

2023년도 대한흉부심장혈관학회 제 16차 전공의 연수교육

Surgical technique of CABG

삼성서울병원 심장외과 정수련





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Selection and harvesting of bypass conduit



On-pump vs Off-pump

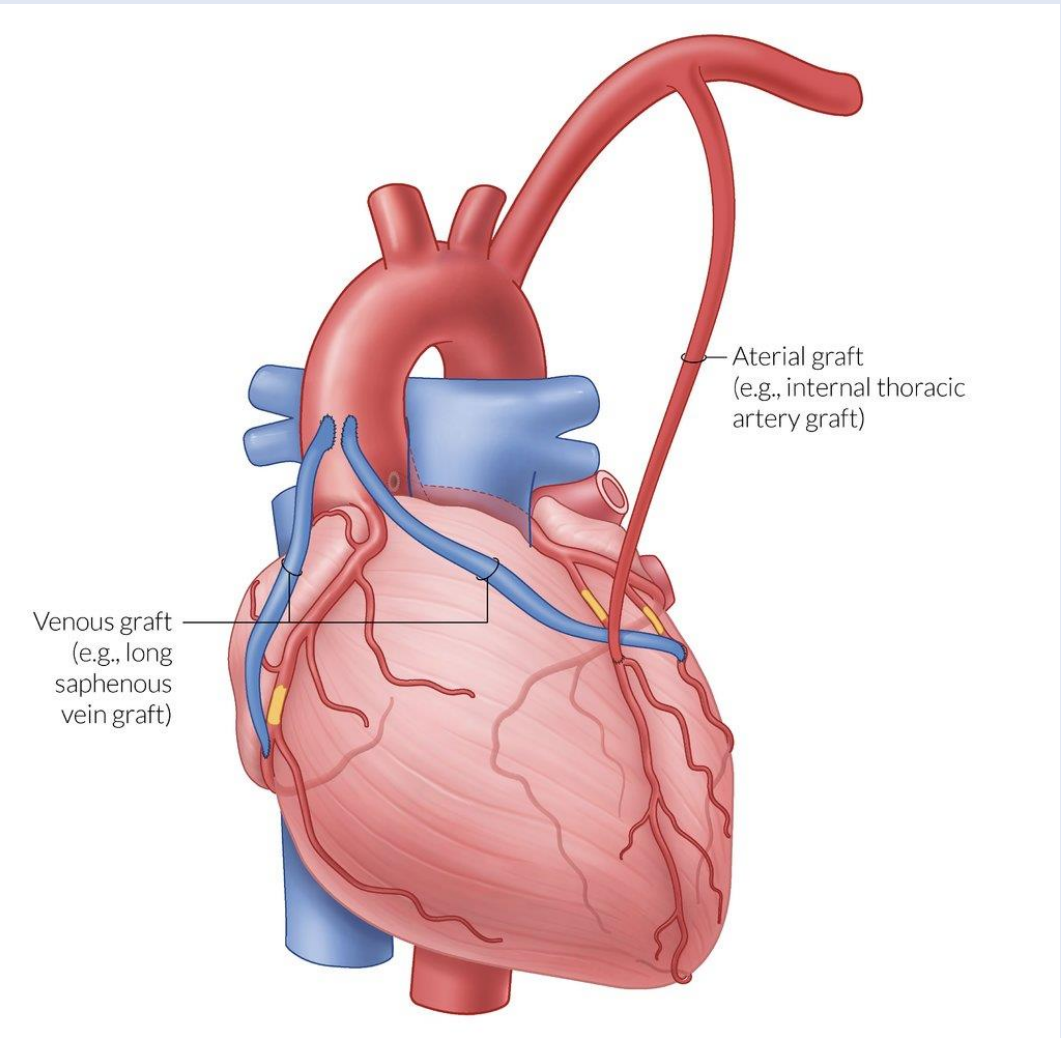


Minimal invasive CABG

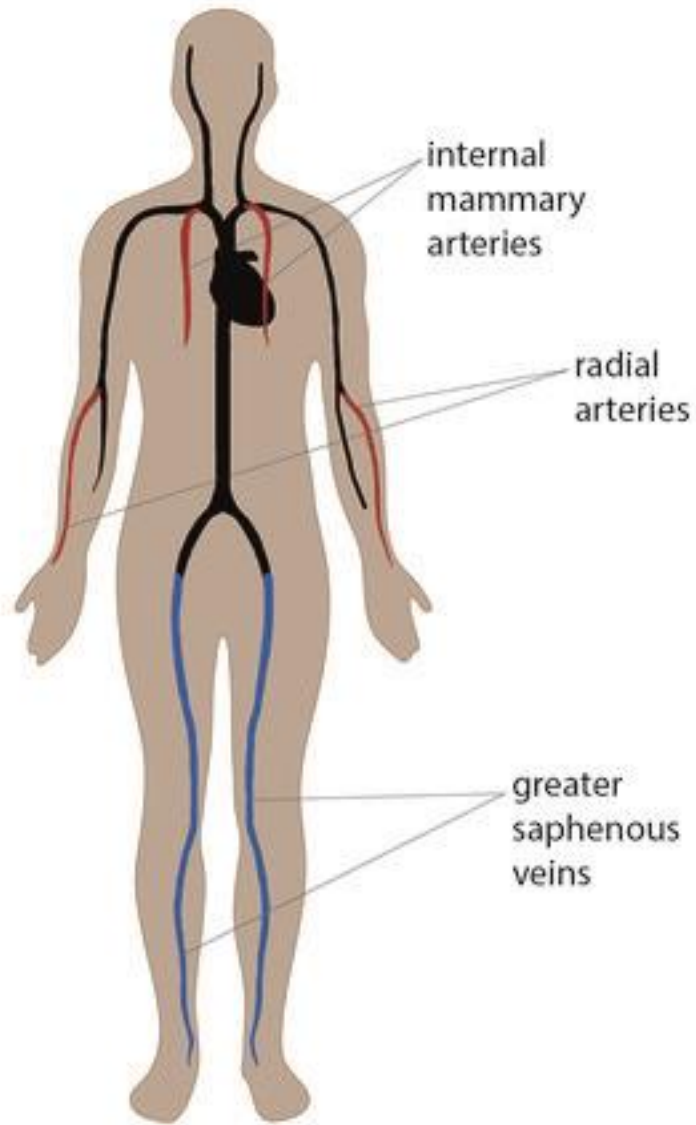




01 Selection and harvesting of Bypass conduit



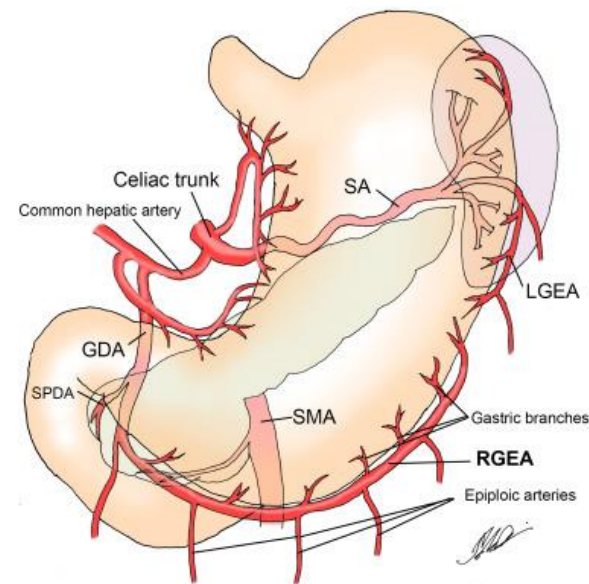
Bypass conduit of CABG



ITA (Internal thoracic artery) >> GSV > Radial artery > GEA

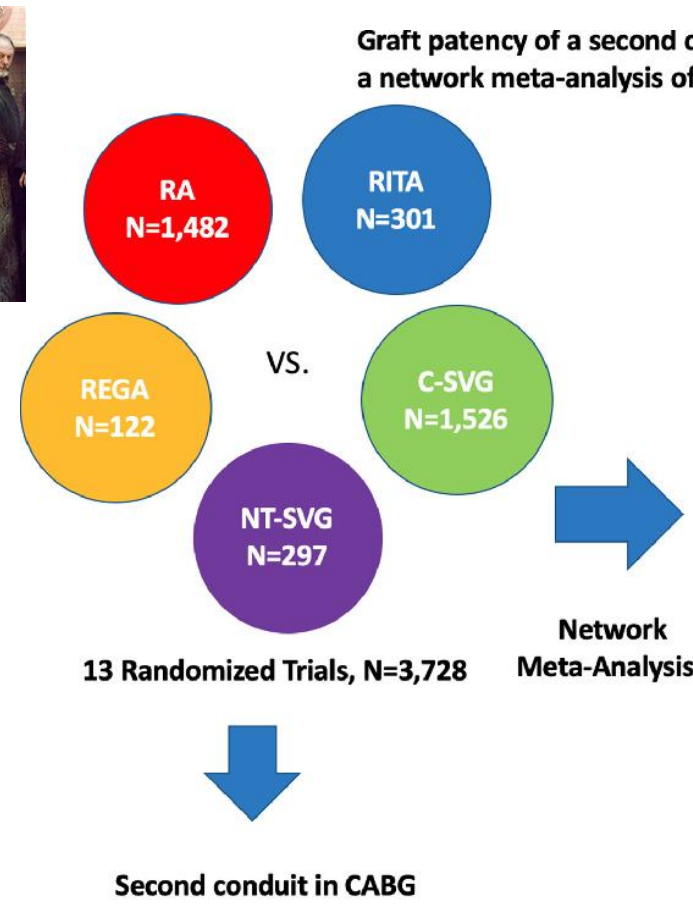
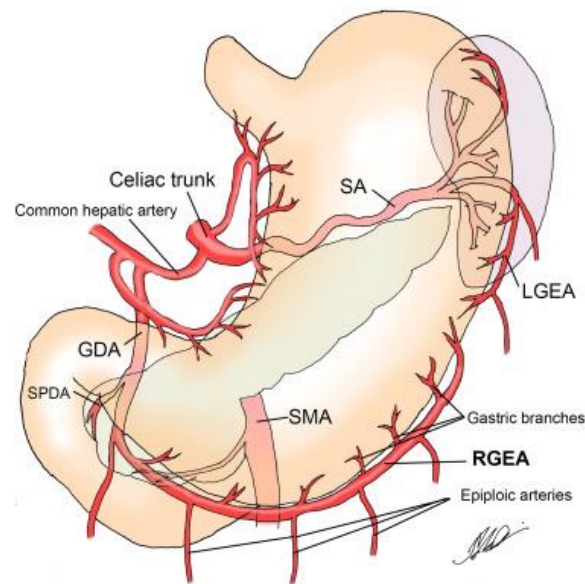
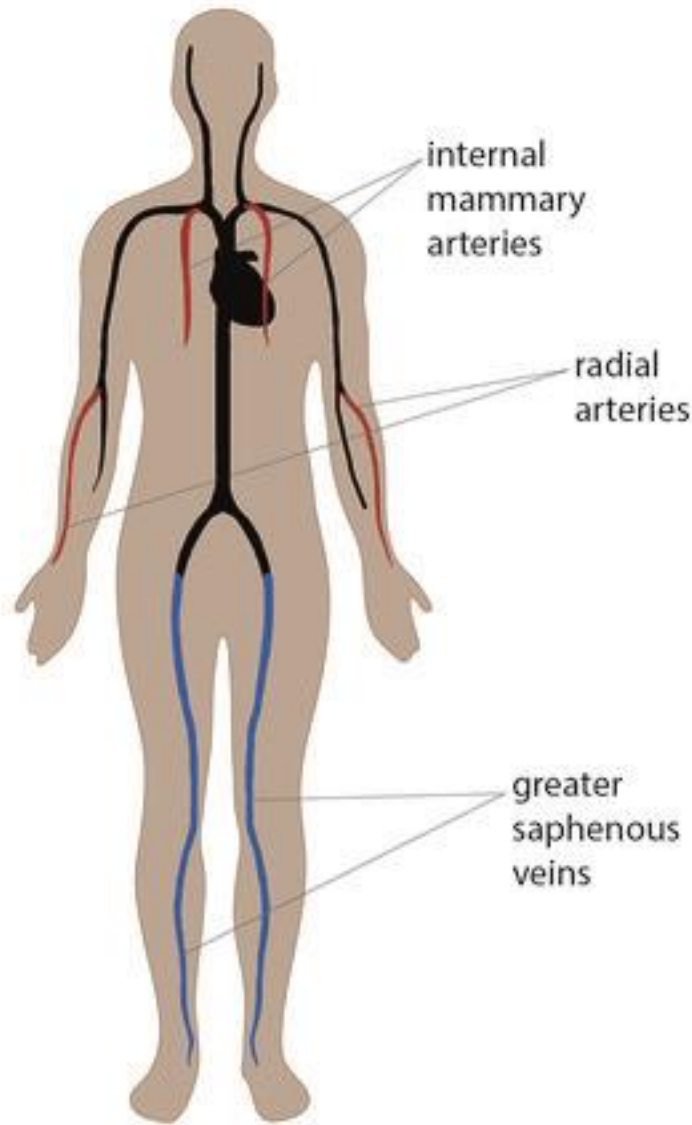
Key point!

