

无显著意义,由此提示,糖尿病并不会增加动脉桥痉挛的几率^[10]。本组中采用 IMA 和 RA 搭桥时,糖尿病组术后的严重并发症和死亡率并没有增加。

总之,糖尿病患者经适当控制病情以后,CABG 可以如同非糖尿病患者一样安全地实施。带蒂游离单侧 IMA 并不会增加糖尿病患者胸部切口并发症的几率。围术期心肌缺血、低心排、心律失常、肾功能衰竭以及神经系统和肺部并发症是 CABG 术后主要并发症,但是没有因为合并糖尿病而有所增加。

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《Journal of Geriatric Cardiology》

《Journal of Geriatric Cardiology》创刊于 2004 年 9 月,由解放军总医院老年心血管病研究所主办,中、美两国心脏病学者合作编审出版,是我国心脏病学领域目前唯一的英文专业期刊。王士雯院士任杂志总编辑,方圻教授任名誉总编,分别在北京解放军总医院老年心血管病研究所和美国印地安那州圣·马丽医学中心设立编辑部。

本刊主要交流有关老年心脏病和(或)合并其他器官疾病的临床和基础研究,设有基础研究、临床研究、综述、述评、病例报告等栏目,并特设多器官疾病专栏。

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