in 43 patients, 49% at three years; Sexton [15] in 34 patients 40% three-year patency.

7. Clinical bottom line

The patency rate seems to be in the order of 50% at around three years for cephalic veins used for coronary bypass grafting, and this was variable. In addition, we identified only 181 cephalic veins used for coronary bypass grafting in the literature. In lower extremity bypass procedures over 900 uses of the cephalic vein have been documented but again patency seems to be around 50% at three to five years. Arterialisation of the vein using an arteriovenous fistula, and angioscopy have both been used as an attempt to improve patency in some papers. In addition, a large proportion of the reported cephalic veins for coronary grafting were used for sequential bypass grafting which may have affected patency rates. Thus, in summary the patency of the cephalic vein used for coronary arterial bypass grafting is around 50% at three years.

References


ICVTS on-line discussion A

Title: And the conclusion is?
Author: Russell WJ, Milliner, Blackpool Victoria Hospital, Whinney Heys Road, Blackpool, FY3 8NR, UK
doi:10.1510/icvts.2006.149104A
eComment: No! - unless you are desperate! [1].

Reference


ICVTS on-line discussion B

Title: It depends on clinical situations
Author: Chung-Dann Kan, Department of Surgery, National Cheng Kung University Hospital, Tainan, Taiwan
doi:10.1510/icvts.2006.149104B
eComment: In routine coronary artery bypass grafting operations, as well by established knowledge, total arterization and great saphenous vein grafts have been extensively used with good results for bypass grafting materials. However, we have also experienced that for people who have severe atherosclerosis with radial arteries totally occluded combined with bilateral legs varicose veins, the only choice is cephalic veins. Those patients still have good results in clinical follow-up. We believe they can gain more benefits from using cephalic vein than from diseased arteries and saphenous vein. So maybe we should seek more strategies to improve the patency rate of cephalic vein grafts [1].

Reference