LITA grafting to the LAD is the gold standard for primary CABG



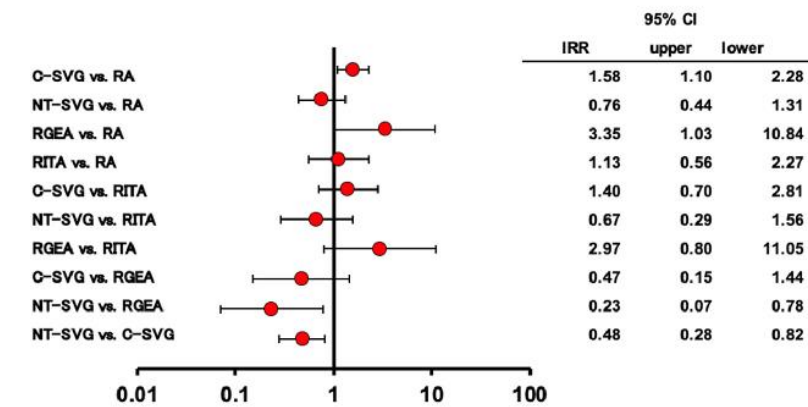
Bypass conduit of CABG

ITA (Internal thoracic artery) >> GSV > Radial artery > GEA



Graft patency of a second conduit for coronary artery bypass surgery: a network meta-analysis of randomized controlled trials

Graft failure

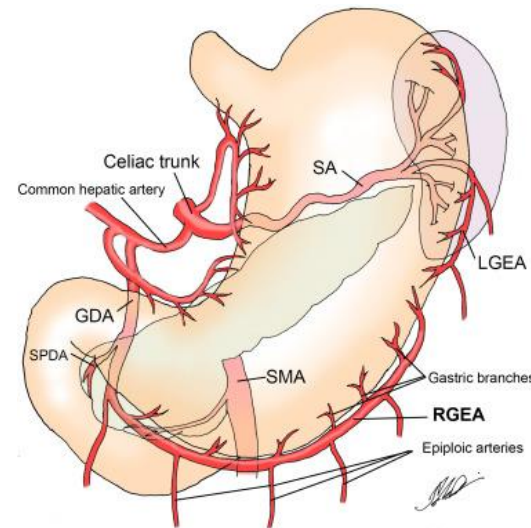
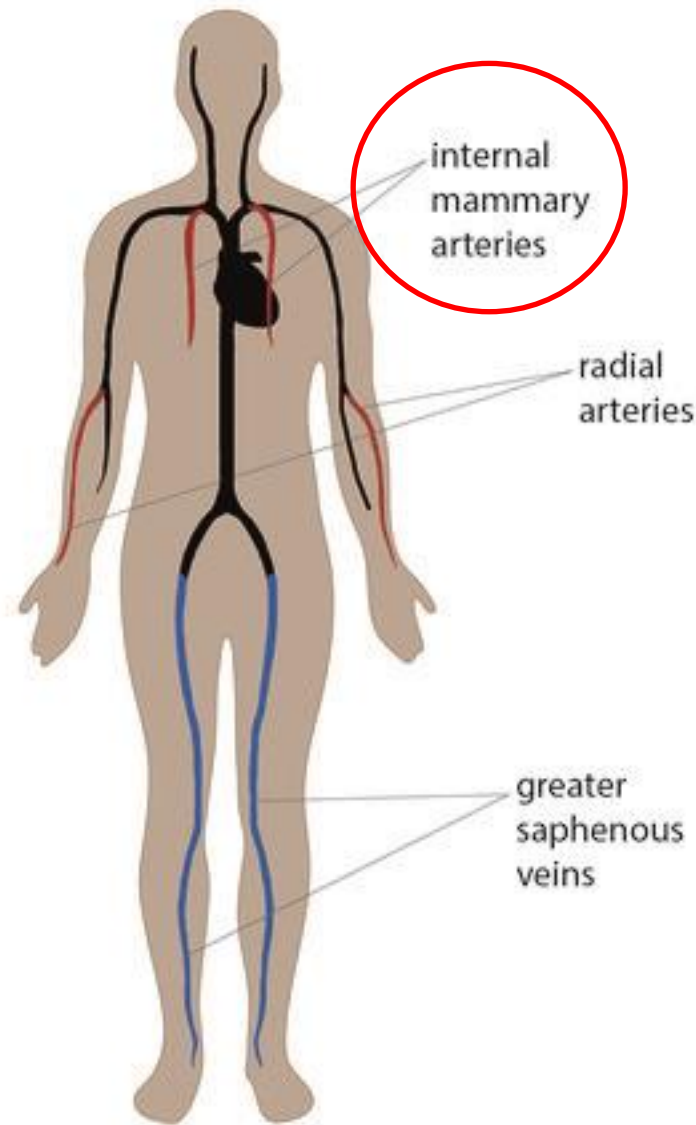


Graft failure rates were lower in RA and NT-SVG compared to C-SVG and RGEA. Our result might encourage the use of NT-SVG over arterial grafts.

(Semi Thoracic Surg 34:102-109)



Bypass conduit of CABG

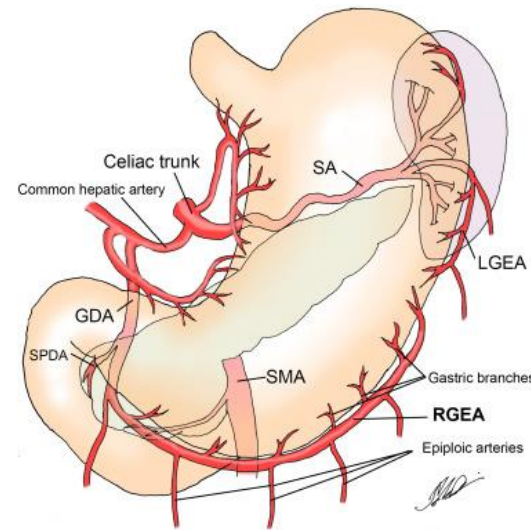
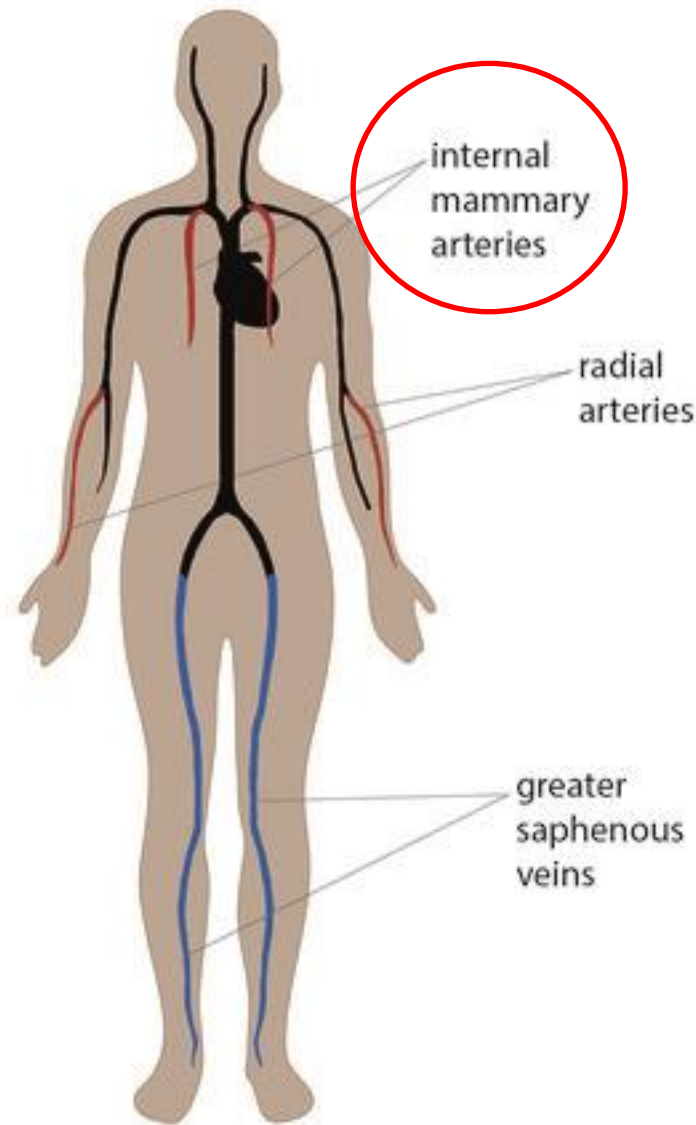


왜 internal thoracic artery를 선호하는가?

1. Sternotomy 후 추가 절개 없이 획득 할 수 있다.
2. Vessel 의 media 층에 9개의 탄력층이 있어 동맥압을 흡수하는 완충 작용이 우수하고 다른 vessel에 비해 평활근이 적어 발작적 연속현상이 잘 일어나지 않는다.
3. 혈관벽 자체에서 혈관이완 작용이 있는 prostacyclin , NO 분비하여 잘 수축되지 않는다.



Bypass conduit of CABG



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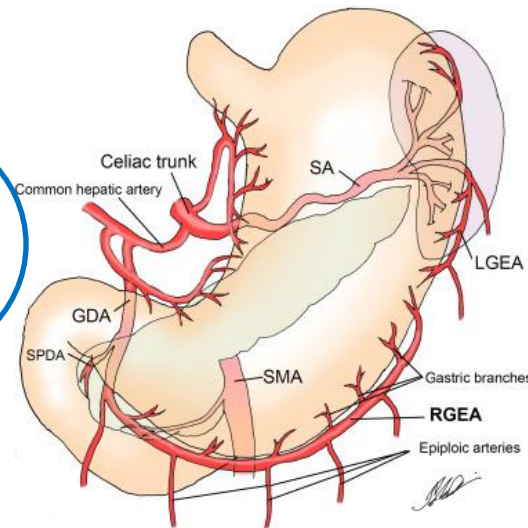
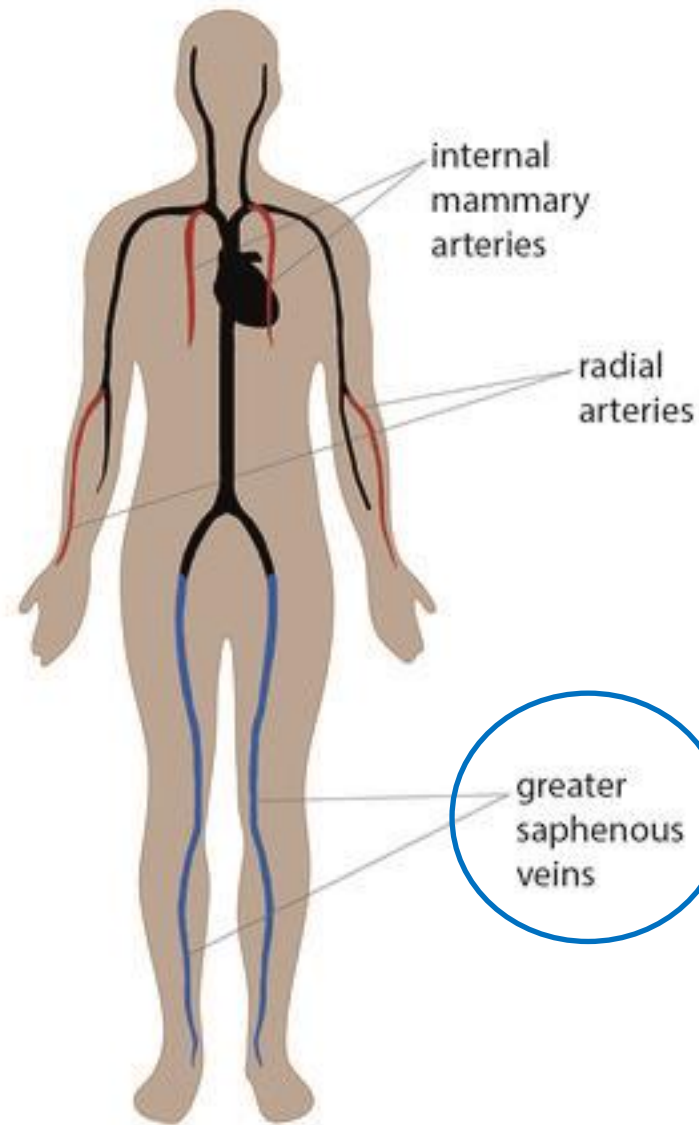
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Caution!! 양측 내흉동맥 사용시 획득 시간이 오래 걸리고 수술 후 흉골 치유에 장애가 있을 수 있다. (응급 수술, 당뇨, 비만)



Bypass conduit of CABG



Greater saphenous vein

- 획득이 쉽다.
- 직경이 5mm 정도여서 문합이 용이하다.
- 길이가 충분하다
- 연속 현상이 적다

- 10년 개통률이 70-80%
- 정맥류 등이 질환이 있으면 사용이 불가능하다.
- 다리에 긴 창상이 남는다.

Radial artery

- 내경이 크다.
- 길이가 20-24cm 정도 길게 획득이 가능하다.

- 미용상 좋지 않다.
- 연속이 잘 생긴다.
- 고령의 말단 동맥경화가 있거나 Raynaud disease, 투석 예정환자는 사용하지 못한다.

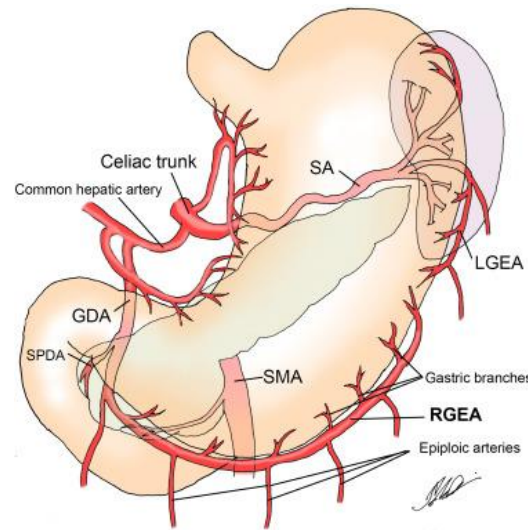
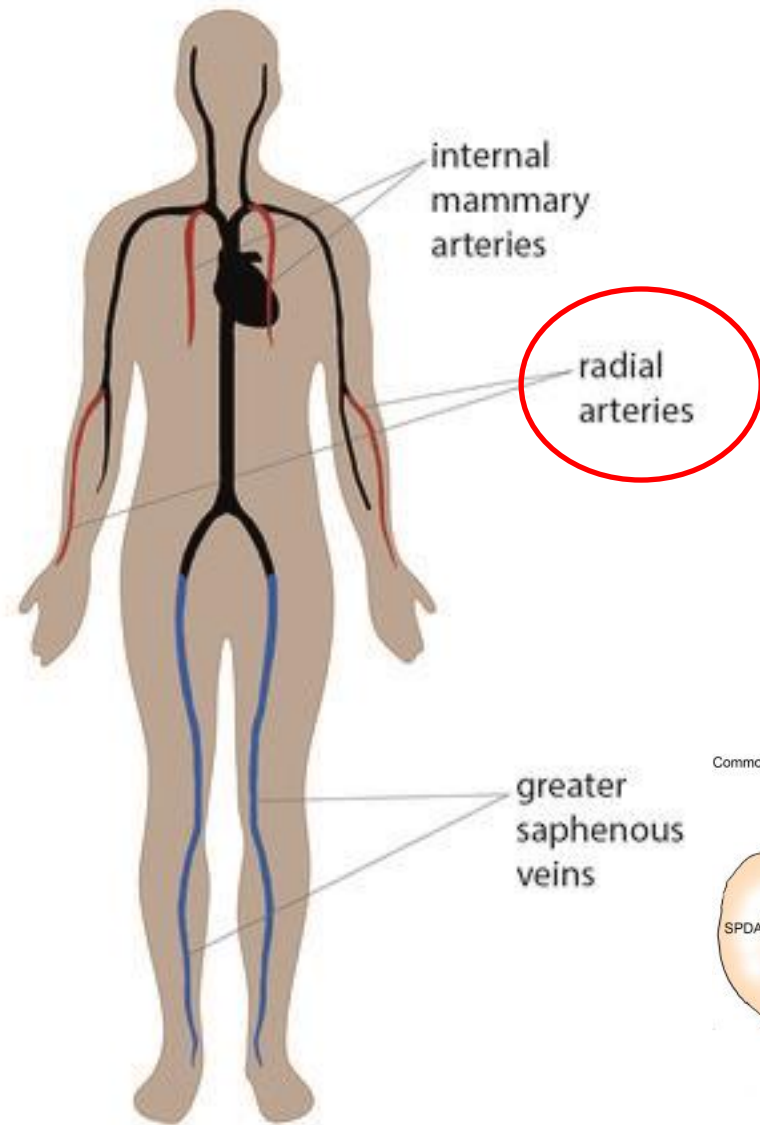
Right gastroepiploic artery

- 정중흉부 절개에서 조금만 연장하면 획득할 수 있다.
- In-situ 로 사용할 수 있다.

