Functional Impairment and Mortality of Stroke Subtypes Following CABG

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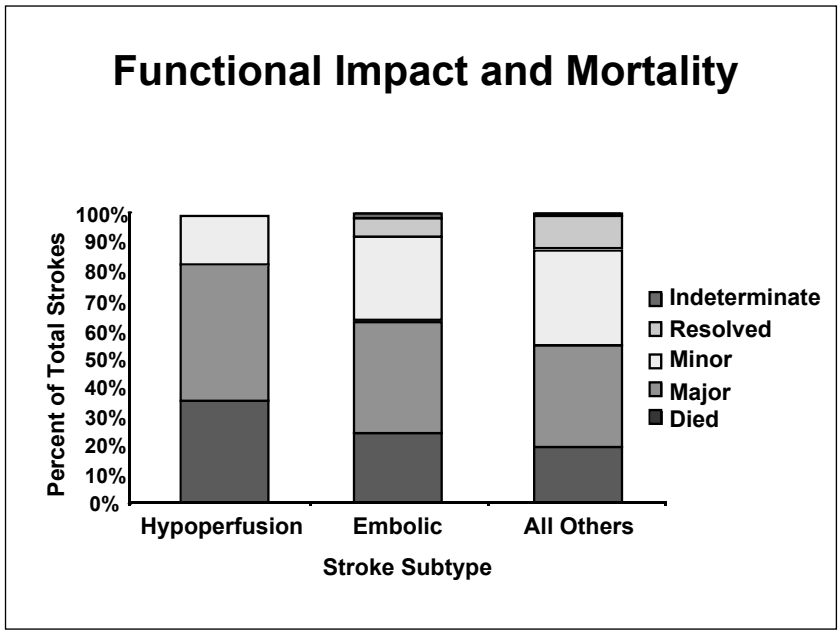
Authors: DS Likosky, LR Caplan, E Landis, BJ Leavitt, YR Baribeau, F Hernandez, RM Weintraub, CS Ross, GT O'Connor

Background: The functional impairment and mortality of stroke subtypes following CABG is largely unknown.

Methods: We conducted a review of 388 patients who had strokes after isolated CABG from 1992-2000. Stroke subtypes were classified as embolic, hypoperfusion, and other. Mortality and functional impairment were classified as: death during index admission, major, minor, resolved, and indeterminate. Discharge location was: home, rehabilitation facility, nursing facility, and other.

Results: The distribution of stroke subtypes was: embolic (62%, 241 of 388), hypoperfusion (9%, 34 of 388), and other (29%, 113 of 388). Overall functional outcomes were: death (24%, 89 of 376), major (39%, 145 of 376), minor (29%, 109 of 376), resolved (8%, 28 of 376), and indeterminate (1%, 5 of 376). Patients were discharged to rehabilitation facilities (53%, 153 of 290), home (32%, 92 of 290), nursing facilities (11%, 32 of 290) and other (5%, 13 of 290). Neither functional impact and mortality ($p = 0.19$), nor discharge location ($p = 0.94$) differed by stroke subtype.



Conclusion: Nearly 1/4 of patients having strokes after CABG die. Among survivors, most have major functional impairments, and are largely discharged to rehabilitation facilities.