Coronary artery surgery results In 2015



The Survey Committee of Japanese Association for Coronary Artery Surgery (JACAS)

Coronary artery bypass grafting (CABG), 2015

Total cases : 13,814

Isolated CABG : 9,707 (70%)(previous year:71%)

Concomitant CABG: 4,107 (30%)(previous yeay:29%)

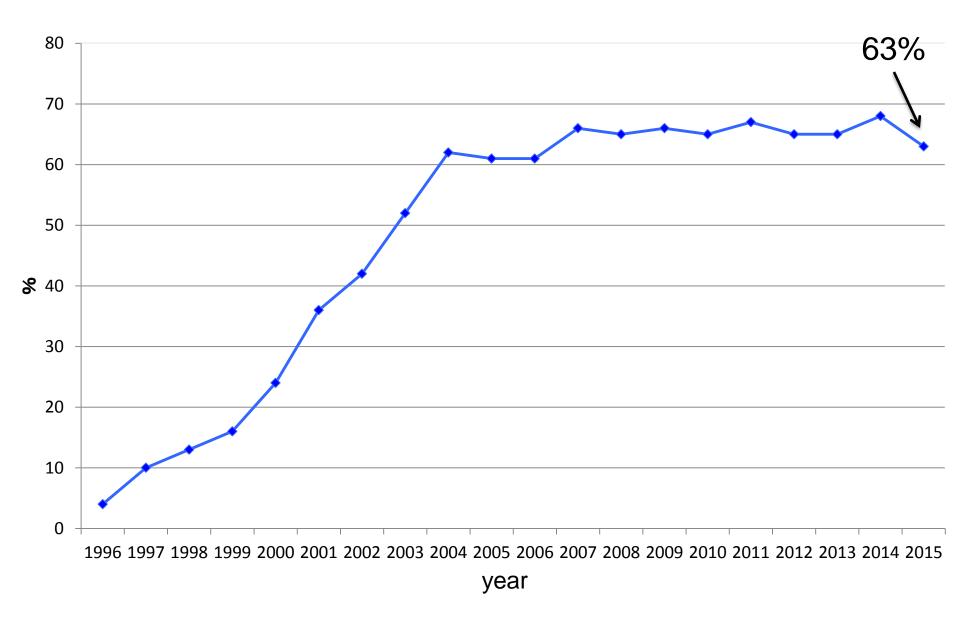
Isolated CABG

Initial elective: 8,150 Except initial elective: 1,557

(Off-pump rate: 63%) (Off-pump rate: 51%)

(previous year : 68%) (previous year : 56%)

Changes of off-pump CABG rate (Initial elective CABG)



Initial elective CABG :8,150(100%)

On-pump (arrest) :1,880(23.1%)

On-pump (beating) :1,134(13.9%)

Off-pump (total) :5,136(63.0%)

Off-pump (complete) :5,045

On-pump (conversion) : 91

Off-pump complete rate :98.2%

Off to on-pump conversion rate :1.8%

(previous year:2.5%)

Mortality of isolated CABG: 1.72% (previous year: 1.70%)

Mortality of initial elective CABG:0.83% (previous year:1.03%)

On-pump (arrest) :1.38%

On-pump (beating):0.97%

Off-pump (total) :0.60%

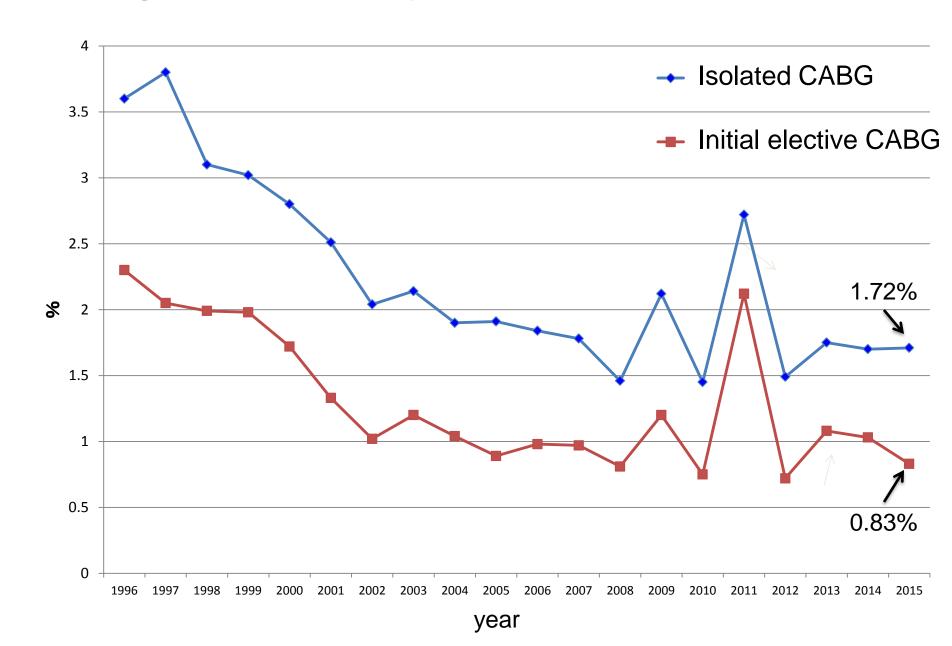
Off-pump (complete):0.54%

(previous year:0.72%)

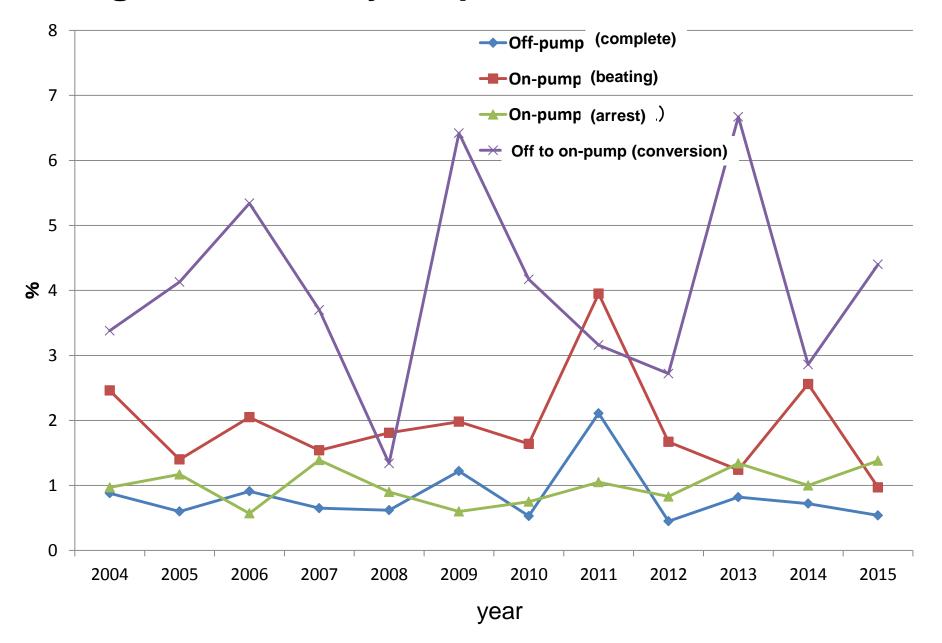
On-pump (conversion):4.40%

(previous year:2.86%)

