Venous thromboembolism (VTE), which is a broad term that includes deep vein thrombosis (DVT) and pulmonary embolism (PE), is a complication that may occur after surgery and is associated with greater adverse outcomes for patients.\(^1,2,3\) However, VTE incidence following cardiac surgery is not as well described as its incidence in other surgical procedures, like orthopedic surgery. As such, VTE prophylactic recommendations for cardiac surgeries are variable and still carry a 2b/c recommendation, meaning usefulness is unknown and intervention is not considered standard in all patients.\(^4,5\)

While recent studies place post isolated CABG VTE incidence between 1-2%, the true incidence is still debated. \(^2,6,7\) ECU Health performs on average 500 Coronary Artery Bypass Grafting (CABG) procedures a year, and we seek to identify which patients at risk and better understand how to prevent VTEs after isolated CABG.

**OBJECTIVE**

The aim of this study is to understand the incidence of VTE among patients at ECU Health who have received an isolated CABG procedure. We hypothesize that incidence of VTE at ECU Health will mirror recently reported national rates. With this data, we plan to investigate the characteristics of those that did develop a VTE.

**MATERIALS & METHODS**

Incidence was calculated using data obtained from the Society of Thoracic Surgeons Adult Cardiac Surgery Database (STS National Database). Patients that received an isolated CABG between 01/01/2014 - 05/31/2024 were included and those within this cohort that were readmitted up to 30 days post procedure for either DVT or PE were used to calculate the incidence rates. We then compared the calculated rate to published national incidence rates from Khoury et al.\(^8\), Du et al.\(^8,9\), and Panhwar et al.\(^8\).

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**REFERENCES**