- 복부에서 흉부를 향해 역행하여 혈류 공급이 되어 혈류 경쟁이 발생한다.
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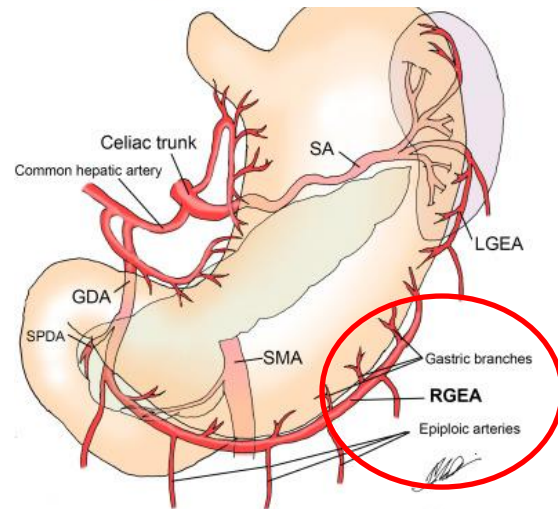
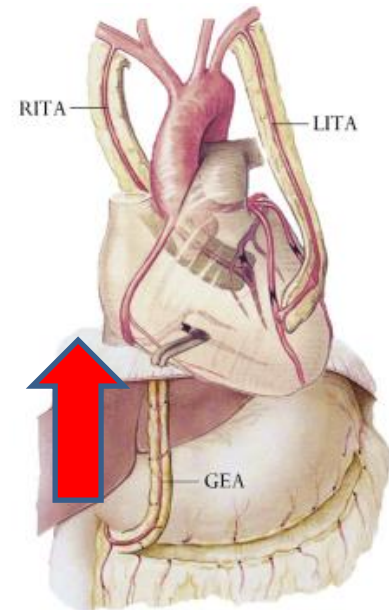
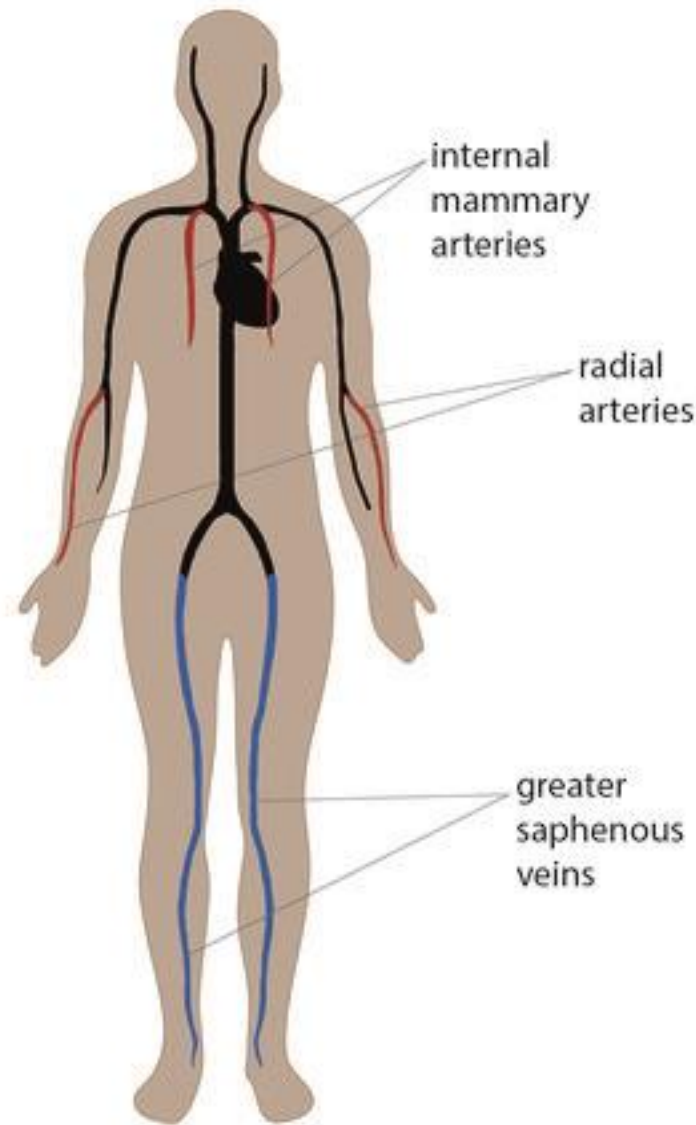
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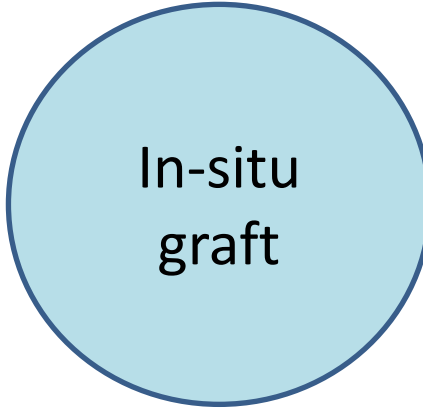
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- 연속 작용이 잘 생긴다.





