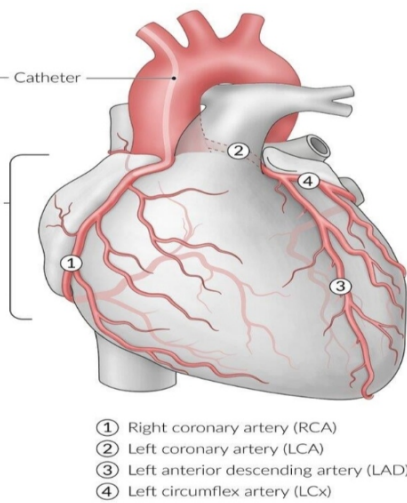
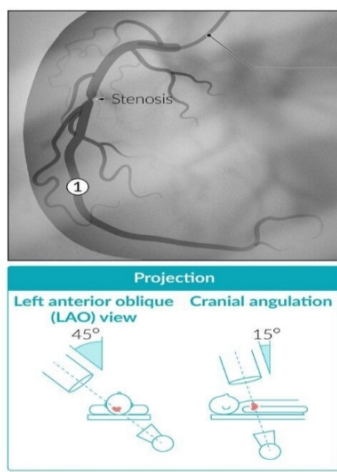




Aetiology

- **Atherosclerosis (>90%)**
- **Embolisation**
- **Coronary spasm**
- **Vasculitis**
- **Ostial stenosis**
- **Severe LVH**
- **Congenital anomalies of the coronary artereis (e.g anomalous origin of LAD artery from pulmonary artery) /RAD branches from post., between two big arteries (pulmonary + aorta) → becomes pressed with strenuous exercise.**

rare

CABG

indications &

- narrowing of 3 vessels
- 50% narrowing of lt. main artery
- unstable angina
- complications of PTCA

sequence &

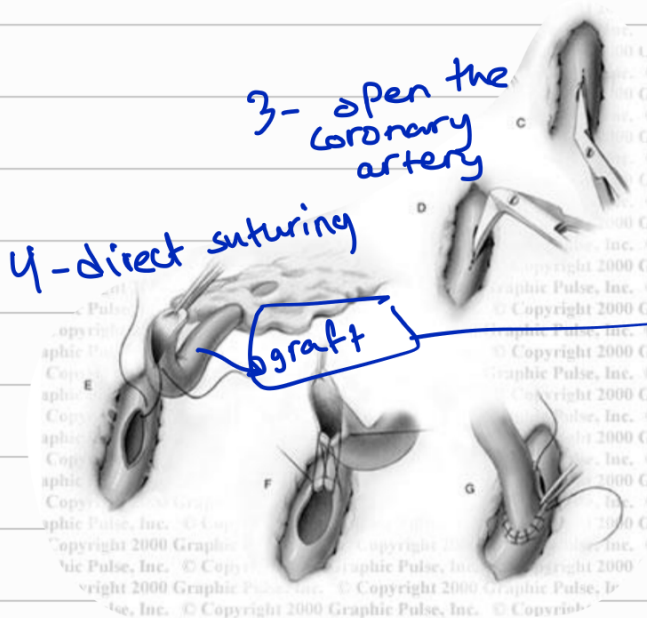
1- sternotomy

2- heart-lung bypass machine:

cannula in RA, and one in ascending aorta



→ stop the heart by giving a solution rich in K^+



3- open the coronary artery

4- direct suturing

graft

[conduits] &

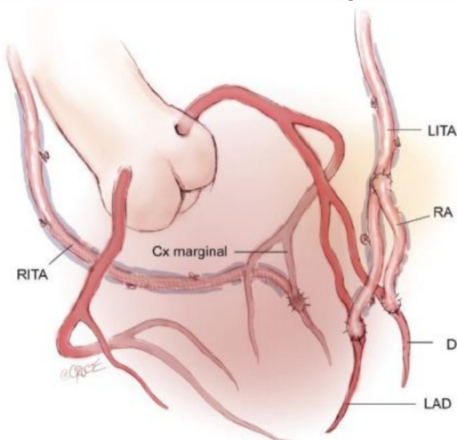
→ arterial

mammary / radial
(lima, Rima)

→ venous

great saphenous

* Best result surgeries → total arterial revascularization
(using arteries as grafts)

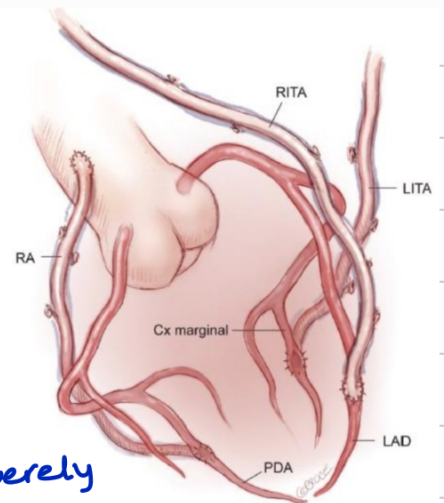


different ways.

Points to follow:

- LITA for LAD

- Radial artery for severely narrowed.



best conduit

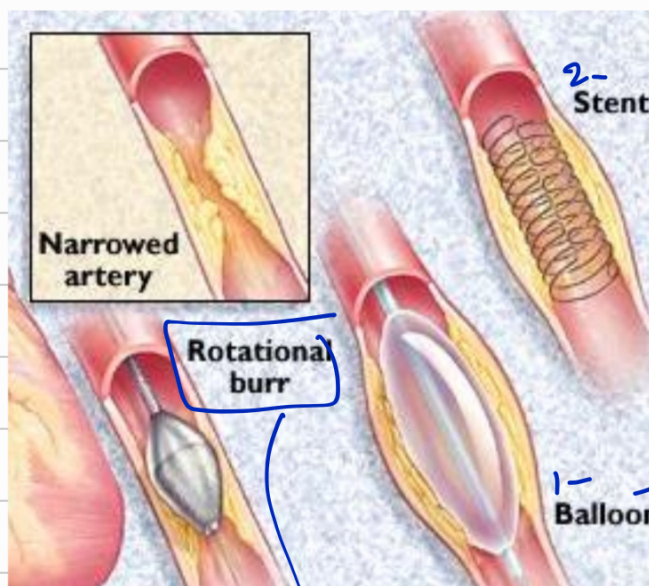
- * **Mammary artery** is a better graft than saphenous vein, why?
 - its endothelium secretes NO $\rightarrow$ vasodilation
 - histology
 - vein is thin walled $\rightarrow$ when exposed to pressure of aorta $\rightarrow$ new intima will be formed which might narrow the lumen.
 - vein has valves (areas of turbulence $\rightarrow$ thrombosis)
- radial artery has thick muscular layer which tends to spasm

PTCA

Percutaneous transluminal Coronary Angioplasty

$\Rightarrow$ Put balloon or stent.

indications: single artery disease (max. 2)



use drill if artery doesn't open easily.

OPCAB

off - Pump Coronary Artery Bypass :
operating on the heart while it's beating

Median sternotomy of varying sizes.

Depending on the physiology of the patient, the smallest incision will be made.

Arteries or veins can be harvested from the patients chest wall, arm, and or leg.

Adenosine and Esmolol are used to slow the heart rate.

Deep pericardial sutures and the use of specialized instruments to prop the heart in a position that will allow the surgeon to access occluded arteries.

