**OUTCOMES FOLLOWING PCI IN PATIENTS WITH PREVIOUS CABG:**

**A MULTI CENTRE EXPERIENCE**

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Background: Patients with recurrent angina in the setting of a remote history of coronary artery bypass grafting (CABG) represent an increasing problem. Treating these patients is technically challenging with limited data available to guide operators as to the optimal revascularisation strategy.

Methods: We retrospectively analysed clinical data on 161 patients with prior CABG who underwent PCI at our two national tertiary centres in South Wales between September 2005 and April 2008.

Results: 161 patients (132 male, 68 ± 8years) underwent PCI at an average 126 ± 65 months after index CABG. Clinical presentation of recurrent ischaemia was stable in 59.7% and as an acute coronary syndrome in 40.3% of patients. Mean follow-up after PCI was 13.5 ± 4.8mths. 62.7% of patients underwent native vessel PCI while 32.9% had a graft only PCI and 4.4% having a combination of both. Drug eluting stents were used in 84.9% of cases. The mean CCS angina class decreased from 2.87 to 0.67 (p<0.0001) in the follow up group. During follow-up 12.4% of the cohort underwent repeat PCI although 30% of these required PCI for a de-novo lesion. The rate of target vessel revascularisation (TVR) was significantly higher in patients undergoing graft PCI than native vessel PCI (15% vs. 4.9%, p=0.031).

Conclusion: In patients with previous CABG presenting with recurrence of angina, PCI significantly improved anginal symptoms with low overall rates of TVR. The rate of TVR was however significantly higher in those patients undergoing graft PCI than those patients undergoing native vessel PCI.