

ORAL PRESENTATION

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Total arterial revascularization on OPCABG with the exclusive use of two internal mammary arteries – a single center ten-year study analysis

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Background

Our aim is to record and present our ten-years' experience on total arterial revascularization treatment of coronary artery disease with the exclusive use of both internal mammary arteries on OPCABG.

Methods

From February 2001 till September 2011, 1077 patients underwent a total arterial revascularization OPCABG procedure with the use of both internal mammary arteries. The “non-touch Aorta Technique” was utilized and the “ π -graft”, the “ γ -graft”, “t-graft”, “ λ -graft” and “ ψ -graft” techniques were employed. The mean age of our population was 66 years, with a male majority of 84.5%. 72 patients were diabetics (6.7%), 260 patients with LV dysfunction (EF<45%), 73 (7.2%) with renal insufficiency of which 19 under dialysis (1.8%).

Results

The mean number of peripheral arterial anastomoses consisted of 2.8/patient. 569 patients had sequential anastomoses performed with a mean 1.35/patient. Atrial fibrillation was observed in 206 patients (19.1%). IABP was employed on 19 patients preoperatively and 14 patients postoperatively. Emergency revision was performed on 17 patients (1.6%), 14 (1.3%) for hemorrhage and 3 for hemodynamic instability (<0.3%). Sixteen patients remained under prolonged intubation >48hrs (1.6%). Post-operative neurological complications were observed in 5 patients (<0.5%) with stroke. Twenty-two patients (2%) presented sternal wound infection, 10 of which were diabetic (2 insulin and 8 non-insulin dependent).

GI complications were observed in 18 patients (1.8%). Psychiatric help was assessed on 8 patients (0.7%). Long term mortality consisted of 25 and hospital mortality of 7 patients (<1%).

Conclusions

Total arterial revascularization, with the use of both internal mammary arteries, on off pump beating heart surgery is a feasible combination with excellent results when performed by experienced cardiac surgeons.

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