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

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<tbody>
<tr>
<td>0</td>
<td>4</td>
<td>1.5%</td>
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<tr>
<td>1</td>
<td>7</td>
<td>2.6%</td>
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<tr>
<td>2</td>
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<td>4</td>
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<td>0.7%</td>
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<tr>
<td>5</td>
<td>3</td>
<td>1.1%</td>
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Minor stroke
5.1% (14/273)

Disabling stroke
1.8% (5/273)
Cerebral symptomatic by smoking

p = 0.002
Cerebral symptomatic by symptomatic

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

p = 0.07
Discussion
Symptomatic by smoking status

\[ P = 0.02 \]