

The operation

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Intraoperative monitoring includes continuous central venous pressure and blood pressure recording (via a central line in the internal jugular or subclavian vein and radial artery line, respectively), urine output via a urinary catheter, temperature using a nasopharyngeal probe and continuous ECG monitoring. The operation commences with harvesting of the conduits (long saphenous vein from the leg [Figure 59.4] and/or radial artery) while the chest is opened via a median sternotomy and the LIMA is dissected from the chest wall (Figure 59.5). The patient is placed on CPB after heparinisation, the aorta is cross-clamped and the heart arrested with cardioplegia. The coronary grafts are anastomosed to coronary arteries distal to the stenoses (Figure 59.6). The aortic cross-clamp is removed and the heart is reperfused with oxygenated blood. A side-biting clamp is applied to the ascending aorta and the proximal anastomoses are completed. Occasionally, the surgeon may opt to carry out the whole operation while the cross-clamp is applied to reduce

Left subclavian artery vein grafts Left internal mammary artery Figure 59.6 Completed coronary artery bypass grafts.

warmed and weaned from CPB. The heparin is reversed and the patient is transferred to the intensive care unit (ICU).

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