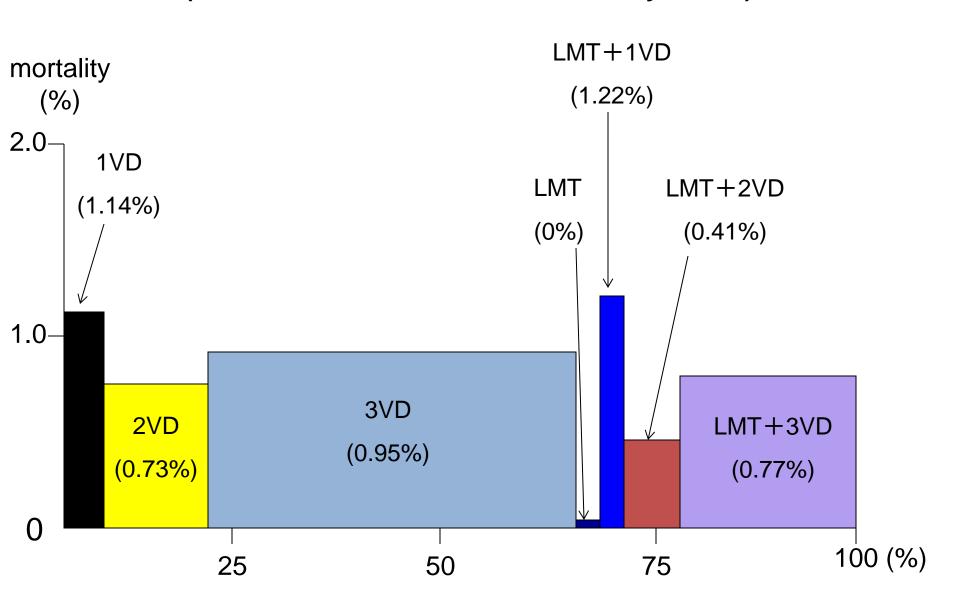
Changes of mortality (Isolated and initial elective CABG)



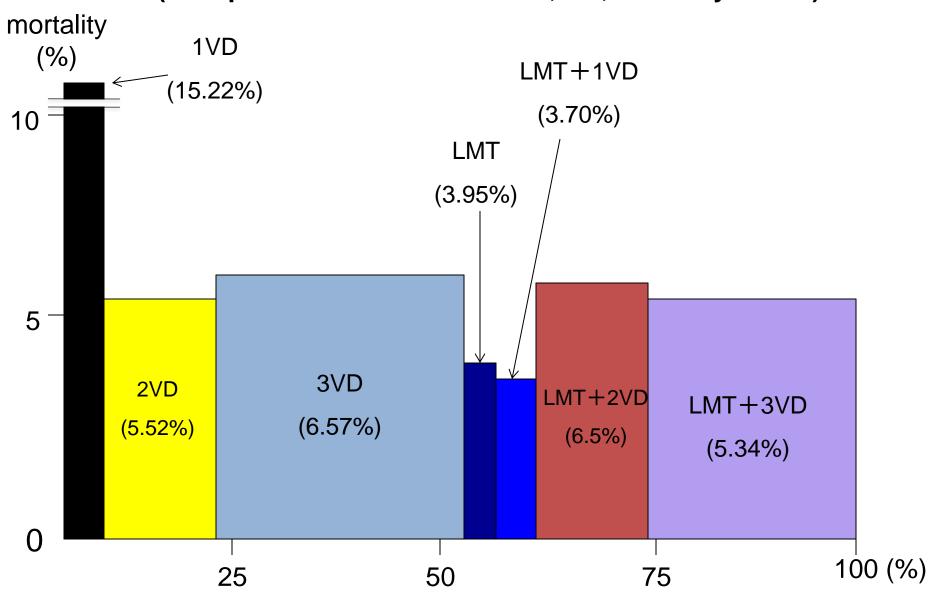
Changes of mortality for procedures (Initial elective CABG)



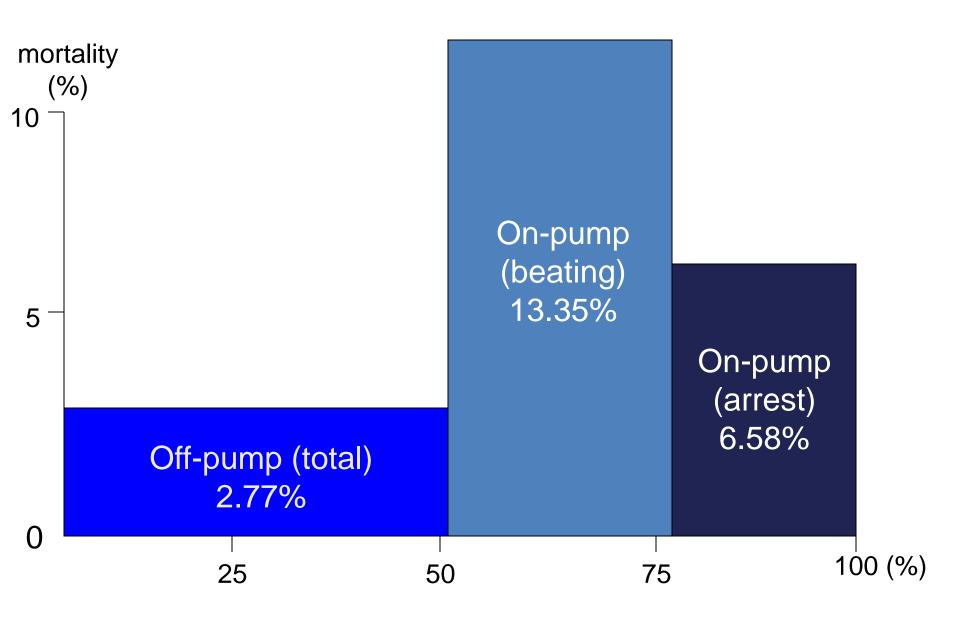
Mortality according to number of diseased vessels (Initial elective CABG: 8,150, mortality: 0.83%)



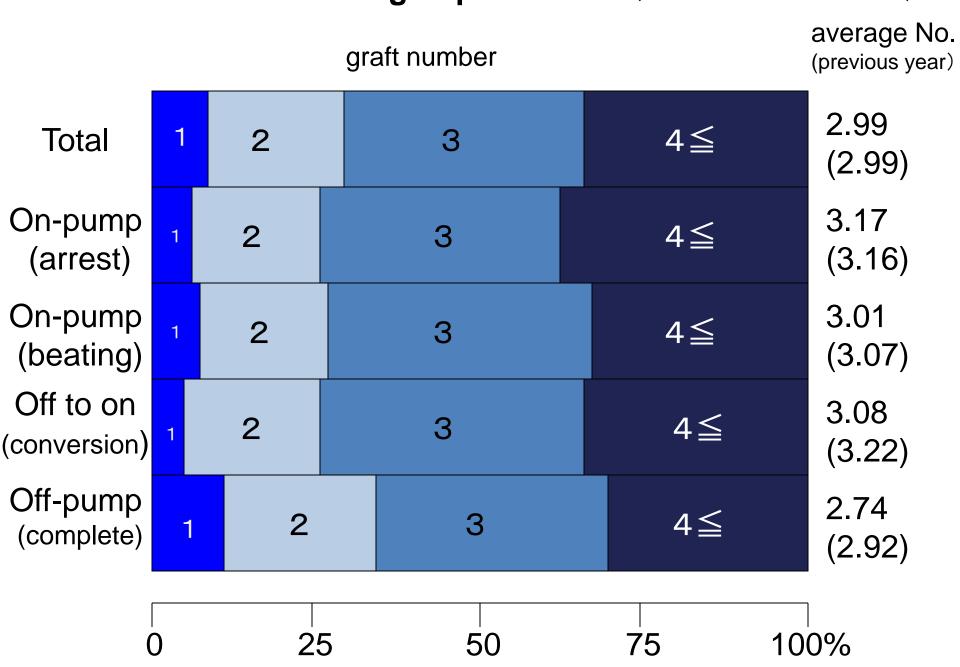
Mortality according to number of diseased vessels (Except initial elective CABG: 1,557, mortality: 6.36%)



