

Proximal Anastomosis Via Right Small Thoracotomy In MICS CABG

Tips And Trick To Access Ascending Aorta For Proximal Anastomosis

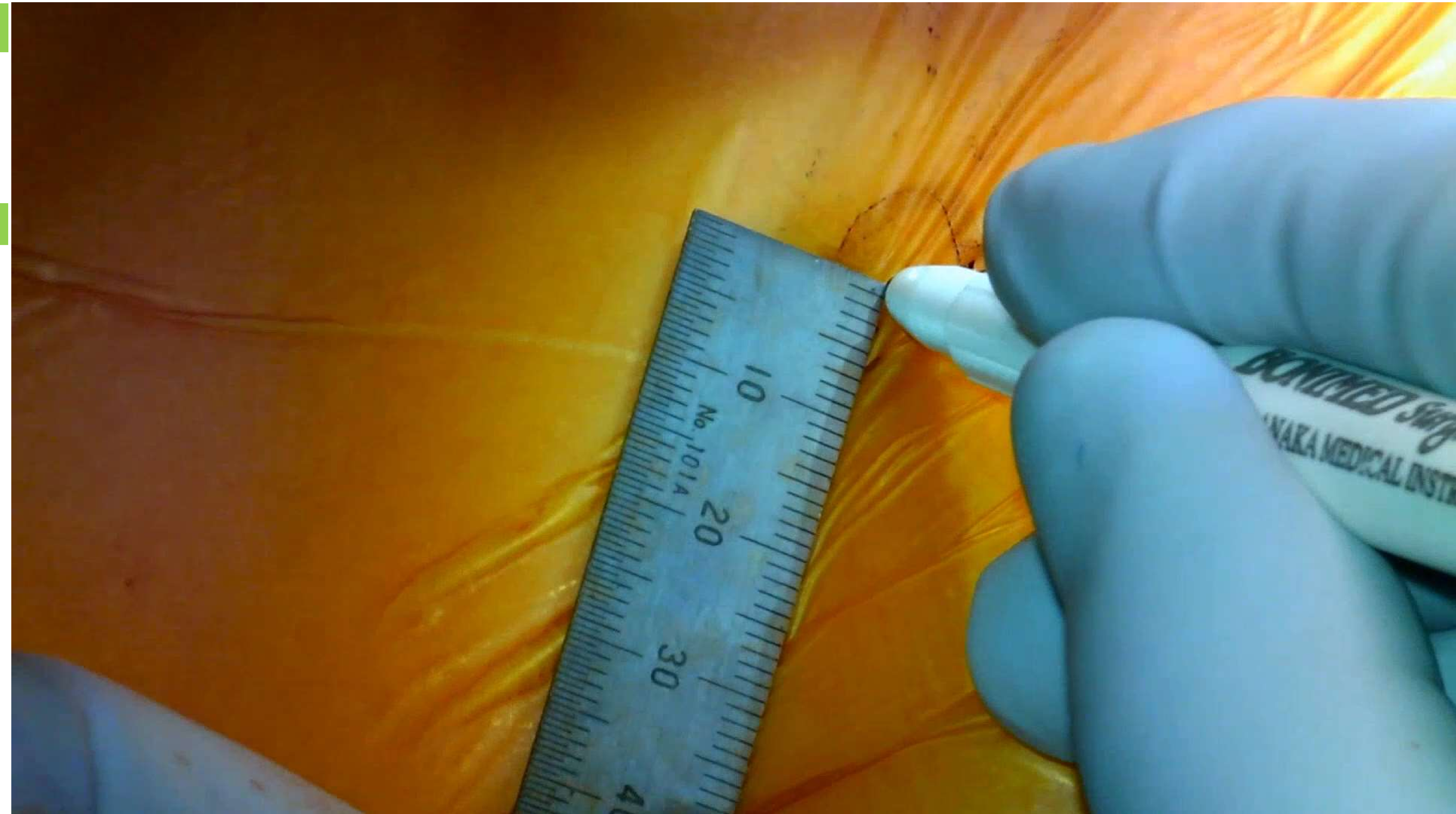
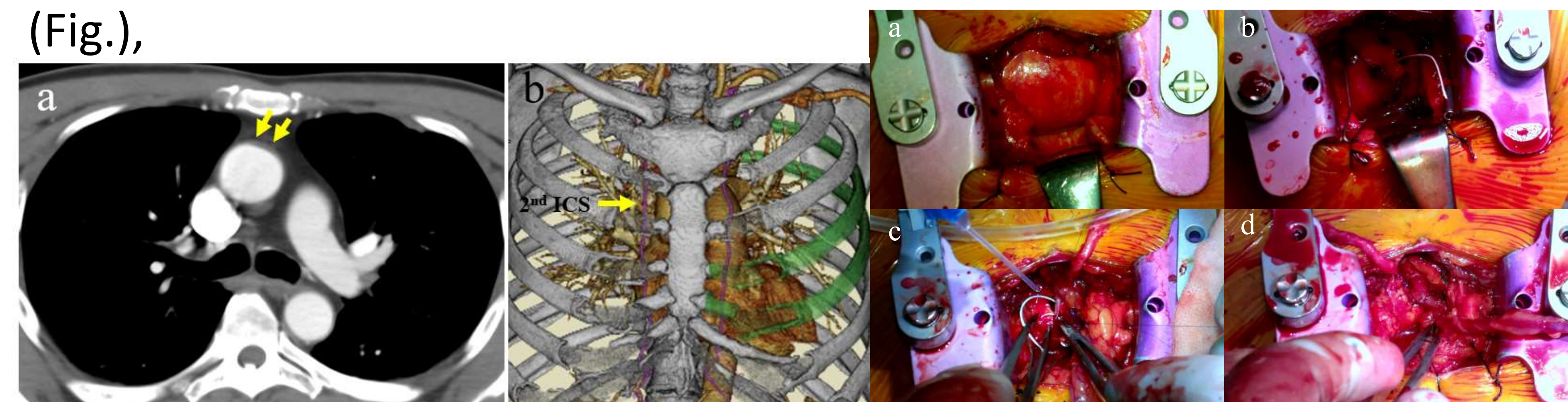
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INTRODUCTION

In off-pump MICS CABG, despite advancements that have facilitated proximal anastomosis of the ascending aorta through left small thoracotomy, certain challenges persist. We introduce tips for proximal anastomosis via a small right anterior thoracotomy in off-pump MICS CABG

METHOD

After harvesting all grafts, the second or third right anterior ICS was opened with a 5 cm incision that was planned based on the 3DCT scan (Fig.). While the surgeon changed standing position from the left side to the right side, both lungs were ventilated for 5-10 min. Then, the right lung was deflated, ventilation was switched to the left lung, and the ascending aorta was confirmed to be near the small right incision. The pericardium was then opened 4 cm near the ascending aorta. Four traction sutures were attached on the pericardium and radially retracted to the right-side skin incision (Fig.). Then, an XXS size wound protector was inserted into the pericardium, and this method resulted in a very short distance to the ascending aorta from the skin incision (Fig). The use of a retractor and wound protector together allowed for a good field of view without injuring the right internal thoracic vein. A HeartString III (Getinge) was used to safely puncture the ascending aorta (Fig.),



CONCLUSIONS

This technique permits various proximal anastomosis options especially for the surgeon in learning curve. Despite the extra incisions, this report confirms the feasibility of proximal anastomosis in MICS CABG, preserving its sternum-sparing benefits.