TECHNICAL TIP

A route for venous or free arterial conduits to the distal circumflex artery branches in coronary artery bypass operations

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Figure 1 Diagrammatic representation of the technique.

We describe a route for venous or free arterial conduits to the distal circumflex artery branches in coronary artery bypass operations. After constructing the distal anastomosis, open the space behind the inferior vena cava and pass the conduit through, in front of the right pulmonary vein to be anastomosed to the right side of the ascending aorta, anterior to the superior vena cava. This generates a lie of the conduit which allows it to sit in line with the target vessel (Fig. 1). Care must be taken to avoid conduit rotation as it passes behind the inferior vena cava.

The length of this route will vary according to the anatomy of the individual heart and site of grafting. When used for the terminal branch of circumflex artery, it is not necessarily shorter but we believe it is a more satisfactory lie. The technique is not new and was previously published for the venous graft, when it was used as a sequential bypass to posterior descending and terminal branch of circumflex artery.

Sheathed pencil diathermy using a Jaques catheter

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The use of pencil diathermy in various surgical specialities is wide-spread, and the risk associated with accidental skin or mucosa damage when working in a restricted space is well recognised. We have developed a method of sheathing all but the tip of the diathermy blade using a Jaques catheter. Whilst the diathermy comes fitted with a clear plastic sheath, there are often

Figure 1 Remove tip of Jaques catheter.

Figure 2 Jaques catheter trimmed to provide snug-fitting insulating sheath, with only the tip visible.