

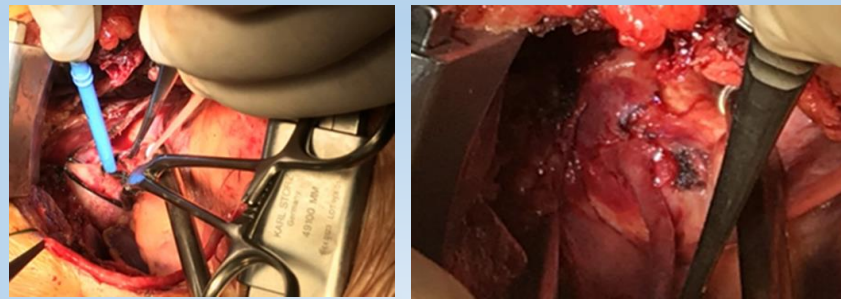
Minimal invasive coronary artery bypass grafting in patients with multiple coronary artery lesion and coronary artery disease.

Muradov M.M, Yarbekov R.R., Nishonov.N.A., Omonov S.Kh., Teshaev.U.Sh, Li.G.A

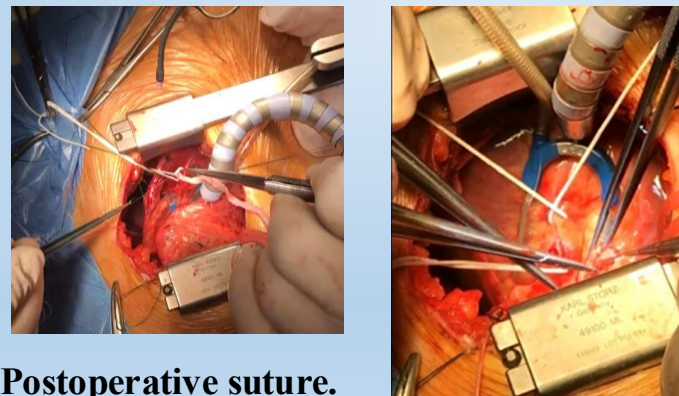
Objective. Estimation of the direct results MICSCAB revascularization through thoracotomy in 5th intercostal space at patients with multiple coronary artery lesion

Material and methods. We have performed 743 operations off-pump coronary artery bypass by MICSCAB technique. All operations were performed through thoracotomy in the 4th or 5th intercostal space. The age of patients varies from 43 to 86 years old (average age – 76.2 ± 3.62). All patients had two- or three-vessel disease - occlusion or critical stenosis of the LAD, circumflex artery system, right coronary artery. 611(82,3%) patients were male. Unstable angina was diagnosed at 707 (95,2%) patients. Arterial hypertension at 639 (86%) patients, 602(81%) patients had myocardial infarction in the anamnesis. In 17 cases, a combined operation was performed: MICSCABG + RALV + LV thrombectomy.

Formation of proximal anastomoses with the aorta.



Formation of distal anastomoses with target coronary arteries.



Postoperative suture.



Cosmetic effect for women.

Results. MICSCAB revascularization we performing average from 2 hours 50 minutes (170 minutes) to 3 hours 30 minutes (210 minutes) minutes (on average 3 hours 15 minutes (195 minutes)).

Perioperative and early postoperative results of MICSCAB operations.

Perioperative MI	0	0
Acute heart failure	15	2%
Respiratory failure	171	23%
Encephalopathy	82	11 %
Heart rhythm disturbances	67	9 %
Acute renal failure	0	0
Duration of mechanical ventilation (min)	156.3 ± 42.4	
Blood loss on the first day (ml).	145.3 ± 79.5	
Infectious complications, n(%)	9 (1,2%)	
Duration of stay in the ICU, hours	25.6 ± 12.7	
Average hospitalisation day	5.1 ± 1.2	

Conclusion. Thus, the Micscab technique is a modern and safe approach in the surgical treatment of patients with multiple lesions of the coronary arteries. Mini-access reduces the trauma of the operation, facilitates the early postoperative period, reduces the incidence of complications and is economical.