

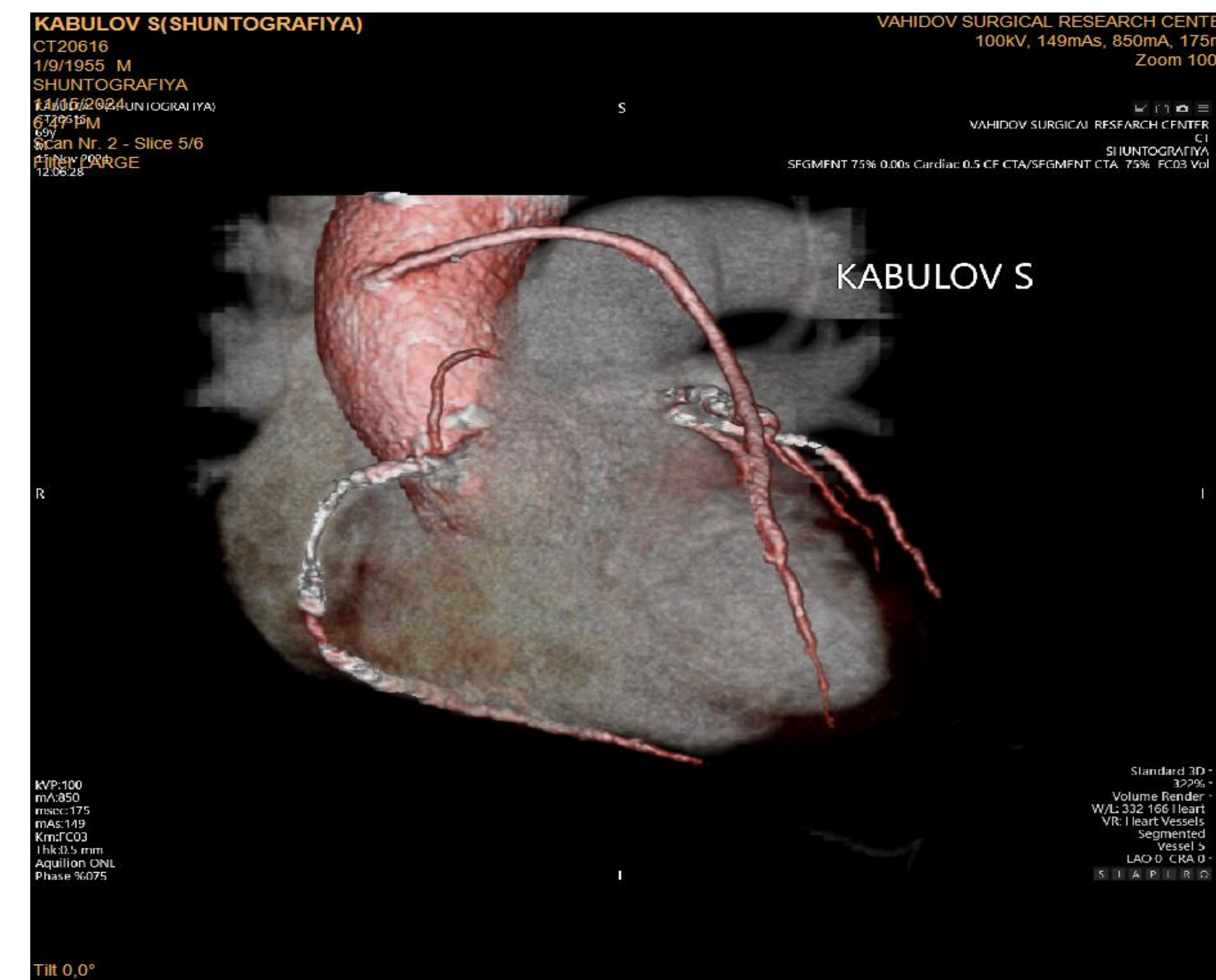


Experience Of Successful Re-operation Of Coronary Bypass Surgery On A Beating Heart Through Minimally Thoractomy Access.

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Angiography



Patient K, 69 years old, male.

Diagnosis: Ischemic Heart Disease. Angina pectoris. 4 functional class.

Condition after coronary bypass operation (2 autovenous bypasses 2015). Implantation coronary stents 2007, 2009, 2019, 2024 years. Hypertension, stage 3. Diabetes mellitus type 2.

According to the medical history, in **2007, 2009, 2019, 2024** years he underwent **balloon angioplasty and stenting** of coronary vessels, and in **2015 he underwent coronary bypass surgery through sternotomy (2 bypasses).**

Coronaryangiography: left coronary artery intact. LAD at proximal part has previously installed stent with instent stenosis, Cx artery has previously installed stent with instent stenosis. RCA is occluded, the distal part is contrasting due to intersystem collaterals. Shuntography – autovenous shunts to the LAD and Cx are patent.

ECG: Sinus rhythm, heart rate: 63bpm. Dystrophic changes in the myocardium

EchoCG: EDV 100 ml. EF 48%.



CONCLUSION

in the presence of an increased risk due to access through a median sternotomy, performing coronary artery bypass graft surgery from a minithoracotomy approach is a safe method that has a beneficial effect on the outcome of the operation.