

TOYAMA MEDICAL AND PHARMACEUTICAL UNIVERSITY
DEPARTMENT OF SURGERY 1

OPERATION RECORD

Patient Name: [REDACTED] Age:55 Sex:m

Ward: E6 Op. Date: 3.10.93 Op. Time 9:00 -13:00

Operator: Dr.Watanabe

Anesthesist:

ASS.1: Dr.Misaki

Perfusionist: Mr.Takado

ASS 2: Dr. Koto

ASS 3: Dr. Yamashita

Diagnosis: OMI, Angina Pectoris (NYHA II)

Operation: Coronary artery bypass grafting (LAD)

Indication:

The patient was suffered from MI and refer to Dept. Med 2 in Toyama M&P University Hospital. The SPECT (Tl) showed no redistribution at the site of LAD (LV anterior wall and apex), however, the 18 FDG PET revealed viability of the anterior wall of LV. LVEF was 28%. The surgery was indicated.

Technique: On the supine position median sternotomy (Dr.Watanabe), and pericardium was opened. Rhythm of the heart was normal sinus rhythm. The ascending aorta was not dilated or elongated.

Contractility of LV: ant. wall hypokinesis.

Fibrosis/aneurysm: LV antero lateral.

Coronary artery: LAD was sclerotic.

Great vessels: normal

Saphenous vein was harvested from left upper leg (Dr.Koto). The quality of the vein was not so good. (intimal hyperplasia)

Purse string suture was placed at the ascending aorta for the preparation of cardiopulmonary bypass.

Target coronary arteries were dissected (LAD) and segment 7 of the LAD was occluded using 4-0 prolene traction sutures. after the heparinization (10ml) coronary arteriotomy was performed without cardiopulmonary bypass.

Anastomosis of the bypass were shown in Figure.

No.	Coronary arteries		Anastomosis	
	lumen	sclerosis	ES/SS	flow
1	1.5mm	++	ES	3l

Proximal anastomosis were completed using 6-0 prolene.

Protamin was administrated. 2er chest tube were inserted. Pericardium was opened. Hemostasis was secured and chest was closed (Dr. Koto).

The patient was intubated and referred to E6 ward with good hemodynamic conditions.

Bypass time	0 min.
Aortic cross clamp time	0 min.
Cardioplegic solution.	0 ml. (Toyama solution)
Histology	(-)
Ab-F sternum	(-)
Photo	(+)
VTR	(-)


GO WATANABE

SURGICAL REPORT

A-C Bypass

Name:

