

When Do We Press Play? Recommencing Heart Failure Medications Post Coronary Artery Bypass Graft Surgery

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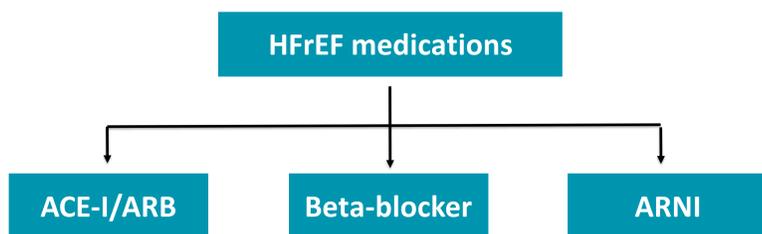
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Introduction

- Medications for heart failure with reduced ejection fraction (HFrEF) are often withheld prior to coronary artery bypass graft (CABG) surgery due to haemodynamic instability.^{1,2}
- Guidelines recommend recommencing HFrEF medications post-operatively in patients with HFrEF as this reduces mortality and hospital readmissions.^{3,4}
- Patients see multiple prescribers at various times post-discharge; which may complicate medication management plans

Aim

To determine whether patients with HFrEF have their medications recommenced within 12-weeks post-CABG and identify areas to improve their transition of care.

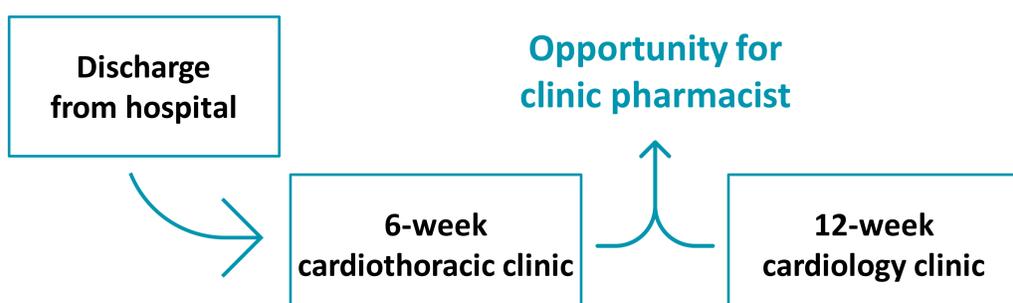


Key: ACE-I, angiotensin converting enzyme inhibitor; ARB, angiotensin receptor blocker; ARNI, angiotensin receptor neprilysin inhibitor

Methods

- Retrospective audit of patients with a left ventricular ejection fraction of $\leq 40\%$ who underwent a CABG between January 2016 – January 2022.
- Recommencement of HFrEF medications were reviewed between discharge and 12-weeks post-CABG. Patients were excluded if HFrEF medications were recommenced on discharge.
- Patient cases who did **NOT** have their HFrEF medications recommenced within the 12-weeks post-CABG were discussed by a clinician panel to determine the appropriateness.
- MRA and SGLT2 inhibitors were not included in the audit, despite being evidence-based treatment options.

Discharge process post-CABG

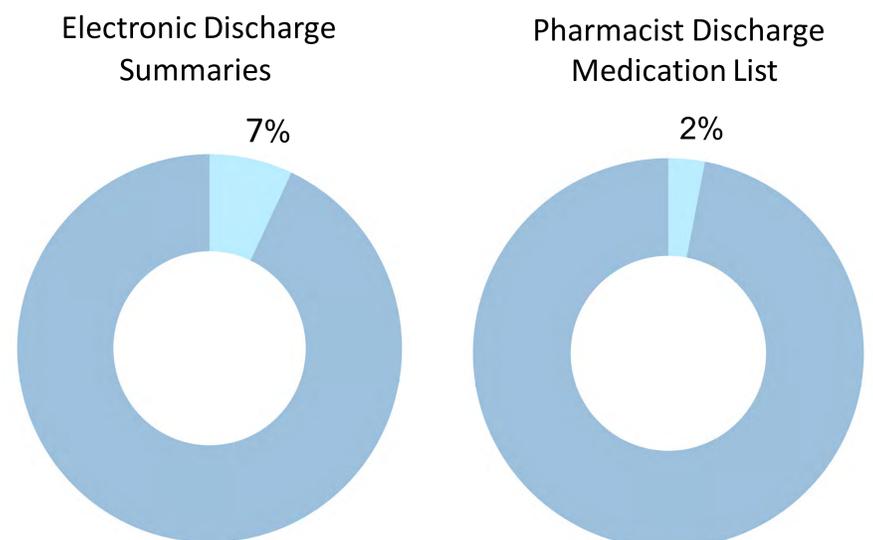


Results

A total of 278 patients were taking HFrEF medications prior undergoing a CABG; 60 of these patients were **NOT** recommenced on their HFrEF medications upon discharge and were included in the study. At the 12-week post-CABG follow up, 15 patients were **NOT** recommenced on their usual HFrEF medications. The clinician panel determined that of these 15 patients;

- 8 were **inappropriately NOT** recommenced, with 3 being attributable to errors in communication.
- 5 were **appropriately NOT** recommenced.
- 2 were undergoing haemodialysis which there is insufficient evidence for recommencing HFrEF medications.
- Advice on recommencing HFrEF medications was documented in 7% of discharge summaries and 2% of pharmacist discharge medication summaries.

Percentage of appropriately documented recommendations to restart HFrEF medications upon discharge



Conclusion

- The majority of patients undergoing CABG were appropriately recommenced on their HFrEF medications.
- The lack of documentation on discharge summaries highlights areas for future improvement.
- Pharmacists can lead the medication management for post-CABG patients.

References

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