Harvesting technique of bypass conduit



In-situ
graft



Free graft



Skeletoni-
zed

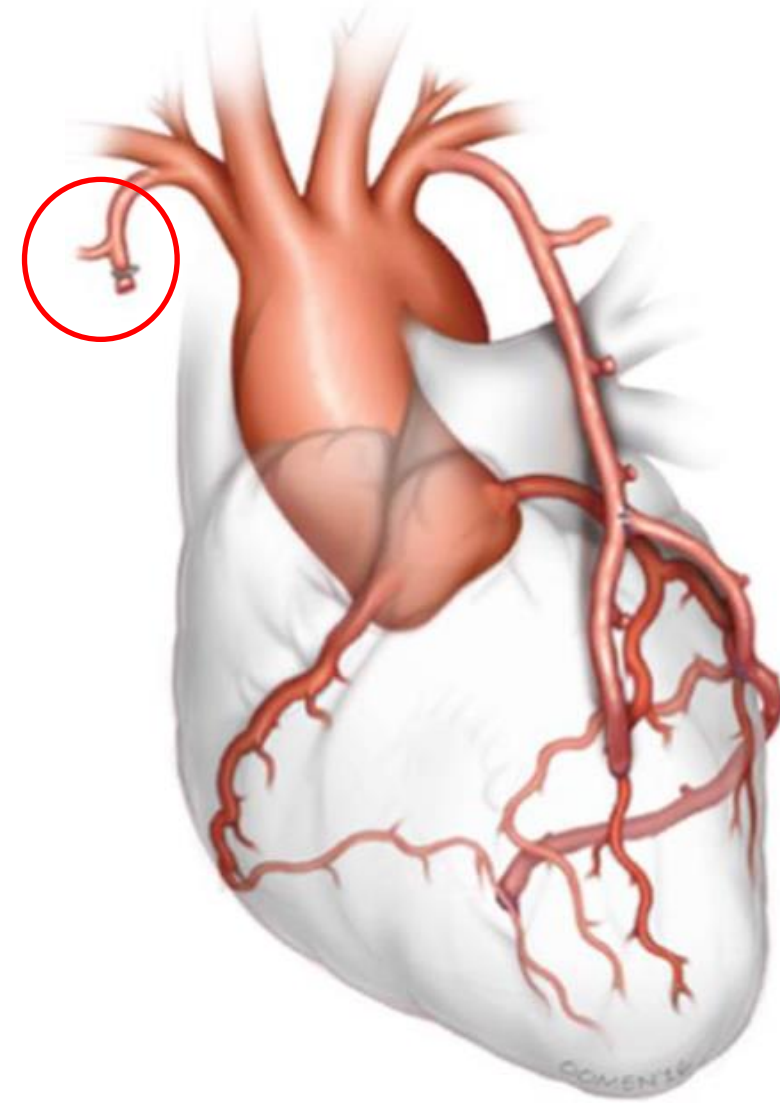


Pedicle



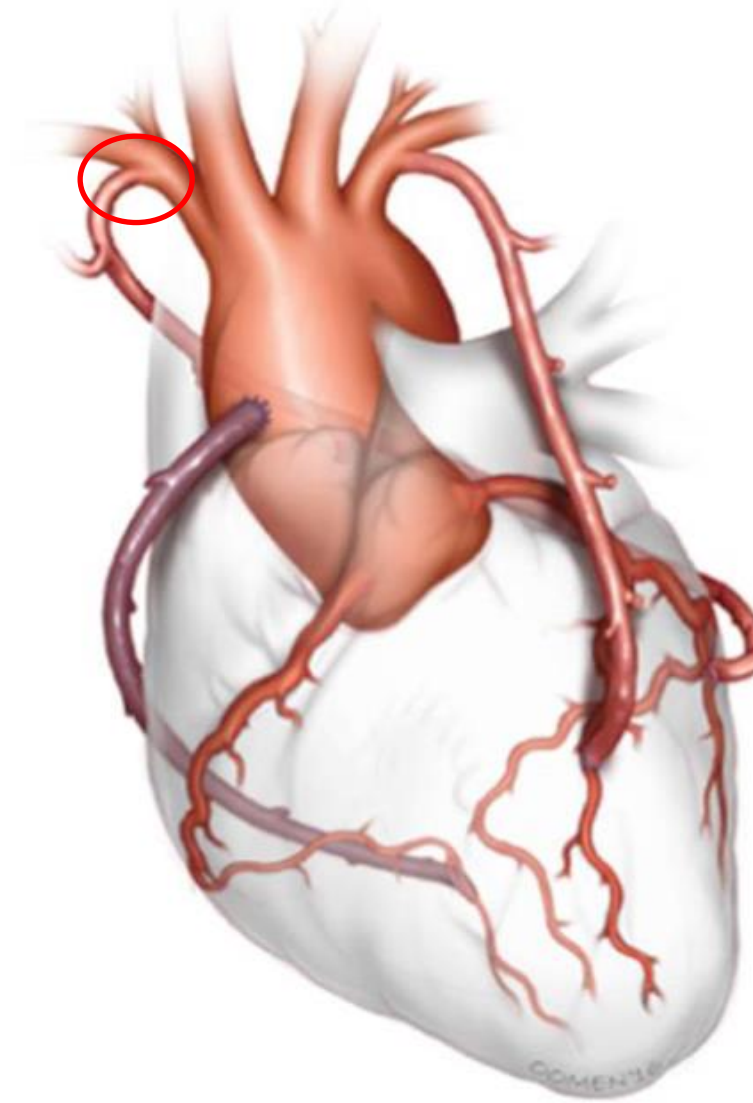
Harvesting technique of bypass conduit

Free graft



COMPOSITE BITA

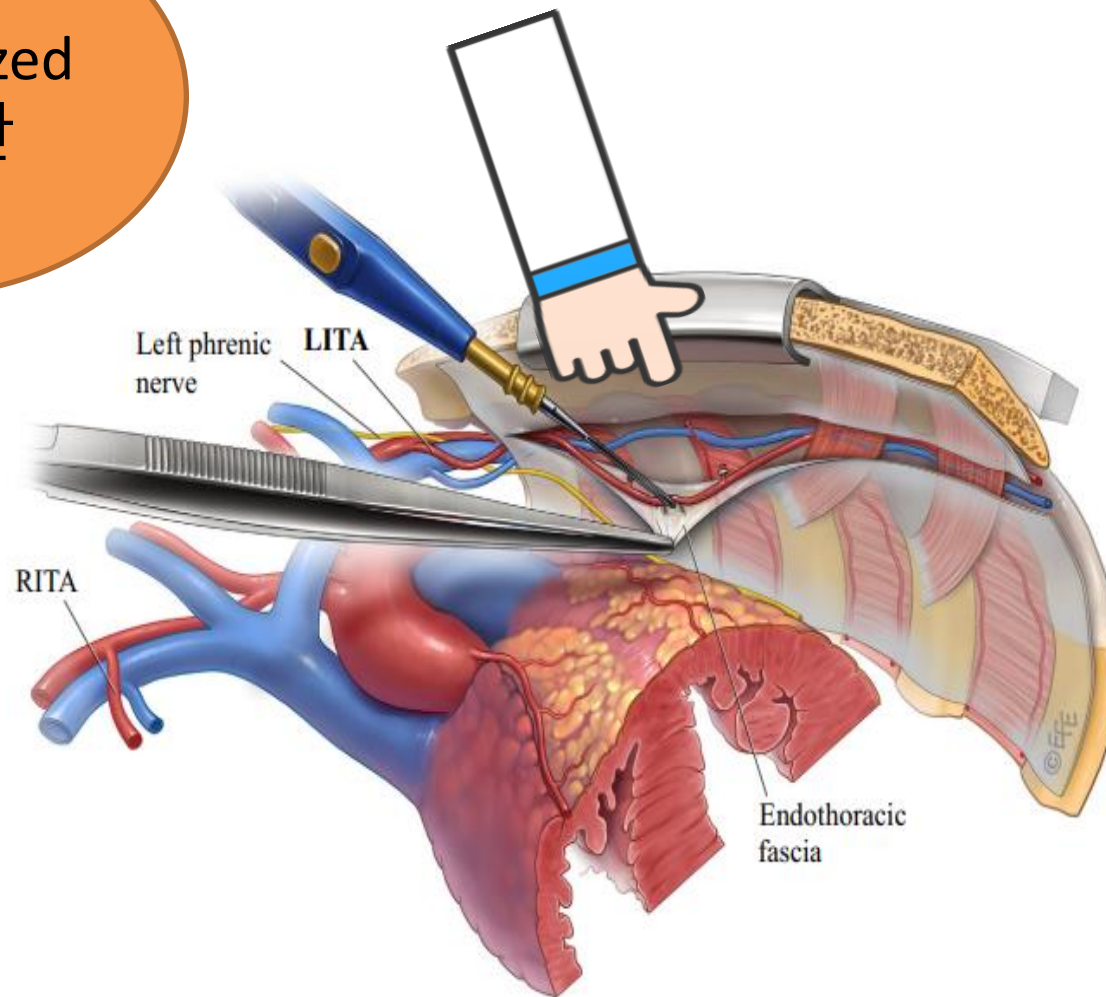
In-situ graft



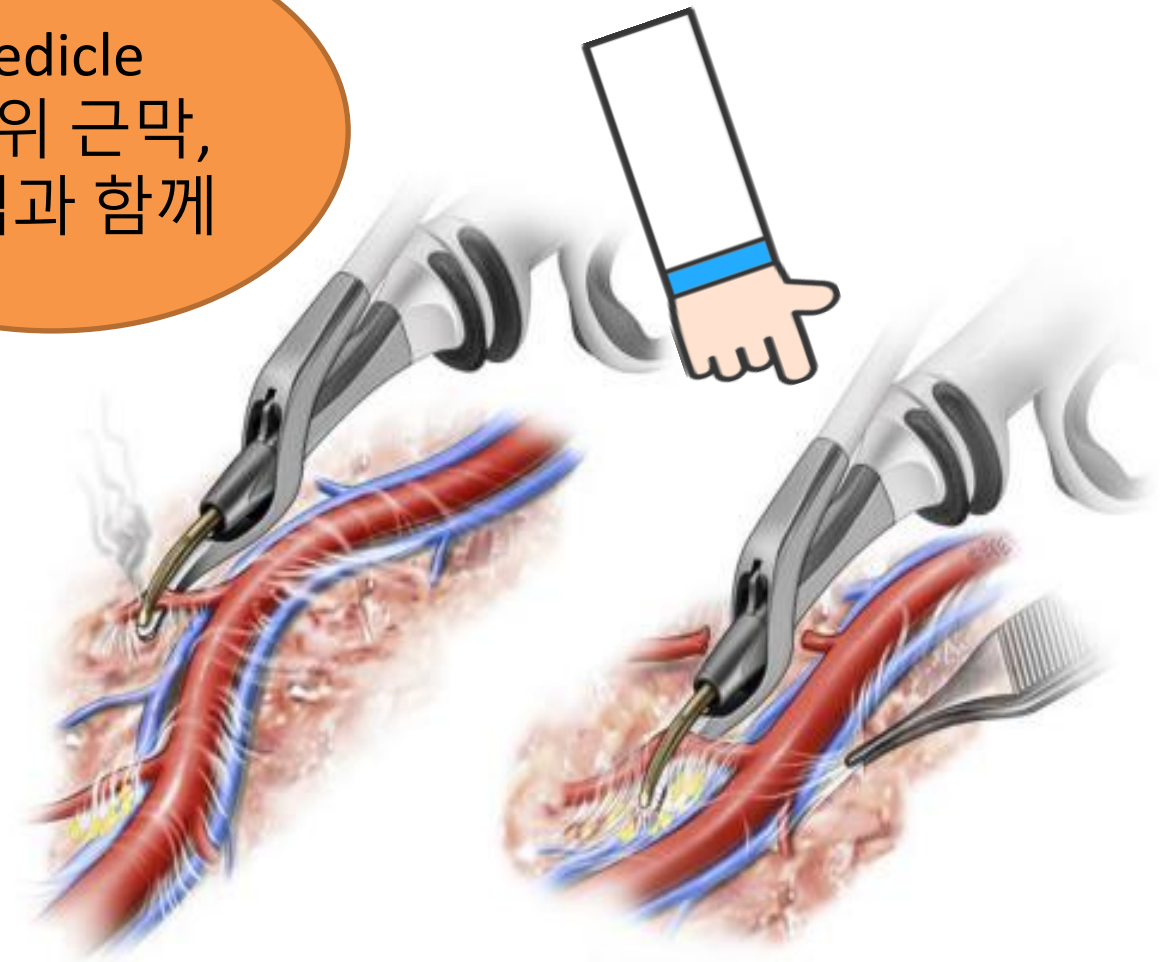
IN SITU BITA

Harvesting technique of bypass conduit

Skeletonized
-동맥만

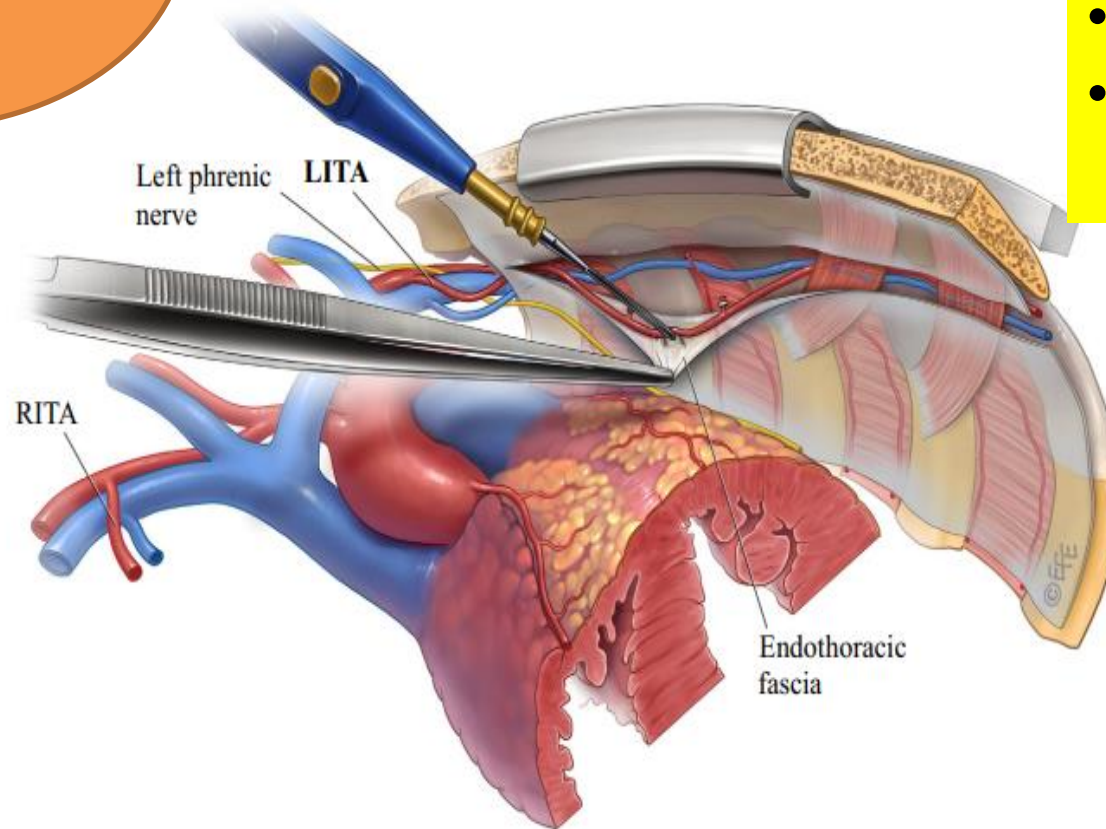


Pedicle
- 주위 근막,
정맥과 함께

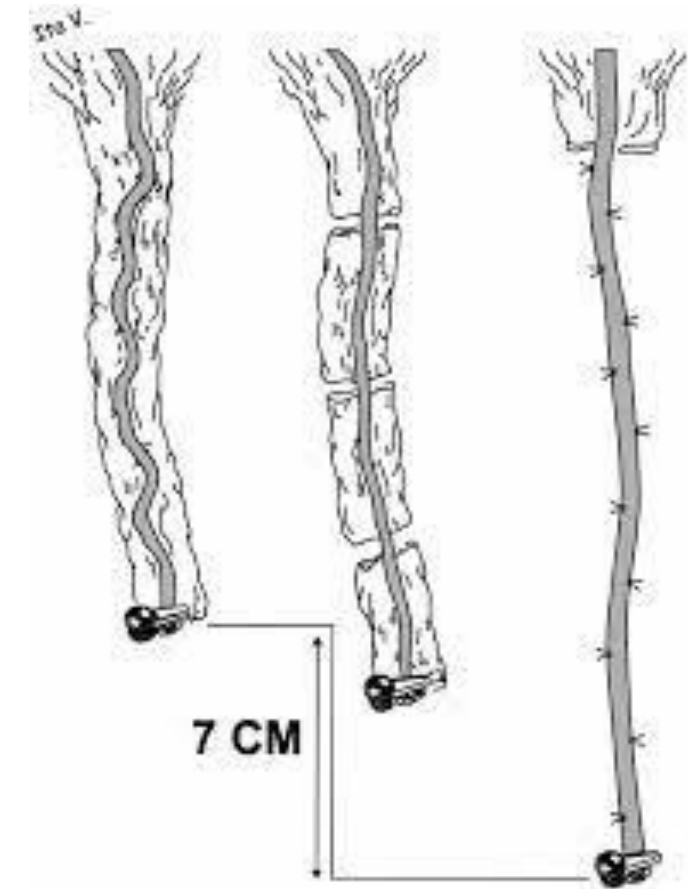


Harvesting technique of bypass conduit

Skeletonized
-동맥만



- Produced longer conduit
- Less disruption of sternal blood supply
- Advantageous for healing
- Enables accurate blood flow measurement



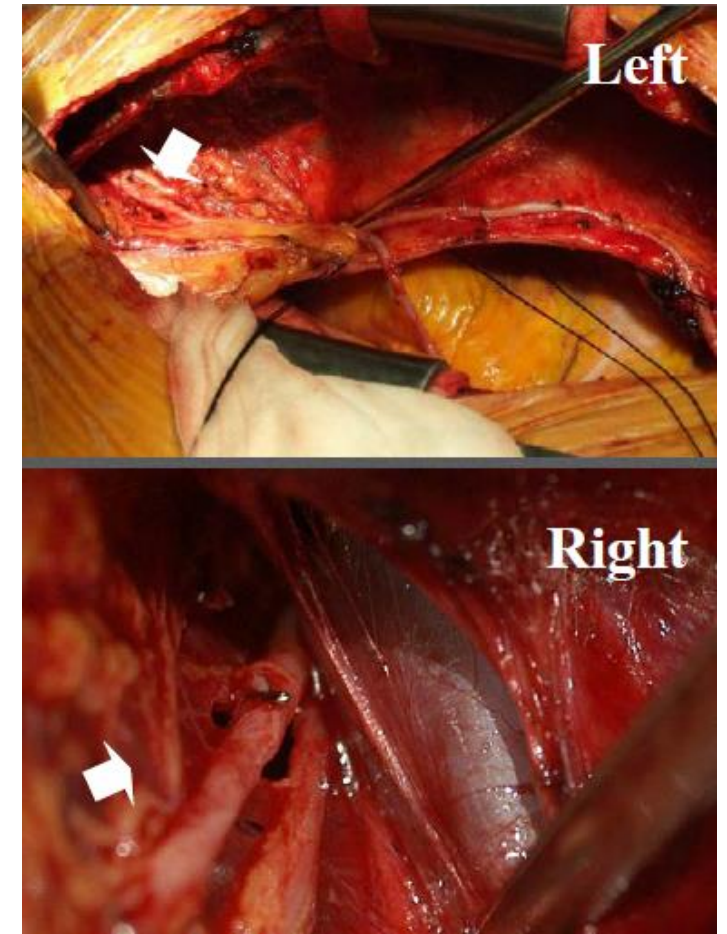
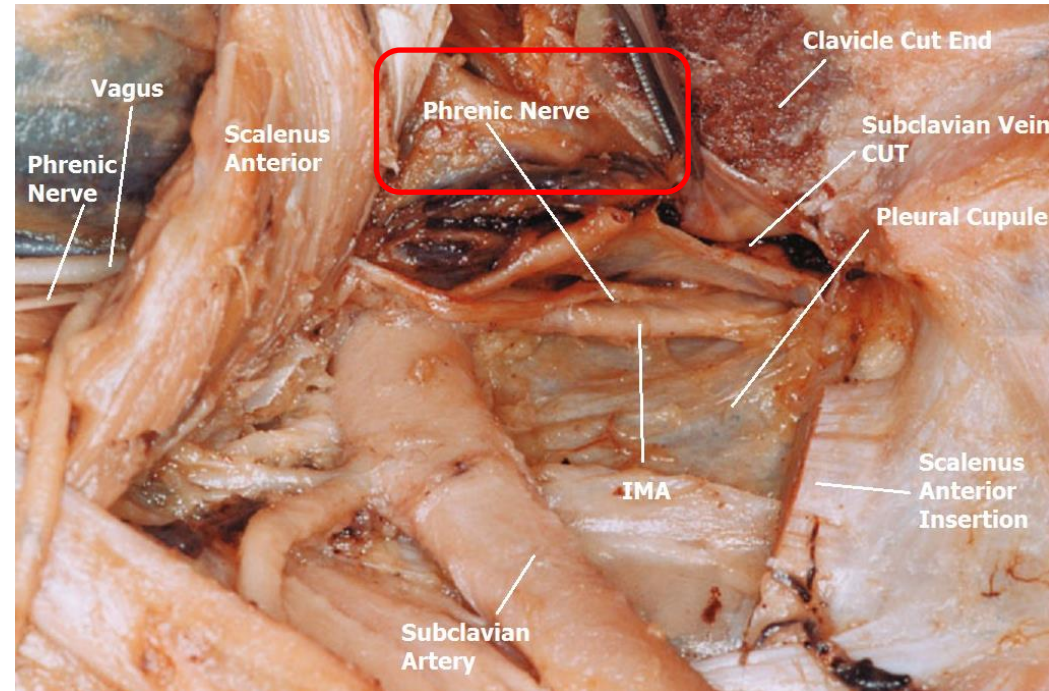
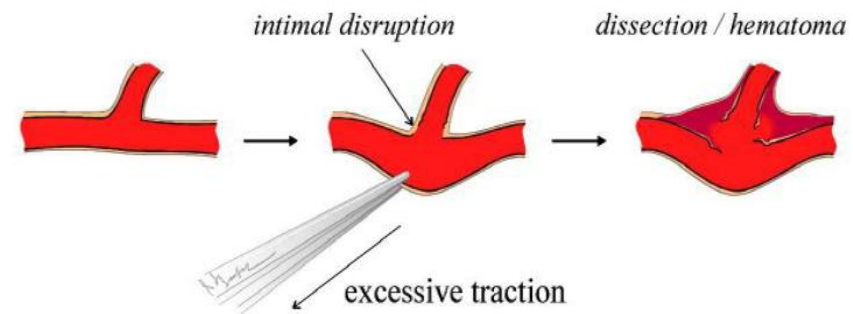
(Ann Thorac Surg 1999;68:406-12)