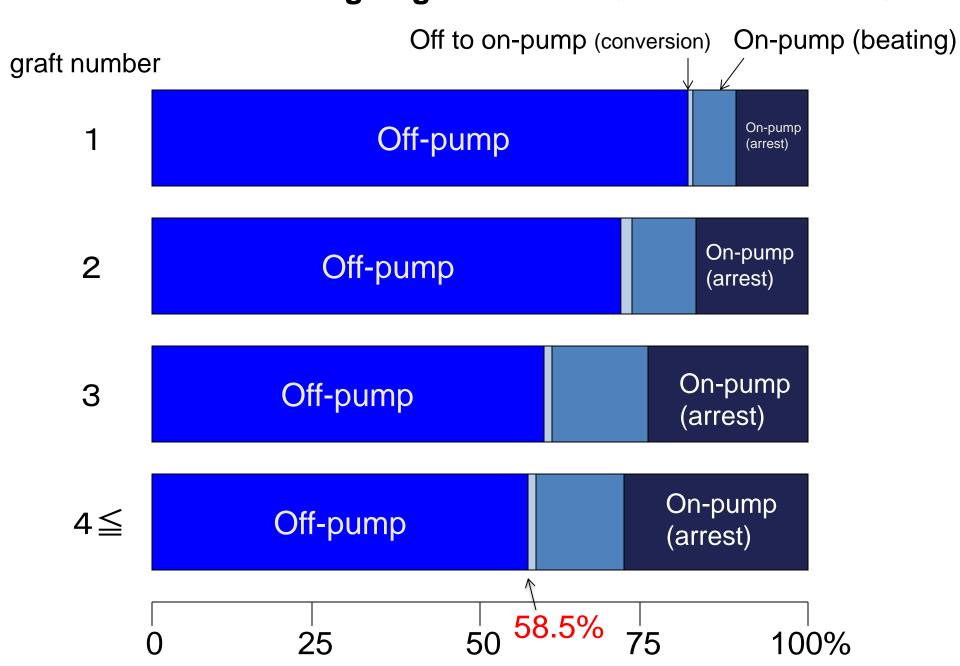
Mortality according to surgical procedures (Except initial elective CABG: 1,557, mortality: 6.36%)



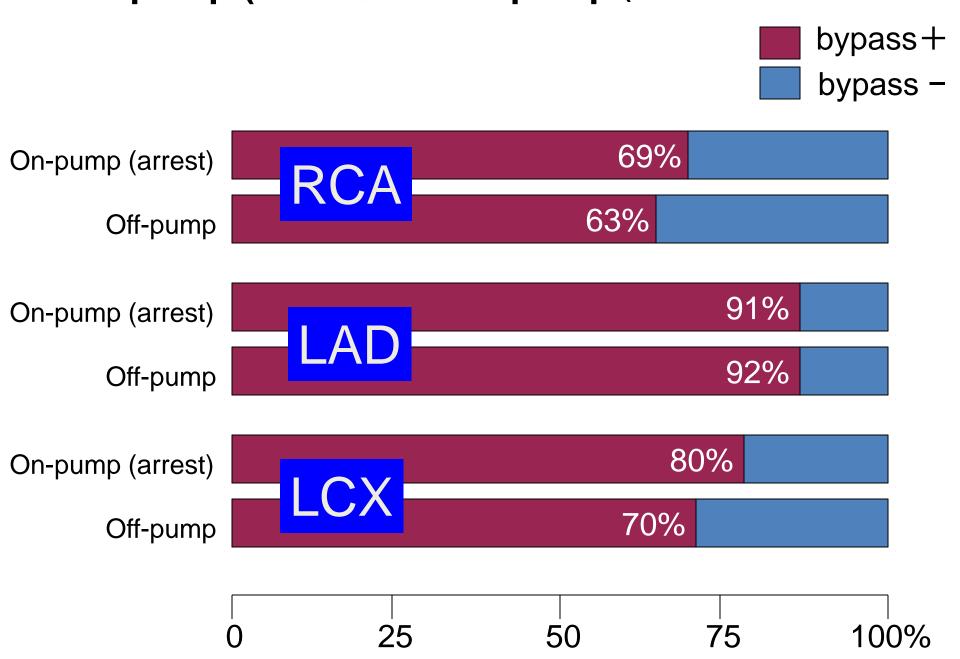
Graft number according to procedures (Initial elective CABG)



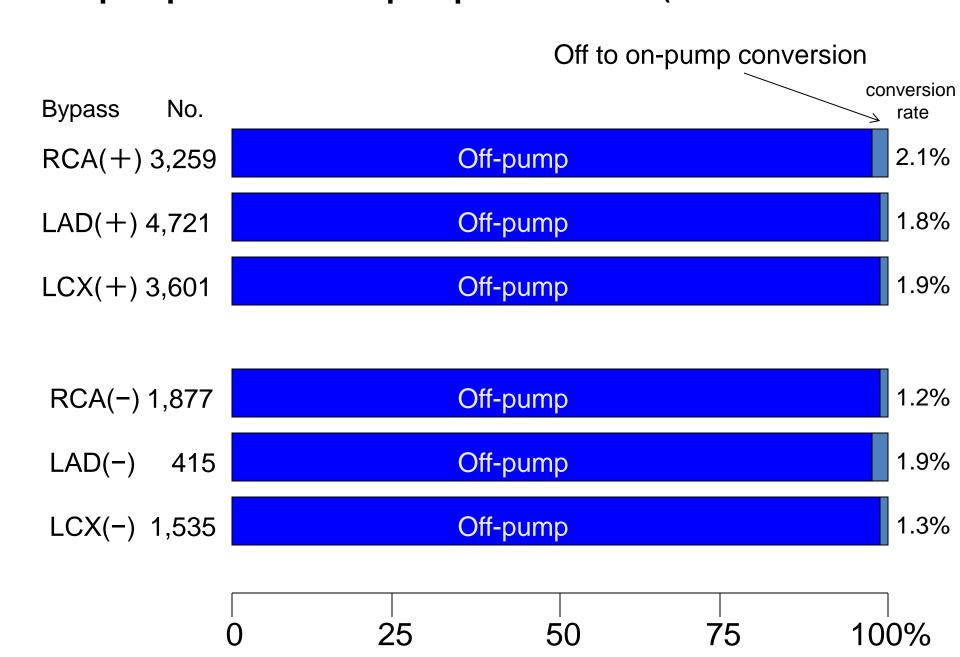
Procedure according to graft number (Initial elective CABG)



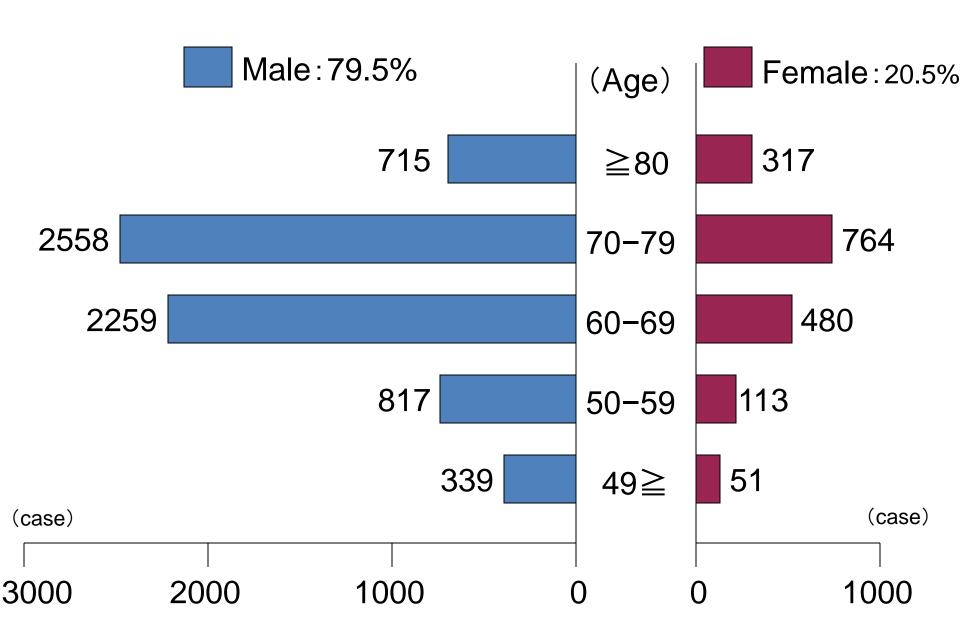
On-pump (arrest) vs. off-pump (Initial elective CABG)



