Patients (n) 513 1057 70

Perioperative Strokes

Stroke Perioperative Mortality (1 year) 25% 54.5% 50%

Non-Stroke Perioperative Mortality (30 days) 1.2% 3.1% 10%

These data confirm the direct relationship between perioperative mortality and increasing age and the increased incidence of P-CVA following P-CABG in the octogenarians. The data also document that P-CVA in patients over the age of 60 years is associated with a marked increase in mortality in comparison to P-CVA in younger patients.

11:00

THE RIGHT GASTROEPIPLOIC ARTERY GRAFT: FIVE YEAR EXPERIENCE---

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To bypass coronary arteries with more arterial grafts, the right gastroepiploic artery (GEA) has been utilized in 130 patients from March 1986 to August 1990. There were 111 males and 19 females with the mean age of 58 years old (34-80 year old). Ninety nine patients (76%) had triple vessel disease and 10 coronary reoperations were included. The mean preoperative left ventricular ejection fraction was 0.53 to 0.76. GEA was anastomosed to 5 anterior descending, 3 diagonal, 16 circumflex arteries that did not require revision were noted. Average flow in grafts with anastomotic angiographic abnormalities was 34 cc/min versus 41 cc/min in the remaining grafts. Low graft flow, <200 cc/min, correlated with poor angiographic distal runoff rather than angiographic abnormalities. No complications occurred as a result of angiography. No graft closure occurred by clinical criteria during early followup. Intraoperative angiography can be done with minimal alteration of the usual procedure. The occurrence of minor angiographic abnormalities found did not appear to compromise initial graft flow or early patency.