Harvesting technique of bypass conduit

Skeletonized
-동맥만

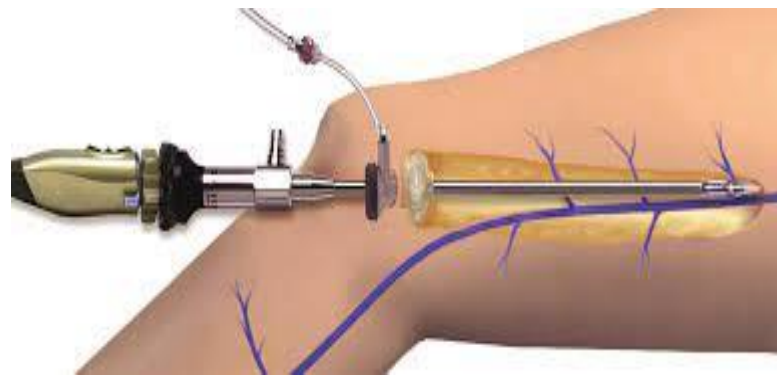
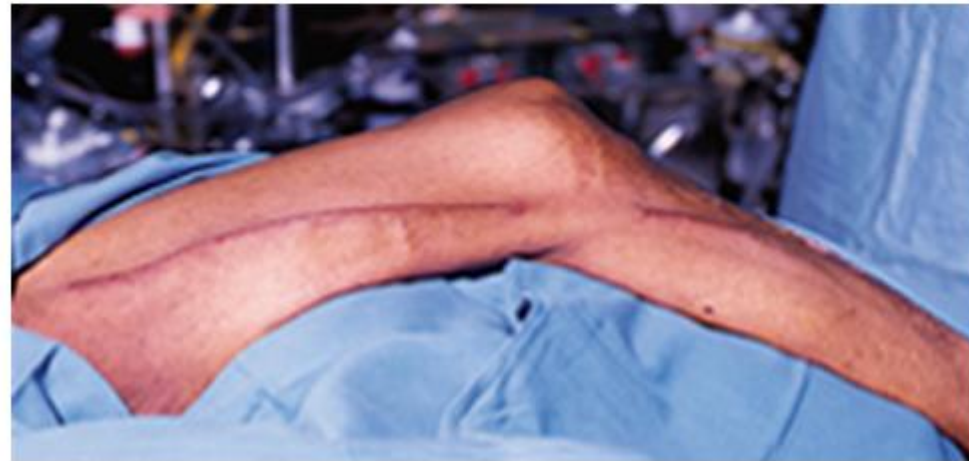
Caution!!



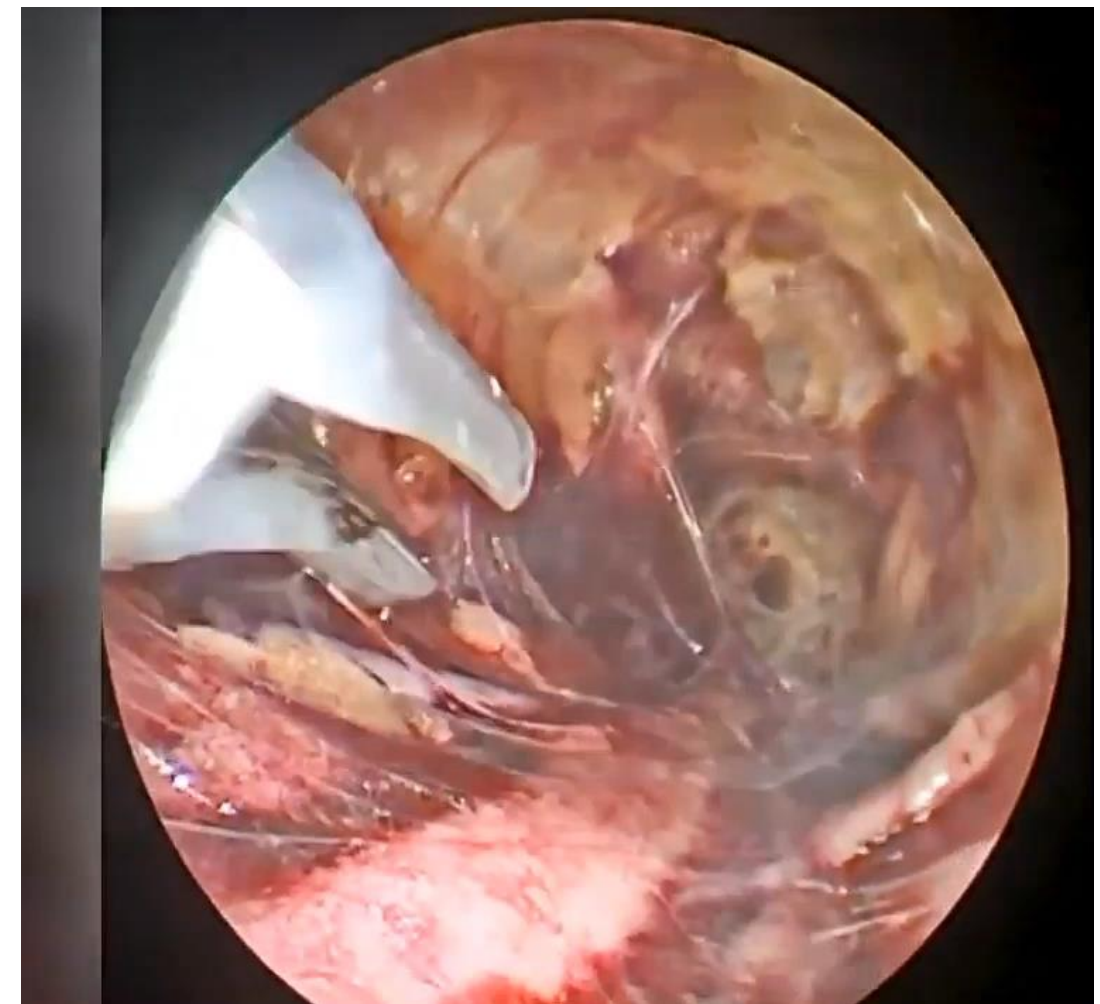


Harvesting technique of bypass conduit

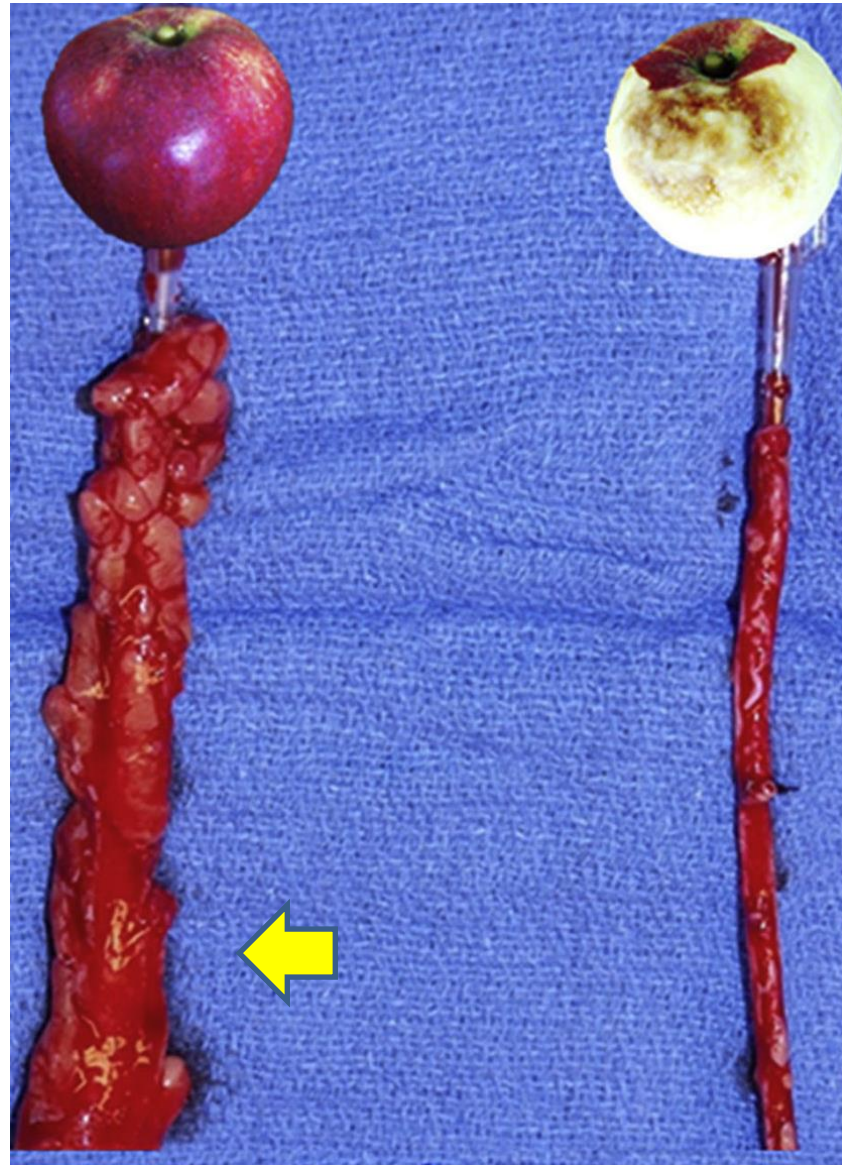
Open Vessel Harvesting



Endoscopic Vessel Harvesting

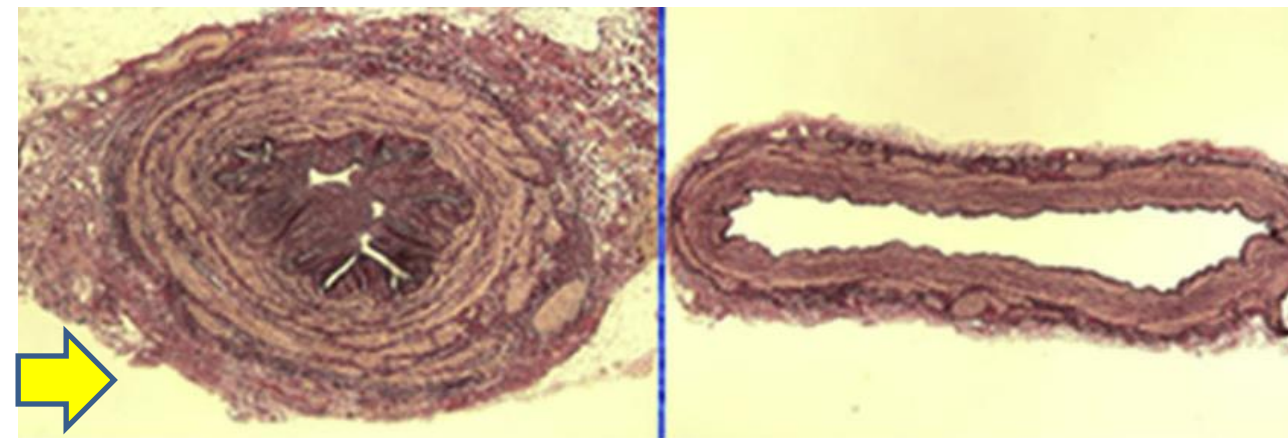


Harvesting technique of bypass conduit



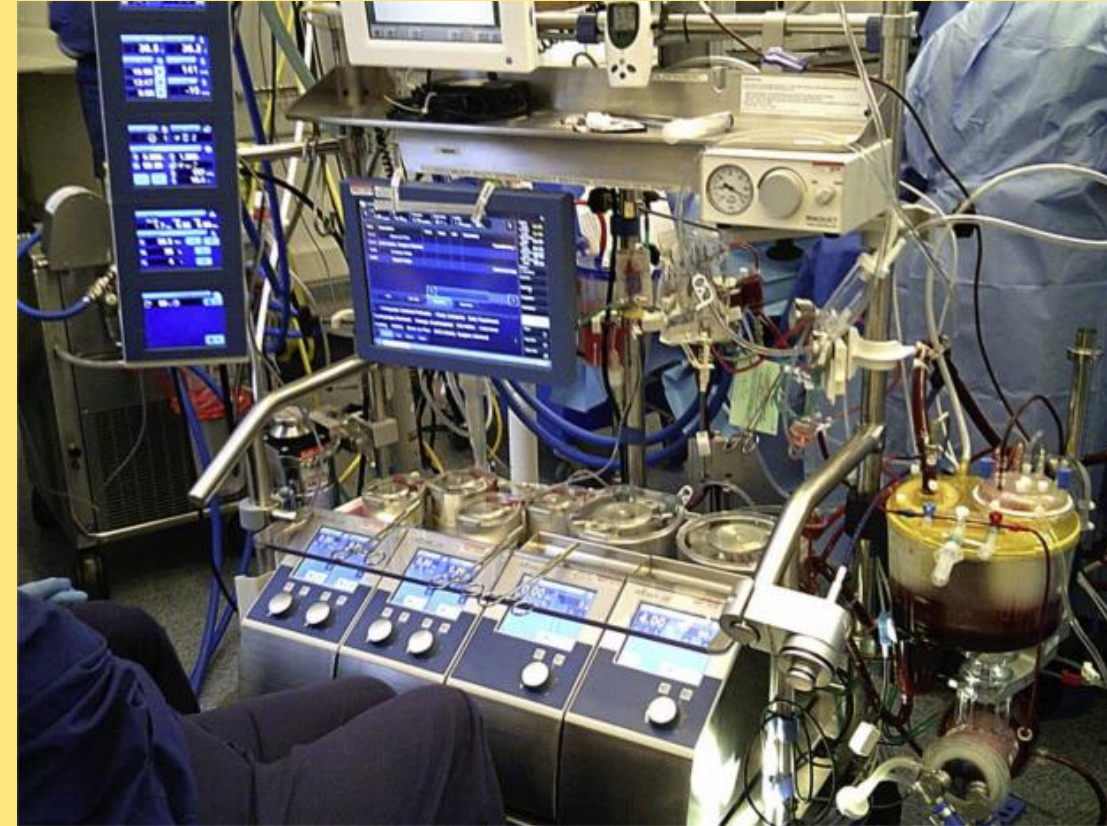
“ No touch technique ”

