



Redo-MICS OPCAB in a 68 years old male 20 years After Undergoing Conventional CABG



Roberto S. Cristobal M.D.¹, Avenilo L. Aventura Jr M.D.¹, John Andrew M. Yam M.D.¹, Winston S. Centeno M.D.¹, Jeff L. Patawaran M.D.²

1. Section of Thoracic and Cardiovascular Surgery. 2. Section of Cardiology, The Medical City Clark, 100 Gatwick Gateway Sabah Al-Ahmad Global Gateway Logistics City Industrial Estate 5. Clark Freeport Zone, Philippines.

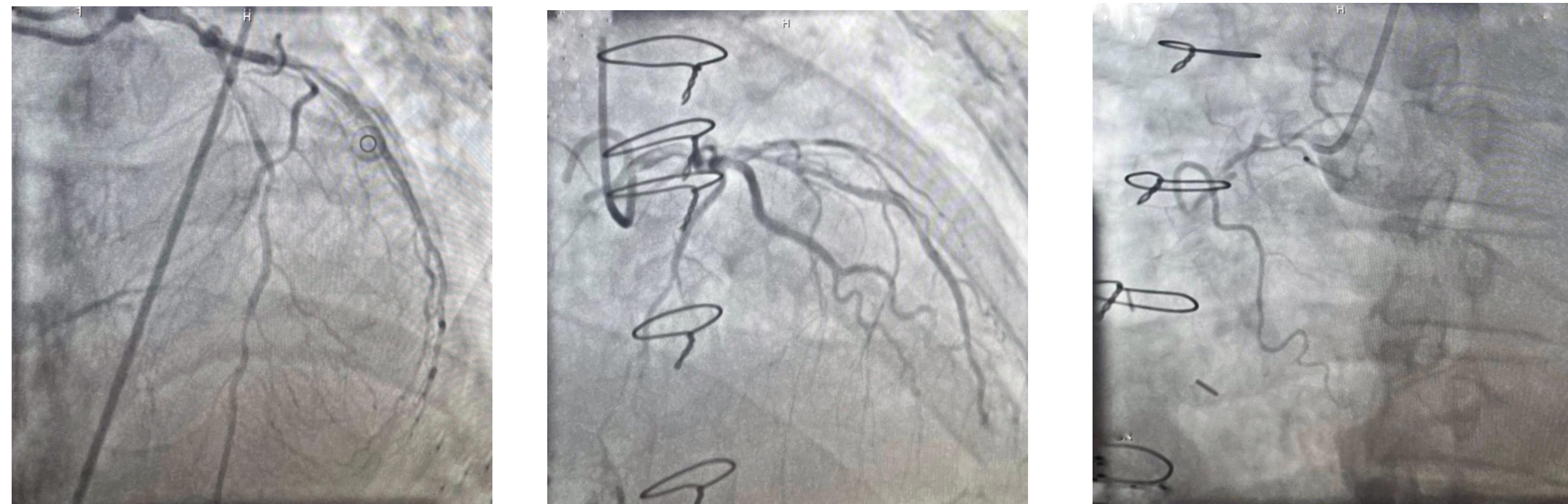
INTRODUCTION:

Redo CABG is still associated with high mortality and morbidity. Options other than Redo Sternotomy like Minimally Invasive Cardiac Surgery thru a Left Anterior Small Thoracotomy and Off Pump can be a safe alternative.

