

## OPERATION NOTES

26.03.2015

Mr. CB Govardhan Reddy

49/M

ID No: 3048235

OHS: 44946

### PREOP DIAGNOSIS:

Two vessel coronary artery disease, normal LV function, diabetes mellitus and hypertension.

### Name of Procedure:

Off-pump CABG

- 1) Left internal mammary artery bypass grafting to LAD
- 2) Saphenous vein bypass graft – aorta to the distal right coronary artery

### Surgeon:

Dr L F Sridhar

### Assistants:

Dr Tushar / Dr Sri Aurovind

### Anaesthetist:

Dr K Bhaskar / Dr Nithyanandham

### REPORT

Median sternotomy and pericardiotomy. The left internal mammary artery was dissected off the chest wall along a pedicle form. A length of long saphenous vein was harvested from left leg, and prepared for bypass grafting.

After heparinisation an Octopus 4.3 stabilizer was obtained.

1) The stabilizer was first positioned around the mid segment of the left anterior descending artery. The vessel was opened and accepted a 1.5mm silastic shunt. The left internal mammary artery was transected at its lower end, spatulated and anastomosed to it with a continuous stitch of 8/0 prolene. End to side anastomosis was obtained.

2) The stabilizer was now positioned around the distal segment of the right coronary artery. It accepted a 2.0mm silastic shunt. The upper end of a segment of vein was bevelled and anastomosed to right coronary artery with a continuous stitch of 8/0 prolene. End to side anastomosis was obtained. The graft flushed well.

A partially occluding clamp was placed over the front of the ascending aorta, and one 4mm hole punched out on the excluded aorta on the right. The proximal end of a vein graft was anastomosed to this opening with continuous stitch of 6/0 prolene. Aorta and grafts deaired. Clamp released.

The haemodynamics remained satisfactory throughout the procedure. The heparin was reversed with protamine, hemostasis obtained. Chest drains inserted and chest closed in layers. Skin and subcutaneous tissue closed using vicryl.



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