

CORONARY BYPASS



by Donald Victorson, CLU

UNDERWRITER:

Defined as someone sitting
in an ivory tower 900 miles
from here, trained to say,
"NO."

YOUR JOB:

To convince that
underwriter, with truthful
information, presented in
as favorable a light as
possible that it is desirable,
even possible to say
"YES."

Coronary artery disease is the leading cause of premature deaths in North America. Coronary artery disease is the narrowing or obstruction of the vessels that supply blood and oxygen to the heart. This narrowing is caused by fatty deposits (plaque) on the walls of the arteries.

Coronary Artery Bypass Surgery or CABS, is the most common type of open-heart surgery for patients who have blocked or narrowed arteries as a result of arteriosclerosis, or "clogging of the arteries." Causes include genetic history as

well as lifestyle. Symptoms can include: chest pains, shortness of breath, dizziness and nausea.

As the arteries surrounding the heart progressively close, blood supply to the heart is reduced or blocked altogether. When this happens a heart attack occurs. Where arteries are partially or completely blocked, a piece of vein or artery is sewn around the blockage thereby bypassing the blockage and restoring blood flow to the heart muscle.

TO PROPERLY EVALUATE THE PROSPECTS INSURABILITY YOU MUST ASK THE FOLLOWING IMPORTANT QUESTIONS:

Does the client currently smoke?

Clients who have had a coronary bypass and continue to smoke are probably severely sub-standard, if not uninsurable. Smoking is a major risk factor for heart disease and one that can have a major impact on life expectancy. The good news is that clients who have had coronary bypass and quit smoking have much better survival rates and accordingly can expect a more favorable offer for life insurance.

When did the coronary bypass occur?

Clients without complications may be insurable on a sub-standard basis as early as 6 months after the procedure.

How many bypasses did the client have?

It is imperative to know whether the underlying coronary disease involves one or more blockages. Single bypass procedures are rare. Much more commonly, surgery involves between two and four or even more arteries. The greater the number of bypasses, the greater the extent of the coronary disease.

Did the client have a heart attack prior to the coronary bypass?

It is important to know if the client had a heart attack prior to having the coronary bypass procedure. Those who have had a heart attack, and who have sustained some form of damage to the heart muscle are likely to receive a much higher offer for sub-standard life insurance than those who have never had a heart attack. *Both are likely to be insurable.*

Has the client had any chest pain since the coronary bypass procedure?

Any recurrence of chest pain indicates a

return of the original problem. Clients who experience chest pain post-coronary bypass, regardless of the time since the procedure, are probably uninsurable.

Has the client had any follow-up cardiac tests since the coronary bypass procedure?

Follow-up cardiac tests including Treadmill EKG, Thallium Treadmill, Stress-Echo Treadmill provide objective evidence that the coronary bypass was successful. A basic resting EKG is of limited usefulness. Any follow-up cardiac testing that is abnormal will likely result in the client being highly rated or declined for insurance. Favorable results will usually be helpful in obtaining a much more affordable offer.

What medications is the client currently taking?

An uncomplicated coronary bypass is usually managed with minimal medication such as aspirin. Complicated cases require stronger medications, including Lanoxin, Imdur, Isordil or Nitroglycerin. The medication and the dosage being taken are very important in determining the insurability of the client as well as helping to determine the sub-standard offer that may be possible.

Is the client currently involved in any cardiac rehabilitation program? Has he quit smoking, began an exercise program, changed diet, etc.?

Lifestyle changes can have an enormous impact on underwriting outcome. There are medical studies that verify that mortality outcome is greatly improved with positive lifestyle changes such as quit smoking, or beginning an exercise program. It is very important that you document a lifestyle change that would indicate a decrease in any cardiac risk factors.

UNDERWRITING PROGNOSIS

Clients with a history of coronary artery disease treated successfully with coronary bypass surgery are usually insurable at ratings as moderate as tables 2 to 6. Those who have experienced prior heart attacks, or have had multiple blockages will usually be more severely sub-standard. Lack of change in lifestyle can only increase the likelihood of a high rating.