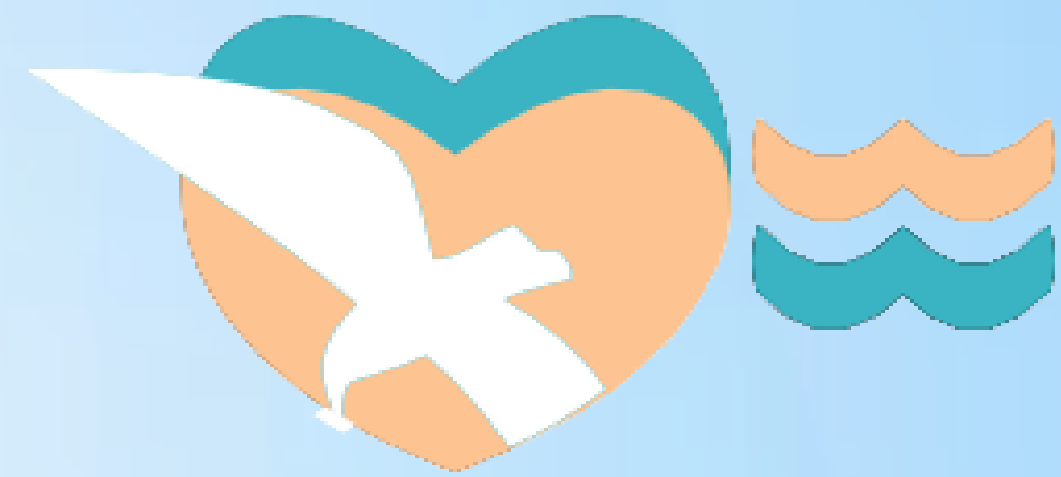


MidCab In Cardiac Surgery, That One Of The Options For Coronary Revascularization.

Yu.A. Schneider, M.D. Tsoi, M.S. Fomenko, A.A. Pavlov, P.A. Shilenko

Federal Center of High Medical Technologies, Kaliningrad, Russian Federation

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- Minimally invasive direct coronary artery bypass (MIDCAB) surgery for revascularization left anterior descending coronary artery through a left anterior small thoracotomy performed in some specified centers and literature have few reports regarding long-term outcomes.
- The aim of study was to evaluate early and long-term outcomes of MIDCAB procedure our center.

Twenty-year outcomes of minimally invasive direct coronary artery bypass surgery: The Leipzig experience

