

## Upper-limb remote preconditioning no help in cardiac Sx

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(HealthDay)—Upper-limb remote ischemic preconditioning (RIPC) is not beneficial for patients undergoing cardiac surgery, according to two studies published online Oct. 5 in the *New England Journal of Medicine*. The research was published to coincide with the annual meeting of the European Society of Intensive Care Medicine, held from Oct. 3 to 7 in Berlin.

Patrick Meybohm, M.D., from the University Hospital Frankfurt in Germany, and colleagues compared upper-limb RIPC (692 patients) with a sham intervention (693 patients) in adults who were scheduled for elective cardiac surgery requiring cardiopulmonary bypass under total anesthesia with intravenous propofol. The researchers found that the rate of the composite primary end point (death, myocardial infarction, stroke, or acute renal failure up to the time of hospital discharge) did not differ significantly between the groups (14.3 percent in the RIPC group



versus 14.6 percent in the sham-RIPC group; P = 0.89).

Derek J. Hausenloy, M.B., Ch.B., Ph.D., from University College London, and colleagues compared sham conditioning (control; 811 patients) with RIPC (801 patients) among adults at increased surgical risk who were undergoing on-pump coronary artery bypass graft (CABG) surgery with blood cardioplegia. The researchers observed no significant between-group difference in the cumulative incidence of the combined primary end point (death from cardiovascular causes, nonfatal myocardial infarction, coronary revascularization, or stroke) at 12 months after randomization (26.5 percent in the RIPC group versus 27.7 percent in the control group; P = 0.58).

"Remote ischemic preconditioning did not improve clinical outcomes in patients undergoing elective on-pump CABG with or without valve surgery," Hausenloy and colleagues write.

Several authors from the Meybohm study disclosed financial ties to the biopharmaceutical industry.

**More information:** <u>Abstract - Meybohm</u>

Full Text

Abstract - Hausenloy

Full Text

**Editorial** 

**More Information** 

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