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OFF PUMP CABG IS SUPERIOR FOR THE HIGH RISK PATIENT

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Objective: The aim of this retrospective study was to compare the outcome following off pump CABG (OPCAB) with on pump CABG (CCAB) in the high risk group which comprised of severe left ventricular dysfunction (ejection fraction <0.25), advanced age (>70 yrs.), reoperative CABG, severe systemic disease, preoperative hemodynamic instability and atheromatous aorta.

Method: Between January 1998 through December 2001, a total of 12,774 CABGs were performed, 5463 were OPCABSs and 7311 CCABs. Of these 1641 (30.0%) undergoing OPCAB and 2325 (31.8%) undergoing CCAB constituted the high risk group. The demographic profile was comparable in the two groups.

Results:

Variables	OPCAB Group n=1641 (%)	CCAB Group n=2325 (%)	P value
Mean no. of Grafts	3.16 ± 0.71	3.21 ± 0.87	<0.001
Postop inotropes	36 (2.2)	131 (5.6)	<0.001
Blood & blood product transfusion	502 (30.6)	1054 (45.2)	<0.001
Postoperative IABP	21 (1.3)	74 (3.2)	<0.001
Reop for bleeding	13 (0.8)	65 (2.8)	<0.001
Stroke	10 (0.6)	26 (1.1)	0.135
Prolonged ventilation	74 (4.5)	181 (7.8)	<0.001
Renal dysfunction	21 (1.3)	49 (2.1)	0.068
ICU stay in hrs. (mean± SD)	20 ± 8	36 ± 9	<0.001
Operative mortality	46 (2.8)	86 (3.7)	0.144
Hospital stay in days (mean± SD)	6 ± 3	8 ± 4	<0.001

Conclusions: Off pump CABG is a safer alternative in the high risk group, with lower morbidity, mortality, shorter hospital stay and lower cost.