

# MINIMALLY INVASIVE CORONARY ARTERY BYPASS SURGERY



Erasmus+

# 1) PREOPERATIVE DATA

Demographic	
	Name and surname
	Age
	Sex
	BMI (kg/m <sup>2</sup> )
	Date of operation
	Name of the cardiac center
	Surgeon

BMI: Body mass index.

Comorbidities		I	II	III	IV
NYHA stage					
EuroSCORE II		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Hyperlipidemia-dyslipidemia		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Hypertension		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Diabetes mellitus		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
eGFR (mL/min/1.73 m <sup>2</sup> )		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Chronic obstructive pulmonary disease		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Cerebrovascular accident		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Peripheral artery disease		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
ST-elevation myocardial infarction		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Previous myocardial infarction		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Left main coronary artery disease		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Single-vessel disease		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Two-vessel disease		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Three-vessel disease		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Preoperative PCI		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Preoperative IABP needed		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Brain natriuretic peptide (ng/L)					
CK-MB (ng/mL)					
Troponin I (µg/L)					
Left ventricular ejection fraction					
Left ventricular end-diastolic diameter					
Left ventricular end-systolic diameter					

NYHA: New York Heart Association; eGFR: Estimated glomerular filtration rate; PCI: Percutaneous coronary intervention; IABP: Intra-aortic balloon pump; CK-MB: Creatine kinase muscle brain.

## 2) PERIOPERATIVE DATA

	Cardiopulmonary bypass	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Aortic clamp	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Off-pump approach	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Axillary artery cannulation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Femoral artery cannulation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Cannulation-related vascular complications	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Operating room duration	..... min	
	Total number of grafts		
	Total number of distal anastomosis		
	Sequential technique	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Y-composite graft	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Complete revascularization	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Return to sternotomy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Distal anastomosis	LAD	<input type="checkbox"/>
		Diagonal	<input type="checkbox"/>
		Ramus intermedius	<input type="checkbox"/>
		Obtuse marginalis	<input type="checkbox"/>
		Posterior descending artery	<input type="checkbox"/>
		Posterior lateral branch	<input type="checkbox"/>
	Graft choice	LIMA	<input type="checkbox"/>
		RIMA	<input type="checkbox"/>
		Bilateral IMA	<input type="checkbox"/>
		Radial artery	<input type="checkbox"/>
		Saphenous vein	<input type="checkbox"/>
	Cardiopulmonary bypass time	..... min	
	Aortic clamp time	..... min	
	Perioperative blood loss	..... mL	
	Perioperative blood transfusion	..... unit	
	Intraoperative hemofiltration	Yes <input type="checkbox"/>	No <input type="checkbox"/>
LAD: Left atrial diameter; LIMA: Left internal mammary artery; RIMA: Right internal mammary artery; IMA: Internal mammary artery.			

### 3) POSTOPERATIVE DATA

	Duration of mechanical ventilation	..... hours	
	Re-intubation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Amount of bleeding in the first 24 hours postoperatively	..... mL	
	Postoperative blood transfusion	..... mL	
	Postoperative blood transfusion	..... units	
	Postoperative stroke	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Postoperative dialysis requirement	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Postoperative new atrial fibrillation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Postoperative myocardial infarction	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Reoperation due to bleeding	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Port entry site infection	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Cannulation-related vascular complications	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Duration of stay in the ICU	..... hours	
	Length of hospital stay	..... days	
	30-day mortality	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Postoperative coronary CT angiography	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Patency of grafts on postoperative coronary CT angiography	LAD	<input type="checkbox"/>
		Diagonal	<input type="checkbox"/>
		Ramus intermedius	<input type="checkbox"/>
		Obtuse marginalis	<input type="checkbox"/>
		Posterior descending artery	<input type="checkbox"/>
		Posterior lateral branch	<input type="checkbox"/>
ICU: Intensive care unit; CT: Computed tomography.			