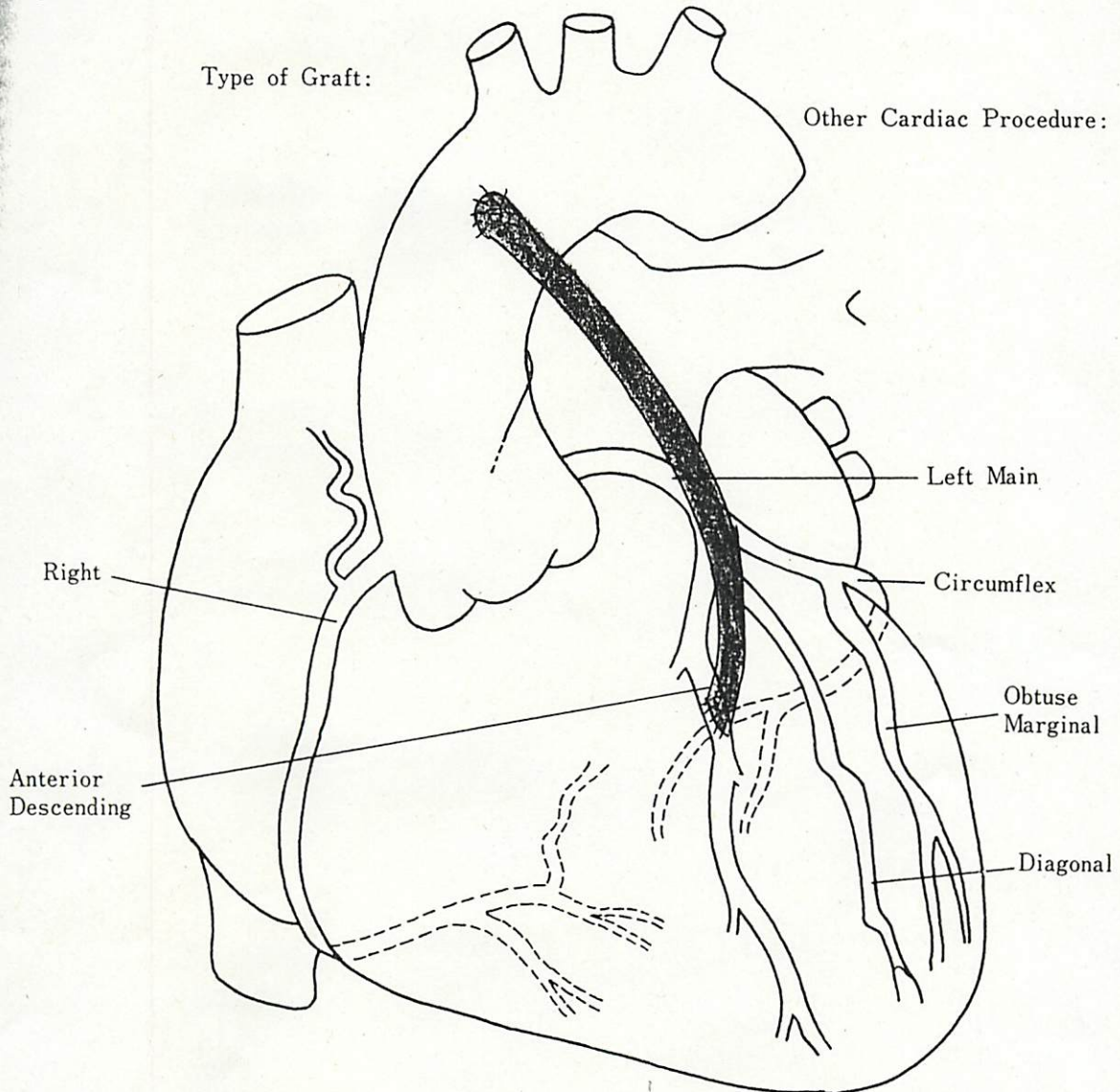
Age: ♂
♀

Date of Operation: 3.10.93

Surgeon:

Type of Graft:

Other Cardiac Procedure:



Cardiac Arrest:

None ☐ Electrical ☐ Cardioplegia ☐ Countershock Required ☐

Temperature of Myocardial Perfusate:

Normothermia Moderate Hypothermia (28–35°C)
Deep Hypothermia (°C)

Temperature of Myocardium: °C

Surface Cardiac Cooling: YES NO

Aortic Cross Clamp: Min.

Duration of Extracorporeal Circulation: Min.

- VS-4-3 左開胸拍動下冠血行再建術：渡邊 剛，
三崎拓郎，湖東慶樹，古田豪記，中嶋邦喜，山本恵一
(富山医科薬科大学第一外科)

供覧する症例は、脳梗塞の既往をもつ 65才男性である。陳旧性心筋梗塞および冠動脈 2 枝病変(左前下行枝 Seg 7 の 100% 閉塞、左回旋枝分枝 Seg 14 の 75% 狭窄)左室造影上前壁中隔の akinesis を認めた。difficult aorta、脳梗塞の既往のため人工心肺を用いない拍動下冠動脈血行再建術の適応とした。手術は右側臥位としたのち、右足より大伏在静脈(SVG)を採取した。人工心肺をスタンバイした後、左第 5 肋間開胸にて心臓に達し、横隔神経前縁にて心臓を切開した。左内胸動脈は直視下にその全長が観察でき電気メスにて容易に剥離可能であった。心臓縁を釣り上げ固定した後、4-0 Prolene 糸にて左前下行枝の吻合予定部前後に冠動脈遮断を行った。冠動脈を切開し SVG を 7-0 Prolene で吻合後、中枢側吻合は左鎖骨下動脈に side clamp をかけ行った。左前下行枝の血流再開後、左回旋枝分枝 Seg 14 に同様に冠動脈遮断を行い、左内胸動脈-左下腹壁動脈の composite graft にて血行再建術を行った。拍動下冠動脈血行再建術は、胸骨正中切開による到達法が一般的であるが、回旋枝分枝にも狭窄病変がある場合は左開胸法にて良好な視野のもと安全に手術が可能である。

- VS-5-2 肺嚢胞
憲、安藤公英、草野哲也、城戸和明、白

当施設で切除対象 418 例に達する。肺嚢胞発症例ならびに giant bulla としていた。手術的治療による再発率は胸腔鏡下の手術(VATS)初回発症例でも VATS giant bulla, semi-giant bulla 的観察後開胸手術となる。術前開胸が必要ない場合もある。施設では現在 50 例の胸腔鏡下手術を行っている。1) トロッカーの開口を開胸を想定する。2) 胸腔鏡による嚢胞の位置判定。3) 胸腔鏡下内注入による精査を行う。4) 胸腔鏡下として併用する事で、嚢胞の精査をおこなう。5) 胸腔鏡下にもレーザーを組み合