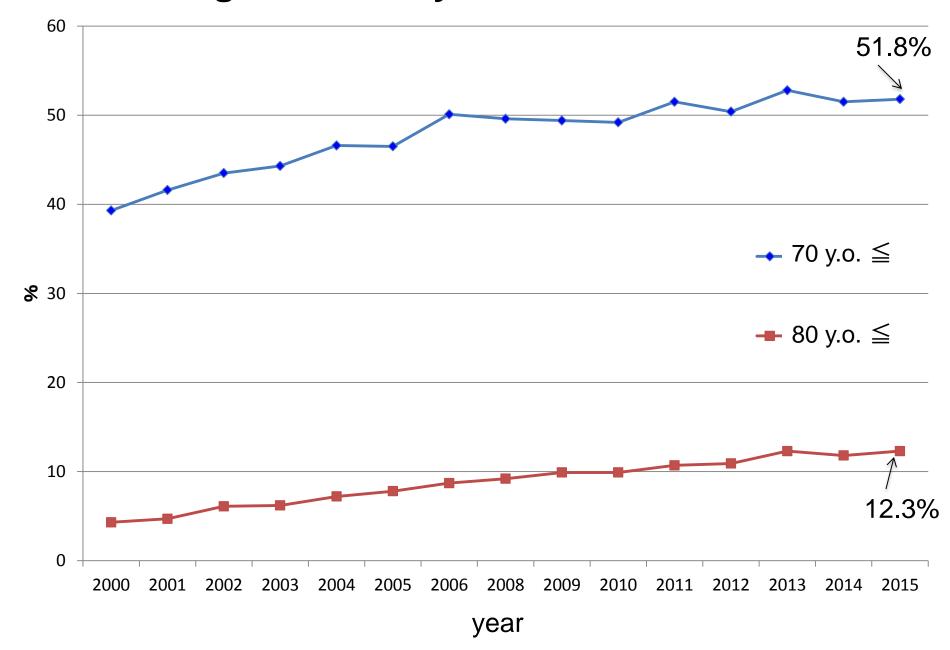
Off-pump vs. off to on-pump conversion (Initial elective CABG)



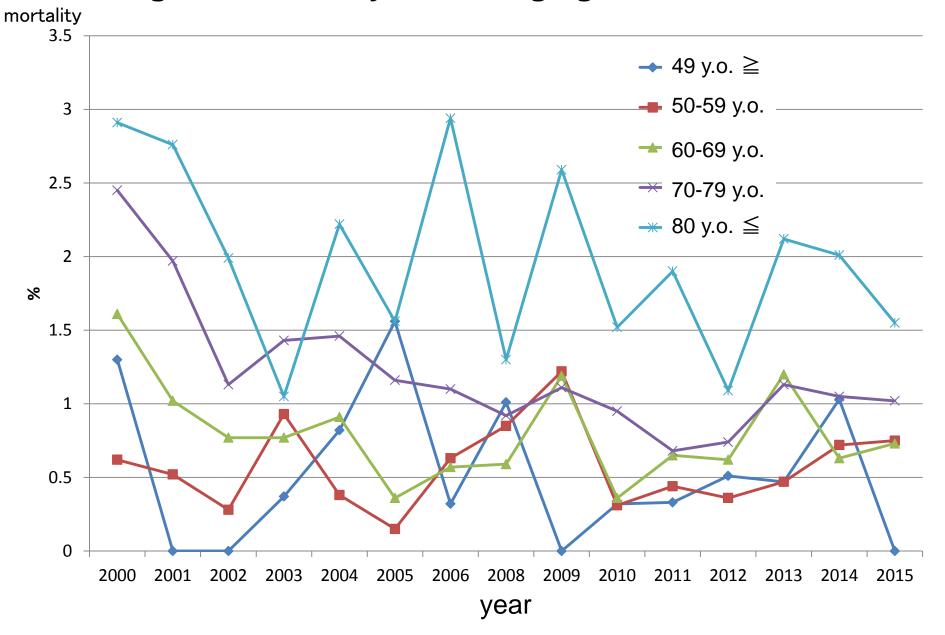
Age distribution according to gender (Initial elective CABG)



Changes of elderly cases (Initial elective CABG)

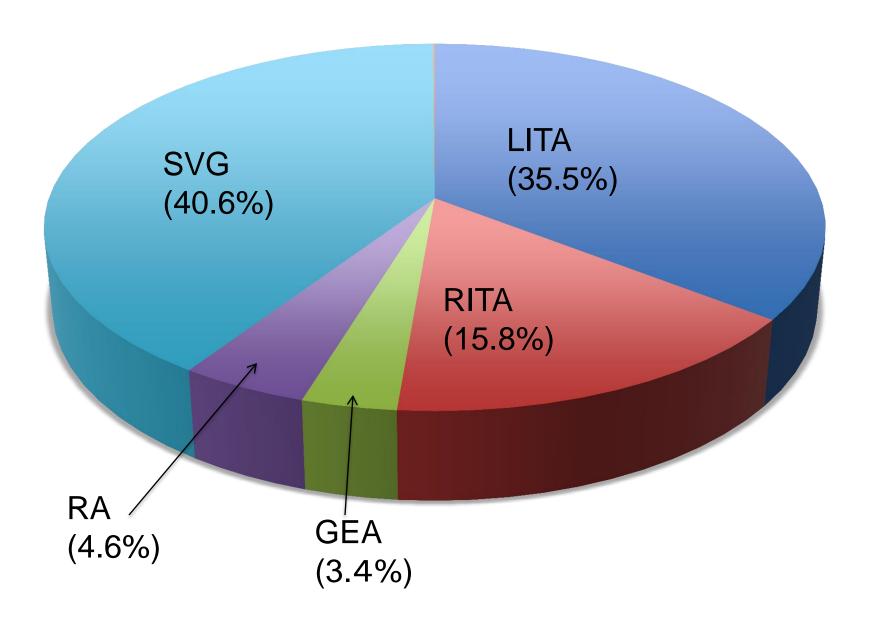


Changes of mortality according age (Initial elective CABG)

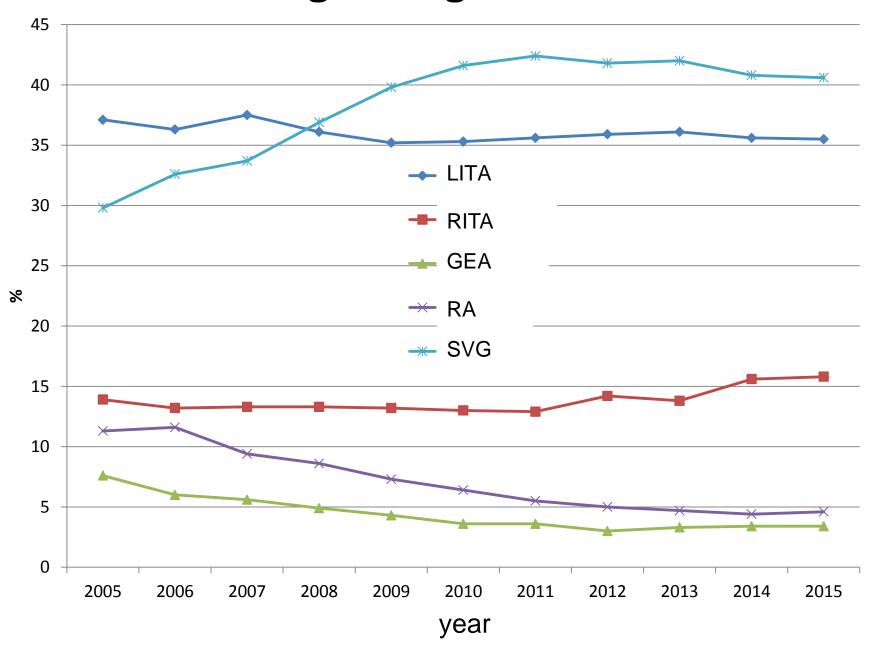


Graft selection

(Total graft number of isolated CABG: 25,742)



