

# Renal protection in off pump coronary artery bypass grafting

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## STATEMENTS

1. Acute kidney injury following cardiac surgery is a common and major complication. The risk of acute renal injury requiring renal replacement therapy can be fairly accurately predicted and quantified on the basis of available preoperative and intraoperative data.
2. Renal function is better preserved in patients undergoing off-pump CABG than on-pump CABG.
3. Increased age proves to be a risk factor for patients undergoing on-pump CABG and hence elderly people have to be preferably allocated to off-pump than on-pump CABG.
4. Administration of sodium bicarbonate infusion during off-pump coronary artery bypass surgery reduces the incidence of acute kidney injury.
5. Neutrophil gelatinase-associated lipocalin can be used as a biomarker for predicting acute kidney injury during off-pump coronary artery bypass surgery.
6. Use of N-Acetylcysteine is not advisable for preserving renal function in high-risk patients undergoing off-pump coronary artery bypass graft.
7. Dopamine is not very useful in reducing incidence of acute kidney injury in off-pump CABG.
8. All living organisms are but leaves on the same tree of life. The various functions of plants and animals and their specialized organs are manifestations of the same living matter. This adapts itself to different jobs and circumstances, but operates on the same basic principles. Muscle contraction is only one of these adaptations. In principle it would not matter whether we studied nerve, kidney or muscle to understand the basic principles of life. In practice, however, it matters a great deal. [Albert Szent-Gyorgyi]
9. Science is a way of thinking much more than it is a body of knowledge [Carl Sagan]
10. Most people say that it is the intellect which makes a great scientist. They are wrong: it is character. [Albert Einstein]
11. Somewhere, something incredible is waiting to be known [Sharon Begley]