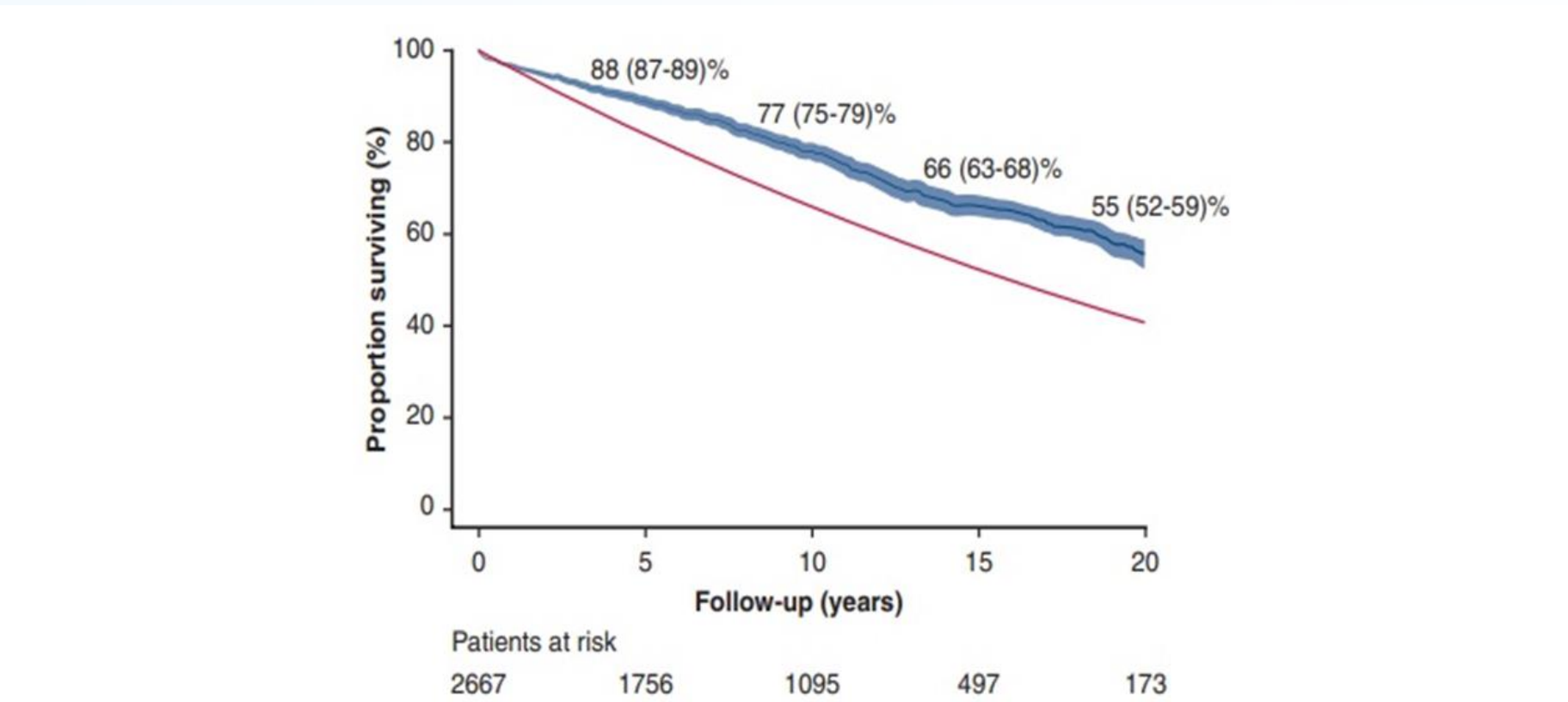


FIGURE 4. Survival estimates of our cohort and the adjusted German population (red line). Survival in our group was 88 (87-89)%, 77 (75-79)%, 66 (63-68)%, and 55 (52-59)% at 5, 10, 15, and 20 years, respectively.

Methods:

- Between 2012 to 2025, in our Center was performed 1438 MIDCAB procedure.

