

STATUS OF CORONARY ARTERY SURGERY IN THE PRESENT SCENARIO

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- The biggest threat today to patient care is the increasingly inappropriate (non evidence-based) use of **percutaneous coronary intervention (PCI)** rather than **Coronary artery bypass grafting (CABG)** in patients with *multivessel* and *left main disease*.
- CABG has been performed since 1962 while PCI is around since 1977.
- Since 1977 , at least 15 Randomized trials have compared CABG with PCI.
- PCI is not as effective as CABG in the "Real World"

	PCI Survival	CABG Survival	PCI Repeat Revascularization	CABG Repeat Revascularization
ARTS(5 year)	2.6%	2.6%	30%	9%
SoS(1 year)	2.5%	0.8%	21%	6%
New York Regi (3 year)	15.6%	10.7%	35%	5%

- Is the current use of PCI in multivessel disease actually evidence based ?
- Are the limitations and risks of PCI explained to patients ?
- Does it represent value for money ?

Do numerous /repeat PCI make sense ?

- CABG deals not only with the immediate "**culprit lesion**" but also future culprit lesions because graft is to mid or distal vessels .
- CABG offers more **complete revascularization** with more durable grafts especially in complex disease and small vessels.

Risk of Restenosis with drug-eluting stents –The rates of restenosis is 10% in simplest lesions to almost 30% in more complex lesions as proved angiographically. (Lemos PA et al,Lansky AJ et al,Tanabe K et al)

- **Do drug-eluting stents improve clinical outcome** over Bare metal stents- Two trials ,5000 patients follow up of 12 months showed significant reduction of restenosis (9% vs 29%) with drug-eluting stent ,however there was no decrease in mortality (0.9%) in both groups.
- **Late Thrombosis with drug-eluting stents**- Several studies show that even after a year after drug-eluting stent implantation ,patients who stop dual antiplatelet medication are at risk of myocardial infarction ,which is associated with a high mortality.
- Failure to discuss CABG means that not only were the patients denied the best treatment option.
- But, the consents for PCI were obtained inappropriately as a consequence.
- What is advantage of Beating Heart Surgery
- Shorter stay in the Hospital.
- Shorter stay in ICU and ventilator time.
- Reduced incidence of arrhythmia and Low output syndrome.
- Da Vinci Robotic Systemfor CABG
- Greater surgical precision, dexterity and flexibility.
- Smaller incision.
- Less Pain.
- Fewer infections.
- Short stay in the hospital.
- Speedy Recovery.
- Hybrid procedure
- Benefit of IMA graft –proven long term patency.
- Lesser important coronary vessels stented
- CABG offers better control of Angina,Superior Survival benefits and freedom from Repeat Revascularization.
- The Cardiologist being the gatekeeper to the patient should inform every patient with multivessel disease about the benefits of CABG.
- All interventions should be based on Evidence generated Data.
- The results of Evidence based data is being continuously challenged by a Multi Billion Dollar Industry .