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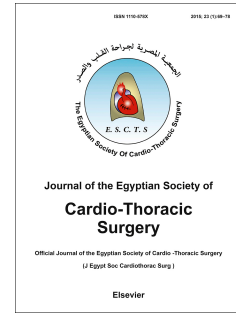
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Bridging Saphenous Vein Harvesting Versus Conventional Techniques in patients Undergoing Coronary Artery Bypass Grafting in Suez Canal University Hospital

(Our new steps in endoscopic saphenous vein harvesting)

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Abstract: ischemic heart disease is a common cause of death, which encourage is to find a definitive treatment for this disease. One of them is coronary artery bypass grafting. Still most commonly used graft is saphenous vein harvesting by different techniques. **Methods:** we compared between conventional technique patients group and lens assisted bridging technique (LABT) group in terms of preoperative, intraoperative and postoperative data then we statistically analysed the findings. **Results:** Our study showed that LABT was significantly ($P < 0.001$) less pain, less infection, more cosmetic, less hospital stay with more patient satisfaction and without any additional costs. **Conclusion:** Our study showed that lens assisted bridging vein harvesting is a good substitute for conventional technique with no more additional finances.

Keywords: saphenous vein harvesting; conventional technique, lens assisted bridging technique.

1. Introduction:

Coronary artery bypass grafting is one of most critical operations that need a very important care in each step. One of those steps is saphenous vein harvesting. (1). traditionally saphenous vein was harvested by traditional technique during which saphenous vein was harvested through long continuous skin incision. (2). Then many trials have been done trying to reduce length of incision to achieve more cosmoses such as using bridging technique. All of them were searching for how to reach saphenous through smallest skin incision and main idea was creation of a lighted skin tunnel to allow good

visualization of harvested vein to avoid vein injury. (3). However the main drawback was vein wall injury and minimal tears. (4). so we used lens assisted bridging technique to improve vein quality by enhancing vein visualization and good view for vein dissection by reaching side branches then we compared our results with that of conventional technique in terms of wound complications, pain, quality of vein harvested, time of harvesting, length of hospital stay and costs.

2. Material and methods:

This study was done at department of cardiothoracic surgery at Suez Canal

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