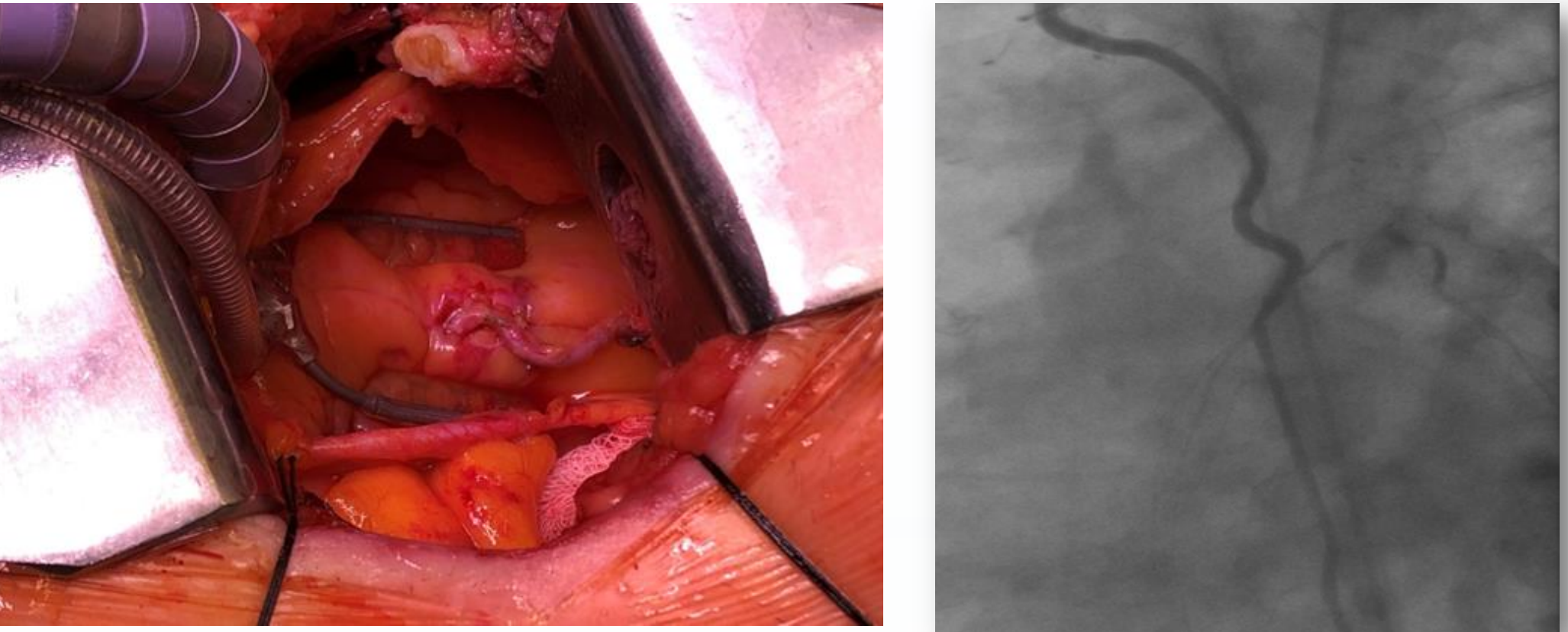
	MIDCAB (n – 1438)
Mean age, M±SD	64.8±14.2
Patients older 70 years	474 (32.9%)
BMI, M±SD	32.3 ± 5.9
Male, %, no	940 (65.4%)
EuroSCORE II, %, M±SD	2.2 ± 1.1
EF LV, %	47 ± 7.2
Carotid artery stenosis	213 (14.8%)
Lower Extremity Arterial Stenosis	197 (13.7%)
Hybrid myocardial revascularization	711 (49.4%)
Previously	
AIM	328 (22.8%)
PCI	159 (11%)
Stroke	42 (2.9%)
CABG	13 (0.9%)
Concomitant disease	
Hypertension, no, %	1291 (89.8%)
Chronic lung disease, no, %	287 (20%)
Chronic renal disease, no, %	129 (9%)
Diabetes, no, %	362 (25.2%)

Results:

