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Open and close cardiopulmonary bypass contours in coronary artery bypass grafting

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Objective: The objective of this report was to study the direct results of cardiopulmonary bypass surgery in conditions of cardiopulmonary bypass in closed and open circuits.

Material & Methods: 2 cohorts of patients underwent coronary artery bypass grafting. Patients in group 1 (n = 50) – the closed CPB contour. Patients in group 2 (n = 50) - the open CPB contour. The total time of cardiopulmonary bypass was lower in the 1-st group than in the 2-nd group (58min±12,7 and 64min ±16,9; p = 0,04). Postoperative analysis of laboratory indicators has been divided into 2 stages.

Results: Studying laboratory analyses at the end of 6 hours after the operation. Closed contour of cardiopulmonary bypass (the 1st group) and with the open contour of cardiopulmonary bypass (the 2nd group). Studying laboratory analyses at the end of 16 hours after the operation. Closed contour of cardiopulmonary bypass (the 1st group) and with the open


contour of cardiopulmonary bypass (the 2nd group).

Conclusion: Use of the closed contour of cardiopulmonary bypass allows to execute a full revascularization of a myocardium. Direct results of the operations of coronary artery bypass grafting executed in the conditions of cardiopulmonary bypass in the closed contour have the following advantages: Decrease in a hemodilution that is connected with the reduced volume of primary filling of system of cardiopulmonary bypass. Decrease in the system inflammatory response, due to the reduction of surface area of a contour and use of the biocompatible superficially modified materials.

Speaker Biography

Damir Biktashev is currently in the field cardiology and healthcare. He has attended several international scientific meetings and published his original research articles in several reputed journals.

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