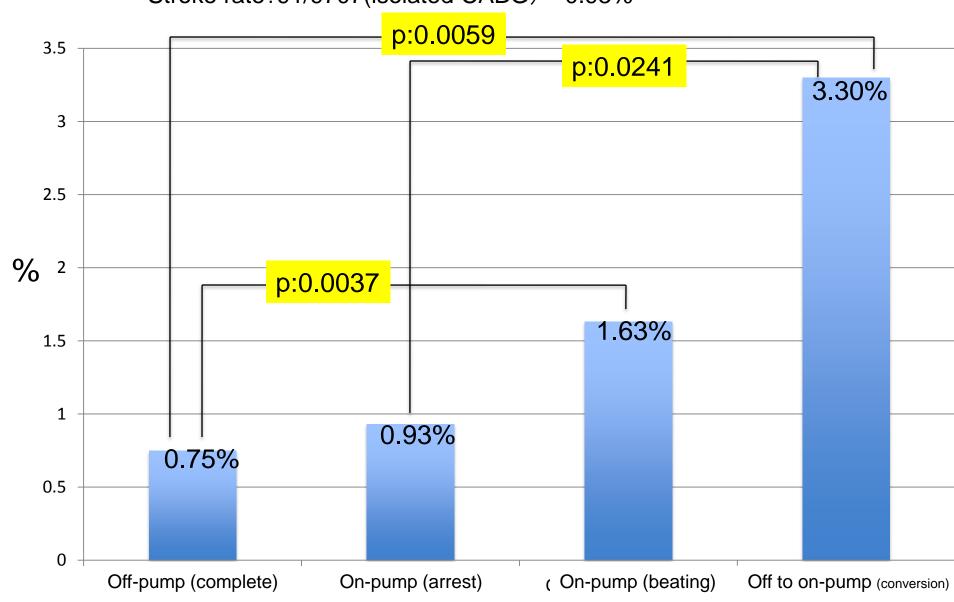
Changes of graft selection



Stroke rate according to procedures (Isolated CABG)

Stroke cases: 91

Stroke rate: 91/9707 (isolated CABG) = 0.93%



Results of emergency CABG after PCI complications

Emergency CABG; operation after PCI complications (coronary occlusion and/or bleeding), within 24 hours

Cases: 69

Rate: 69/9707(isolated CABG); 0.71%

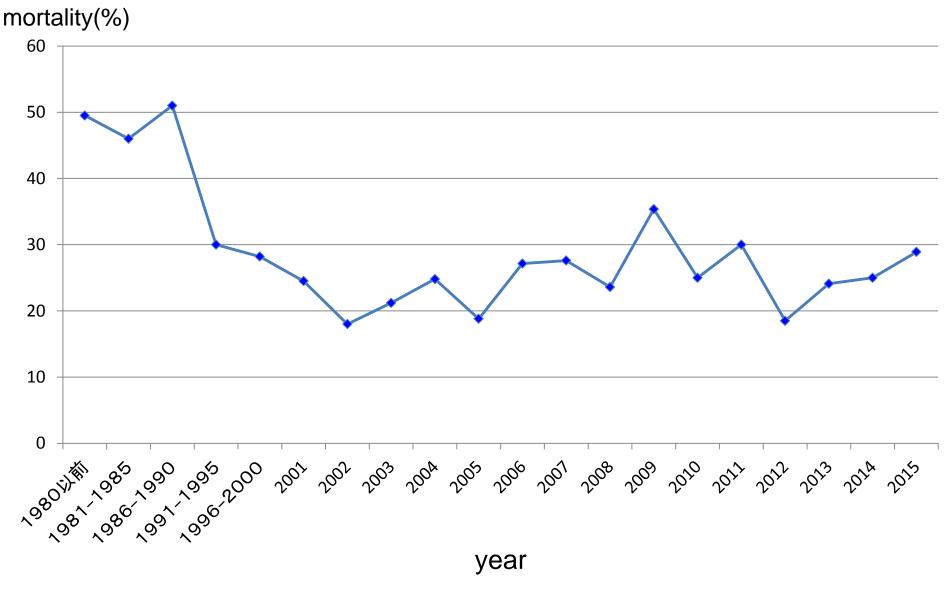
Death cases: 12

Mortality:17.4%

Results

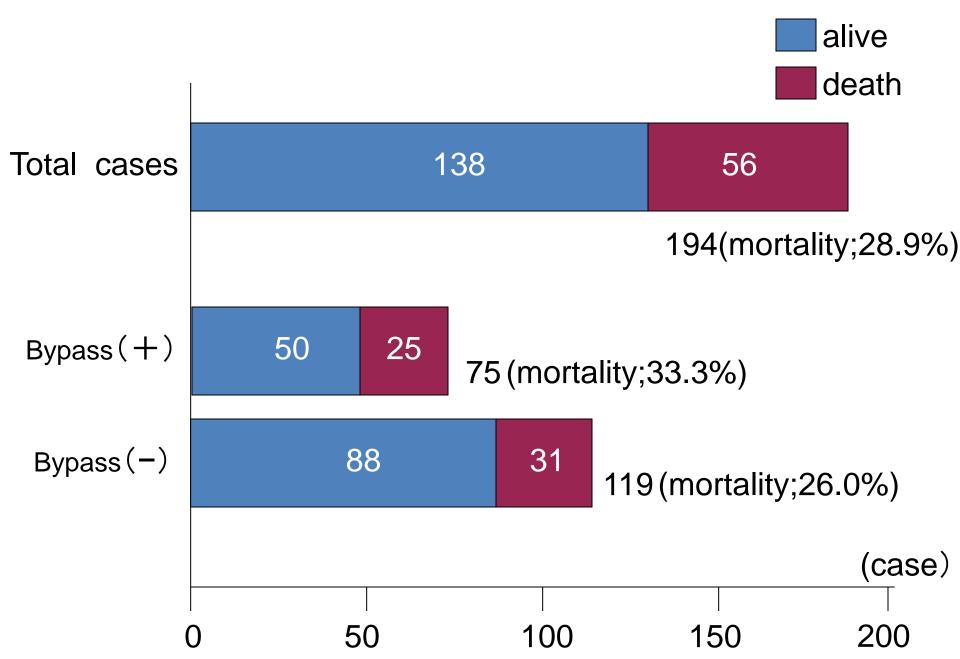
	cases o	death cases	mortality(%)
CABG(1)	18	4	22.2
CABG2	21	3	14.2
CABG3	19	2	10.5
CABG4	8	3	37.5
Other procedures	3	0	0

Changes in results of ventricular septal perforation

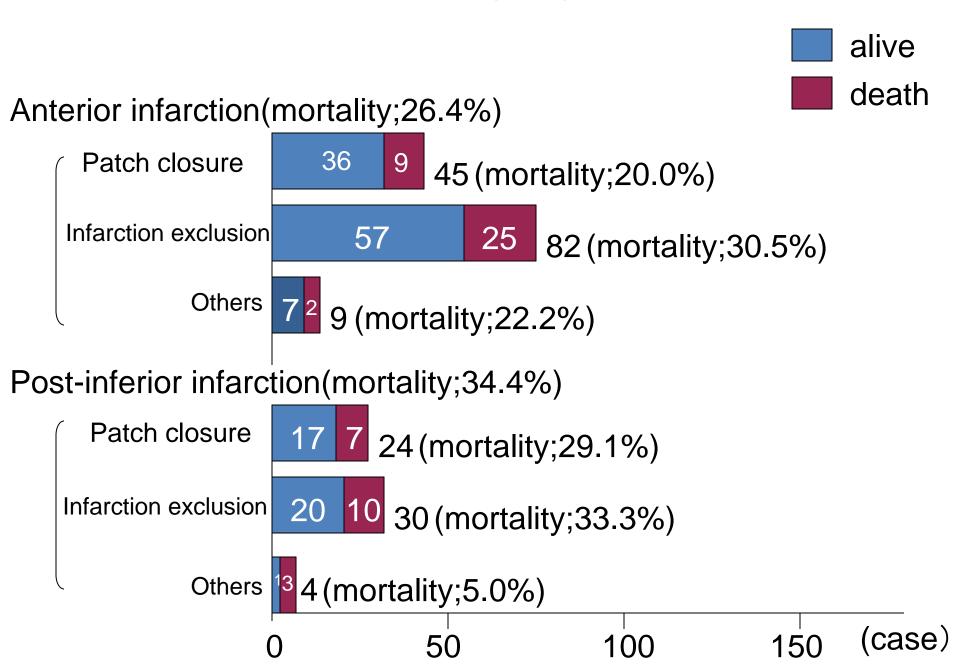


Total No.: 194, death: 56 (mortality: 28.9%)

