

Cartas ao Editor

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Prezado Domingo Braile,

Reencontrei, nas páginas da excelente *PESQUISA Fapesp*, meu amigo Domingo Braile, cuja trajetória acompanho, com admiração, desde o início, quando teve a ousadia de instalar um Serviço de Cardiologia de alto padrão, longe de um grande centro. O IMC serviu de modelo para inúmeros serviços que foram nascendo no interior do Brasil. Em São José do Rio Preto quebrou outro tabu: mostrou que é possível pesquisar e desenvolver tecnologia de ponta sem dispor de uma infraestrutura de primeiro mundo. Demonstrou que criatividade e determinação são os principais ingredientes para fazer avançar os conhecimentos e torná-los de aplicação prática. Não satisfeito, teve inspiração para organizar uma pós-graduação em que procura desenvolver as interfaces entre a medicina e todas as outras profissões, dando como exemplo uma Tese de Doutorado sobre ética médica, defendida por um advogado, em absoluta sintonia com as modernas propostas de Edgar Morin, que tem como tema central a “religação dos saberes”. Fez tudo isso, sem romper o elo mais profundo de um verdadeiro médico - os pacientes.

Celmo Celso Porto - Professor Emérito da Faculdade de Medicina da UFG – Goiânia/GO

Comment on the small skin bridges saphenectomy technique for coronary artery bypass grafting-A Letter to the Editor

Dear Editor,

It was with great interest that we read the interesting article published recently in your esteemed journal regarding the saphenectomy technique with small skin bridges for coronary artery bypass grafting [1]. First of all, we would like to emphasize that all minimal traumatic-less invasive techniques in cardiac surgery are welcome as long as they respect the more profound tissues and they do not remain minimal invasive for the surface; this, of course, demands adequate training and experienced operators.

This brings us to the second comment-question we would like to address to the author regarding the learning curve of the method and the methodology of the study. What experience is needed in order to achieve such standards of excision that the small skin bridges technique can be performed in a safe way without substantial delays for the course of bypass surgery? What previous experience with the method had the various operators acquired prior to being included as operators in the study?

We would be grateful on the authors reply on that matter.

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REFERENCE

1. Hijazi EM. Comparative study of traditional long incision vein harvesting and multiple incisions with small skin bridges in patients with coronary artery bypass grafting at King Abdullah University Hospital-Jordan. *Rev Bras Cir Cardiovasc.* 2010;25(2):197-201.

Resposta

Dear Editor,

Thank you Sir for your kind care and letter regarding my article “Comparative study of traditional long incision vein harvesting and multiple incisions with small skin bridges in patients with coronary artery bypass grafting at King Abdullah University Hospital-Jordan”, *Rev Bras Cir Cardiovasc.* 2010;25(2):197-201.

I would first like to thank Dr. Georgios and his colleges for the valuable comments on the small skin bridges saphenectomy technique for coronary artery bypass grafting.

Senior’s cardiac surgeon’s with their fellows in cardiac surgery are coming from Queen Alia Heart Institute/ King Hussein Medical Center – Amman, for help and support of

our new university cardiac center in the north of Jordan, as we are working together gaining and sharing knowledge and experience appreciating their help. King Hussein Medical Center is a military medical center.

Queen Alia Heart Institute is the only training institution in cardiac surgery and cardiology in Jordan. They started open heart surgery in our university center – Princess Muna AL-Hussein Cardiac Center, King Abdullah University Hospital / Faculty of Medicine – Jordan University of Science and Technology – Jordan/ Irbid, till the university cardiac surgeons staff are ready with their required training from different international cardiac centers in the world.

For that the trainings in cardiac surgery is starting first there. I started my training for two years in Queen Alia Heart Institute/ King Hussein Medical Center – Amman then I joined the registrar cardiac surgery training programs for another three years in North Shore Hospital – Sydney/ Australia. All the surgical fellows' comings for cardiac surgery programs had first four-five years general surgery experience. Then they are going to spend 3 years training within the institute. Their positions are permanent. That will give stability to the lengthy training in our cardiac surgery programs in Jordan worth the effort, including the vein harvesting techniques.