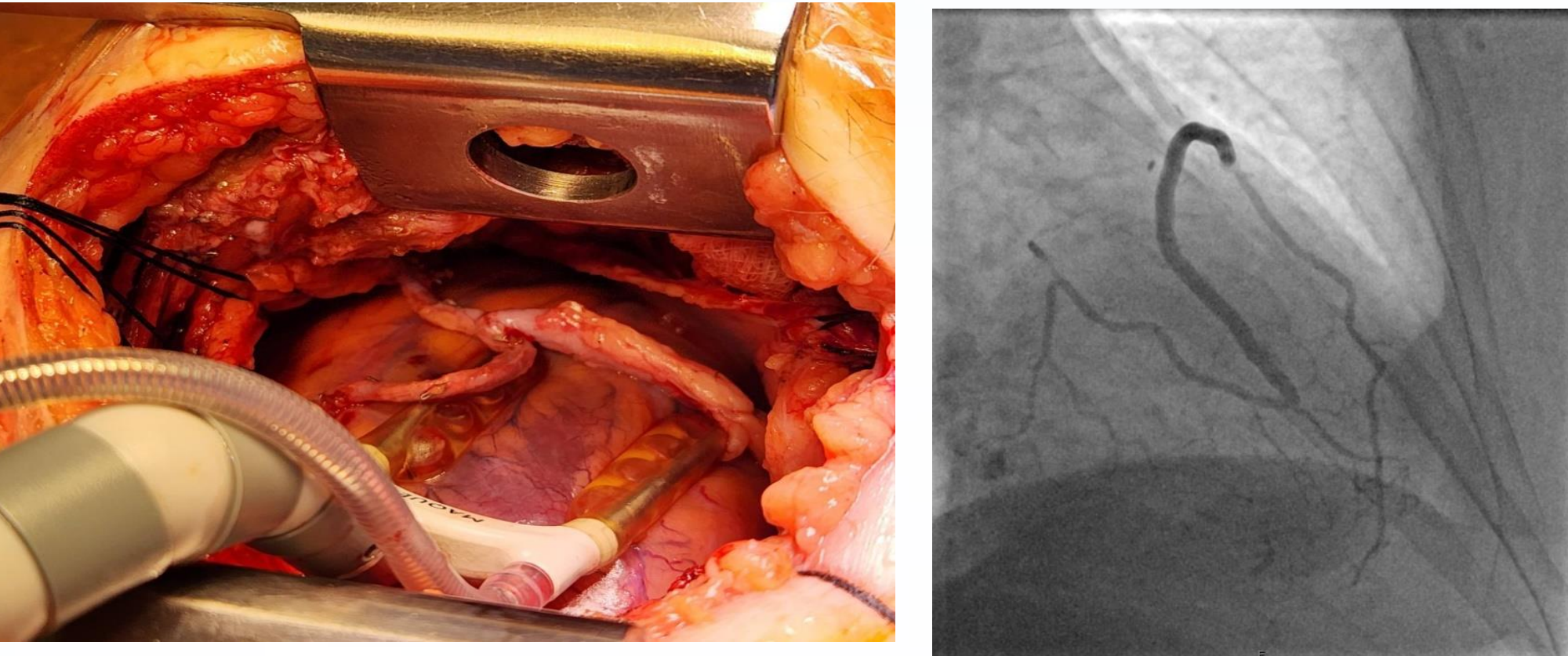
Postoperative outcomes

Variable	MIDCAB (n – 1438)
Re-exploration due to postoperative bleeding, no, %	18 (1.2%)
Wound infection, no, %	9 (0.6%)
Lung failure, no, %	6 (0.4%)
Cerebrovascular accident, no, %	0
Myocardial infarction, no, %	0
Total duration of the surgical procedure	118 ± 32,5 min
Renal failure, no, %	3 (0.2%)
Intensive care unit stay (days)	1.2 ± 0.7
Hospitalization (days)	6.5 ± 1.2
Hospital mortality, no, %	10 (0.7%)

