Beating Heart CABG leads to Better Outcomes for Patients with Chronic Kidney Disease

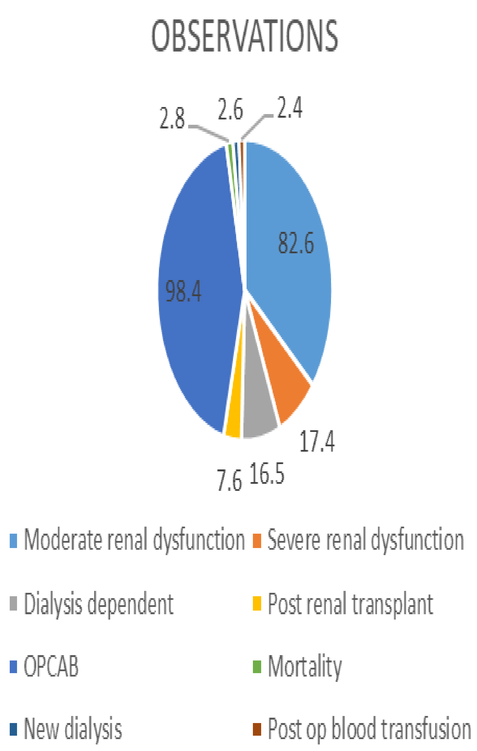
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Coronary artery bypass grafting (CABG) in patients with chronic kidney disease (CKD) is associated with higher procedural mortality and postoperative morbidity but better long term survival than PCI or medical therapy.

Methods & Materials:

Retrospective assessment of preoperative, intraoperative and postoperative parameters of all consecutive patients with non-dialysis or dialysis dependent renal dysfunction undergoing CABG



Results:

- 112 consecutive patients with significant renal dysfunction with mean age 59± 6.2 years.
- Mean serum creatinine was 2.5± 1.4 mg/dl and mean eGFR was 35.9 ± 7.3 ml/min.
- 82.6 % had moderate renal dysfunction and 17.4 % had severe renal dysfunction by eGFR criteria.
- 16.5% of patients dialysis dependent, while 7.6% were post renal transplant.
- 98.4% patients under OPCAB
- In hospital mortality was 2.8%
- Newer dialysis requirement in 2.6% of patients.
- Only 2.4 % required post-operative blood transfusion

Conclusion:

- Teamwork for Preoperative assessment, preparation, operative and postoperative care with adherence to strict protocols by a team of surgeons, anaesthetists and nephrologists is key to achieving good results in this fragile subset of patients
- OPCAB reduces perioperative blood loss, and ICU stay.
- Our outcomes were significantly better compared to earlier reported series.

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