

Internal mammary harvesting: the long-lasting history and harvesting techniques

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Running Head: Internal mammary artery

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Dear Editor,

In our previous article [1] we have explained the different techniques of harvesting the internal mammary artery (IMA) and current literature evidence behind each method. Indeed, the skeletonized technique was introduced at later stage when compared to the history of pedicled technique; the former was only described first by Keeley et al. in 1987 [2]. He postulated that this technique will provide a longer conduit length and therefore the chance of higher number of anastomoses to be performed on the diseased coronary arteries.

It is well established in literature, studies from human and animals, that skeletonized IMA is associated with lower sternal wound infection and this is attributed most likely to the fact that there is less trauma to the chest wall, and the possible lack of sternal hypoperfusion during skeletonized harvesting approach which plays key role in such serious complication. [3]. Despite most studies have shown rather short and transient mal perfusion picture in the first 5-7 days, pedicled harvesting was still responsible for early sternal

complication which diverted the attention towards skeletonised harvesting technique in addition to the fact that more conduit length can be obtained with this technique. [4]

It is paramount to understand that cardiac surgery including conduit harvesting is evolving, whether it is related to adverse outcomes of the practice or evolution of new techniques that provides safer, more effective and reliable approaches. This is reflected in all aspects of cardiac surgery, as such including the harvesting of IMA whether harvested as pedicled, skeletonized or semi-skeletonized approach. [5]

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