LIMA to LAD

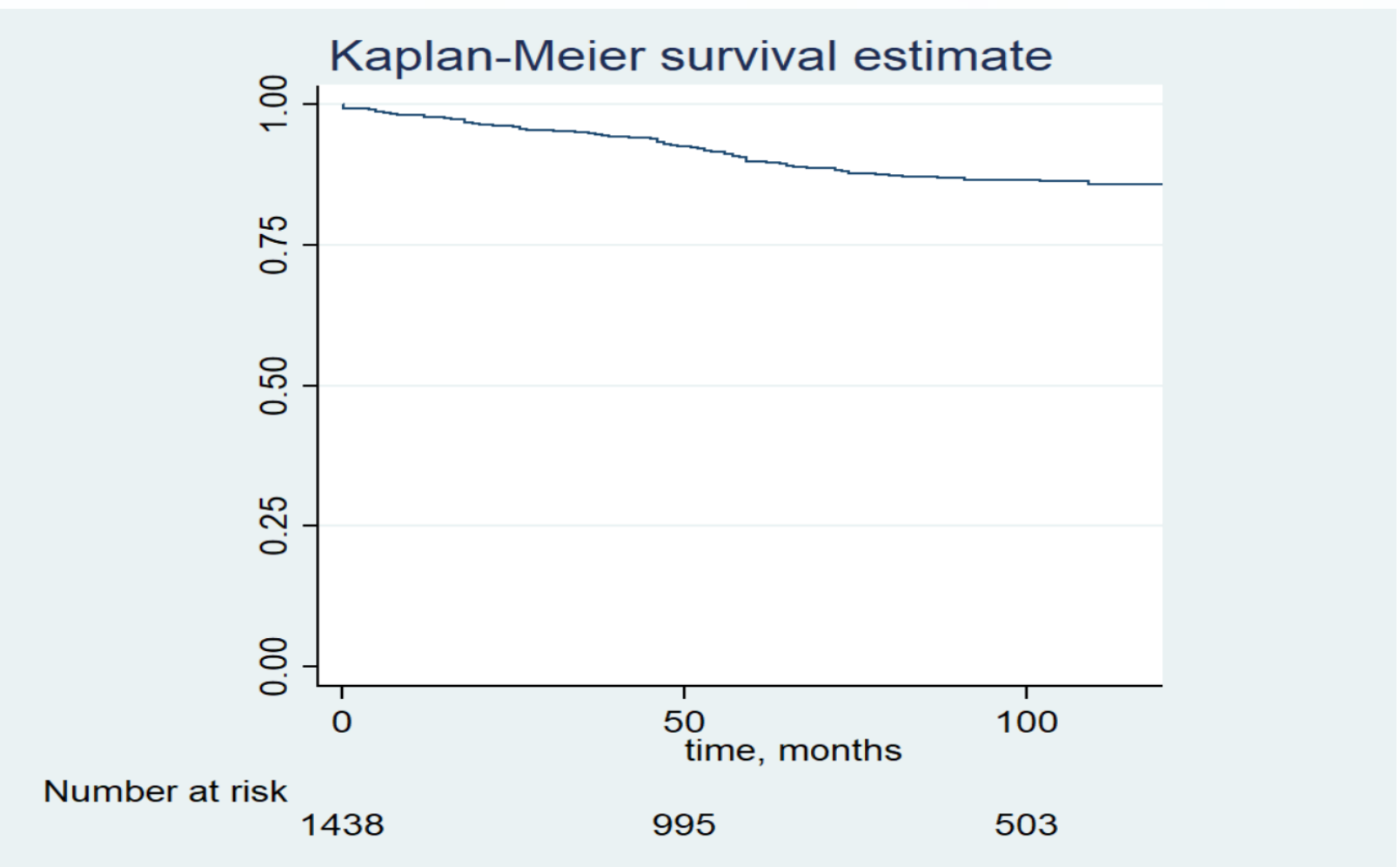


LIMA to LAD (vena to LCA T-graft)

