

ARTIFICIAL INTELLIGENCE FOR PREDICTING OUTCOMES OF CARDIAC SURGERY AND EARLY DETECTION OF HEART DISEASES THROUGH ECG SIGNAL ANALYSIS

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Abstract: Artificial intelligence (AI) is increasingly transforming modern cardiovascular medicine by improving diagnostic accuracy, clinical decision-making, and patient outcomes. In cardiac surgery, AI-based predictive models can analyze large volumes of clinical, demographic, laboratory, and imaging data to estimate the probability of postoperative complications, mortality, prolonged hospitalization, and recovery success. Machine learning algorithms, including artificial neural networks, decision trees, support vector machines, and deep learning methods, provide more accurate predictions than traditional statistical approaches. These technologies enable surgeons and clinicians to identify high-risk patients before surgery and optimize individualized treatment strategies.

At the same time, AI has become an effective tool for the analysis of Electrocardiography signals. Deep learning models can automatically detect subtle abnormalities in cardiac rhythms and waveform morphology that may be difficult to recognize through conventional interpretation. AI-assisted ECG analysis contributes to the early diagnosis of serious cardiovascular diseases such as Arrhythmia, Atrial Fibrillation, Myocardial Infarction, Coronary Artery Disease, and Heart Failure. Early detection allows timely intervention, reduces the risk of severe complications, and increases long-term survival rates.

This article examines the current applications of AI in predicting cardiac surgery outcomes and in ECG-based early detection of heart diseases. Particular attention is given to machine learning algorithms, data preprocessing techniques, clinical effectiveness, and the challenges associated with implementing AI in healthcare systems. The study demonstrates that integrating AI into cardiovascular diagnostics and surgery has significant potential to improve patient safety, enhance treatment quality, and support the development of personalized medicine.

Keywords: artificial intelligence, machine learning, deep learning, cardiac surgery, outcome prediction, Electrocardiography signal analysis, cardiovascular diseases, early diagnosis, Arrhythmia, Atrial Fibrillation, Myocardial Infarction, predictive modeling, personalized medicine

Introduction: Cardiovascular diseases remain the leading cause of mortality worldwide and represent a major challenge for modern healthcare systems. According to the World Health Organization, millions of people die every year from heart-related disorders, including Coronary Artery Disease, Heart Failure, Myocardial Infarction, and Arrhythmia. The increasing prevalence of these conditions, combined with population aging and unhealthy lifestyles, has created a growing demand for more accurate diagnostic and prognostic technologies.

Cardiac surgery plays an essential role in the treatment of severe cardiovascular disorders. Surgical procedures such as coronary artery bypass grafting, valve replacement, and congenital heart defect correction can significantly improve patient survival and quality of life. However, despite advances in surgical techniques and perioperative care, postoperative complications and mortality remain important concerns. Predicting the outcome of cardiac surgery is difficult because it depends on multiple factors, including the patient's age, medical history, comorbidities, laboratory findings, imaging results, and intraoperative parameters. Traditional risk assessment systems often rely on limited statistical models and may not fully capture the complex relationships among these variables.

Artificial intelligence has emerged as a promising solution for improving the prediction of cardiac surgery outcomes. AI systems can process large and heterogeneous datasets, identify hidden patterns, and generate highly accurate predictions. Machine learning methods such as logistic regression, random forests, support vector machines, and artificial neural networks are increasingly used to estimate the risk of postoperative complications, prolonged hospitalization, readmission, and mortality. More advanced deep learning approaches can analyze nonlinear relationships within clinical data and provide personalized predictions for individual patients. As a result, AI can assist clinicians in identifying high-risk patients before surgery and in selecting the most appropriate treatment strategies.

At the same time, AI has significantly changed the field of cardiac diagnostics through the analysis of Electrocardiography signals. ECG is one of the most widely used and cost-effective methods for evaluating cardiac function. It provides important information about heart rhythm, electrical conduction, and myocardial activity. However, conventional ECG interpretation often depends on the experience of physicians and may fail to detect subtle abnormalities in the early

stages of disease. Recent developments in machine learning and deep learning have enabled automated ECG analysis with high sensitivity and specificity.

AI-based ECG systems can detect complex waveform patterns associated with various cardiovascular disorders. These systems have demonstrated strong performance in identifying Atrial Fibrillation, Ventricular Tachycardia, Myocardial Infarction, Coronary Artery Disease, and early signs of Heart Failure. Convolutional neural networks and recurrent neural networks are particularly effective because they can automatically extract relevant features from raw ECG signals without extensive manual preprocessing. This capability makes AI useful not only in hospitals but also in wearable monitoring devices and remote healthcare systems.

The integration of AI into cardiac surgery and ECG analysis represents an important step toward personalized and predictive medicine. By combining clinical information, imaging findings, and physiological signals, AI technologies can support more informed medical decisions and improve patient outcomes. Nevertheless, several challenges remain, including limited data quality, lack of standardized datasets, interpretability of AI models, ethical concerns, and data privacy issues. Addressing these challenges is necessary to ensure the safe and effective implementation of AI in cardiovascular medicine.

The purpose of this article is to examine the role of artificial intelligence in predicting cardiac surgery outcomes and in the early detection of heart diseases through ECG signal analysis. The study discusses the main machine learning methods, their clinical applications, advantages, limitations, and future perspectives in modern cardiovascular healthcare.

Results and Discussion

The analysis of recent studies demonstrates that artificial intelligence significantly improves the prediction of cardiac surgery outcomes. Machine learning models trained on preoperative and intraoperative variables showed better performance than conventional statistical scoring systems. The most commonly predicted outcomes included postoperative mortality, intensive care unit stay, prolonged hospitalization, need for mechanical ventilation, and postoperative complications such as bleeding, infection, and arrhythmias.

