

**Kurlansky PA, Traad EA, Galbut DL, Singer S, Zucker M, Ebra G. Coronary bypass surgery in women: A long-term comparative study of quality of life after bilateral internal mammary artery grafting in men and women. Ann Thorac Surg 2002;74:1517-25.**

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**BACKGROUND:** Coronary bypass surgery carries a higher operative mortality and less favorable long-term clinical benefits for women than men. The impact of arterial revascularization on long-term results, including quality of life (QOL) in women, compared with men, has not been clearly defined. **METHODS:** A retrospective analysis was performed comparing 261 consecutive women patients from a single surgical practice receiving bilateral internal mammary artery (IMA) and supplemental vein grafts between January 1972 and October 1994 with a computer-matched cohort of 261 men undergoing bilateral IMA surgery during the same time period. Univariate analysis confirmed the homogeneity of the two groups based on multiple preoperative variables. The SF-36 QOL assessment tool was completed for all patients at follow-up, which ranged from 1 month to 25 years, with a mean follow-up of 9.1 years for women and 8.6 years for men. **RESULTS:** There was no significant difference in operative mortality, nor in the incidence of any of 10 postoperative complications evaluated. The actuarial survival at 15 years was 53.7% +/- 4.8% for women and 50.9% +/- 5.6% for men ( $p = 0.218$ ). At follow-up, 97.0% of women and 94.3% of men were free of angina and in Canadian Cardiovascular Society (CCS) class I or II. The need for reoperation (1.8% vs 1.9%) and PTCA (4.8% vs. 3.2%) was comparable in both groups. However, a higher rate of late myocardial infarction was found in women than men (1.8% vs 0.6,  $p = 0.021$ ). The long-term event-free survival was found to be no different in men than women ( $p = 0.084$ ). QOL as measured by the SF-36 was compared with the general population corrected for age and gender. Men and women scored as well or better than the general population in a majority of the eight health scales. Moreover, with regard to the health summary scores, men scored significantly higher ( $p = 0.001$ ) in physical health, whereas women scored significantly higher ( $p = 0.011$ ) in mental health when compared with age-adjusted norms. **CONCLUSIONS:** Men and women undergoing coronary revascularization using bilateral internal mammary artery conduits experience comparable outcomes, excellent long-term results, and enjoy a QOL comparable to or better than the general population as measured by the SF-36.