

Surgical Aortic Valve Replacement (SAVR) with Coronary Artery Bypass Graft (CABG)

SAVR is used to treat aortic stenosis (narrowing or stiffening) or regurgitation (abnormal backflow or leaking of blood) in order to restore blood flow from the heart to the body. The aortic valve is replaced with an artificial (mechanical) or biological (animal or human tissue) valve.

CABG is used to treat a blockage in a coronary artery by creating an alternate pathway for the blood to flow in order to reach vital heart muscle. CABG is typically recommended for severe or complex blockages that are not treatable by other methods.

Table Notes

Total Number of Cases represents all inpatient hospitalizations, after exclusions, for patients 18 years and older who had a SAVR procedure, and a CABG procedure performed on the same calendar date.

Mortality represents patients who died during the hospital stay.

Readmission represents patients who were readmitted to a Pennsylvania acute care hospital within 7, 30 and 90 days of the discharge date of the original hospitalization. Out-of-state residents were excluded because readmission data was not available for patients readmitted to a non-Pennsylvania hospital. Planned readmissions were not counted.

Extended Postoperative Length of Stay represents patients whose length of stay in the hospital following a SAVR with CABG procedure was significantly longer than expected, after accounting for patient risk.

Average Hospital Charge represents the entire length of stay and is trimmed and case-mix adjusted. Professional fees were not included. In almost all cases, hospitals typically receive actual payments from private insurers or government payers that are considerably less than the listed charge.

See [About the Report](#) or [Technical Notes](#) for further details.

Surgical Aortic Valve Replacement (SAVR) with Coronary Artery Bypass Graft (CABG)

Understanding the Symbols

The symbols displayed in this report represent a comparison of actual mortality, readmission, and extended postoperative length of stay rates to what is expected, after accounting for patient risk.

Using readmission as an example:

- Rate was significantly lower than expected.** Fewer patients were readmitted than could be attributed to patient risk and random variation.
- Rate was not significantly different than expected.** The number of patients who were readmitted was within the range anticipated based on patient risk and random variation.
- Rate was significantly higher than expected.** More patients were readmitted than could be attributed to patient risk and random variation.

See [About the Report](#) or [Technical Notes](#) for further details.