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GUEST EDITORIAL

Cardiac surgeons are generally reluctant to initiate lipid-lowering therapy during the postoperative period.

There are experimental studies which have shown that statins, independent of their lipid-lowering effects, improve endothelial function, decrease vasoconstriction, suppress the inflammatory response and reduce thrombosis. Also there are well established clinical trials in patients undergoing CABG procedure have shown that statins prevent the progression of atherosclerotic disease in vein grafts, decrease the incidence of angina and reduce the need for revascularization.

Lipid-lowering therapy should be started in the hospital after surgery, which has many advantages. The message is conveyed to the patient that this is an important therapeutic intervention that may prevent another surgery or the need for rehospitalization. Also the beneficial effects of endothelial preservation decrease inflammation and thrombosis are immediately instituted.

Statins have been studied in various trials for approximately 20 years and one of the safest classes of drugs developed. Nevertheless, statins are associated with skeletal muscles symptoms and elevation of liver enzymes. The incidence of side effects is very low; myalgia between 1% and 5% and significant elevation of liver enzymes is about 1%.

In conclusion, all CABG patients, including those with average or high cholesterol blood levels should receive statin therapy during the postoperative period. Revascularization alone is not sufficient to prevent recurrent ischemic events. By initiating statin therapy in the CABG patients, we as surgeons can take a major step in giving our patients the most optimal cardiac protection from recurrent ischemic events.

Fazle Rabbi
FRCS