

Occipital infarcts in post-CABG period create a new challenge in rehab recovery course: A Case Report



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Case Diagnosis

A 74-year-old male admitted to acute rehab after CABG complicated by bilateral occipital lobe infarcts.

Case Description

A 74-year-old male was admitted to the acute rehabilitation unit following an elective CABG with the subsequent development of profound vision deficits in the immediate postoperative period as a result of bilateral acute occipital lobe ischemic infarcts. The patient's rehabilitation course was complicated by his ocular challenges, most specifically with improvement in his iADLs. Neuro-ophthalmology performed a full visual field screening while inpatient and the patient was diagnosed with bilateral inferior central scotomas as was noted by the inpatient occupational therapy visual assessment as well. From a cardiac rehabilitation perspective, the patient made impressive physical and cardiac recovery leading to his discharge from acute rehab to home. However, follow up with the patient 3 months later in the outpatient rehab clinic revealed persistent visual deficits requiring close follow-up with occupational therapy and a low vision optometrist.

Discussion

While the patient was admitted for intensive acute rehabilitation following a CABG with a focus on cardiac recovery, this patient's visual deficits presented unique challenges in addition to his debility. Visual deficits are a rare but known complication of CABG and other open-heart surgeries and result in increased fall risk, requiring significant assistance with medication and financial management, requiring increased lighting and contrast enhancement, as well as better organization. On discharge, these patients require low vision optometry assessment for appropriate optical assistive devices and continue to follow up with occupational therapy for instruction in the proper use of such optical devices, as well as environmental modifications to provide safety.

Conclusion

In a patient suffering from cardiac debility with superimposed acute visual deficits, the interprofessional rehabilitation team must work together to create a treatment plan and the goals must be individualized and adapted accordingly to ensure the best patient outcome.

References:

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