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Carotid Stenting Followed by Immediate CABG in Patients with Unstable Angina; Early Experience and Mid Term Follow Up.

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Introduction: Carotid revascularization is sometimes needed before CABG in order to reduce post CABG neurologic complications. However the timing and mode of carotid revascularization before CABG has not yet been determined.
Aim: We tested a hybrid revascularization approach of carotid stenting (CAS) followed by immediate on- pump CABG in pts with triple vessel coronary artery disease presented with unstable angina. Post CABG immediate complications and 30 days follow up are presented.
Matreial & Methods During the last years 41 pts underwent CAS in our institute. Among them 3 pts (mean age of 56±8 year with unstable angina needed urgent coronary revascularization. All pts showed TVD with significant (>80%) internal carotid artery narrowing. One patient suffered from a TIA. The other two were asymptomatic. CAS followed by CABG were performed according to the standard practice in a time interval of 24-48 hours. Post stenting anticoagulation regimen was LMWH (1mg/kg twice a day) and Aspirin (100mg/day).Clopidogrel 300 mg as a loading dose followed by 75 mg /day for 1 month was initiated 6 hours post surgery via gastric tube in the post –operative cardiac care unit.
Both cardiac and neurological status (modified Rankin scale) were evaluated daily after CABG until hospital discharge and every 3 month by a cardiologist or family practitioner.
Results: No death, acute MI, minor or major strokes were reported in hospital or during follow up.
Conclusions: Immediate CABG post CAS in pts with unstable angina is feasible and relatively safe. Large prospective studies are needed for verify this hybrid therapeutic approach.