

# Letter to the Editor: The Pundit Speaks

By Randolph M. Howes, M.D., Ph.D.

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## “Heart Bypass Surgery Limitations”

Some patients may have placed a little false hope in long-term heart bypass surgery. In 2010, experts found, "The bypass operation did not improve survival for heart failure patients who already were taking medicines to control risks like high cholesterol and high blood pressure." Doctors assumed bypass would cut deaths by 25 percent. But after nearly five years, the study of 1,200 heart failure patients showed that about the same number in each group had died. Actually, for the first two years, there were more deaths among those given surgery versus the others. In addition to the new knowledge about a “special period of attention” 8–10 years after the bypass surgery, the first month is particularly critical. Within the first 30 days after bypass surgery, patients have an increased risk of dying in connection with the operation, which is not in itself new. The survival rate for bypass patients who make it through the first month after the operation is close to that of the population in general. But, 8–10 years after a heart bypass operation, mortality increases by 60–80 per cent. This is new and important knowledge for the doctors who monitor these patients. This is the main conclusion in 2017 of a comprehensive national register-based study that sheds light on the thirty-year prognosis following a heart bypass operation, on 51,000 Danish patients who had undergone surgery in the period 1980 – 2009. Dr. Kasper Adelborg was the primary author of the publication, "Thirty-Year Mortality After Coronary Artery Bypass Graft Surgery. A Danish Nationwide Population-Based Cohort Study," which was published in the journal *Circulation: Cardiovascular Quality and Outcomes*. Adelborg's study showed that ten-year-survivors have an increased mortality when compared with the general population. This may be due to the fact that the disease is progressive and that the atherosclerosis or hardening of the arteries increases, or that the implanted material begins to fail. There will naturally be differences in the prognosis from patient to patient. So, the clinicians who are in contact with the patients should therefore assess their prognosis individually – and there are special reasons to do this after the initial eight-ten years, as we now know that ‘something’ happens. Adelborg said, "It is well-known that there are risks associated with a complicated operation in the heart, but fortunately mortality in connection with the surgery itself is quite low. What is new is that we have precise figures for the prognosis, including the long-term prognosis for patients who have undergone bypass surgery."

In the America that I love, we must be aware of the long-term benefits or limitations of major cardiac surgical procedures, like heart bypass surgery.

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