was associated with age under 50 years (p=0.013) and work in the public sector (p = 0.017). In addition, physical workload (p=0.003), shift work (p=0.018) and the existence of complications including heart failure (p=0,001) and rhythm disorders (p=0.007) were strongly associated with no return to the professional activity. However, type of revascularisation procedure was not associated with RTW after acute coronary syndrome (p=0.185).

Factors Influencing RTW	P
Age < 50 years	0,013
Work in the public sector	0,017
Physical work load	0,003
Shift Work	0,018
Existence of complications (Heart failure)	0,001
Rythm disorder	0,007
Type of revascularisation	0,185

#### Quality of life:

There were no significant differences in self-reported procedures at median follow up health state scores between PCI and CABG.

### DISCUSSION

- Restoration of normal social-economic functional capacity, particularly RTW, after stenting or coronary artery bypass surgery is important but under researched.
- The impact of revascularisation procedure on RTW and quality of life, was the purpose of this study since all things being equal, socioeconomic factors could influence decision making around choice of procedure.
- Similar to previous studies, we have confirmed that in the contemporary era patients RTW sooner after PCI than after CABG, but long-term employment is similar after the two procedures.

### CONCLUSION

- In this study comparing return to work after PCI or CABG indicates that RTW is similar for PCI or CABG, albeit the number of patients was small.
- There are differences, however in delay of return to work
- Return to work after PCI or CABG depends essentially on socio-professional factors and heart complications.

### REFERENCES

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