eComment: Impact of age on outcomes after coronary artery bypass grafting

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We read with great interest the article by Saito et al. [1] highlighting the impact of age on short-term surgical outcomes after coronary artery bypass grafting (CABG) in the Japanese population. This is a useful contribution to the existing literature on the subject of cardiac surgery in the elderly that will aid in the decision-making process.

The incidence of cardiovascular disease is as high as 40% and it is the leading cause of death among the elderly [2]. Furthermore, these patients often have concomitant diseases, such as renal insufficiency, chronic obstructive pulmonary disease, peripheral vascular disease, prostatic enlargement complicated by urinary retention, and degenerative cerebral disease [3]. Despite these comorbidities, the demand for cardiac operations in elderly patients has increased over the last 10 years. Ten years ago, cardiac operations in patients aged 80 years and older were relatively uncommon [4]. Since then, there has been a marked increase in the number of operations performed in this age group.

The decision for surgery is complex in this group of patients and one must take into account several elements, such as the lack of synchronism between physiological age and chronological age, the quality of life, and the risk–benefit ratio. Furthermore, the risk of death from a cardiac operation in elderly patients can be reduced to that of younger patients with consistent and careful application of modern techniques and clinical practices. Last but not least, one must ensure that in order to achieve satisfactory outcomes in elderly patients, particularly octogenarians, operations in elderly patients who are seen to have potentially catastrophic clinical situations or comorbidities are avoided.

References


[2] Edmunds LH Jr, Stephenson LW, Edie RN, Ratcliffe MB. Clinical, surgical, and anesthetic factors in elderly patients, particularly octogenarians, operations in elderly patients who are seen to have potentially catastrophic clinical situations or comorbidities are avoided.


eComment: Increase in elderly patients undergoing cardiac surgery. A worldwide phenomenon

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We read with great interest the article by Saito et al. [1], and we absolutely agree with their findings; in particular, the importance of using a local risk stratification system for preoperative assessment of cardiac surgical patients.

In Argentina, as well as in other countries, the ageing population is indeed an issue for several reasons. For instance, as physicians we face an increasing number of elderly patients suffering from preoperative comorbidities, a situation especially common among those undergoing cardiac surgery [2]. In this regard, it is worth mentioning that our risk model initially had 2.69% of the study population 80 years old or more. However, 10 years later the same age group represented 5.24% of the whole sample size (P<0.001). As stated by Saito et al. [1], the number of comorbidities increased in our validating population [2].

We strongly agree with the development of epidemiological studies in different parts of the world, such as the one published by Saito et al., since they provide good insight into the local population characteristics and risks models, clearly different from those found in Latin America [2], Asia [1], Europe [3] or North America [4].

References