

Volatile anesthetics do not reduce deaths in elective CABG

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(HealthDay)—For patients undergoing elective coronary artery bypass

grafting (CABG), there is no significant difference in deaths at one year with anesthesia with a volatile agent versus total intravenous anesthesia, according to a study published online March 19 in the *New England Journal of Medicine* to coincide with the International Symposium on Intensive Care and Emergency Medicine, held from March 19 to 22 in Brussels.

Giovanni Landoni, M.D., from the IRCCS San Raffaele Scientific Institute in Milan, and colleagues conducted a single-blind trial at 36 centers in 13 countries. Patients scheduled to undergo elective CABG were randomly assigned to an intraoperative [anesthetic](#) regimen including a volatile anesthetic (2,709 patients) or to a total intravenous anesthetic (2,691 patients).

The data and safety monitoring board advised that the trial be stopped for futility at the second interim analysis. The researchers found that with respect to deaths from any cause, there was no significant between-group difference at one year (2.8 and 3.0 percent in the volatile anesthetics and total intravenous anesthesia groups, respectively; relative risk, 0.94; 95 percent confidence interval, 0.69 to 1.29; $P = 0.71$) or at 30 days (1.4 and 1.3 percent, respectively; relative risk, 1.11; 95 percent confidence interval, 0.7 to 1.76).

"In this pragmatic, multicenter, randomized, single-blind trial involving [patients](#) undergoing elective, isolated CABG, intraoperative anesthesia with a volatile anesthetic did not result in a significantly lower number of deaths at one year than total intravenous anesthesia," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

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