*=> harvesting with surrounding tissue
 (“unpeeled apple”)*



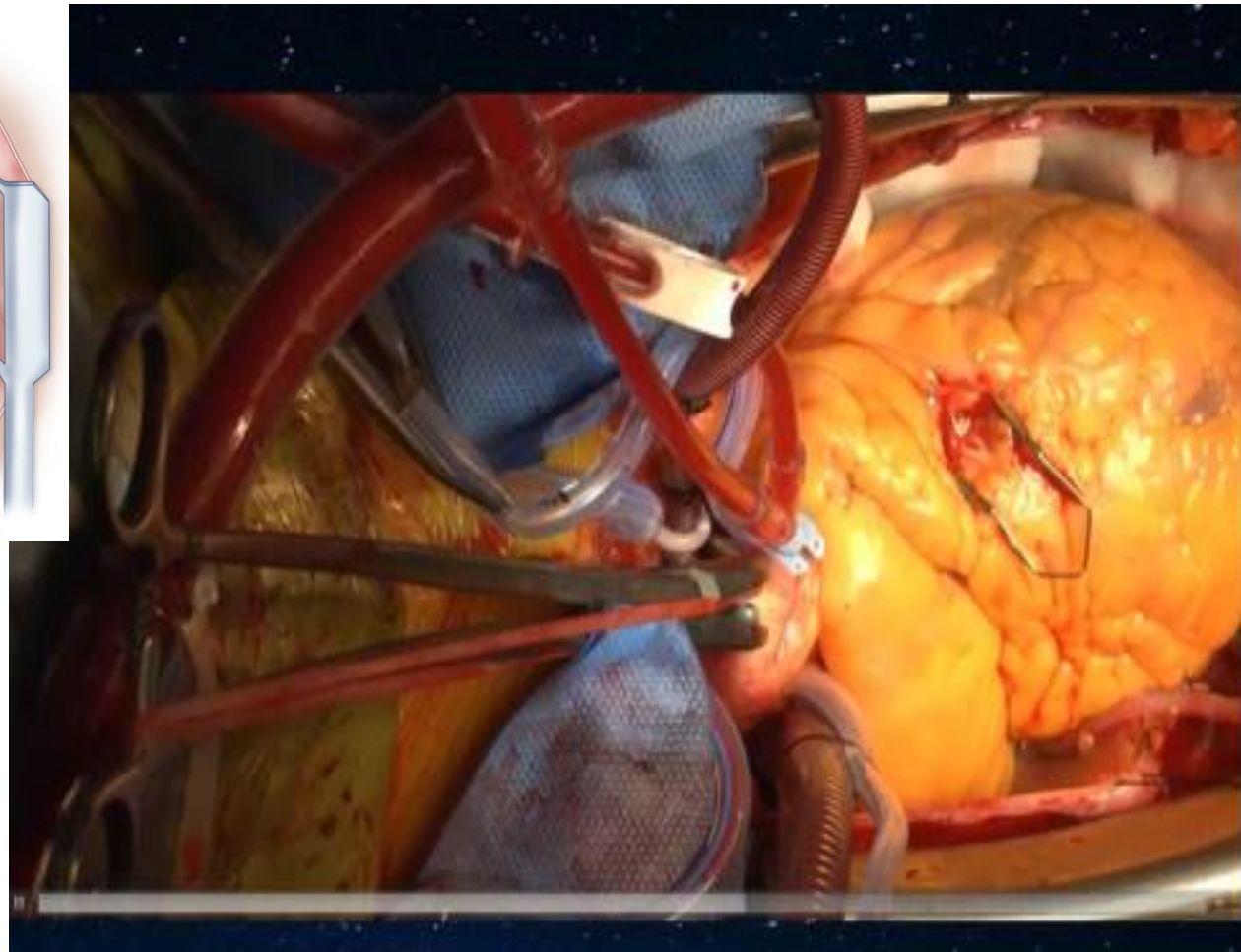
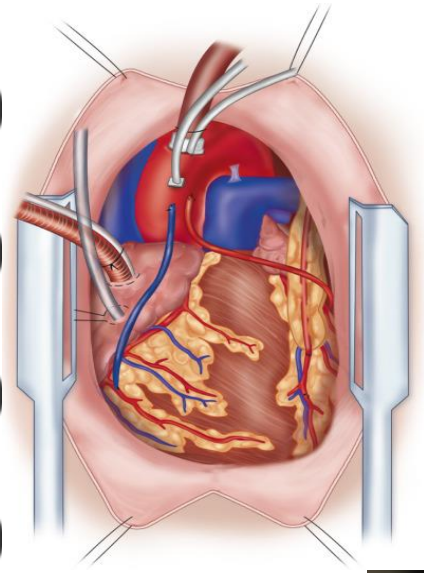


02 On-pump vs Off-pump

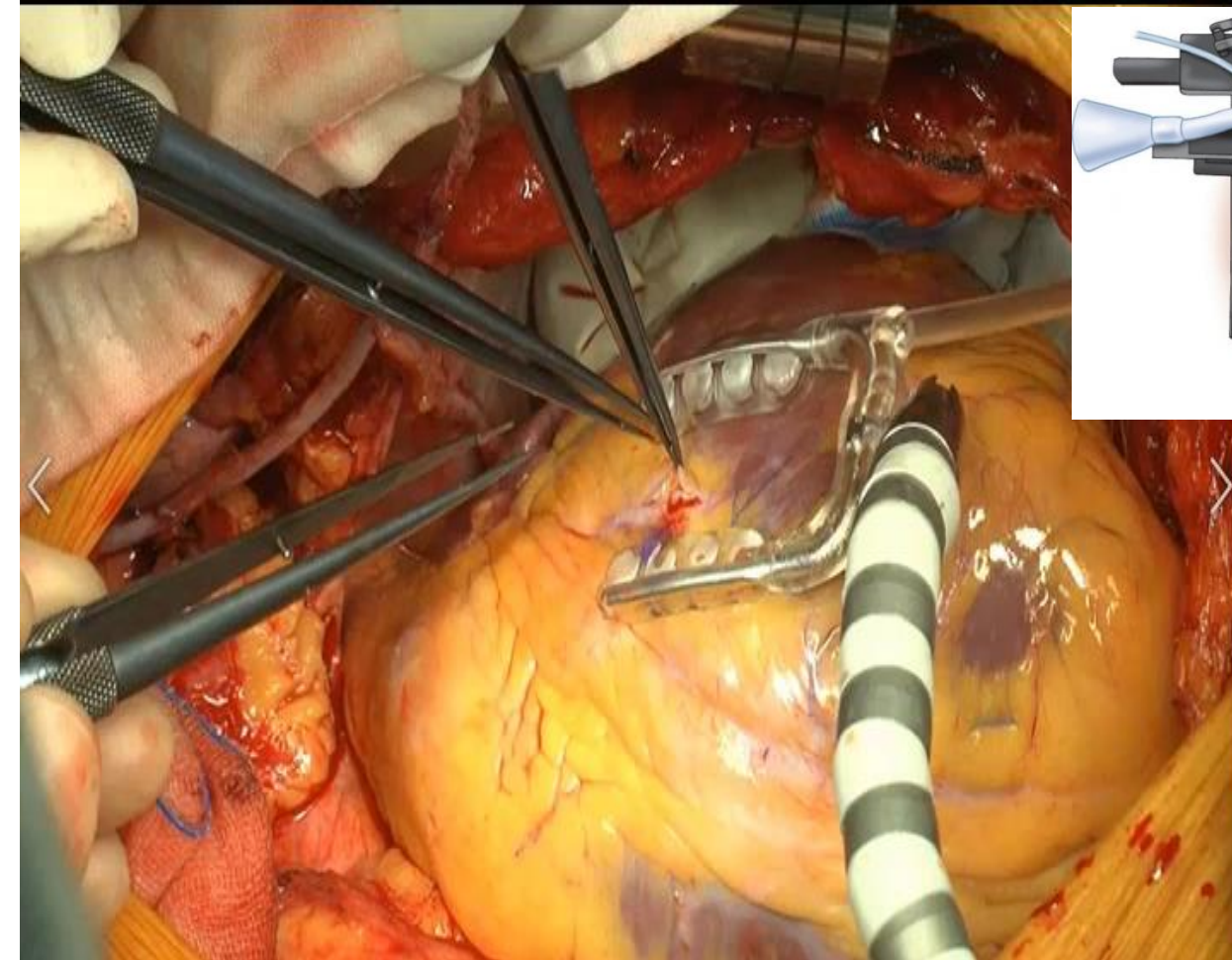




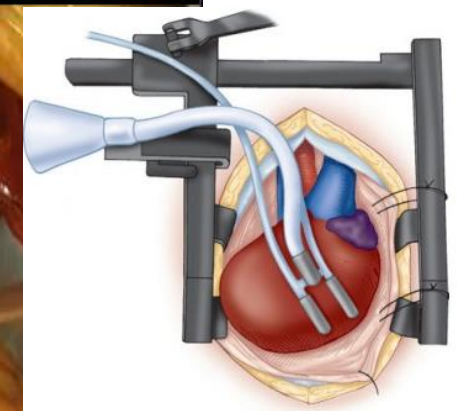
On-pump vs Off-pump CABG



On-pump CABG



Off-pump CABG





On-pump vs Off-pump CABG

Favoring On-pump CABG

- Less technically demanding
- Shorter “learning curve”
- Possibly better long-term graft patency
- Easier to graft posterior bypass targets
- Probably more bypass graft constructed



Key point!

- Stable vital sign during procedure
- More easily anastomosis

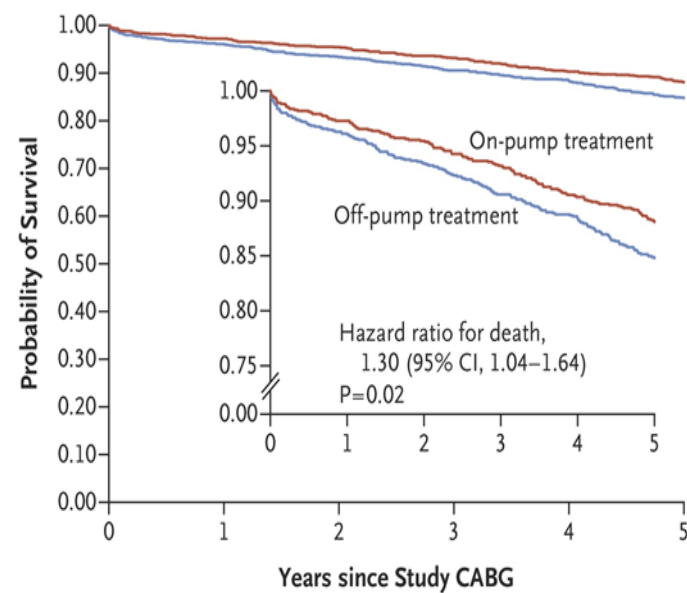
Favoring Off-pump CABG

- Probably less bleeding
- Probably less renal dysfunction
- Probably less short-term neurocognitive dysfunction, especially if **aorta is calcified**
- Possibly shorter overall length of hospital stay



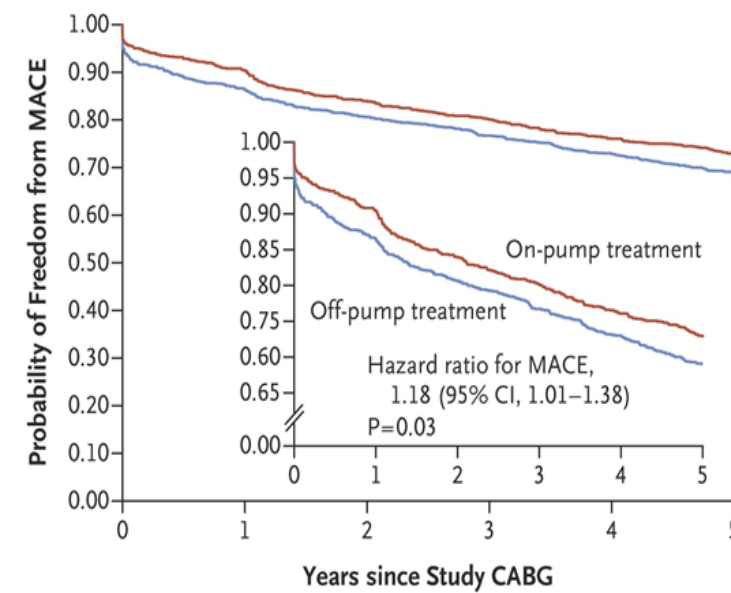
On-pump vs Off-pump CABG

A Survival

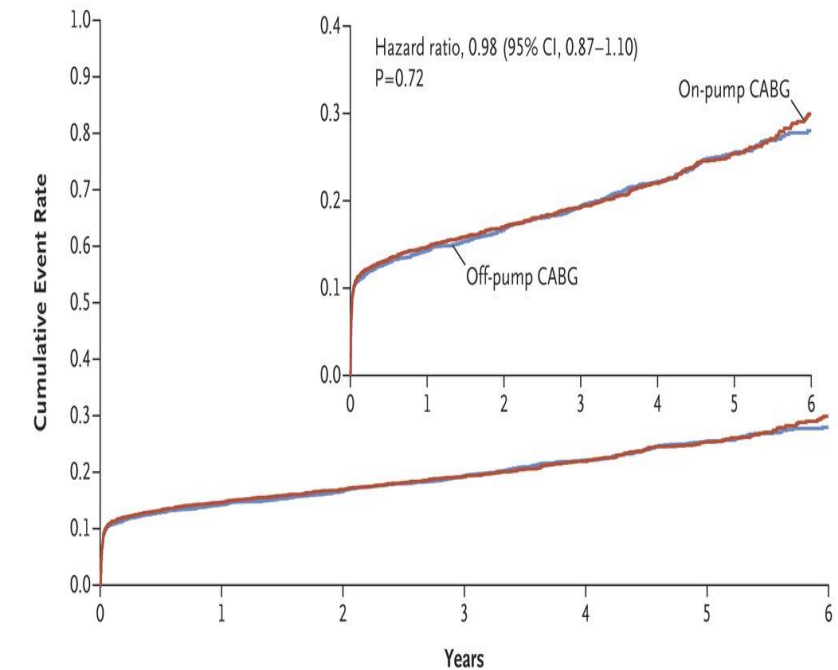


No. at Risk	0	1	2	3	4	5
On-pump treatment	1099	1069	1049	1024	993	968
Off-pump treatment	1104	1061	1031	1000	976	936

