Internal mammary artery dissection sans application of ligaclips

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In coronary artery bypass surgery, Internal Mammary Artery (IMA) is the most important conduit [1, 2]. Different techniques of dissection have been described [3–5]. In general, all the surgeons use ligaclips to tackle the branches, while dissecting the internal mammary artery in performing coronary artery bypass surgery. This is convenient and user friendly. In order to contain cost, we developed a technique to avoid use of ligaclips. In this method we used bipolar cautery in its entire dissection. In this method we, dissected the IMA by scoring the tissue with cautery 1 cm on either side of the IMA. This is in order to reach long lengths of the branches. As conventionally advised, we start the dissection on the under surface of costal cartilage, where no branches will be encountered and work upwards and downwards. As a branch is encountered, it is caught with bipolar cautery well away from the main vessel. This cauterisation is done in two spots. Then the branch is cut off beyond the two cauterised points (again cut made using bipolar only) using minimal current. Same is done with all the branches and tributaries of the veins. After dividing the artery, it is checked for free flow and also the branches are inspected for any bleeding. The artery is used as usual for the grafting. After harvesting the graft we soaked it with diluted

Papverine solution made in ringer lactate. Again, it was carefully inspected for bleeding. If any found it would be tackled with bipolar cautery. This occurred seldom. As in this technique we leave long branches, tackling with bipolar will be easy. Though we do not claim any supremacy in the performance of the graft, there was no disadvantage. More importantly it was cost effective.

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