REPLY: THE IMPORTANCE OF EARLY INTERVENTION FOR ISCHEMIA AFTER CORONARY ARTERY BYPASS GRAFTING

Reply to the Editor:

We thank Heuts and Vriesendorp for their comments on our article. Indeed our study does have a lower incidence of postoperative ischemia compared with other reports in the literature. Furthermore, the low incidence in our study does pose an inherent risk for type II error. However, our study focuses on those who underwent postoperative cardiac catheterization after isolated coronary artery bypass grafting in a multicenter regional collaborative consisting of 17 centers. It represents a real-world experience across a diversity of practice patterns. The studies cited by Heuts and Vriesendorp highlight either single-center experiences or include patients who underwent concomitant operations—for which the latter inherently poses a greater risk of postoperative events. In our study, nearly one half of the catheterizations occurred within the first 1 to 2 days. This is important, as previous studies have shown that delays in intervention can have worse outcomes. Lastly, other studies have shown that percutaneous coronary intervention can be done in patients with previous coronary artery bypass grafting, including those presenting with forms of acute coronary syndrome, without necessarily increasing mortality. The most important message of our study is that patients suspected of having postoperative ischemia should be intervened upon swiftly to obtain optimal results.

Anthony V. Norman, MD
Irving L. Kron, MD
Division of Cardiothoracic Surgery

Conflict of Interest Statement

The authors reported no conflicts of interest.

The Journal policy requires editors and reviewers to disclose conflicts of interest and to decline handling or reviewing manuscripts for which they may have a conflict of interest. The editors and reviewers of this article have no conflicts of interest.

References


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