

ORAL PRESENTATION

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# Off-pump coronary revascularization performed concomitant with non-cardiovascular surgery

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## Background

A concern about complications secondary to the cardio-pulmonary bypass caused reluctance to perform combined cardiac and non-cardiovascular surgery. We studied the patients who underwent off-pump CABG concomitant with non-cardiovascular surgery.

## Methods

Of 2083 patients who underwent isolated off-pump CABG between 1999 and 2012, 91 patients who underwent off-pump CABG concomitant with non-cardiovascular surgery (group 1) were compared with 1991 patients who underwent isolated off-pump CABG (group 2). In group 1, there were 49 malignancies and 42 benigns. Non-cardiovascular surgery included 34 thoracic surgeries (11 bullectomy, 11 pulmonary wedge resection, 5 thymectomy, 4 lobectomy, 1 tracheoesophageal fistulectomy, 1 radical mastectomy, and 1 diaphragm plication), 56 abdominal surgery (24 gastrectomy, 14 cholecystectomy, 7 colectomy, 5 herniorrhaphy, 2 mass excision, 2 nephrectomy, 1 feeding jejunostomy, and 1 perigastric LN biopsy), and 1 below-knee amputation.

## Results

Mean age at operation were  $67.8 \pm 9.6$  years (group 1) and  $63.9 \text{ years} \pm 9.5$  (group 2), respectively. There were no significant differences in preoperative risk factors, including smoking, hypertension, diabetes mellitus, dyslipidemia, obesity, stroke, left ventricular dysfunction, and chronic renal failure between the 2 groups. Mean number of distal anastomosis was  $2.93 \pm 1.0$  in group 1 and  $3.09 \pm 0.97$  in group 2 ( $p=0.133$ ). Operative mortality was 1.1% (1/91) in group 1 and 1.3% (26/1991) in group 2, respectively ( $p=1.000$ ). There were no significant differences in postoperative morbidities, including mediastinitis,

re-exploration for bleeding, perioperative myocardial infarction, low cardiac output syndrome, atrial fibrillation, and stroke between the 2 groups.

## Conclusions

Off-pump CABG concomitant with non-cardiovascular surgery was not associated with increased operative mortality and postoperative morbidities.

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