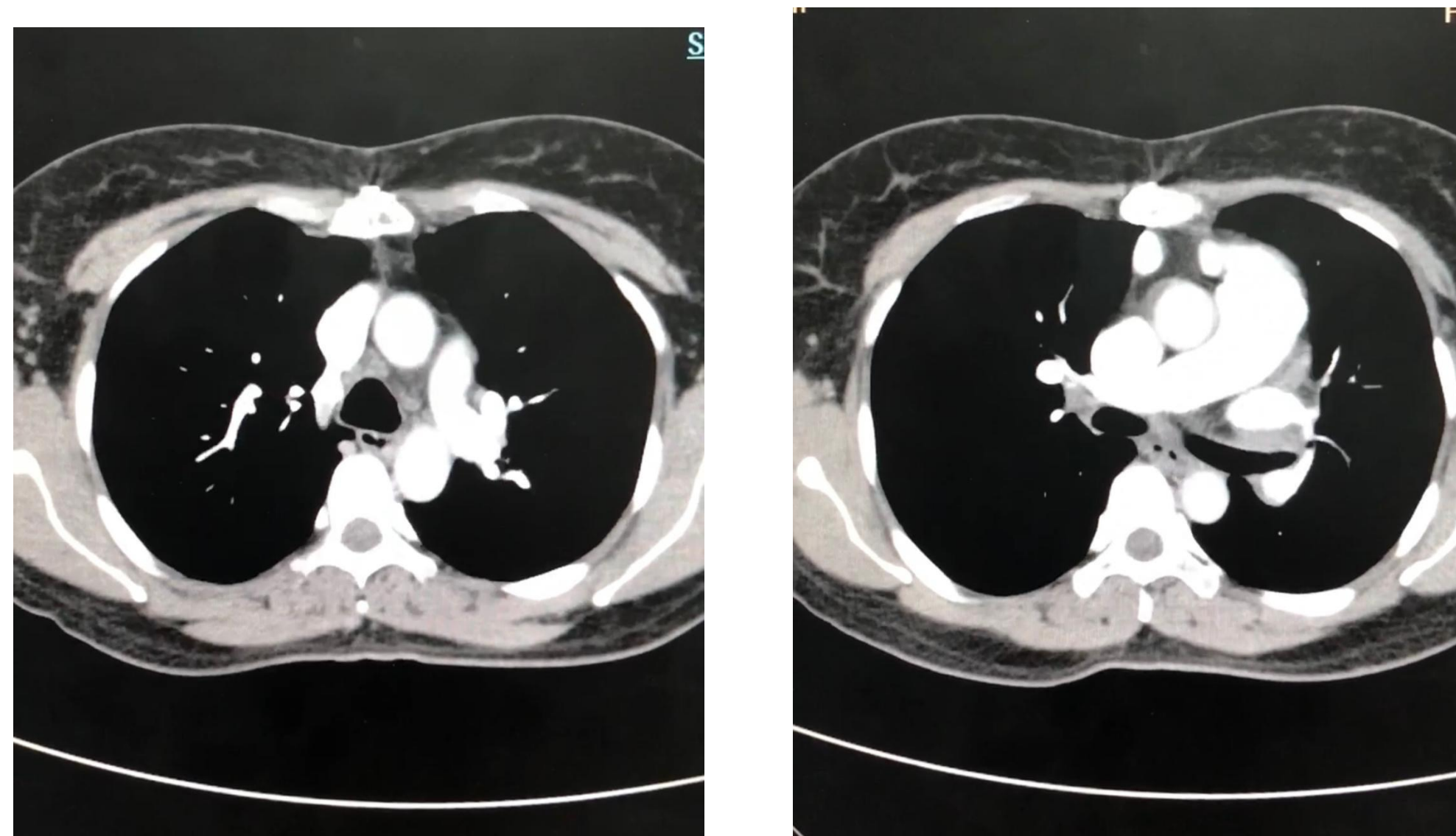
CASE:

A 68 years old male presenting with chest heaviness, palpitations, and progressive dyspnea, known to be diabetic, hypertensive and previously heavy smoker, post-CABG thru Midline Sternotomy with Saphenous Vein Graft to RCA (1999).

DIAGNOSTICS:

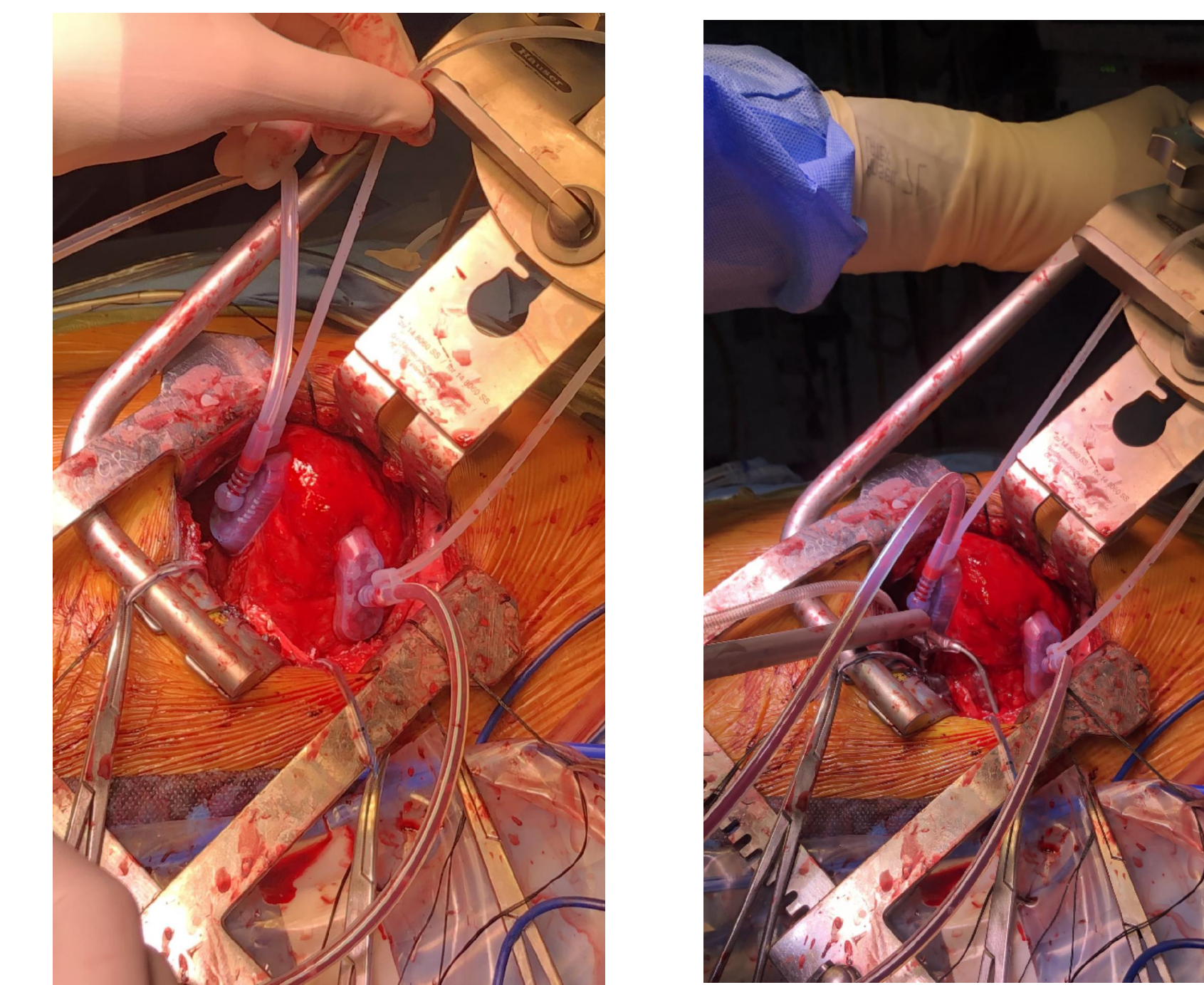


Coronary Angiogram was done a month before CABG which showed CAD-2 Vessel Disease involving the LAD and RCA (LAD – 90% stenosis at the proximal segment, RCA 90% stenosis proximally becoming totally occluded after SA nodal artery branch).



CT Scan was done prior to the operation as anatomic roadmap.

TECHNIQUE:



Redo Minimally Invasive Cardiac Surgery Off Pump Coronary Artery Bypass Grafting thru Left 5 cm Anterolateral Thoracotomy 4th ICS using LIMA to dLAD (1.5 mm vessel) and Radial Artery with Inflow from dLAD to RPL (1.25 mm vessel). Both with good distal run offs.

There was no need for blood transfusion. Dual Anti-Platelet Therapy (DAPT) was started within 6 hours post-op. Intravenous calcium channel blocker was likewise started and shifted to oral after 24 hours.

RESULTS:

Postoperative Course in the Recovery Room, ICU, Telemetry and Ward was unremarkable. He was discharged on the 9th postoperative day improved.

CONCLUSION:

Redo MICS OPCAB Surgery is feasible, safe and acceptable in patients undergoing Repeat Surgical Coronary Revascularization.