Toyama Medical and Pharmaceutical University
Department of Surgery

OPERATION RECORD

Patient Name: [REDACTED] Age:64 Sex:M

Operation Date:3.15.93 Operation Time 9:30 -15:30

Operator: Dr.Watanabe/Dr.Misaki Anesthesist:Dr.Hamada
ASS.1: Dr.Koto Perfusionist: Mr.Takado
ASS 2: Dr.Yamashita
ASS 3: Dr.Ueda

Operative procedure: CABG (2)

Preoperative diagnosis: OMI, Unstable Angina, cerebral infarction

Postoperative diagnosis: same above

Indication: The patient was suffer from MI Feb 1993 and refer to Dept.Med 2 at Toyama M&P University Hospital. Selective CAG revealed 2 vessel disease (LAD 100%, LCX 90%). After the CAG, ECG showed coronary T at the chest leads (V2-V6). Angina pectoris was NYHA class IV). Surgery was indicated.

Technique: On the right lateral position, left large lateral thoracotomy was performed through 5th intercostal space. (Dr.Watanabe), and pericardium was opened. Rhythm of the heart was normal sinus rhythm. The ascending aorta was slightly dilated and elongated. Carcification of the isthmus of the aorta and descending aorta.

Contractility of LV: ant.-anterolateral wall was dyskinetic.
Fibrosis/aneurysm: was not seen.!!
Coronary artery: LAD, D1 were markedly carcified
Great vessels: normal

Saphenous vein was harvested from right upper leg (Dr. Koto). The quality of the vein was good.

Left internal thoracic artery was also harvested (Dr.Watanabe). The LITA was adequate as a arterial graft (free flow was 60 ml/min).

Inferior epigastric artery was harvested from the lt. lower abdomen. Length of the IEA was 8 cm, and diameter of them was (prox. 1.8 mm, dist. 1.5 mm) LITA-IEA composite graft was constructed and the long the of the graft was ?? cm extended. (free flow 54 ml/min.)

Cannulation of the femoral artery was performed after heparinization (10ml).

Target coronary arteries were dissected (LAD ,OM2). Coronary artery was occluded using 4-0 Prolene traction sutures.

Anastmosis of the bypass were shown in Figure.

No.	Coronary arteries		Anastmosis	
	lumen	sclerosis	ES/SS	flow
1	1.5mm	++	ES	78ml/min
2	1.2mm	+	ES	??

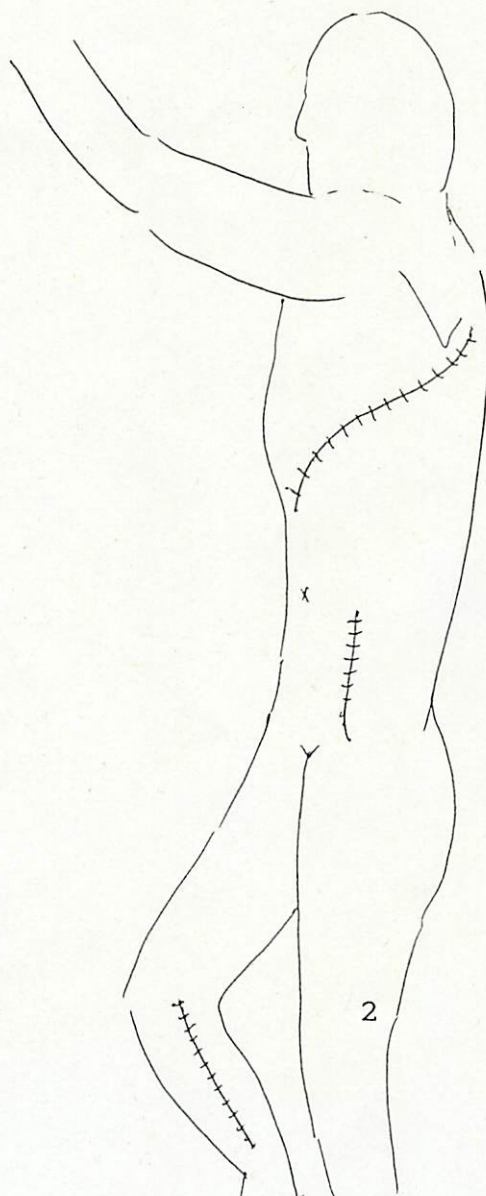
Proximal anastmosis were completed at left subclavian artery using 6-0 prolene.

Protamin was not administrated and decanulation. 3er chest tube were inserted. Pericardium was closed loosely. Hemostasis was secured and chest was closed (Dr.Watanabe).

The patient was intubated and refered to E6 ward with good hemodynamic conditions.

