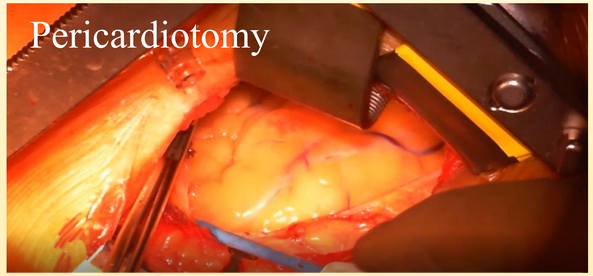
Ascending Aorta Exposure For Proximal Anastomosis In Midcab - A Novel Technique

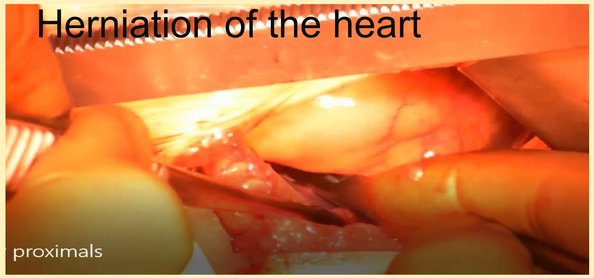
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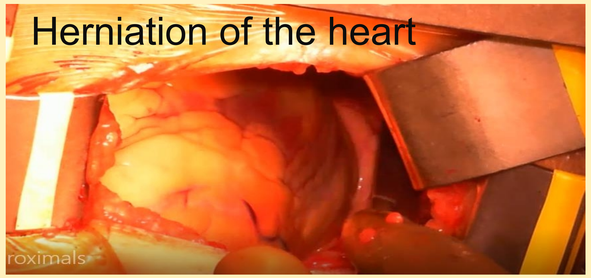
Introduction

Proximal anastomosis have traditionally been a very challenging step in Minimally Invasive CABG. Exposure of the ascending aorta and placement of a sideclamp has posed a technical complexity in dextroposed hearts, COPD and raised Pulmonary artery pressures with dilated PA. We present a novel technique to facilitate proximal anastomosis in MIDCAB

Methodology







1. **Pericardiotomy :** An oblique U shaped pericardiotomy along the long axis of the heart parallel to the LAD stopping short of the diaphragm

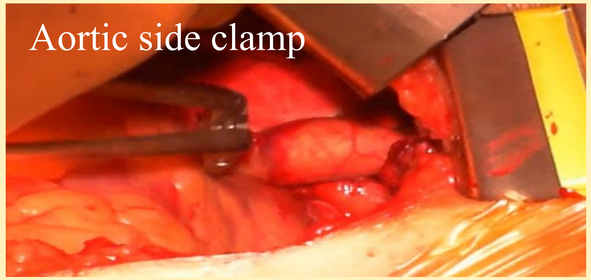
2. Herniation of the heart : The heart is lifted from the pericardium and herniated into the left hemithorax. This drags the ascending aorta to the left and downwards thus improving the access.

3. Packing: the groove between aorta and SVC with a gauze

4. Dissection of the Aorto-pulmonary fold: The Aorto-pulmonary septum is dissected and a stay suture is taken on the septum and pulled down







Results

All 4 manoeuvres pull the aorta downwards and leftward thus facilitating the application of a sideclamp and potentiates the ease of performing proximal anastomosis.

Conclusion

Improved access to the ascending Aorta for proximal anastomosis encourages surgeons to perform multivessel MIDCAB