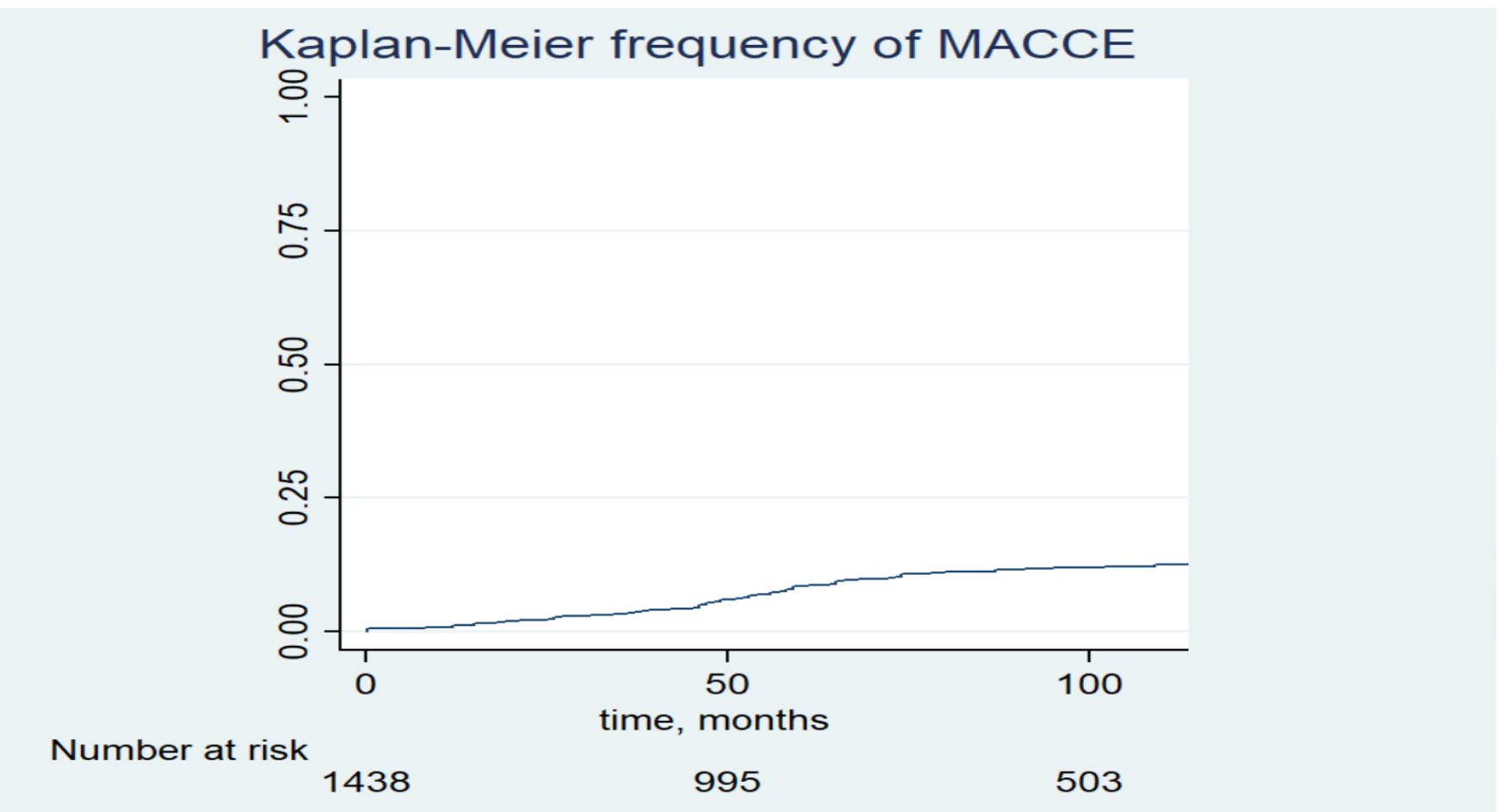


Mean follow-up period was: 66.2 months
(95% CI 65.7–66.8)

