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BIMA skeletonization - Tips, tricks and advantages

Introduction: The use of skeletonized bilateral mammary arteries (BIMA) in myocardial revascularization in off pump cardiac surgery has been established the last decades. Nevertheless, there is still a lot discussion and serious controversies about the broad aspect of this operation. Up to date there is no study that has examined the feasibility and the effect of the systematic use of skeletonized BIMA.

Methods: A short review of the literature helped us compare our result over the last ten years. This is a single center, retrospective observational study with 500 patients undergoing coronary artery bypass grafting. The vast majority of the operations were off the pump. BIMA was harvested skeletonized either with electrocautery or ultracision harmonic scalpel.

Results: There is an interesting rise in the percentages of BIMA through the years, reaching 80% of the patients in the last three years. The operations are almost exclusively off the pump. The graft flow was also measured with no significant differences between the arterial grafts. There were no major adverse cardiac events or complications, neither serious wound infections.

Conclusions: The systematic use of BIMA is safe and can be the gold standard for patients. The real discussion over this topic should include the coronary artery site selected for revascularization with the right mammary artery, regarding the length and the quality of the arterial graft. Furthermore, the surgical experience is an independent factor as well.

Biography

Kosmas Tsakiridis was born in northern Greece in 1967. He graduated from Medical School of Democritus University of Thrace in 1996, received a scholarship from the State Scholarship Foundation for two years, started his specialty training in Cardiac and Thoracic surgery (1998) and in 2006 he received the title from University of Cardiac and Thoracic Dept in University Hospital of Alexandroupolis, Thrace, Greece. He also completed his Doctorate study (Grade A) with the title "Effect of Lornoxicam in lung inflammatory response syndrome after operations for cardiac surgery with cardiopulmonary bypass" on the April of 2006. Since then he has been working on the private sector. From 2010 to 2016 he was the Head of the Cardio-Thoracic Department of St. Lukes Hospital, Thessaloniki, Greece where he conducted modern techniques in a variety of cardiac and thoracic cases (off pump, valve repair etc) and also thoracoscopic techniques (VATS) for lung diseases. Since 2017, he also operates in the private Hospital "Kyanous Stavros", in Thessaloniki, Greece. Since 2018 he has been admitted to the European Board of Thoracic Surgery (FEATS). He is also the Member of Hellenic Society of Thoracic and Cardiovascular Surgeons (HSTCS) and from 2014 General Secretary of the Committee, Euro Asian Bridge Society (EAB) and from 2015 Treasurer of the Committee, European Society of Thoracic Surgeons (ESTS), European Association of Cardiac and Thoracic Surgeons (EACTS), Gold Member in European Respiratory Society (ERS), Member in International Association for the Study of Lung Cancer (IASLC) and in Cardiothoracic Surgery Network - CTS Net (<http://www.ctsnet.org/home/ktsakiridis>). Member in World Society of Cardiac and Thoracic Surgeons (WSCTS) During his training he was Clinical Fellow at the Papworth Hospital, Cambridge, UK and participated in many medical workshops in Europe.

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