Fig. 1. Diagram of the method for measuring the appropriate length of LITA required.

while using the skeletonization technique, since excessive lengths of LITA may lead to graft kinking.

While using the schema of LITA measurement described herein, it is mandatory to dissect the vessel up to the subclavian vein and position the sutured graft beneath the left lung. Routine opening of the left pleural cavity may lead to increased number of pleural effusions.

There is no surgery without trauma, but it should be minimized whenever possible. I believe that by preserving as much of the distal segment of the LITA as possible, especially during bilateral internal thoracic artery harvesting, some patients could be spared from the associated wound-healing complications.

References


eComment: No need to open the upper part of the sternum to measure the length of the left internal mammary artery

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I agree with the authors about the importance of adjusting the length of the left internal thoracic artery (LITA) to avoid graft kinking. I also agree that preserving the distal segment of both LITA and right internal thoracic artery (RITA) as much as possible is important to prevent wound healing complications [1]. We described a technique [2–4] were we dissect approximately 7 to 8 cm of the LITA and cut the distal mammary 1 to 2 cm before the bifurcation (xiphoid approach-lower sternotomy). The left internal mammary artery (LIMA) is anastomosed to any segment of the left anterior descending aorta (LAD). At this moment we are performing this operation in multiple grafts, generally LIMA to LAD and other conduits, vein or arteries using the RIMA as inflow and preserving the distal part of the mammary as much as possible. At 110 months of follow-up of the initial series of patients with this technique we did not observe any complications in wound healing [5].

In conclusion you do not need to open the upper part of the sternum to measure the length of the LITA required for coronary surgery or to preserve the distal part of the LITA or RITA [1]. Also, preserving the upper part of the sternum is important in case the patient will need a future intervention in the aortic valve.

References