Among the investigated algorithms, random forests, gradient boosting methods, and artificial neural networks achieved the highest predictive accuracy. These models were able to identify nonlinear interactions between variables that are usually missed by traditional risk calculators. In several studies, the predictive performance of AI systems reached an area under the receiver operating characteristic curve between 0.80 and 0.95, indicating strong discrimination

between high-risk and low-risk patients. A systematic review of congenital cardiac surgery studies reported AUC values ranging from 0.52 to 0.997, with most AI models outperforming standard risk assessment methods.

The results also indicate that the most influential predictors of poor postoperative outcome include advanced age, reduced left ventricular ejection fraction, diabetes mellitus, chronic kidney disease, previous myocardial infarction, duration of surgery, cardiopulmonary bypass time, and postoperative inflammatory markers. AI models processed these heterogeneous variables simultaneously and generated individualized predictions for each patient. This capability supports personalized medicine and may help clinicians optimize surgical planning and perioperative care.

A particularly important finding is the growing role of deep learning in the analysis of ECG signals. Convolutional neural networks and recurrent neural networks demonstrated excellent ability to classify raw ECG waveforms without manual feature extraction. These systems successfully identified abnormal rhythm patterns and subtle morphological changes associated with early cardiovascular disease.

AI-assisted ECG analysis showed particularly high diagnostic accuracy for detecting Atrial Fibrillation, Ventricular Tachycardia, Myocardial Infarction, and early-stage Heart Failure. Studies based on deep learning reported sensitivity values above 90% for many arrhythmias and structural heart diseases. A recent meta-analysis found that AI models analyzing ECG signals for sudden cardiac death prediction achieved sensitivity between 0.87 and 0.96, specificity between 0.91 and 0.99, and an AUC as high as 0.99 when ECG segmentation methods were used.

More advanced transformer-based architectures have further improved diagnostic accuracy. Recent research using the Swin Transformer combined with ECG signal processing demonstrated highly accurate identification of cardiac abnormalities by recognizing subtle changes in ST segments, QT intervals, and T-wave morphology. These findings suggest that transformer models may become more effective than conventional convolutional approaches in future cardiovascular diagnostics.

AI-based ECG systems were also effective in predicting future disease before clinical symptoms appeared. For example, early signs of Heart Failure could be detected in apparently normal ECG recordings. Similarly, AI models identified patients at risk of postoperative Atrial Fibrillation after cardiac surgery, allowing preventive measures to be initiated before complications developed.

The growing use of wearable devices and remote monitoring systems further expands the clinical value of AI-based ECG analysis. Smartwatches, portable ECG monitors, and home-based diagnostic systems can continuously collect cardiac data and transmit it to cloud-based AI platforms. This enables earlier diagnosis of cardiovascular abnormalities and reduces the need for frequent hospital visits. Recent developments suggest that home ECG systems may soon provide automated, color-coded interpretation of heart disease risk and improve access to screening in remote areas.

Despite these promising results, several limitations remain. Many AI models are developed using small, single-center datasets and may not generalize well to other patient populations. The lack of standardized ECG databases, differences in signal quality, and missing clinical information can reduce model reliability. In addition, deep learning systems often function as “black boxes,” making it difficult for clinicians to understand why a particular prediction was generated. This limited interpretability may reduce physician trust and delay clinical adoption.

Another challenge is the ethical and legal management of medical data. AI systems require large datasets containing sensitive patient information, which raises concerns about privacy, cybersecurity, and informed consent. Furthermore, if the training data are biased, the resulting model may produce inaccurate predictions for certain demographic groups.

Overall, the findings demonstrate that artificial intelligence has substantial potential to improve both cardiac surgery outcome prediction and early heart disease detection through ECG analysis. However, further multicenter studies, external validation, transparent algorithms, and international clinical standards are required before these technologies can be fully integrated into routine cardiovascular practice.

Conclusion

Artificial intelligence has become one of the most promising technologies in modern cardiovascular medicine. The findings discussed in this study demonstrate that AI-based systems can significantly improve the prediction of cardiac surgery outcomes and the early diagnosis of heart diseases through the analysis of Electrocardiography signals. By processing large volumes of clinical, laboratory, and physiological data, machine learning and deep learning models provide more accurate and individualized predictions than traditional statistical approaches.

In the field of cardiac surgery, AI enables the identification of patients at high risk of postoperative complications, mortality, prolonged hospitalization, and poor recovery. Such predictive capability supports better surgical planning, more effective perioperative management, and improved allocation of healthcare

resources. At the same time, AI-assisted ECG analysis allows the early detection of serious cardiovascular disorders, including Atrial Fibrillation, Myocardial Infarction, Coronary Artery Disease, and Heart Failure, even before clinical symptoms become apparent.

The integration of AI with wearable devices, telemedicine platforms, and remote monitoring systems further expands its practical value. Continuous ECG monitoring and automated interpretation may increase access to cardiovascular screening, especially in remote and underserved regions. These technologies also support the transition toward personalized and preventive medicine.

Nevertheless, the implementation of AI in cardiovascular healthcare still faces several important challenges. Limited dataset quality, lack of standardized clinical databases, insufficient model transparency, and ethical issues related to privacy and data security remain major obstacles. In addition, AI models must be externally validated in diverse patient populations to ensure reliability and fairness.

In conclusion, artificial intelligence has the potential to transform both cardiac surgery and cardiovascular diagnostics. Future research should focus on developing more interpretable algorithms, creating large multicenter datasets, and establishing international standards for the safe and effective use of AI in clinical practice. With continued technological progress and appropriate regulation, AI may become an essential component of next-generation cardiovascular medicine.

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