Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_ Period: \_\_\_\_\_\_\_

**Directions: Insert punctuation — commas and periods — and capital letters as needed. None of the medical terms (pericardial, coronary, pulmonary, etc.) need to be capitalized.**

**IF YOU ARE WRONG, YOU WILL KILL YOUR PATIENT**

**TITLE OF OPERATION:** Coronary Artery Bypass Graft x Four, using reverse

Saphenous Vein and Left Internal Mammary Artery

**PROCEDURE IN DETAIL:** The patient was anesthetized adequately prepped and draped the anesthesiologist placed a right radial artery monitor line and a Swan-Ganz catheter to the right internal jugular vein the chest was opened through a midline sternotomy incision the left internal mammary artery was dissected by means of the Sewall technique the saphenous vein for bypass purpose was harvested from the right leg the pericardium was opened and a pericardial well created the patient was heparinized an arterial inflow line through the right atrium and the left ventricle was entered through the right superior pulmonary vain the patient was then placed on cardiopulmonary bypass and with the heart fibrillating the ascending aorta was cross-clamped blood cardioplegia myocardial protection with iced slush was instituted using the reverse portion of the saphenous vein three distal anastomoses were accomplished between this vein and the diagonal coronary the obtuse marginal #2 of the circumflex coronary artery and the posterior descending right coronary artery the left internal mammary artery was then anostomosed end-to-side to the left anterior descending coronary artery following completion of all distal anastomoses the cross-clamp was released and a partial occluding clamp was placed on the ascending aorta three buttonhole openings were made in the ascending aorta and the three proximal anastomoses were accomplished between the vein grafts and the ascending aorta air was next vented from the vein grafts and flow was reestablished through the newly created saphenous vein bypass grafts the patient was then weaned successfully off cardiopulmonary bypass the patient tolerated the procedure well and was taken to the intensive care unit in stable condition.