METHODS: A systematic review of studies reporting graft patency after RACABG was performed using PubMed, Google Scholar, and Embase.

RESULTS: Between June 1998 and August 2018, 4,316 patients underwent RACABG, either by RMIDCAB (2,643) or TECAB (1,673) approach. Compared to RMIDCAB, those that underwent TECAB were more frequently evaluated for graft patency (70.6% vs 65.1%). The average graft patency at short- (<1 month), mid- (<5 years) and long-term (≥5 years) follow up was 97.6%, 95.4% and 93.2% for RMIDCAB, respectively and 98%, 95.6% and 94% for TECAB, respectively. Rates of 30-day mortality, conversion to sternotomy and post op reintervention for an occluded graft were 0.3%, 2.3% and 2.2%, respectively.

CONCLUSION: RACABG has comparable patency rates to conventional CABG with a low rate of reintervention. Short term patency rates are well documented in the literature; however, there are only a few studies reporting on the mid- and long-term outcomes. Although the initial data is very encouraging, further investigation is warranted to further assess this minimally invasive technique for surgical coronary artery revascularization.

Utility of Fiberoptic Endoscopic Evaluation of Swallowing in Patients Undergoing Left Ventricular Assist Device Implantation

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INTRODUCTION: Dysphagia is a common postoperative complication following cardiac surgery and is associated with adverse health related outcomes. In end-stage heart failure patients undergoing durable left ventricular assist device (LVAD) implantation, we sought to evaluate the impact of fiberoptic endoscopic evaluation of swallowing (FEES).

METHODS: A single-center cohort study was conducted in adults (>18 years old) undergoing durable LVAD between February 2019-January 2020. Patients were prospectively enrolled to undergo FEES within 72 hours of extubation to assess for dysphagia. These patients were compared to a subset of matched controls. Baseline characteristics, demographic, intraoperative, and postoperative outcomes were assessed. Unpaired two-sided t-tests and Fisher’s Exact test were used.

RESULTS: Six LVAD patients underwent postoperative FEES. Twelve LVAD patients were utilized as a matched cohort for comparison. EuroSCORE II did not significantly differ between groups (6.0 vs. 10.6, p=0.06). Duration of transesophageal echo (325.2 vs. 308.1 minutes, p=0.62), operative duration (308.5 vs. 297.4 minutes, p=0.38), and mean time of mechanical ventilation (57.3 vs. 68.7 hours, p=0.77) were comparable between groups. The detected incidence of dysphagia was significantly higher in the FEES group (66.7% vs. 0%, p<0.001). Total length of stay was lower in the FEES group but not statistically significant (29.1 vs. 46.6 days, p=0.10). Thirty-day and 1-year mortality was 0% in the entire cohort.

CONCLUSION: LVAD patients who underwent FEES had a higher detected dysphagia incidence. FEES may detect subclinical dysphagia though its effects on outcomes warrants further study.