**PATIENTS' PREFERENCES FOR CORONARY BYPASS GRAFTING OR STAGED PERCUTANEOUS CORONARY INTERVENTION IN MULTI-VESSEL CORONARY ARTERY DISEASE**

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**Background:** The decision for coronary artery bypass grafting (CABG) or percutaneous coronary intervention (PCI) in patients with multi-vessel coronary artery disease (mCAD) is currently made by a heart team approach. Patients' preference is less well investigated.

**Methods:** All consecutive patients with prior CABG and at least two PCI procedures were interviewed whether they would elect bypass surgery or staged PCI in case of a hypothetical scenario in which they had mCAD and CABG or PCI will equally improve symptoms and survival.

**Results:** A total 213 patients were surveyed. 21 (10%) patients had multiple CABG, mean number of PCI per patient was 4.0±2.7. Complications during CABG were reported in 19.7% and in 14% after PCI, respectively. 15% experienced complications after both CABG and PCI, 51% had no complications at all. Mean symptom-free period was 5.2 (following CABG) versus 1.8 years (following PCI); p<0.001. Duration of recovery was significant shorter after PCI (mean 9.2±1.2 versus 136.4±57.9 days; p<0.01). Based on their personal experience with both procedures 15% of the participants elected CABG in the hypothetical scenario and 67% choose staged PCI, 18% were equally happy with either. More participants preferred PCI when age was ≥70, complications following CABG occurred, and when undergoing CABG first. Gender, number of CABG or PCI procedures per patient, and complications following PCI did not affect participants' preference.

**Conclusions:** In our hypothetical scenario the majority of participants preferred staged PCI over CABG. Preferences were related to age, complications following CABG, and whether CABG was performed first.