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GUEST EDITORIAL

About a quarter of a century ago the heart was considered to be an untouchable organ for operation by the people and most of the doctors in Pakistan. However Cardiac Surgery started in the late 70's with a lot of logistic problems and a high rate of mortality/morbidity. In a short span of five years, as a result of the untiring efforts, dedication and hard work of pioneer Cardiac Surgeons, the science and art of Cardiac Surgery was well established in three major centres namely Karachi, Lahore and Rawalpindi.

In the following decade (1980-1990) Cardiac surgery improved both qualitatively and quantitatively. During this period majority of the patients were of chronic Rheumatic Valvular and Congenital Heart diseases whereas coronary artery disease was at a lower level.

In 1990 to 2000 the services for Cardiac Surgical patients further improved by having more Cardiac Institutes like Armed Forces Institute of Cardiology (A.F.I.C), Rawalpindi, Punjab Institute of Cardiology (P.I.C), Lahore, Cardiac and Thoracic Surgery unit at the Lady Reading Hospital (L.R.H), Peshawar. Along with the countries largest and pioneer cardiac surgery unit, the National Institute of Cardiovascular Diseases (N.I.C.V.D.) at Karachi.

Since the last decade the nation is facing a major threat of an epidemic of coronary artery disease particularly in the younger age group. In Pakistan coronary artery bypass surgery started in the early 80's. These patients were mostly above 50 years of age and from urban areas like those of U.S.A. and Europe. However over the last 20 years the coronary artery disease patients age rapidly dropped to the younger age group so much so that at present the majority of patients requiring CABG surgery are in the age range of 40-50 years. It is feared that unless awareness is created among the public this disease may even be seen in college students in the coming decade. The coronary artery disease affects the elite population of the nation such as intellectuals, business executives, doctors, landlords etc. from both urban and rural areas. This rapid increase in young patients of coronary artery diseases in addition to the known risk factors is most probably related to socio-economic problems such as population explosion, environmental hazardous, unbalanced rich diet, lack of exercise and stress/tension factor. Most of these risk factors can be prevented by individual efforts as well as government efforts at a national level. At the same time there is a great demand for more Cardiac Institutes for the treatment of a large patient population suffering from the coronary artery disease.

In order to achieve this target the government should establish more Cardiac centres in most of the major cities and encourage the private sector to do the same for the ever- increasing number of coronary artery diseases patients.

Prof. Muhammad Rehman