

MEETING ABSTRACT

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Cabrol technique in coronary artery bypass grafting

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From World Society of Cardiothoracic Surgeons 25th Anniversary Congress, Edinburgh Edinburgh, UK. 19-22 September 2015

Background/Introduction

In coronary artery bypass surgery, proximal anastomosis between the ascending aorta and an arterial or venous graft may be conducted by side-to-side maneuver (Cabrol-type).

Aims/Objectives

We evaluated the long-term clinical outcome and aortocoronary graft patency of Cabrol-type proximal anastomosis in coronary artery bypass grafting (CABG).

Method

From 2002 to 2012, 460 patients (age, 64.7 \pm 8.3 years) underwent CABG using Cabrol technique. The graft configuration included the anastomosis of saphenous vein (SV) to saphenous vein (n = 266), SV to radial artery (RA) (n = 65), RA to SV (n = 108), RA to RA (n = 8), and others (n = 11) (Figure). The mean follow-up duration was 50.3 \pm 32.3 months. Postoperatively, coronary computed tomography angiography (CTA) was checked in 362 patients (78.7%).

Results

The operative mortality was 3.9%. The actuarial rate of the overall survival at 1, 5, and 10 years was 97.7% \pm 0.7%, 88.6% \pm 1.6%, and 70.4% \pm 4.0%, respectively. The actuarial MACCE-free survival at 1, 5, and 10 years was 97.7% \pm 0.7%, 89.9% \pm 1.6%, and 84.2% \pm 2.8%, respectively. Of 301 patients who used LITA (in situ) to LAD anastomosis, 712 grafts (mean, 2.4 grafts per patient) were used in Cabrol-type anastomosis. The 1-, 2-, 5-, and 8-year patency of graft in Cabrol-type anastomosis was 91.4% \pm 1.2%, 88.8% \pm 1.4%, 80.7% \pm 2.2%, and 76.3% \pm 3.7%, respectively.

Discussion/Conclusion

This alternative proximal anastomosis technique in CABG demonstrated relatively comparable patency of aortocoronary graft.

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Published: 16 December 2015

doi:10.1186/1749-8090-10-S1-A290

Cite this article as: Na and Kim: Cabrol technique in coronary artery bypass grafting. Journal of Cardiothoracic Surgery 2015 10(Suppl 1):A290.

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