



Perioperative Psychiatric Follow-Up In Cardiovascular Surgery

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INTRODUCTION

Cardiac surgeries are among the highest psychiatric comorbidities in surgical interventions. Individuals with cardiac diseases often present every day behaviors that places them under a high risk group to begin with. These patients may need psychotherapeutic interventions due to their high probability of uncontrolled smoking and alcohol use, non-compliance with necessary regimen rules, and demonstrating Type A behavioral characteristics (competitive, perfectionist, hasty). Increased stress due to invasive cardiac procedures can cause of anxiety or depressive disorders in the preoperative period.

Additionally, the surgical intervention itself can result in psychiatric complications. Neurological damage is a significant complication of cardiac surgeries. Postoperative cognitive dysfunction, depression, anxiety disorders, and post-traumatic stress disorder can develop due to the stress created by the surgical intervention and neurological damage. Although its etiology not entirely explicable, it is thought that cerebral hypoperfusion and impairment of oxygenation, microemboli, and systemic inflammatory responses may play a role in neurological damage (1). Identified risk factors for the emergence of psychiatric comorbidities in the postoperative period are age, preoperative cognitive functions and cognitive reserve (2) and the presence of pre-disease psychiatric disorders (3).

Throughout this section, the connection between the perioperative period of cardiac surgeries and mental disorders and the possible mental interventions will be discussed.

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