

PRACTICE GUIDELINE

2011 ACCF/AHA Guideline for Coronary Artery Bypass Graft Surgery: Executive Summary

A Report of the American College of Cardiology Foundation/
American Heart Association Task Force on Practice Guidelines

*Developed in Collaboration With the American Association for Thoracic Surgery,
Society of Cardiovascular Anesthesiologists, and Society of Thoracic Surgeons*

Writing Committee Members*

L. David Hillis, MD, FACC, *Chair*†
Peter K. Smith, MD, FACC, *Vice Chair**†

Jeffrey L. Anderson, MD, FACC, FAHA*‡
John A. Bittl, MD, FACC§
Charles R. Bridges, MD, ScD, FACC, FAHA*†
John G. Byrne, MD, FACC†
Joaquin E. Cigarroa, MD, FACC†
Verdi J. DiSesa, MD, FACC†
Loren F. Hiratzka, MD, FACC, FAHA†
Adolph M. Hutter, Jr, MD, MACC, FAHA†
Michael E. Jessen, MD, FACC*†
Ellen C. Keeley, MD, MS†
Stephen J. Lahey, MD†
Richard A. Lange, MD, FACC, FAHA†§
Martin J. London, MD||

Michael J. Mack, MD, FACC*¶
Manesh R. Patel, MD, FACC†
John D. Puskas, MD, FACC*†
Joseph F. Sabik, MD, FACC*#
Ola Selnes, PhD†
David M. Shahian, MD, FACC, FAHA**
Jeffrey C. Trost, MD, FACC†
Michael D. Winniford, MD, FACC†

*Writing committee members are required to recuse themselves from voting on sections to which their specific relationships with industry and other entities may apply; see Appendix 1 for recusal information. †ACCF/AHA Representative. ‡ACCF/AHA Task Force on Practice Guidelines Liaison. §Joint Revascularization Section Author. ||Society of Cardiovascular Anesthesiologists Representative. ¶American Association for Thoracic Surgery Representative. #Society of Thoracic Surgeons Representative. **ACCF/AHA Task Force on Performance Measures Liaison.

ACCF/AHA Task Force Members

Alice K. Jacobs, MD, FACC, FAHA, *Chair*
Jeffrey L. Anderson, MD, FACC, FAHA,
Chair-Elect

Nancy Albert, PhD, CCNS, CCRN, FAHA
Mark A. Creager, MD, FACC, FAHA
Steven M. Ettinger, MD, FACC

Robert A. Guyton, MD, FACC
Jonathan L. Halperin, MD, FACC, FAHA
Judith S. Hochman, MD, FACC, FAHA
Frederick G. Kushner, MD, FACC, FAHA
E. Magnus Ohman, MD, FACC
William Stevenson, MD, FACC, FAHA
Clyde W. Yancy, MD, FACC, FAHA

This document was approved by the American College of Cardiology Foundation Board of Trustees and American Heart Association Science Advisory and Coordinating Committee in July 2011, by the Society of Cardiovascular Anesthesiologists and Society of Thoracic Surgeons in August 2011, and by the American Association for Thoracic Surgery in September 2011.

The American College of Cardiology Foundation requests that this document be cited as follows: Hillis LD, Smith PK, Anderson JL, Bittl JA, Bridges CR, Byrne JG, Cigarroa JE, DiSesa VJ, Hiratzka LF, Hutter AM Jr, Jessen ME, Keeley EC, Lahey SJ, Lange RA, London MJ, Mack MJ, Patel MR, Puskas JD, Sabik JF, Selnes O, Shahian DM, Trost JC, Winniford MD. 2011 ACCF/AHA guideline for coronary artery bypass graft surgery: executive summary: a report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. *J Am Coll Cardiol* 2011;58:2584–614.

This article is copublished in *Circulation*, *Anesthesia & Analgesia*, and the *Journal of Thoracic and Cardiovascular Surgery*.

Copies: This document is available on the World Wide Web sites of the American College of Cardiology (www.cardiosource.org), and the American Heart Association (my.americanheart.org). For copies of this document, please contact the Elsevier Inc. Reprint Department, fax (212) 633-3820, e-mail reprints@elsevier.com.

Permissions: Multiple copies, modification, alteration, enhancement, and/or distribution of this document are not permitted without the express permission of the American College of Cardiology Foundation. Please contact healthpermissions@elsevier.com.