B Freedom from MACE



No. at Risk	0	1	2	3	4	5
On-pump treatment	1099	994	923	881	836	801
Off-pump treatment	1104	955	890	847	805	762



No. at Risk	0	1	2	3	4	5	6
On-pump CABG	2377	2048	1989	1937	1746	973	433
Off-pump CABG	2375	2057	1996	1937	1744	969	440

ROOBY (Randomized On/Off bypass) trial
: On-pump better

CORONARY Investigator :
Similar on- and off- pump



On-pump vs Off-pump CABG

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**수술 중 OPCAB 에서 On-pump CABG로
conversion 해야 할 때는??**



On-pump vs Off-pump CABG

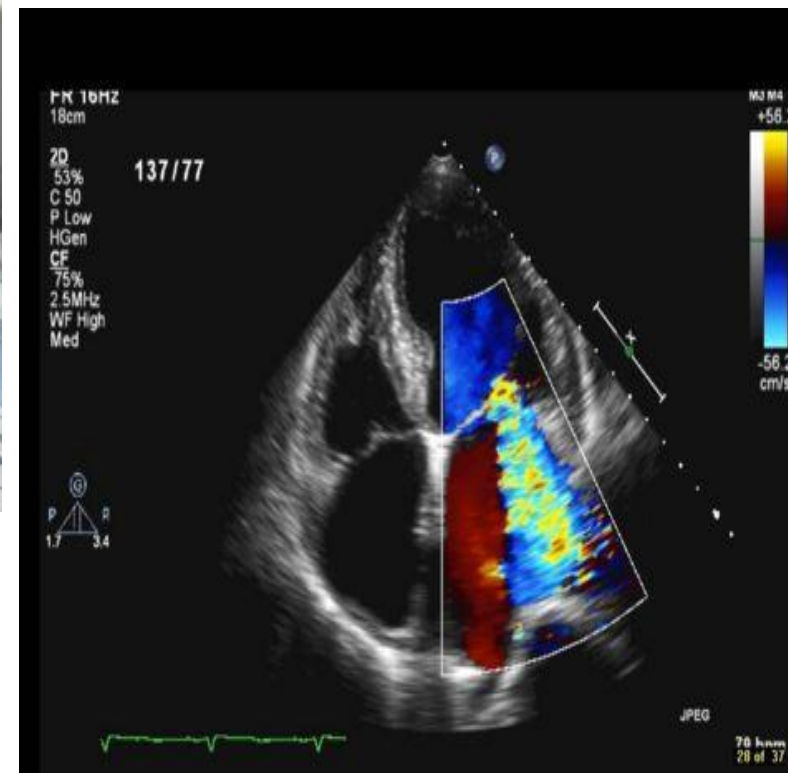


Key point!

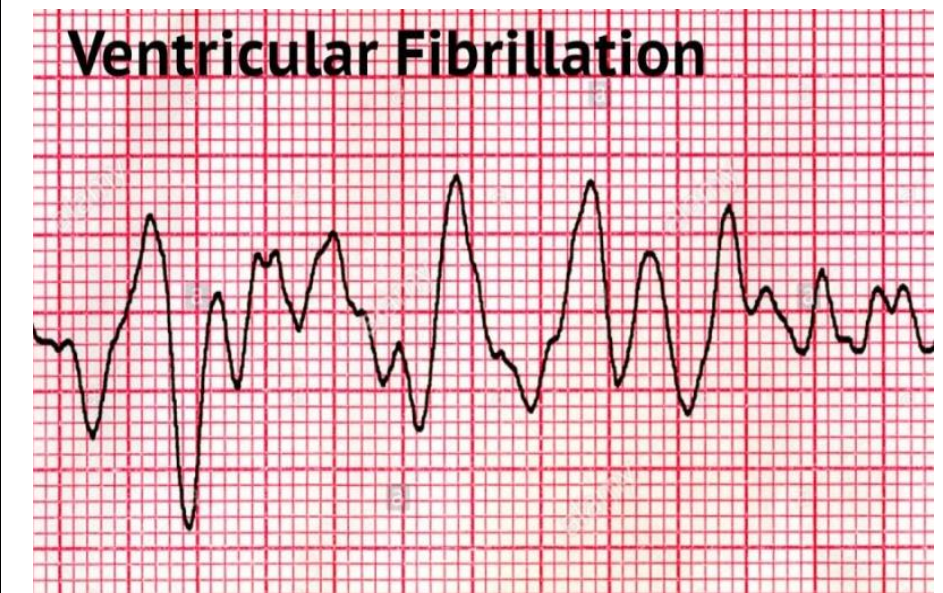
수술 중 OPCAB 에서 On-pump CABG로 conversion 해야 할 때는??
=> unstable vital sign (심정지, 심실성 부정맥 등)
=> 주로 OM or PDA anastomosis 로 retraction시 주의



과도한
retraction으로
acute MR with
pulmonary edema



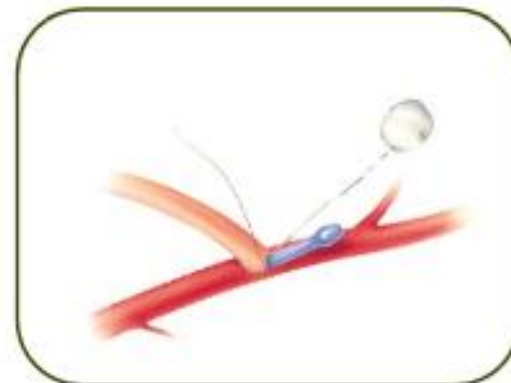
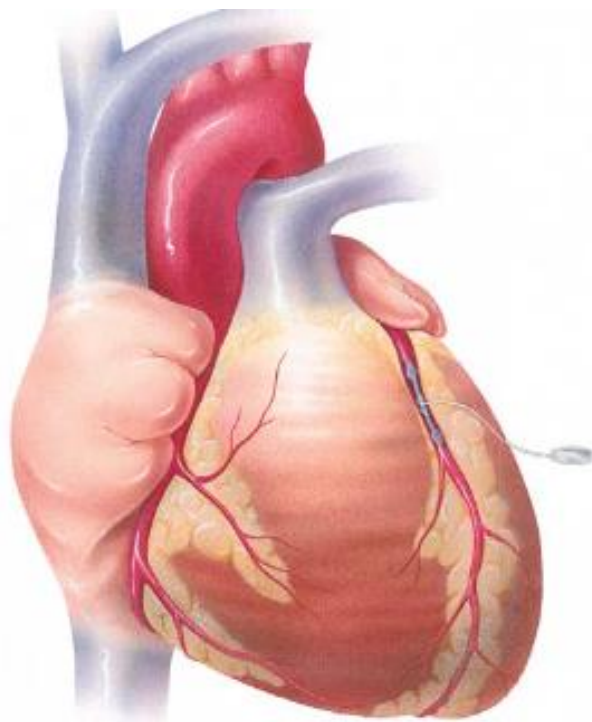
Ventricular Fibrillation





Off-pump CABG tip! – LAD flow 유지

“LAD first “ –Intraluminal coronary shunt



Easy Atraumatic Removal



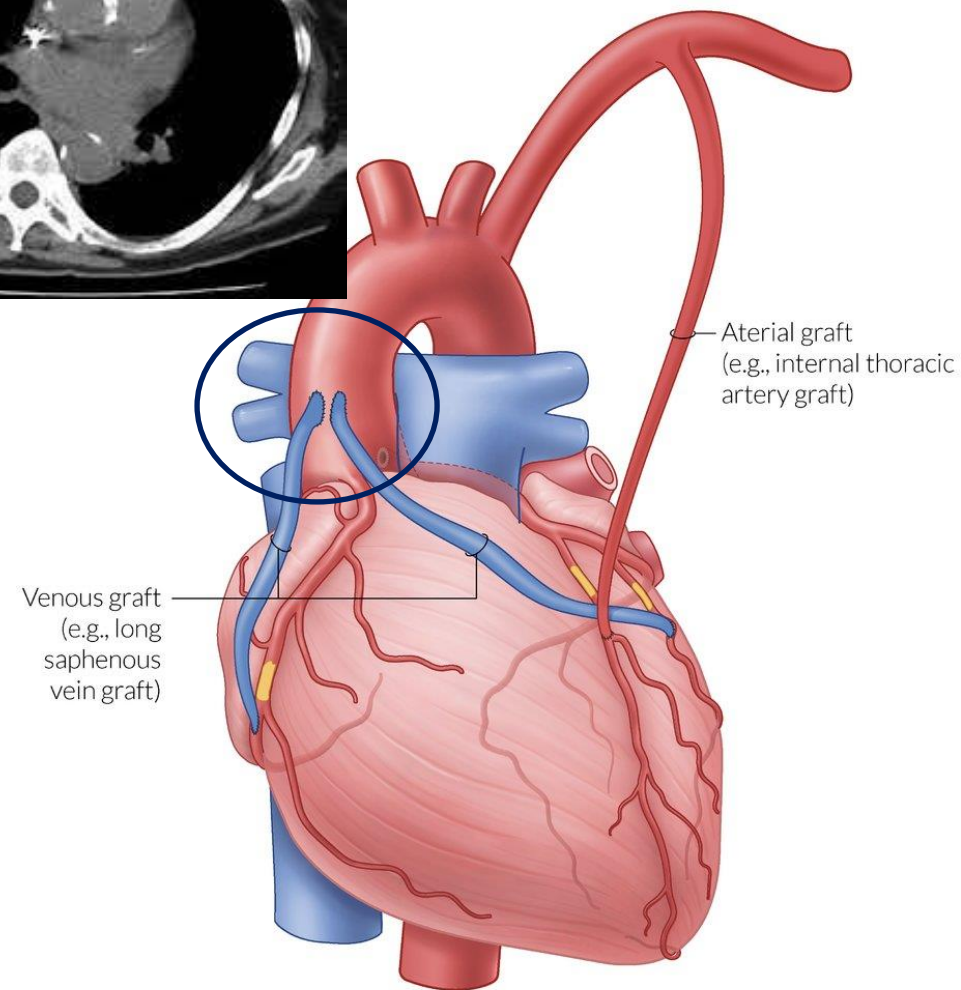
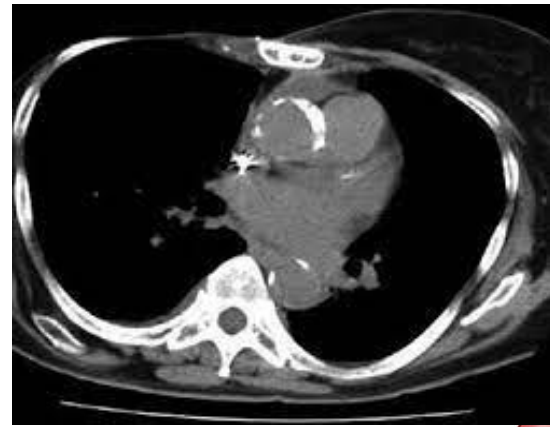
Microblade로 LAD arteriotomy 후 크기에 맞는 intracoronary shunt을 삽입한다.
수술 보조가 Shunt 넣기 전까지는 forcep을 이용하여 proximal flow을 차단한다.