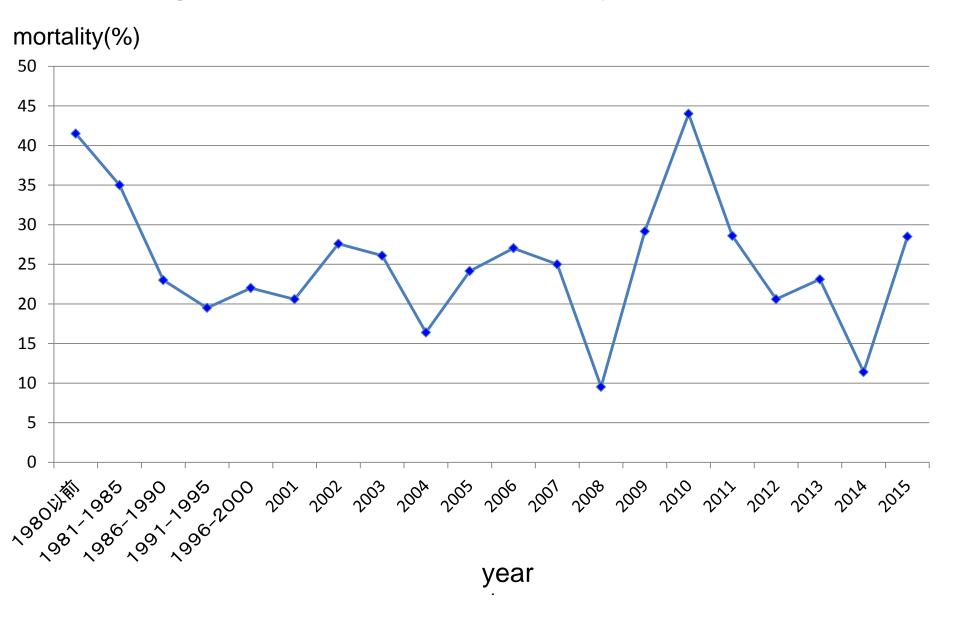
Results of ventricular septal perforation (1)



Results of ventricular septal perforation (2)

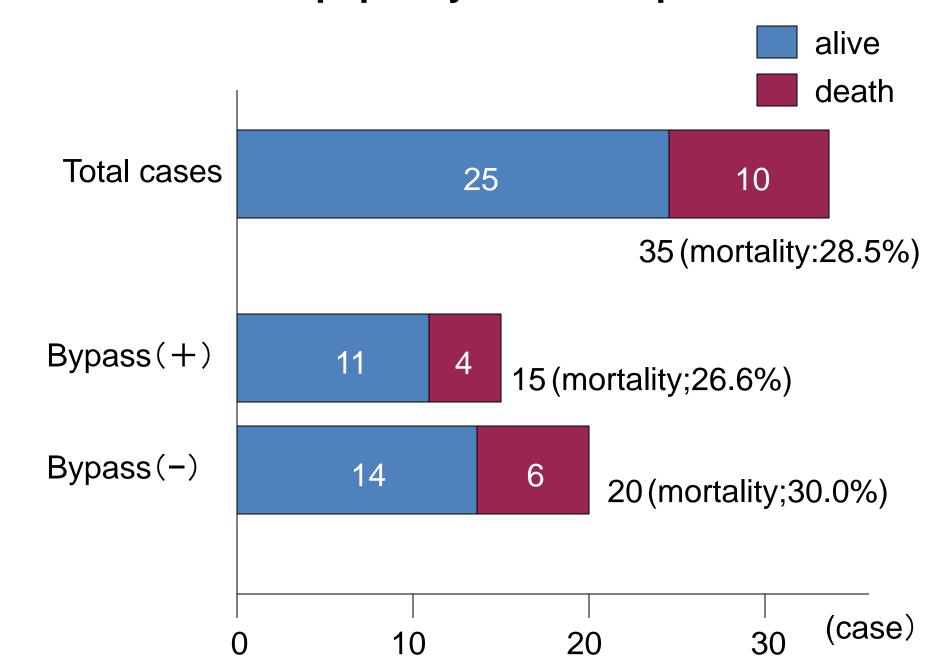


Changes in results of papillary muscle rupture

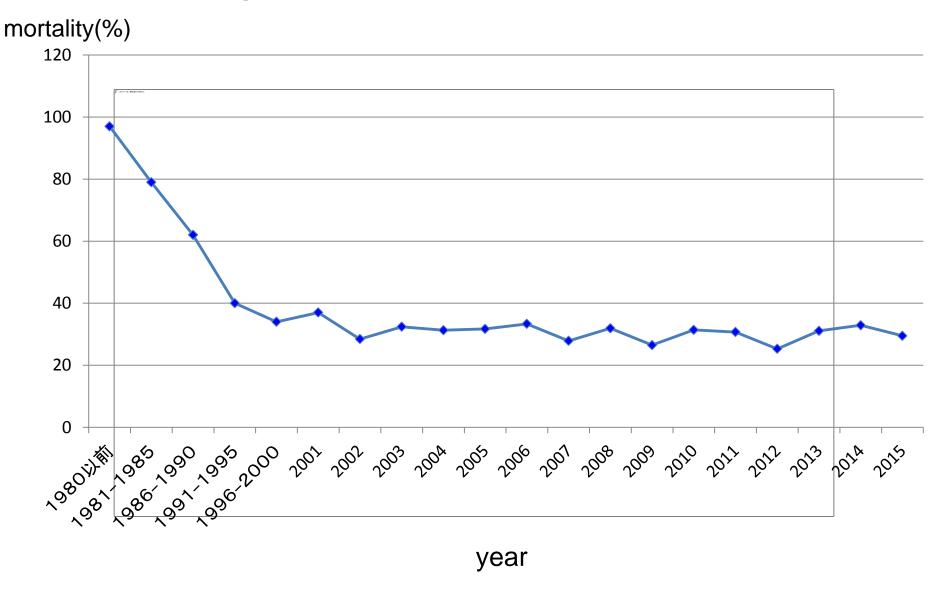


Total No.: 35, death: 10 (mortality: 28.5%)

