GENDER DIFFERENCES IN OPERATIVE OUTCOME AFTER SURGICAL CORONARY ARTERY REVASCULARISATION WITHOUT THE USE OF EXTRACORPOREAL CIRCULATION

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Introduction: Women carry an increased mortality and morbidity after conventional coronary artery bypass grafting (CABG) as demonstrated in multiple studies in large patient cohorts. Recently, a decrease of mortality and morbidity was found for CABG without the use of cardiopulmonary bypass (OPCAB). We were interested, whether there are still gender specific differences after OPCAB surgery.
Methods: Since 1/2004, a total of 345 OPCAB revascularisation procedures were performed (26,4% of all CABG procedures) in our department; 68/347 patients were female (19,7%). Mean age was 68.7±10.3years for female and 67.2±10.0 for male patients, p=0.26. There were no significant gender differences with regard to diabetes renal insufficiency hypertension, ejection fraction, and reoperation.
Results: Emergent revascularisation was more frequent in female patients (20.6% vs 10.5%, p=0.038). In addition, female patients received less bypass grafts (1.9±0.8 vs 2.2±0.9, p=0.024, but a comparable number of arterial grafts (1.1±0.5 vs 1.2±0.6, p=0.63). Mortality was comparable between genders (2.9% female vs 3.2% male, p=1.0), but female patients more frequently needed intra aortic balloon pumping postoperatively. Ventilation time, re-thoracotomy and intensive care stay did not differ significantly between female and male patients.
Conclusions: Off pump coronary artery revascularisation is not associated with increased mortality in female patients as has been demonstrated for conventional CABG. However, in OPCAB surgery female patients receive less bypass grafts and more often needed mechanical circulatory support postoperatively.