

Coronary Bypass Surgery More Deadly for Black Adults

Black patients were more likely to die after coronary artery bypass surgery compared with white patients.

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A new study of more than one million people found that Black people are more likely to die in the hospital after coronary artery bypass grafting (CABG) surgery compared with white patients, the [American Society of Anesthesiologists reports](#).

Presented at the Anesthesiology 2024 meeting, the study suggests that advances in cardiovascular care and health care technology are not benefiting all racial groups equally.

CABG, also known as heart bypass surgery, is a surgical procedure that improves blood flow to the [heart](#) by rerouting blood around blocked or narrowed coronary [arteries](#).

“Our large study shows that [disparities](#) in cardiovascular health care delivery in the U.S. are ongoing, especially in Black patients,” said lead study author Vinicius Moreira, MD, chief anesthesiology resident at Advocate Illinois Masonic Medical Center, in a news release. “We found Black patients who have coronary artery bypass surgery experience higher rates of severe postoperative complications, including death and cardiac arrest. These alarming statistics call for urgent action from governments and health care systems.”

Researchers analyzed data on 1,159,040 U.S. patients undergoing CABG from 2016 to 2021 and found that Black patients were 22% more likely to die in the hospital after surgery compared with white patients.

What’s more, Black patients remained in the hospital longer on average than people of other races. On average, Black folks spent 11.8 days in the hospital, compared with 10.7 days for Latinos and 9.6 days for white patients.

Black people and Latinos who underwent CABG were also more likely to be younger—64 and 63 years old, respectively. These groups also had higher hospital costs (\$23,000 higher for Black patients and \$78,000 higher for Latinos).

“While advances in cardiovascular medicine, such as minimally invasive cardiac procedures and modern mechanical circulatory support devices, have increased life expectancy, our research suggests Black patients are less likely to have access to them,” Moreira said. “It is imperative that modern policies focus on improving the screening, diagnosis and treatment of chronic conditions that disproportionately impact the Black population and other minorities.”

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