New Technology for Endoscopic Vessel Harvesting (EVH)

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Background and Objectives

- Endoscopic vessel harvesting (EVH) for coronary artery bypass grafting (CABG) is known to offer patients faster recovery, fewer wound complications and shorter hospital stay.
- We set out to establish an EVH programme in the local private hospital. We describe the challenges encountered, our unique technological approach (methods) and results from our first series of cases.

Technological Approach (Methods)

- We decided to use a novel on-table high definition surgical monitor (**CoreVista Monitor, CardioPrecision Ltd**) along with latest generation EVH harvesting tools (**HemoPro2, Getinge**).
- Consecutive patients undergoing isolated CABG were recruited to undergo EVH. Data on risk factors, wound complications, patient satisfaction and length of stay were collected.



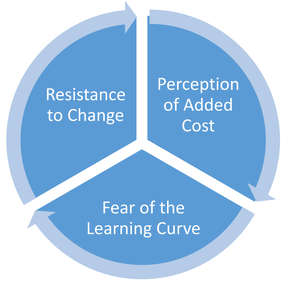
Key Elements for Successful Project Delivery

State-of-the-art On-Table Monitor – CoreVista® (CardioPrecision Ltd)

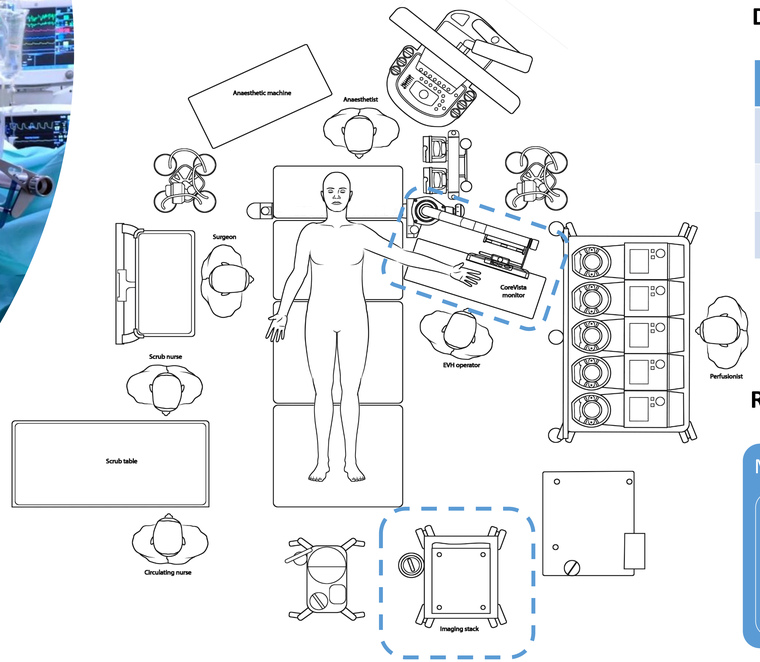
Latest Generation Harvesting Tools – HemoPro 2 (Getinge)



Challenges encountered



Endoscopic radial artery harvest (ERAH)



Demographics

Age	61.5 (mean)	56-67 95% CI
Risk Factors (one or more)	8 (67%)	-
Conduits	LSV (9)	RA (3)
Grafts	3 (mean)	2 - 5 (range)

Results

Median length of stay - 5 days (range 4-6 days)

High degree of patient satisfaction

Median follow-up of 3 months
– no adverse events or wound complications

Conclusions

- We successfully established an EVH programme and performed our initial series of cases with excellent outcomes.
- This unique combination of devices was easy to use, facilitated rapid learning and integrated easily into the standard theatre footprint overcoming resistance to change.