



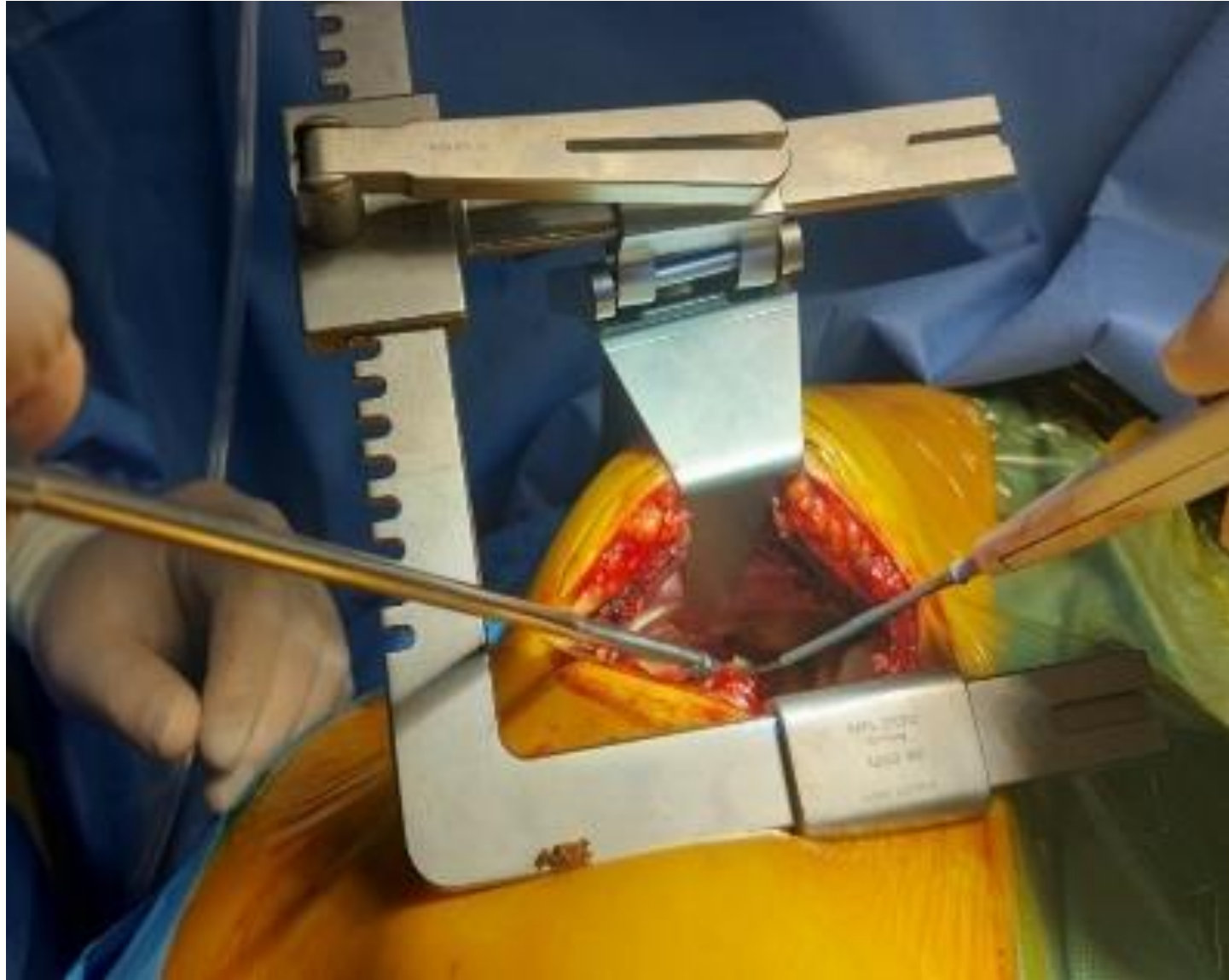
Comparative Results of Myocardial Revascularization on Beating Heart through Minimal Accesses.

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Material and methods. A retrospective analysis of the results of surgical treatment of 66 patients with coronary artery disease belonging to the risk category for the 2015-2023 years was carried out. 32 patients (group 1) underwent coronary bypass surgery through a right-sided minithoractomy on a beating heart, and in 34 cases (group 2) the operation was performed from an inferior partial sternotomy on a beating heart. In both groups, male patients predominated (more than 80%). Age ranged from 55 to 75 years, the mean age was 63.2 + 2.1 years for both groups. The Euroscore scale averaged 2.75 in both groups, indicating that patients were considered to be at high risk for surgery. EchoCG before surgery in the first group looked as follows: average left ventricle end diastolic volume 175.5 + 48 ml, average ejection fraction – 45.8 + 5.1%. A left ventricular aneurysm was detected in 8 patients. In the second group: ejection fraction of left ventricle was 48,6+2,1%.

Patients (n – 66)				
	Ministernotomy - 34		Minitoracotomy - 32	
	number	%	number	%
Male	29	85,3%	25	78,1%
Feamle	5	14,7%	7	21,9%
Age	63±3,2		61±4,1	
Functional class	2,2±1,1		2,5±2,1	
Unstable angina	4	11,7%	3	9,3%
Obesity	27	79,4%	26	81,2%
COPD	14	41,1%	15	46,8%
Stroke	4	11,7%	2	6,25%
Diabetes mellitus	27	79,4%	25	78,1%
EuroScore	2.89±0.56			



Conclusions. Revascularization of the myocardium on beating heart of patients with coronary artery disease using mini-approaches allows: **to avoid complications associated with** the systemic pro-inflammatory reaction of the body, **sternum infection and mediastinitis, reduce the duration of surgery and rehabilitation** of patients. Operations performed by minithoractomy are more preferable due to the possibility of performing more complete revascularization of the myocardium.

PostOP data		
	Minitoracoto my	Ministernoto my
Operation duration.	138.45±48.23	125,2±12,3
Conversion to CPB	1 (2.94%)	-
Hour on ICU	9.5±3.6	7,2±2,1
Hour on inotropes	2.89±1.2	2.78±1.4
Drainage loss, ml	250±45 ml	160±15 ml
Plueritis	2 (3,03%)	-
Wound infection	1 (2.94%)	-
Stroke	-	-
AMI	-	-
Mortality	-	-