

Outcome of Patients Who Were Presented For, But Did Not Undergo Coronary Artery Bypass Graft Surgery

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Objective:

The objective of this study was to evaluate the outcome of patients who were presented for but did not undergo coronary artery bypass surgery.

Materials and Methods:

Between 1998-2002, 1459 patients underwent cardiac surgery in the department of Cardiothoracic Surgery, Soroka Medical Center. During this period, 81 patients were presented for but refused to undergo coronary artery bypass surgery. A thorough follow up was done on these patients. Mean follow up period was 4 years.

Results:

Most of these patients were treated medically with statins, beta blockers, plavix, and ACE inhibitors. During the follow up period, 74.9% of the patients suffered from one or more of the following: mortality (37.7%), unstable AP, MI, or a decrease in LV ejection. The mean time to the appearance of one of the above was 1.14 years. 28% underwent additional cardiac catheterization, and 22% underwent eventually CABG. There was a significant survival difference between patients with triple vessel disease and LV dysfunction to other patients (cardiac death – $p=0.016$, total mortality – $p=0.038$). Peripheral vascular disease was also a risk factor for early mortality in this group of patients – (cardiac death – $p=0.146$, total mortality – $p=0.004$). Male gender and diabetes showed a non significant tendency to early mortality. Older age and unstable AP at the time of presentation were not associated with earlier mortality. We found high correlation (79.9%) between LV function at presentation and during follow up. There was a reversed correlation between euro score at presentation and early mortality (3.74).

Conclusion:

Outcome of patients who are presented for CABG surgery is not favorable without the operation even with the nowadays maximal medical treatment. Patients with triple vessel disease, PVD, diabetes, and high euro score are in higher risk.