

## Re: Are bypass operations a big scam?

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*Source:* <http://sci.tech-archive.net/Archive/sci.med.cardiology/2006-01/msg00959.html>

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- *From:* "Sue" <chrli699@xxxxxxxxxx>
  - *Date:* 20 Jan 2006 17:16:25 -0800
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Andrew B. Chung, MD/PhD wrote:

> bob@xxxxxxxxxx wrote:

>> My jaw dropped when I read about this study below in the New England Journal  
>> of Medicine (hardly some quack alternative medicine resource). Is this 1984  
>> CASS study still authoritative or has it been debunked? From what I gather,  
>> bypass operations HAVE been shown to be effective in the small minority of  
>> patients who have a left main coronary artery blockage, but otherwise not.

>>

>> What does this mean– if the cardiologist tells you that you need a bypass  
>> operation and you don't have the left main artery blockage, should you  
>> assume he's trying to scam you?

>

> No.

>

>> Are there any other valid reasons to get a  
>> bypass?

>

> For relief of angina symptoms.

>

>> TIA,

>>

>> Robert

>>

>> N Engl J Med. 1984 Mar 22;310(12):750–8.

>>

>>

>> Myocardial infarction and mortality in the coronary artery surgery study  
>> (CASS) randomized trial.

>>

>> [No authors listed]

>>

>> The long–term benefit of coronary bypass surgery in terms of longevity and  
>> prevention of major ischemic events in patients who have mild angina is not  
>> well defined. The randomized Coronary Artery Surgery Study (CASS) was  
>> designed to evaluate this issue; it consists of 780 patients who were  
>> considered operable and who had mild stable angina pectoris or who were free

Re: Are bypass operations a big scam?

> > of angina after infarction. As a result of the randomization process there  
> > were no significant differences in base-line variables between patients  
> > randomly assigned to medical and to surgical therapy. The likelihood of  
> > death in the five-year period after randomization was only 8 per cent in the  
> > medical cohort, as compared with 5 per cent in the surgical cohort (not  
> > significant). The likelihood of nonfatal Q-wave myocardial infarction was 11  
> > and 14 per cent, respectively (not significant). The five-year probability  
> > of remaining alive and free of infarction was 82 per cent in the patients  
> > assigned to medical therapy and 83 per cent in the patients assigned to  
> > surgery (not significant). There were no statistically significant  
> > differences in the survival rate or in the myocardial-infarction rate  
> > between subgroups of patients randomly assigned to medical and to surgical t  
> > herapy when they were analyzed according to initial group assignment, number  
> > of diseased vessels, or ejection fraction. Therefore, as compared with  
> > medical therapy, coronary bypass surgery appears neither to prolong life nor  
> > to prevent myocardial infarction in patients who have mild angina or who are  
> > asymptomatic after infarction in the five-year period after coronary  
> > angiography,  
>  
> A non-invasive alternative to either bypass surgery or  
> angioplasting/stenting:  
>  
> <http://tinyurl.com/79ot6>  
>  
> Would be more than happy to "glow" and chat about this and other things  
> like cardiology, diabetes, cooking and nutrition that interest those  
> following this thread here during the next on-line chat (01/19/06) from  
> 6 to 7 pm EST:  
>  
> <http://tinyurl.com/cpayh>  
>  
> For those who are put off by the signature, my advance apologies for  
> how the LORD has reshaped me:  
>  
> <http://tinyurl.com/bgfqt>  
>  
> Prayerfully in Christ's love,  
>  
> Andrew  
> <http://tinyurl.com/b6xwk>

Dear Dr Chung (and other interested parties),

There are minimally invasive sugeries available today that eliminate the need to be pout on bypass during surgery.

In many cases, we are now able to use an instrument that has "suction cups," that provides local stabilization the heart tissue during surgery. This allows the surgeon to operate on a beating heart. This

Re: Are bypass operations a big scam?

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eliminates the need for cardioplegia (a solution applied to the heart, that stops the heart); eliminates the need to be placed on a cardiopulmonary bypass pump machine, and eliminates the need to restart the heart (using defibrillation).

So overall, the procedural risks are greatly reduced. Granted, come cardiac surgeons that have not used this technique & may not be comfortable trying it (they prefer to work on a completely still heart). Yet it appears that more and more surgeons are adopting this method when possible.

Example:

[http://www.hsforum.com/stories/articleReader\\$638](http://www.hsforum.com/stories/articleReader$638)

Sue (nondoctor, research/medical device company)

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- **Follow-Ups:**

- ◆ **Re: Are bypass operations a big scam?**

◇ From: Erskine James

- **References:**

- ◆ **Are bypass operations a big scam?**

◇ From: bob

- ◆ **Re: Are bypass operations a big scam?**

◇ From: Andrew B. Chung, MD/PhD

- Prev by Date: **Re: Lisinopril**
- Next by Date: **Re: Recovery rate**
- Previous by thread: **Re: Are bypass operations a big scam?**
- Next by thread: **Re: Are bypass operations a big scam?**
- Index(es):
  - ◆ **Date**
  - ◆ **Thread**