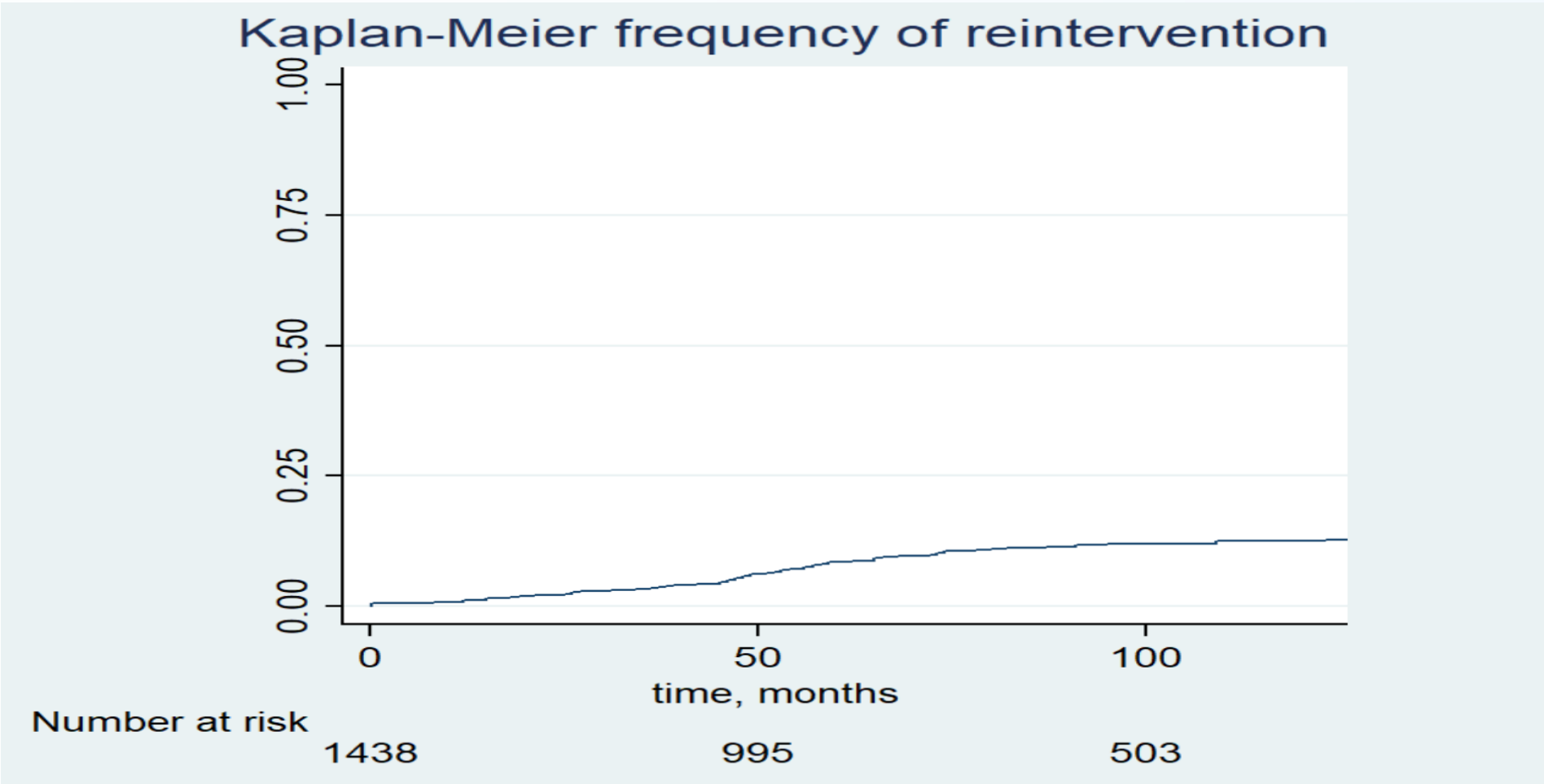
Kaplan-Meier survival curves for all-cause mortality



12 months – 97.8% (95% CI 96.9–98.7),
36 months – 94.8% (95% CI 93.5–95.9),
60 months – 89.8% (95% CI 87.9–91.4)



12 months – 1.2% (95% CI 0.7 –1.9),
36 months – 3.5% (95% CI 2.6–4.6),
60 months – 8.7% (95% CI 7.3–10.6)



12 months – 1.2% (95% CI 0.7–1.9),
36 months – 3.5% (95% CI 2.6–4.6),
60 months – 8.5% (95% CI 7.1–10.3)

Conclusion:

- MIDCAB for revascularization patients with coronary artery diseases can be safely performed with good early and long-term outcomes.
- CABG through left-sided thoracotomy is a surgical method with less trauma, short hospitalization and rapid recovery, which can be used both for isolated lesions of the LAD and for multiple lesions of the coronary arteries, in the form of multiple CABG and as a stage of hybrid myocardial revascularization.
- Study limitation: retrospective and single center, long-term results are needed