DR ALAN FARNSWORTH

M.B. .B.S. F.R.A.C.S. F.R.C.S. (Ed).

CARDIOTHORACIC SURGEON

DEPARTMENT OF
CARDIOTHORACIC SURGERY
ST. VINCENT'S HOSPITAL
VICTORIA STREET
DARLINGHURST 2010 NSW
Prov. No. 039295 L

ST.VINCENT'S CLINIC
SUITE 811, LEVEL 8
438 VICTORIA STREET
DARLINGHURST 2010 NSW
TELEPHONE: 9332 6868
FAX: 9332 6869

NAME: SORENTINO Carlos Maria Ramon
75 Melba Drive
East Ryde 2113

DOB: 26.9.45

UNIT NO: 624737

DIAGNOSIS: Obstructive coronary artery disease.
Angina pectoris.

PROCEDURE: Coronary artery bypass grafts x 4.
Single left internal mammary artery graft to the left anterior descending coronary artery.
Double sequential saphenous vein graft to the lateral ventricular branch of circumflex and to the diagonal branch of left anterior descending coronary artery.
Single saphenous vein graft to the posterior descending branch of right coronary artery.

SURGEON: Dr A Farnsworth

ASSISTANT: Dr Kalnins

ANAESTHETIST: Dr Lindberg

DATE OF OPERATION: 15.2.2000

HISTORY:
This 54 year old man was admitted to the Sydney Adventist Hospital with angina pectoris. Cardiac catheterisation showed severe diffuse coronary artery disease with marked distention in the proximal LAD, a diffusely diseased circumflex and a totally blocked right. Left ventricular function was satisfactory.

FINDINGS:
The heart was slightly increased in size. There was no major myocardial infarction. The left anterior descending coronary artery was diffusely diseased where incised at the junction of its middle and distal thirds with an internal diameter of 1.5 mm with a diseased vessel wall and fair run off. The lateral ventricular branch of the circumflex was incised in its internal branch near the apex of the heart and was 1 mm in diameter with satisfactory run off. The diagonal branch was 1.5 mm in diameter and mildly diseased with satisfactory run off. The posterior descending branch of the right coronary artery was free of disease and about 1.5 mm in diameter with good run off. The saphenous veins from both lower legs and the left internal mammary artery were all good conduits.

SORENTINO Carlos Maria Ramon

PERFUSION:
Aortic 24. Venous 51. Aortic vent.
Total bypass time 58 minutes
Total cross clamp time 37 minutes
Cooling 32C
Blood cardioplegia administered every 20 minutes

PROCEDURE:
On cardiopulmonary bypass the aorta was cross clamped and cardioplegic solution administered. A single reversed saphenous vein was anastomosed end to side to the posterior descending branch of the right coronary artery. A double sequential saphenous vein graft was completed to the lateral ventricular branch of the circumflex and 1st diagonal branch of the left anterior descending coronary artery. A single left internal mammary artery graft was completed end to side to the left anterior descending coronary artery. After completing the four distal ends the two proximal ends were attached to the ascending aorta using a partially occluding clamp. Separation from bypass was achieved in sinus rhythm without difficulty. The patient was then transferred to the postoperative area in a stable condition.

Alan E Farnsworth
Cardiothoracic Surgeon

cc Dr James Wong, Level 9/Tower B, 799 Pacific Highway, Chatswood 2067
Dr G Howard, 11 Watts Road, Denistone East 2112

sorenxx