


NACSA AT A GLANCE

Data from the three-year period April 2017 to March 2020



31,046 cardiac operations were performed in 2019/20 (a 13% fall over 5 years, almost all in elective procedures, falls greatest in women >70yrs)

Valve interventions

Surgery to the aortic valve can be carried out in isolation or as part of a combined procedure with coronary artery bypass graft (CABG) surgery. Transcatheter Aortic Valve Implantation (TAVI) is increasing year on year and preferred in older patients.

Mitral valve repair is the preferred method of surgery for patients with mitral disease, but mitral valve replacement (MVR) is usual in patients with unfavourable valve characteristics (such as rheumatic mitral disease).



25% increase in all aortic valve interventions over 5 years (now 5056 AVRs, 2596 AVR&CABG, 6076 TAVIs)



26% fall in isolated mitral valve repairs and 15.7% fall in isolated mitral valve replacements over 5 years

61% rate of mitral valve repairs (rate varies between hospitals from 22-90%)





Coronary Artery Bypass Graft (CABG) surgery in numbers

Coronary artery bypass graft surgery is the most common type of cardiac surgery. The number of CABG performed has been falling steadily year on year. The number of elective CABGs performed has been falling steadily year on year, whilst the number of urgent and emergency procedures is stable.

104 days  wait for elective CABG (up from 97 days in 2017/18)

11 days  wait for urgent CABG (up from 10 days in 2017/18)

18.5%  admitted on day of surgery (up from 10.8% in 2017/18)

50.7%  percentage of CABG cases performed as urgent cases (up from 47.4% over 3 years)

0   no hospital operates on >75% of urgent cases within 7 days of the angiogram

1.8%  reoperation for bleeding after CABG (down from 2.6% in 2017/18); low rates of other complications