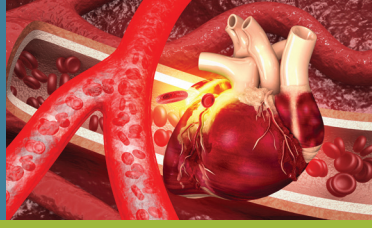
Coronary Artery Bypass Grafts (CABG)

National leader in CABG, with expertise in complex and high-risk cases



Advanced minimally-invasive and robotic CABG options

3-Star Rating from STS for isolated CABG, among top programs nationally

Overview

Duke Health is a recognized leader in coronary revascularization, performing more than 450 coronary artery bypass graft (CABG) procedures annually. Our three-star designation in isolated CABG, the highest rating awarded by the Society of Thoracic Surgeons, indicates outcomes that rank among the nation's best, reflecting superior performance in risk-adjusted mortality, morbidity, and overall quality of care.

CABG can be performed in combination with complex valve interventions—including aortic or mitral valve repair or replacement—as well as hybrid revascularization strategies incorporating percutaneous coronary intervention (PCI) for lesions not requiring bypass. This integrated, multidisciplinary approach supports tailored care for patients with complex multivessel and valvular disease.

To Refer a Patient, log in to Duke MedLink, or call 919-684-2890.

Advanced Surgical Options

For patients with severe coronary artery disease who may not be ideal candidates for traditional CABG—or who may benefit from a sternal-sparing approach to reduce morbidity—we offer a full spectrum of CABG techniques, including:

- Minimally-invasive and robotic-assisted CABG
- Percutaneous coronary intervention (PCI) for hybrid revascularization
- Aortic Valve or mitral valve repair/replacement alongside CABG

When to Refer

We provide comprehensive evaluation and surgical management for patients with the full spectrum of coronary artery disease, offering evidence-based approaches to restore myocardial perfusion and improve long-term outcomes. Our cardiac surgery team offers a full spectrum of revascularization options for CABG-appropriate patients, including, but not limited to:

- Multivessel coronary artery disease
- Severe CAD with reduced EF
- Patients unsuitable for PCI
- High risk or redo sternotomy cases
- CAD with concomitant valve disease
- Patients seeking minimally invasive or sternotomy sparing options

DukeHealth