

## Arterial Grafting For Myocardial Revascularization Indications Surgical Techniques And Results

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### Myocardial Revascularization—Conditions & Treatments—

Over the past 2 decades, the question of whether percutaneous coronary intervention (PCI) is as effective a form of myocardial revascularization as coronary artery bypass grafting (CABG) for the treatment of left main (LM) and multivessel coronary artery disease (CAD) has been studied in more than a dozen sizable randomized controlled trials (RCTs).

### Myocardial Revascularization—Trials—Circulation

In order to obtain full myocardial revascularization, the use of alternatives to the internal mammary artery is required. The gastroepiploic artery, the inferior epigastric artery and the radial artery have been used as alternatives to the saphenous vein with the hope of obtaining long term results similar to the internal mammary artery.

### Coronary revascularization surgery with arterial grafts:

Despite the improved survival in patients with multi-vessel coronary disease compared to conventional myocardial revascularization (i.e., left internal thoracic artery-LITA on the left anterior descending-LAD coronary vessel plus additional saphenous vein grafts on other target vessels), associated with the use of multiple arterial grafting for myocardial revascularization [ , . ], total arterial revascularization is still only adopted in the minority of instances (<5% of isolated coronary ...

### Long-Term Outcome of Total Arterial Myocardial—

The ITA is a widely accepted arterial graft of choice in myocardial revascularization because of its excellent long-term patency and low prevalence of histopathologic changes. Based on clinical data showing superior advantages of ITA graft compared with saphenous vein graft [ 1 , 3 ], other arterial grafts such as the radial artery and RGEA have been used in myocardial revascularization [ 2 ].

### Right Gastroepiploic Artery Graft for Myocardial—

In recent years off-pump coronary artery bypass grafting has emerged as a safe and less invasive strategy for surgical myocardial revascularization. Off-pump coronary artery bypass grafting by avoiding the deleterious effects of cardiopulmonary bypass can offer potential benefits to elderly patients requiring surgical myocardial revascularization.

### Myocardial Revascularization for the Elderly: Current—

White HD, Assmann SF, Sanborn TA, Jacobs AK, Webb JG, Sleeper LA, et al. Comparison of percutaneous coronary intervention and coronary artery bypass grafting after acute myocardial infarction complicated by cardiogenic shock: results from the Should We Emergently Revascularize Occluded Coronaries for Cardiogenic Shock (SHOCK) trial. *Circulation*.

### Coronary artery bypass grafting or percutaneous—

The Task Force on myocardial revascularization of the European Society of Cardiology (ESC) and European Association for Cardio-Thoracic Surgery (EACTS)

### 2018 ESC/EACTS Guidelines on myocardial revascularization—

In 95% of patients, full myocardial revascularization was achieved with BIMAs alone, using a composite Y configuration with an average of 4.1 IMA to coronary artery anastomoses per patient. The perioperative mortality was 1.5% and the 5-, 10- and 15-year survival estimates were 95%, 87% and 77% respectively.

### Full myocardial revascularization with bilateral internal—

Perioperative MI can be related to graft-related causes (early graft failure, coronary artery thrombosis and postoperative spasm) along with non-graft related such as incomplete myocardial revascularisation, inadequate myocardial protection or preoperative ischaemic injury.2 3 Early graft failure after CABG is reported in up to 12% of grafts4 (left internal mammary artery (LIMA) 1% – 2.5%; saphenous vein graft (SVG) 3% – 12%, radial artery 3% – 4%) when evaluated by intraoperative ...

### Management of perioperative myocardial ischaemia after—

Graft failure after coronary artery bypass grafting (CABG) causes recurrent angina, need for repeat intervention, and poorer survival. 1 Arterial grafts, including bilateral internal thoracic artery (BITA) grafts and/or the radial artery, have been consistently shown to provide superior angiographic patency rates when compared with saphenous vein grafts (SVGs), 2, 3 and the exclusive use of arterial grafts (total arterial grafting [TAG]) has also been advocated as the best revascularization ...

### Effect of total arterial grafting in the Arterial—

Although revascularization improves outcomes, procedural risks are increased in CKD, and unbiased data comparing coronary artery bypass grafting (CABG) and percutaneous intervention (PCI) in CKD are sparse. To compare outcomes of CABG and PCI in stage 3 to 5 CKD, we identified randomized trials comparing these procedures.

### Reduced risk of myocardial infarct and revascularization—

Complete revascularization of 3 or more stenotic vessels in high-risk patients is independently associated with reduced mortality and symptom-free survival. 2 At 6 years, the survival rate is 69% for patients with grafts to all 3 major coronary vessels versus 45% in patients with only 2 bypass grafts. However, in patients with broadly diffuse severe stenoses, complete revascularization is not always possible.

### Transmyocardial Laser Revascularization as an Adjunct to—

Reversed saphenous vein grafts, internal thoracic artery grafts, and other arterial conduits are grafted on the target major epicardial vessels to provide flow to the portions of these vessels positioned downstream from the hemodynamically significant stenoses.

### Revascularization—The Cardiology Advisor

Myocardial Revascularization for Patients With Diabetes: Coronary Artery Bypass Grafting or Percutaneous Coronary Intervention? Patients affected by diabetes usually have extensive coronary artery disease. Coronary revascularization has a prominent role in the treatment of coronary artery disease in the expanding diabetic population.

### Myocardial Revascularization for Patients With Diabetes—

of myocardial revascularization failure with a focus on the three key underlying mechanisms leading to repeat revascularization: 1) failure of percutaneous coronary interventions, 2) failure of coronary artery bypass grafting and 3) progression of coronary artery disease in native coronary segments previously untreated.

### Management of Myocardial Revascularization Failure: An—

Simple medical therapy apart, there are two choices of intervention: surgery in the form of coronary-artery bypass grafting (CABG) and the less-invasive percutaneous procedures (PCI), these days usually stenting of various types.

### Myocardial Revascularization: Which Way to Go—

Surgery, with the use of left internal thoracic artery (LITA) and additional saphenous veins grafts, has long been the generally accepted treatment for myocardial revascularization 1, 2. More recently, studies have shown the routine use of arterial grafts in multivessel disease to improve surgical results 3, 4.

### Revascularization of the Right Coronary Artery: Grafting—

The use of arterial grafts, especially using the left internal mammary artery, has resulted in significant improvements in long-term patency and clinical outcome. More recent technical advances include beating heart (off-pump) surgery, arterial revascularization and minimally invasive techniques.