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Total Arterial Revascularization In Coronary Artery Bypass Surgery Using Right Gastroepiploic Artery "Options and Complications"

Essav

Submitted for partial fulfillment of M.Sc.Degree

In

General Surgery

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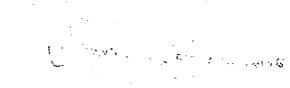
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أجتماع لجنة الحكم على الرسسالة المقدسة مسسر الطبيب / <u>أحرع والرحن ثحر عبد الحواد</u> توطئة للحصول على درجة الباجستير / الدكترواة في الحراحة العاهة



Abstract

The choice of graft conduit is crucial to the success of coronary artery bypass grafting "CABG" because the patency of a coronary conduit is closely associated with an uneventful post operative course and better long term patient survival.

Cadiac surgeons agree that arterial grafts yield a more satisfactory long term clinical out come than do autologous saphenous vein grafts.

In contrast arterial grafts are highly resistant to atherosclerosis. If patent immediately after surgery, they tend to remain patent indefinitely.

Right gastroepiploic artery was first implanted as a direct bypass graft in 1974 by Edwards (Mills N.L., Everson, 1989) the gastroepiploic artery is generally used as pedieled graft. It is suitable for bypassing the right coronary artery, the circumflex artery, or the left anterior descending artery & its diagonal branch.

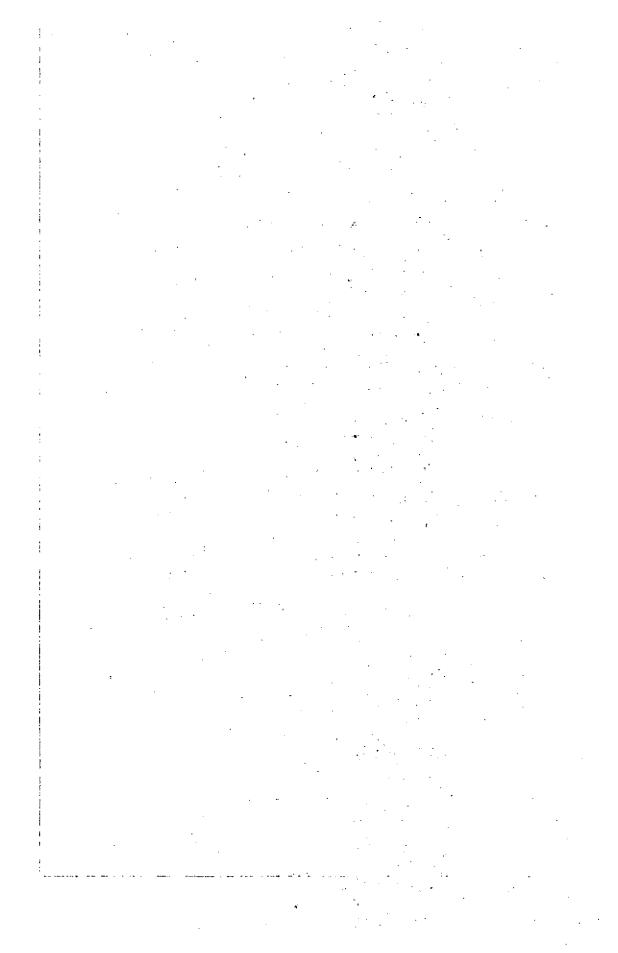
Despite the known reputation of the graft of being a highly spastic one, mid term results show patency of 94% with no evidence of significant intimal hyperplasia(Suma ii. Et al., 1996).

Although the use of arterial conduits including the right gastroepiploic artery was reserved for patients with redo coronary bypass, patients with stripped saphenous veins, patients with ascending aortic disease, obese & diabetic patients at high risk for sternal wound complications, young patients coronary bypass with vein graft failure or hyper lipidemia, now some centers adopt the use of arterial conduits including the right gastroepiploic artery as their own routine (Manapat A.E. et al., 1994).

Key Words

Right gastroepiploic artery 5 spasm

anastomosis, harvesting.



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