Bypass time 0 min.
Aortic cross clamp time 0 min.
Cardioplegic solution. 0 ml. (Toyama solution)
Histology (+) TEA vein
Ab-F sternum (-)
Photo (+)
VTR (+)


GO WATANABE



SURGICAL REPORT

A-C Bypass

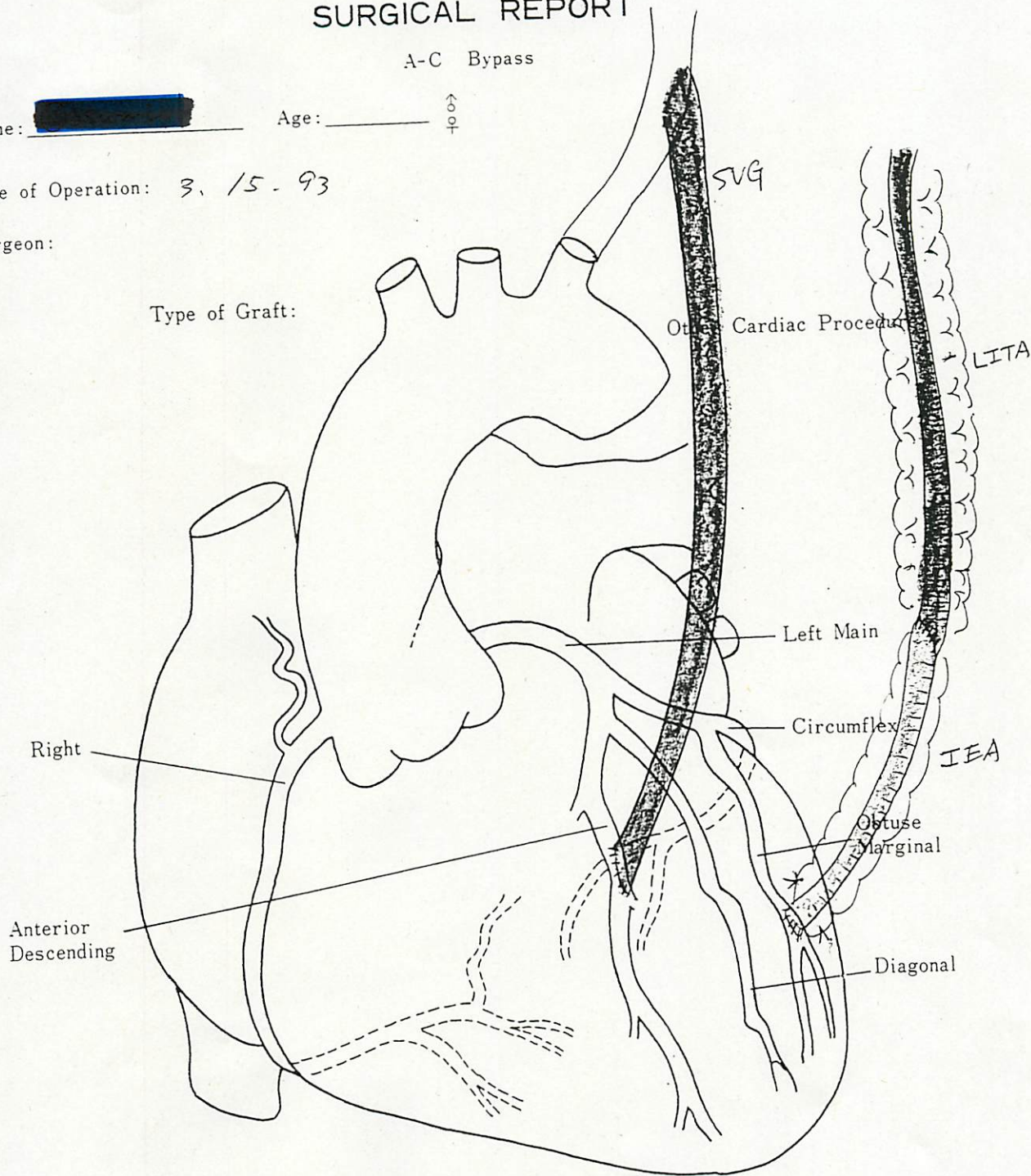
Name:

Age :

Date of Operation: 3, 15-93

Surgeon:

Type of Graft:



Cardiac Arrest:

None ☒ Electrical ☐ Cardioplegia ☐ Countershock Required ☐

Temperature of Myocardial Perfusate:

Normothermia Moderate Hypothermia (28–35°C)
Deep Hypothermia (°C)

Temperature of Myocardium: °C

Surface Cardiac Cooling: YES NO

Aortic Cross Clamp: 0 Min.

Duration of Extracorporeal Circulation: 0 Min.