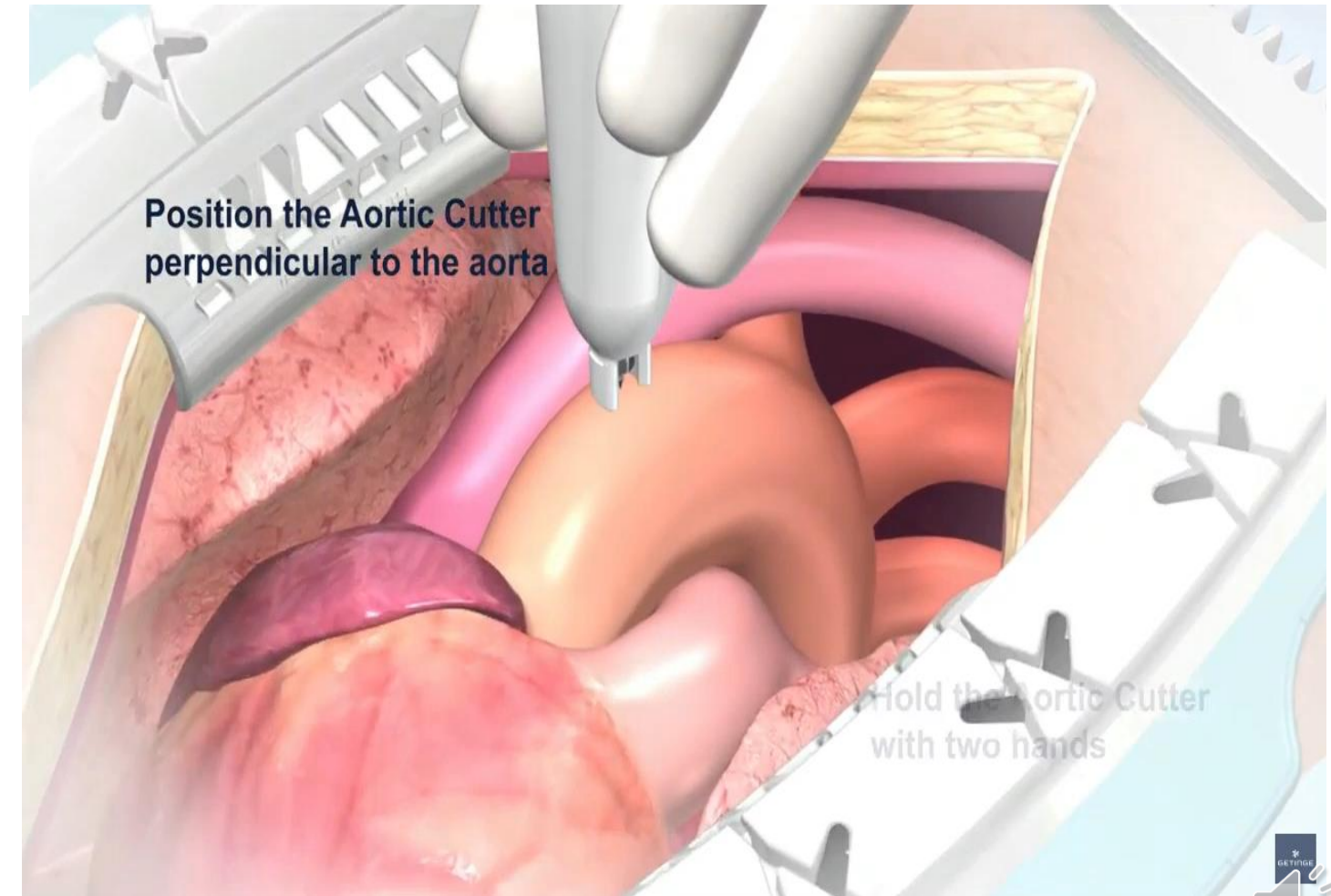


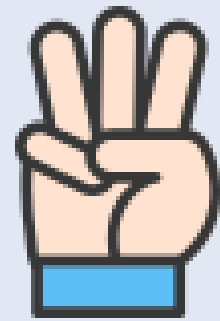
Off-pump CABG tip! – Calcified aorta

Vein graft 문합시 calcified aorta 여서 clamp가 위험한 경우??

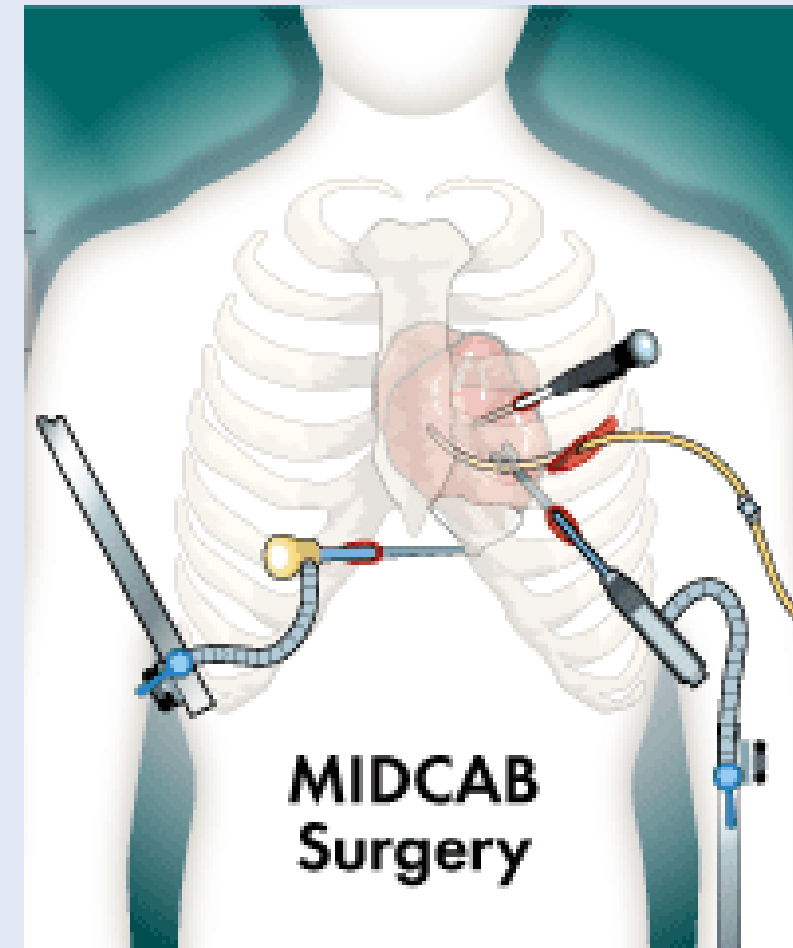


**Heartstring III
proximal seal
system**





03 Minimal invasive CABG



Minimally invasive CABG (MIDAB)

“ LITA (in-situ) to LAD “

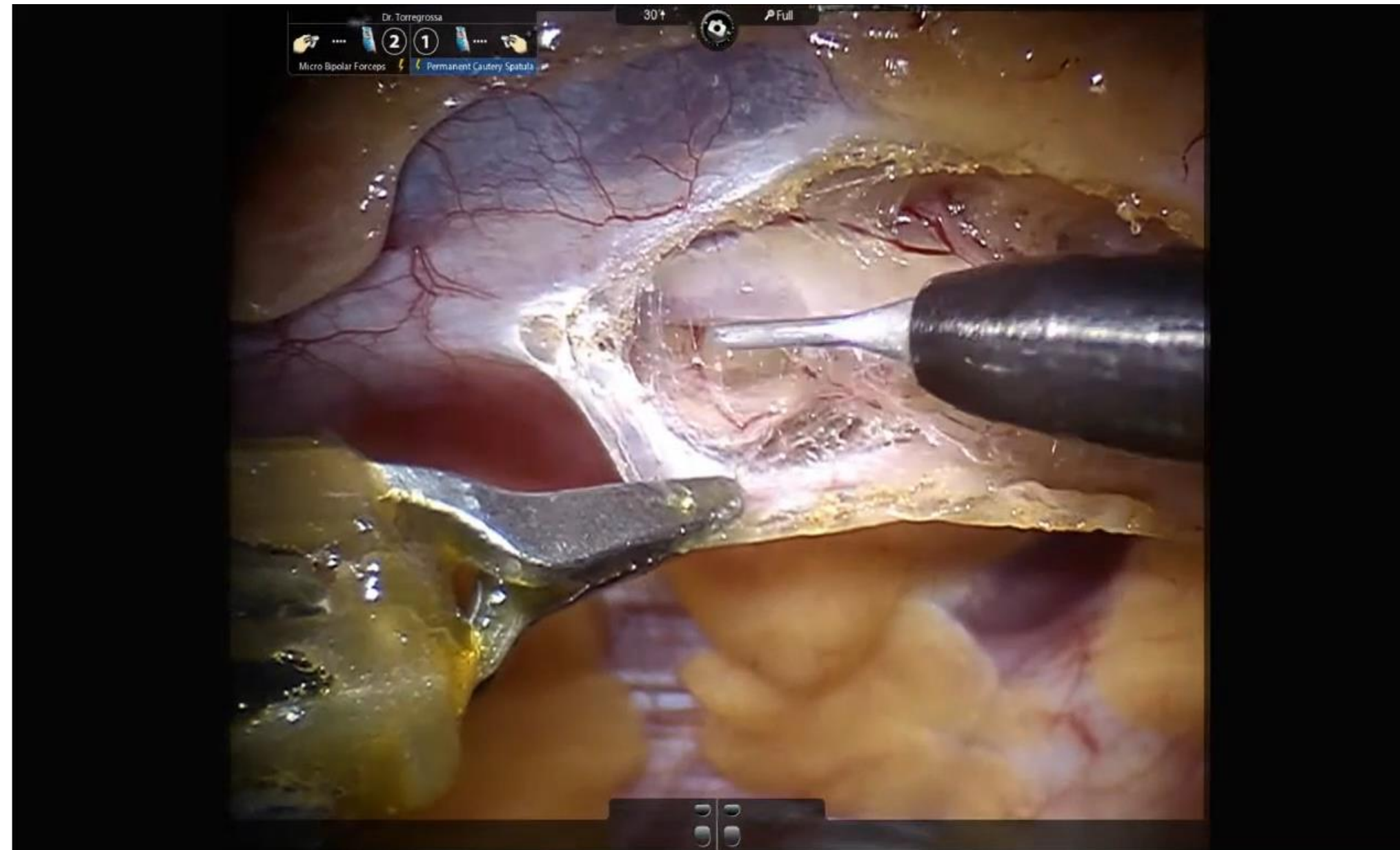


Minimally invasive CABG using the Medtronic stabilization system requires much smaller incisions that cause less disruption to the body.



Robotic CABG

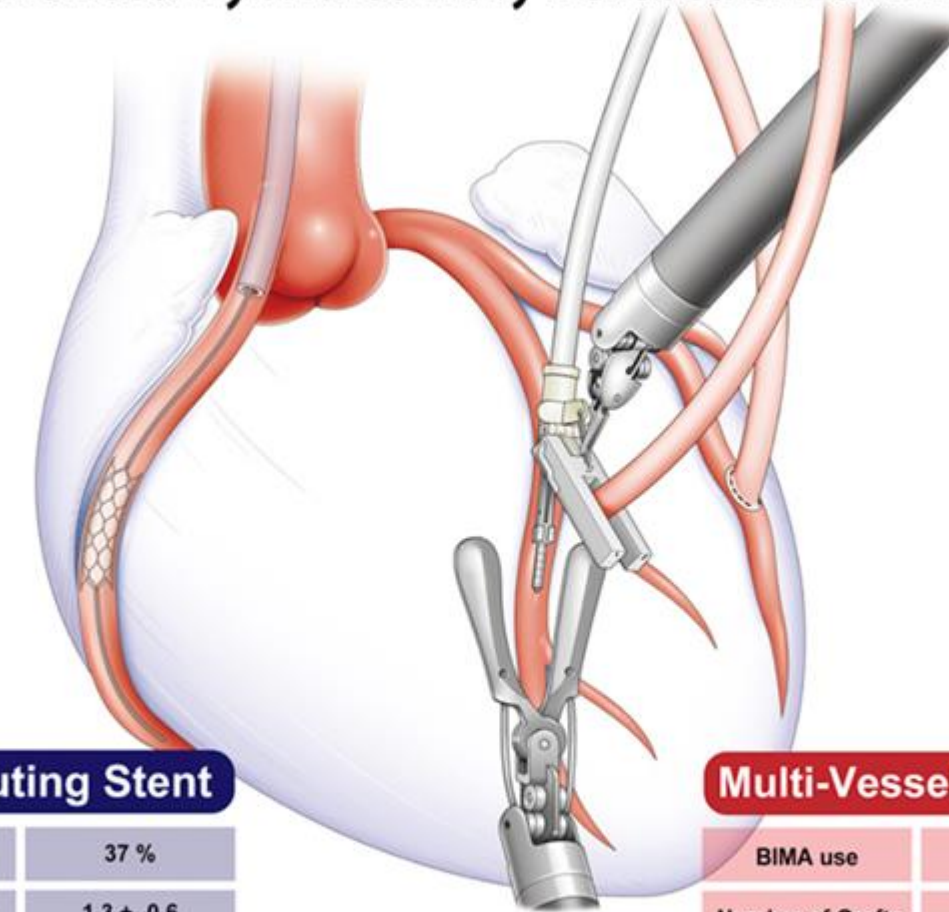
“ LITA (in-situ) to LAD “



Hybrid coronary revascularization (HCR)

- **LIMA** is best treatment for proximal **LAD disease**
- Long-term patency of vein or arterial grafts suboptimal and may be comparable to **DES**
- Patients and cardiologists interested in minimally invasive options

Advanced Hybrid Coronary Revascularization



Drug Eluting Stent

Radial approach	37 %
Number of Stents	1.3 +- 0.6
Target only RCA	67 %
Target only LCX	7 %
Target multiple	23 %

Multi-Vessel TECAB

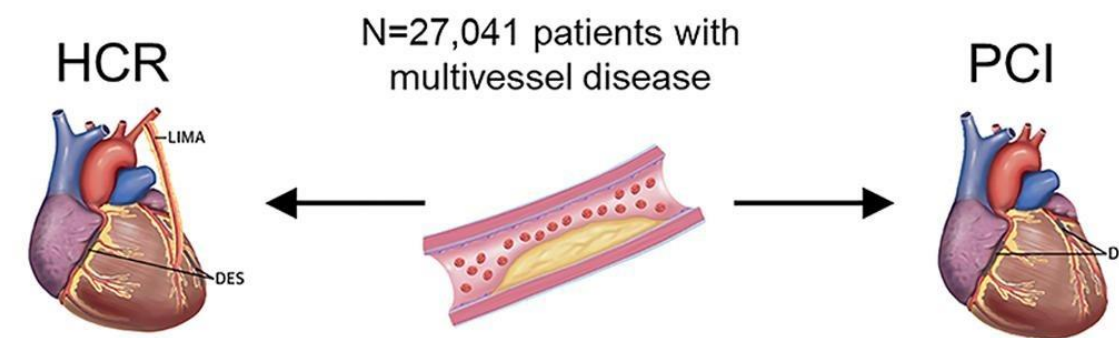
BIMA use	87.7 %
Number of Grafts	2.1 +- 0.3
Length of stay	3.0 +- 1.3 days
30-day Mortality	0 %
L/R IMA patency	95.2 % / 95.7 %



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Hybrid Coronary Revascularization versus Percutaneous Coronary Intervention: A Systematic Review and Meta-Analysis



30-day mortality, myocardial infarction, target vessel revascularization, or stroke	No difference
Myocardial infarction at follow-up	Favors HCR OR 0.40, 95% CI 0.20-0.80
Target vessel revascularization at follow-up	Favors HCR OR 0.49, 95% CI 0.37-0.64
Mortality and stroke at follow-up	No difference

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강의를 마치겠습니다.

수고하셨습니다. 🤝

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