

The Changing Face of CABG Over 20 Years: A Single Center Experience

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Introduction:

Coronary artery bypass (CABG) is the preferred procedure for complete revascularization in patients with multi-vessel coronary artery disease. We analyzed early outcomes and late survival in patients undergoing CABG at our center over a 20 year period.

Methods:

Between 1993-2012, 4913 patients underwent CABG with or without concomitant procedures. A retrospective analysis was performed to determine early outcomes and long-term survival.

Results:

Isolated CABG was performed in 3950 (80%). Patients are now older ($p=0.002$) and the incidence of concomitant procedures increased from 20% to 61% ($p<0.0001$). Predicted operative mortality increased ($p<0.0001$) although observed mortality remained the same ($p=0.5$). Long-term survival was reduced in patients requiring concomitant procedures ($p<0.0001$) and in patients with reduced LV function ($p<0.0001$). Survival after isolated CABG is 86% and 70% at 5 and 10 years respectively. Late survival was affected by age and co-morbid conditions. Reduced LV function and the presence of preoperative MR emerged as cardiac predictors for late mortality.

Conclusions:

Patients undergoing CABG are older and have more extensive co-morbidity. Despite this, operative mortality has not increased. Long-term survival is affected by age, LV function and co-morbid conditions.