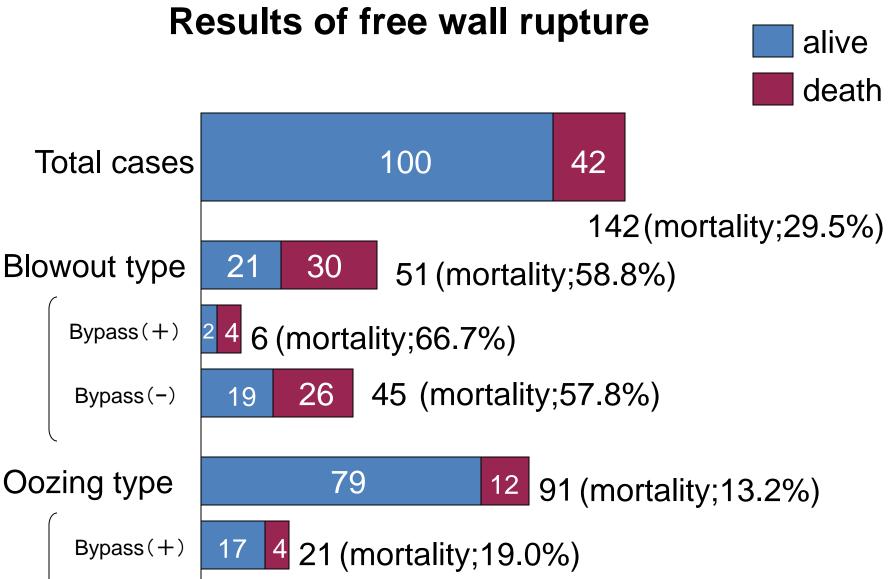
Results of papillary muscle rupture

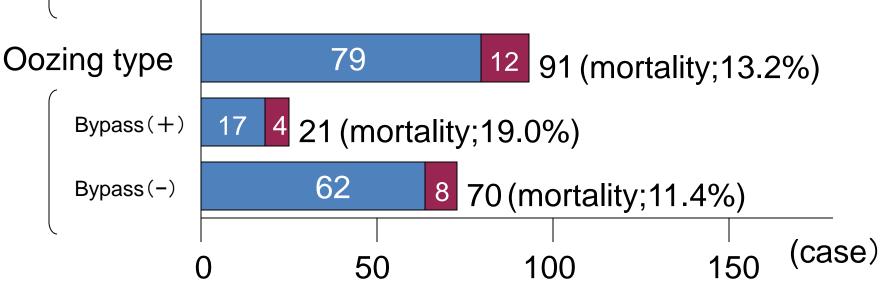


Changes in results of free wall rupture

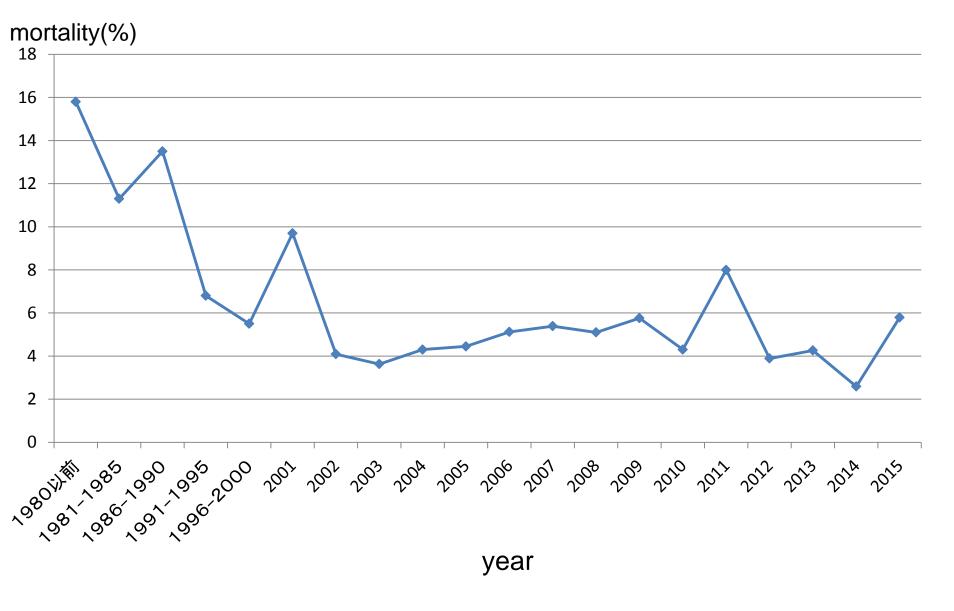


Total No.: 142, death: 42 (mortality: 29.5%)



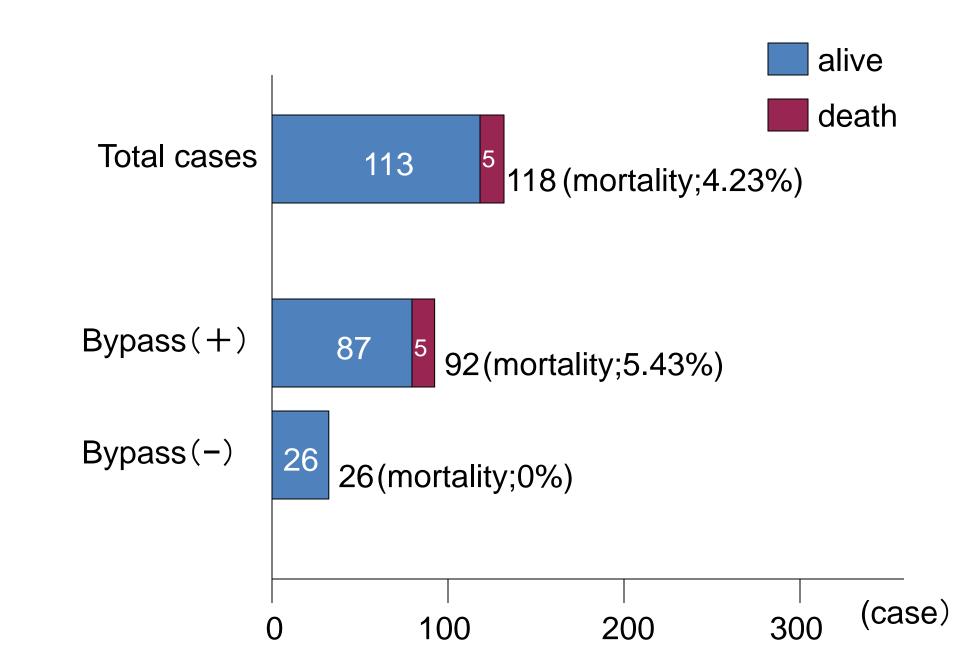


Changes in results of left ventricular aneurysm (LVA)

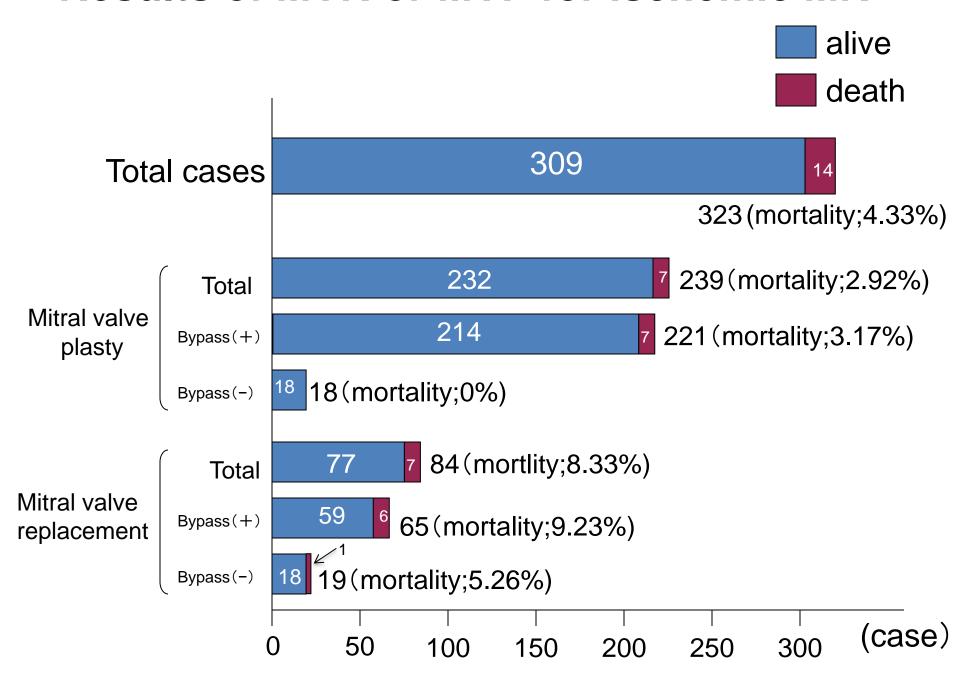


Total No.: 207, death: 12 (mortality: 5.79%)

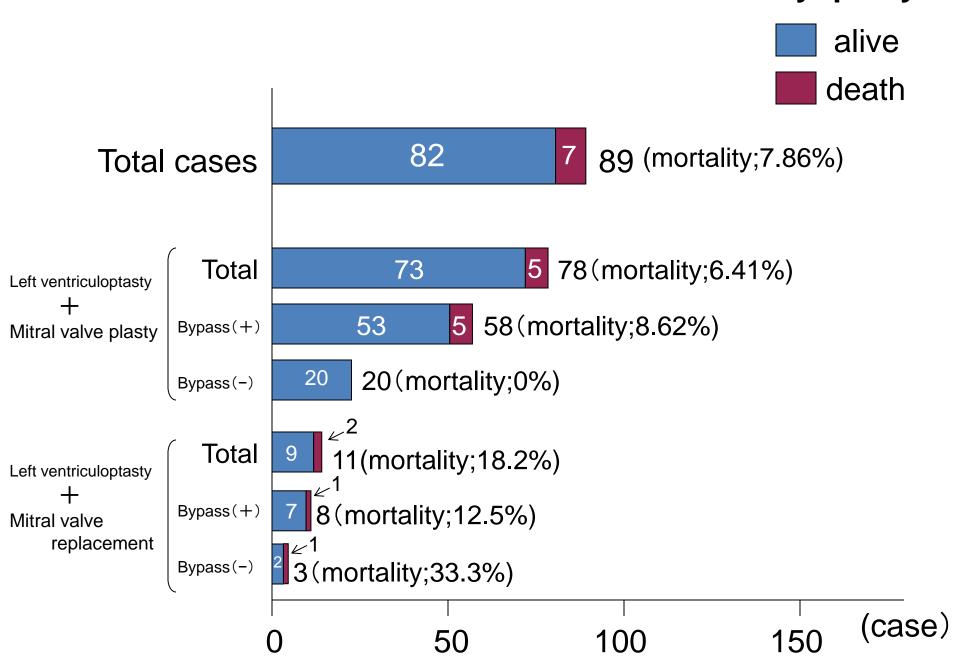
Results of left ventriculoplasty and/or aneurysmectomy



Results of MVR or MVP for ischemic MR



Results of ischemic MR+LVA or ischemic cardiomyopathy



Conclusions (1)

- 1. The mortality of isolated CABG was 1.72%, that of initial elective CABG was 0.83%, indicating excellent results than that of previous year.
- 2. Of initial elective CABG, 63% cases underwent off-pump procedure, showing still high rate. The mortality of off-pump was 0.54%, which was better than that of previous year, indicating excellent results.
- 3. Off to on-pump conversion rate was 1.8%, and the mortality of those cases was 4.4%, resulting getting worse.
- 4. The more bypass number, the lower the off-pump rate. However, of all 4 and/more bypass procedures, 58.5% cases were done by off-pump CABG.
- 5. CABG cases is getting older year by year, more than 70 years old patients rate was 51.8%, more than 80 was 12.3%, showing highest rate.

Conclusions (2)

- 6. Arterial grafts were used in 60%n of all grafts, while vein grafts were used in 40%.
- 7. The complication rate of central nerve system stroke of all isolated CABG was 0.93%. This rate of off-pump CABG showed significantly lower than those of on-pump (beating) and off to on-pump conversion procedures, resulting OPCAG can avoid this complication.
- 8. After PCI complications, emergency operation underwent in 071% of all isolated CABG within 24 hours. The mortality of those cases was 17.4%, showing still high rate.
- 9. As for results of complications for acute and old myocardial infarction, the mortality of post-inferior VSP, papillary muscle rupture and blowout type free wall rupture, were high rate, indicating worse prognosis.

Special survey of heart team for coronary artery surgery, in 2016



The Survey Committee of Japanese Association for Coronary Artery Surgery (JACAS)

Question 1

; How many CAG cases did you perform in your institute /year? mean: 856, max.: 6,500, min.: 0

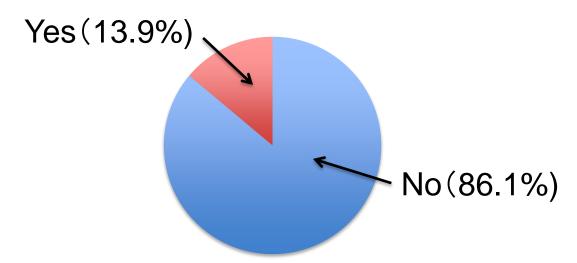
Question 2

; How many PCI cases did you done in your institute /year? mean: 350, max.: 2,539, min.: 18

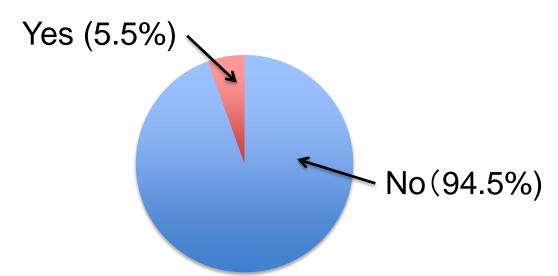
Question 3

;How many CABG cases which were referred from same institute /year? mean: 19, max.: 85, min.: 0

Question 4; Do you have heart team conference?



Question 5; Do this conference hold regularly?



Question 6; How frequent do the conference hold?

mean: 1.15/week

max.:6/week

min.: 0.25/week (1/month)

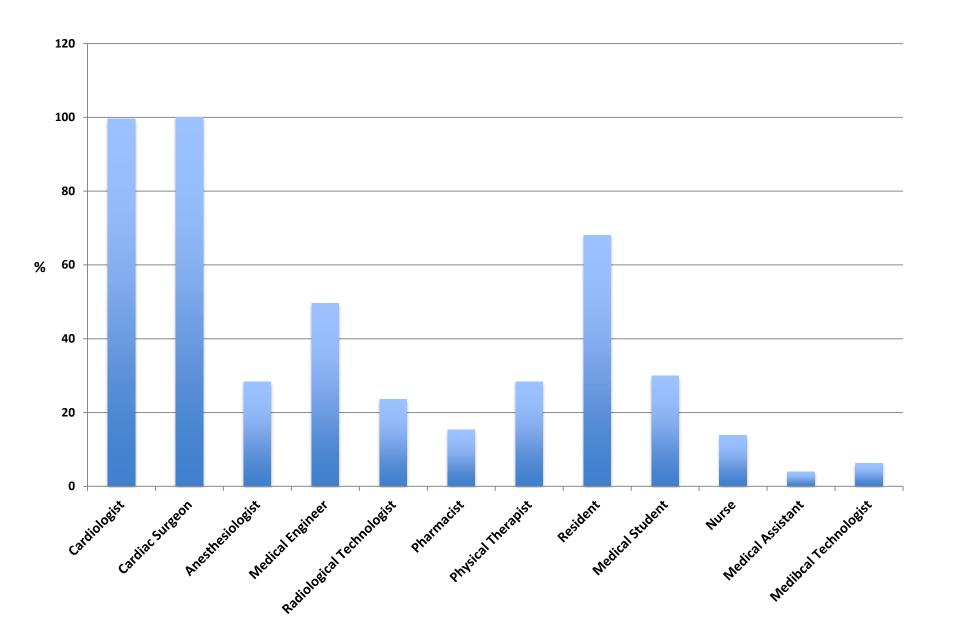
Question 7; How many people do attend the conference?

mean:17

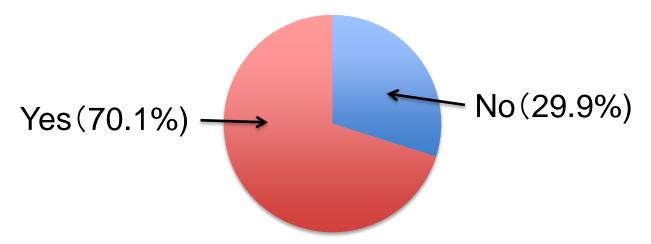
max.:50

min.:4

Question 8; What kind employment do attend the conference?



Question 9; Do you have any standard to discuss in the conference?



Question 10

; Do you discuss the cases directly refer from out of institute?