TABLE OF CONTENTS

Preamble	2585
1. Introduction	2588
1.1. Methodology and Evidence Review	2588
1.2. Organization of the Writing Committee	2588
1.3. Document Review and Approval	2588
2. Procedural Considerations: Recommendations	2588
2.1. Anesthetic Considerations	2588
2.2. Bypass Graft Conduit	2589
2.3. Intraoperative Transesophageal Echocardiography	2589
2.4. Preconditioning/Management of Myocardial Ischemia	2589
2.5. Clinical Subsets	2589
2.5.1. CABG in Patients With Acute Myocardial Infarction	2589
2.5.2. Life-Threatening Ventricular Arrhythmias	2590
2.5.3. Emergency CABG After Failed PCI	2590
2.5.4. CABG in Association With Other Cardiac Procedures	2590
3. CAD Revascularization: Recommendations	2590
3.1. Heart Team Approach to Revascularization Decisions	2590
3.2. Revascularization to Improve Survival	2590
3.3. Revascularization to Improve Symptoms	2593
3.4. Clinical Factors That May Influence the Choice of Revascularization	2593
3.4.1. Dual Antiplatelet Therapy Compliance and Stent Thrombosis	2593
3.5. Hybrid Coronary Revascularization	2593
4. Perioperative Management: Recommendations	2593
4.1. Preoperative Antiplatelet Therapy	2593
4.2. Postoperative Antiplatelet Therapy	2593
4.3. Management of Hyperlipidemia	2594
4.4. Hormonal Manipulation	2594
4.5. Perioperative Beta Blockers	2594
4.6. Angiotensin-Converting Enzyme Inhibitors and Angiotensin-Receptor Blockers	2594
4.7. Smoking Cessation	2594
4.8. Emotional Dysfunction and Psychosocial Considerations	2595
4.9. Cardiac Rehabilitation	2595
4.10. Perioperative Monitoring	2595
4.10.1. Electrocardiographic Monitoring	2595
4.10.2. Pulmonary Artery Catheterization	2595
4.10.3. Central Nervous System Monitoring	2595
5. CABG-Associated Morbidity and Mortality: Occurrence and Prevention: Recommendations	2595
5.1. Public Reporting of Cardiac Surgery Outcomes	2595

5.1.1. Use of Outcomes or Volume as CABG Quality Measures	2595
5.2. Use of Epi-aortic Ultrasound Imaging to Reduce Stroke Rates	2595
5.3. The Role of Preoperative Carotid Artery Noninvasive Screening in CABG Patients	2595
5.4. Mediastinitis/Perioperative Infection	2596
5.5. Renal Dysfunction	2596
5.6. Perioperative Myocardial Dysfunction	2596
5.6.1. Transfusion	2596
5.7. Perioperative Dysrhythmias	2596
5.8. Perioperative Bleeding/Transfusion	2596
6. Specific Patient Subsets: Recommendations	2597
6.1. Anomalous Coronary Arteries	2597
6.2. Patients With Chronic Obstructive Pulmonary Disease/Respiratory Insufficiency	2597
6.3. Patients With End-Stage Renal Disease on Dialysis	2597
6.4. Patients With Concomitant Valvular Disease	2597
6.5. Patients With Previous Cardiac Surgery	2597
References	2597

Appendix 1. Author Relationships With Industry and Other Entities (Relevant)	2610
---	------

Appendix 2. Reviewer Relationships With Industry and Other Entities (Relevant)	2612
---	------

Preamble

The medical profession should play a central role in evaluating the evidence related to drugs, devices, and procedures for the detection, management, and prevention of disease. When properly applied, expert analysis of available data on the benefits and risks of these therapies and procedures can improve the quality of care, optimize patient outcomes, and favorably affect costs by focusing resources on the most effective strategies. An organized and directed approach to a thorough review of evidence has resulted in the production of clinical practice guidelines that assist physicians in selecting the best management strategy for an individual patient. Moreover, clinical practice guidelines can provide a foundation for other applications, such as performance measures, appropriate use criteria, and both quality improvement and clinical decision support tools.

The American College of Cardiology Foundation (ACCF) and the American Heart Association (AHA) have jointly produced guidelines in the area of cardiovascular disease since 1980. The ACCF/AHA Task Force on Practice Guidelines (Task Force), charged with developing, updating, and revising practice guidelines for cardiovascular diseases and procedures, directs and oversees this effort. Writing committees are charged with regularly reviewing

Download English Version:

<https://daneshyari.com/en/article/2947541>

Download Persian Version:

<https://daneshyari.com/article/2947541>

[Daneshyari.com](https://daneshyari.com)