

Form for Your Cardiologist or Primary Care Physician

From Dr. Mark Levinson, Chief of Cardiothoracic Surgery, Hutchinson Hospital, Hutchinson, Kansas.

Your patient _____ has printed this information for you because he/she wishes to be considered for a new option in less invasive CABG. Recent advances in surgical technique and equipment now permit complete arterial revascularization of the heart through a single 4 inch upper midline incision without sternal splitting¹. After lifting the lower sternum forward, both internal mammary arteries are harvested and beating heart coronary anastomoses created. All major branches, including the LAD, Circumflex-OMB, and RCA/PDA have now been successfully bypassed using the subxiphoid incision.

This incision does not divide any bone, joint, muscle or nerve. Patients typically awake pain free and are extubated in the operating room, avoiding the discomfort of awake intubation in the ICU. Early ambulation, hospital discharge, and return to work are additional potential benefits. Complete arterial revascularization of the left ventricle (i.e. no vein grafts) is associated with superior long term results (freedom from angina, infarction, and survival)².

At this time, subxiphoid Multi-Arterial OPCAB is in the early stages of development. However, for suitable candidates, the procedure has been successful. You can read my initial publication on The Heart Surgery Forum web site at (www.hsforum.com) or request a reprint from the address below.

Your patient has inquired about undergoing this procedure at Hutchinson Hospital. In order to proceed, we would need copies of his/her most recent coronary angiogram, cath report, reports of any peripheral angiograms, a medical problem list, and a list of current medications. The patient has been asked to provide you with HIPPA compliant Release of Health Care Information forms.

In the event he/she does undergo surgery at our heart center, the patient will return to your practice with complete records of the operation, discharge summaries, and a list of their current medications. The staff at my institution will be pleased to work closely with you and your staff. I would be delighted to discuss any questions you have.

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¹ Levinson MM. Subxiphoid multi-arterial OPCAB. Initial case and surgical technique. Heart Surg Forum 8(4):183-190, 2005;OpenURL: <http://cardenjennings.metapress.com/openurl.asp?genre=article&id=doi:10.1532/HSF98.20051138>

²Schmidt SE, Jones JW, Thornby JI, Miller CC, Beall AC, Jr. Improved survival with multiple left-sided bilateral internal thoracic artery grafts. Ann Thorac Surg 64:9-15, 1997.