

MEETING ABSTRACT

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Comparison of long-term outcomes between Off-Pump CABG and conventional CABG

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Background/Introduction

There has been controversy surrounding the late outcomes of Off-Pump Coronary Artery Bypass (OPCAB).

Aims/Objectives

The aim of this study was to compare the early and long-term outcomes of OPCAB with those of conventional CABG (c-CABG).

Method

This retrospective study was based on data from 183 patients who underwent CABG between January, 2000 and December, 2005. OPCAB was performed in 102 patients and c-CABG in 81. The mean follow-up duration was 107 months. The end-points of long-term results were overall death, freedom from cardiac death and major adverse cardiac events (MACE). We expressed the Kaplan-Meier survival curve, and determined the independent predictors for risk factors of mortality using multi-variate analysis.

Results

Four patients in c-CABG group died of low cardiac output syndrome and CVA. There was no operative mortalities in OPCAB group ($p = .023$). Bleeding requiring reopening (5:1, $p = .05$) and CVA (3:0, $p = .05$) occurred more frequently in c-CABG group than OPCAB group. The completeness of follow-up was 83.8%.

Late deaths occurred in 26 patients (11 [18.0%] in c-CABG group, 15 [16.9%] in OPCAB group). The causes of death were cancer, CVA, cardiac and sepsis.

Revascularization was performed more frequently in OPCAB group than in c-CABG group (14:5, $p = .297$). Five-year overall survival, freedom from cardiac death

and MACE in c-CABG and OPCAB groups were 90.2 vs 96.6 %, 98.4 vs 100 %, and 91.8 vs 85.4 %, respectively. Ten-year survival estimates were 82.0 vs 83.1 %, 96.7 vs 96.6 %, and 88.5 vs 83.1 %, respectively. There were no statistical significance between 2 groups' survival ($p = .743$ in overall survival, $P = .813$ in free from cardiac death, and $p = .305$ in free from MACE). Age was an independent predictor for mortalities ($p = 0.000$).

Discussion/Conclusion

OPCAB showed the better operative mortality and complication rates, and the higher revascularization rate, compared with c-CABG. Nevertheless, the survival indices did not reveal the statistical significance between 2 groups.

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