The Argument for Hybrid Revascularization

Charles T. Klodell, Jr. M.D.
Associate Professor
Departments of Surgery and Anesthesiology
Division of Cardiothoracic Surgery
Shands Hospital at the University of Florida

1. Hybrid revascularization – Coronary disease alone
   a. Combines benefits of small incision MIDCAB with more complete revascularization
   b. Long term durability of LIMA –LAD graft
   c. Older patients, complex anatomy, comorbidities
   d. Controversies – antiplatelet management, immediate angiography, collaborative rather than competitive environment
   e. Possible to combine other procedures such as ligation of left atrial appendage
   f. Role of robotics
2. Hybrid revascularization – Combined valve and coronary disease
   a. Potential to reduce morbidity and mortality risk of combined valve/coronary procedure in high risk patient
   b. Redirects procedure to more minimally invasive approach, either partial sternotomy or mini thoracotomy approach.
   c. Reduced operative time, cardiac ischemic time, CPB time, ? coagulopathy
3. Hybrid revascularization – Aortic surgery
   a. Hybrid visceral segment revascularization for TAAA
   b. Arch debranching to create landing zones for TEVAR
   c. Chimneys and fenestrations
   d. Future branched graft technology

References:


