**MANAGEMENT OF EARLY POSTOPERATIVE CORONARY ARTERY BYPASS GRAFT FAILURE**

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Objectives: Perioperative graft failure following coronary artery bypass grafting may result in acute myocardial ischemia. Whether acute percutaneous coronary intervention, emergency reoperation, or conservative intensive care treatment should be used is currently unknown.

Methods: Between 2003 and 2009, 39 of the 5598 patients who underwent isolated coronary artery bypass grafting surgery underwent early postoperative coronary angiography for suspected myocardial ischemia. Following angiography, two groups were identified: patients who underwent immediately reintervention (group 1) and those treated conservatively (group 2). Primary study endpoints were mortality and postoperative myocardial infarct size.

Results: Postoperative coronary angiography revealed early perioperative bypass graft failure in 32 of 39 patients. Acute percutaneous coronary intervention was performed in 15 patients, redocoronary artery bypass grafting in 4 patients, and conservative treatment in 13 patients. The number of failing bypass grafts were significantly higher in group 1 compared to group 2 (p=0.0251). A trend toward lower post-procedural peak cardiac troponin T and creatinine phosphokinase serum levels in group 1 was observed

(163.0 vs 206.0 and 4.35 vs 5.53 respectively); (p=0.0662 and 0.1648).

Conclusions: Early reintervention may limit the extent of myocardial cellular damage compared with conservative medical strategy in patients with myocardial ischemia due to early graft failure.