A Simple Method to Increase the Diameter of the Internal Thoracic Artery in Coronary Artery Bypass Grafting

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Clinical Image
For decades cardiac surgeons have devised strategies to increase the diameter and flow of the Internal Thoracic Artery (ITA) in coronary artery bypass grafting. Mostly involve vasodilator drugs administration during and after conduit harvesting. However, eventually surgeons realized that the greatest diameter increase of the ITA occurred during the time that its distal end remained occluded, after its preparation and before its graft construction. Apparently, surgeons have not understood this physiological response and no method has ever been proposed to take advantage of an earlier reduction in flow competition in the Winslow pathway. Figure 1 shows details of the ITA harvesting with its distal end occluded, a method that we have proposed to increase its diameter and flow. Figure 2 shows the large diameter difference between the two conduits approximately 2 h after the start of left ITA harvesting. The graft of the right ITA has already been done.

Figure 1: Shows details of the ITA harvesting with its distal end occluded, a method that we have proposed to increase its diameter and flow.

Figure 2: Shows the large diameter difference between the two conduits approximately 2 hours after the start of left ITA harvesting. The graft of the right ITA has already been done.

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