



Medical University of Graz

**Smoking is a significant risk-factor for  
postoperative cerebral events in CABG and  
simultaneous internal carotid  
endarterectomy**

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# Disclosure

Speaker name:

Peter Konstantiniuk

I have the following potential conflicts of interest to report:

- Consulting
- Employment in industry
- Stockholder of a healthcare company
- Owner of a healthcare company
- Other(s)
  
- I do not have any potential conflict of interest



## Patients

- 1/1986 – 04/2008
- 273 patients
- Age: 67,1a (SD 7,1a)
- M: 215 (79%)  
F: 58 (21%)

## Perioperative cerebral events

|                |               |
|----------------|---------------|
| Total:         | 7,0% (19/273) |
| Ipsilateral:   | 5,5% (15/273) |
| Contralateral: | 1,1% (3/273)  |
| Bilateral:     | 0,4% (1/273)  |

# Neurological status at discharge



| Rankin | n | %    |
|--------|---|------|
| 0      | 4 | 1.5% |
| 1      | 7 | 2.6% |
| 2      | 3 | 1.1% |
| 4      | 2 | 0.7% |
| 5      | 3 | 1.1% |



Minor stroke  
5.1% (14/273)

Disabling stroke  
1.8% (5/273)

# Cerebral symptomatic by smoking

non smoker



$p = 0.002$

■ no event  
■ any stroke

smoker



non smoker

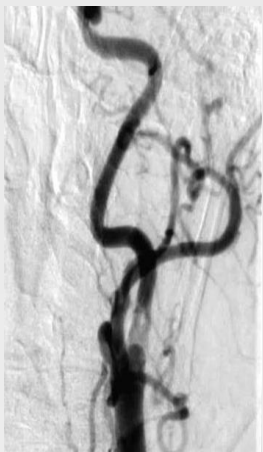


■ no major stroke  
■ major stroke

smoker



# Cerebral symptomatic by symptomatic



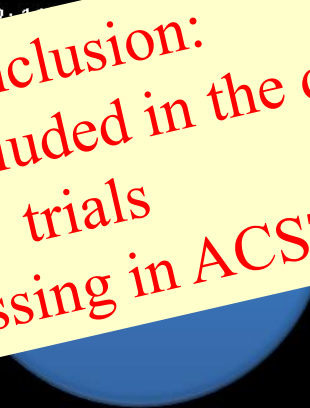
asymptomatic

■ 17; 7%



symptomatic

■ 2; 4%



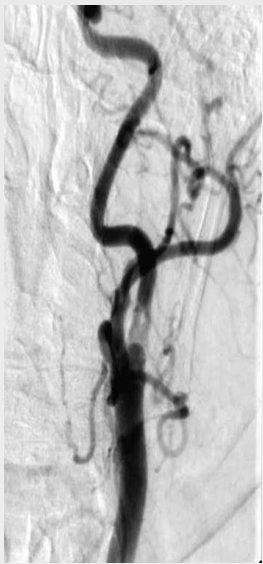
■ 17; 89%

■ 20; 100%

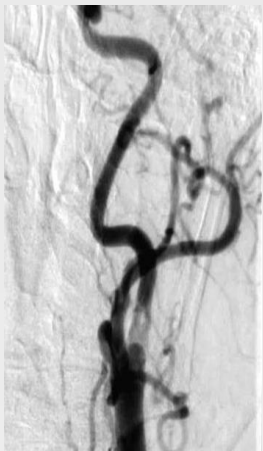
**Conclusion:**  
Smoking status should be included in the design of carotid artery trials  
(e.g. missing in ACST 1)

$p = 0.07$

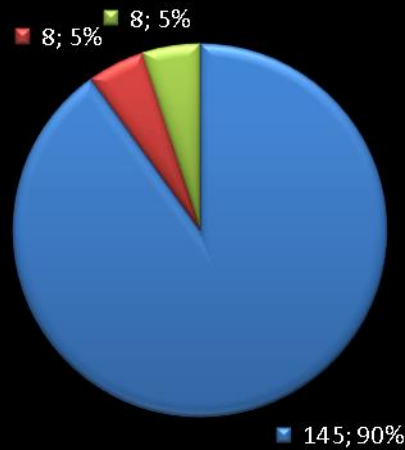
# Discussion



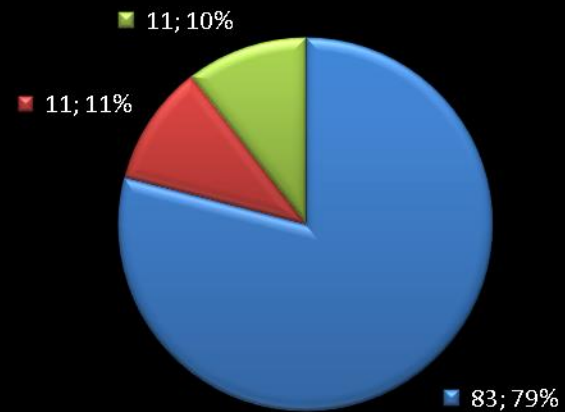
# Symtomatic by smoking status



non smoker



smoker



$P = 0,02$