Initially which is important the fellows in cardiac surgery started trainings in harvesting of the vein using longitudinal long incision for the first three months with cardiac surgeons group using this technique, as daily they are involved to harvest two veins (8-10 cases per week). Then they starting harvesting using multiple small incisions with cardiac surgeons group using the multiple small incision technique, but as we call it on suitable cases and these are thin patients, observing that the learning curve is 10 cases as they became safe with reasonable time harvesting (25-30 min). Then they are starting to harvest the vein even in any patients with help in especially obese patients initially for around ten cases.

According to our experience, the operators became proficient at multiple small incisions harvesting technique after performing 15 to 25 vein harvests with gradual improving in time consuming harvesting surgery as we notice that they need harvesting time initially 40 -50 min in the first 10 cases. Patience was required of the surgeons to allow the fellows to gain proficiency with the new technique.

The surgeon will let the fellows to start harvesting before the opening the chest and starting mammary harvest, which will give the fellows proper time and assistance. After performing 15 to 25 vein harvests, the vein harvesting time noticed is between 20-30 min.

Open vein harvesting was performed either by a cardiac surgeon or by cardiac surgery fellow's assistants. We don't let the vein harvesting technique to the general surgery residents presented in the operating theatre till now in our

center as they assisting the fellows in harvesting technique.

In our cardiac center study, I involved patients with longitudinal vein harvest done by cardiac fellows with experience of two-four years in cardiac surgery.

The multiple small incisions are done by same cardiac surgery fellows (with experience of two-four years in cardiac surgery).

Important to notice that the fellows coming for assistant in our cardiac center are these with 2-4 years in cardiac surgery programs and the new fellows that are starting their first year and even the initial period in second year training are not involved her in this study. Allow me to say that we can understand that as its starting time in a new university cardiac center with more reasonable precautions.

The cardiac surgeons experience in our center from the military staff is 8-20 years – mainly senior surgeons and the cardiac surgeons experience from the university staff is 5-6 years when the data was collected.

Again it is important to mention that the different techniques of harvesting is done by cardiac fellows in this study and not by cardiac surgeons, and it was retrospective with two group of surgeons (surgeon preference), one group still believing in longitudinal long continues incision for vein harvesting and other group they are only using multiple small incision as a technique of harvesting.

The learning curve as the operators became proficient at multiple small incisions harvesting technique depending on our observation after performing 15 to 25 vein harvests. But that after they getting proficient at long longitudinal incisions, and then I think they will be safe to practice this technique and to be involved in such a study using this harvesting technique.

I hope that I answered your valuable comments and thank you again.

Emad Mohamed Hijazi, Irbid/Jordânia

Top ten

O artigo “Novel no-touch technique of harvesting the saphenous vein for coronary artery bypass grafting”, de Fabio de Rueda, Domingos Souza, Ricardo de Carvalho Lima, Alexandre Menezes, Benny Johansson, Michael Dashwood, Emmanuel Thé, Mário Gesteira, Mozart Escobar e Frederico Vasconcelos, publicado nos Arquivos Brasileiros de Cardiologia, no volume 90(6), em 2008, foi um dos “top ten” o site de buscas BioMedlib (www.biomedlib.com).

Parabenizamos os colegas pelo feito!

Trabalho de Cirurgia recebe VI Prêmio ABC de Publicação Científica

No último dia 6 de dezembro, em solenidade realizada no Hotel Maksoud Plaza, em São Paulo, SP, foi entregue VI Prêmio ABC de Publicação Científica. Este prêmio foi instituído em 2005, pela Sociedade Brasileira de Cardiologia (SBC), com o objetivo de incentivar o desenvolvimento de trabalhos técnico-científicos.

O Prêmio é destinado aos autores dos cinco melhores Artigos Originais publicados na revista Arquivos Brasileiros de Cardiologia, ao longo o ano de 2010.

Dentre os 5 vencedores do Prêmio, está o trabalho de cirurgia intitulado "Bloqueio Simpático Esquerdo por Videotoroscopia no Tratamento da Cardiomiopatia Dilatada", de autoria de Paulo M. Pêgo-Fernandes, Luiz Felipe P. Moreira, Germano Emílio C. Souza, Fernando Bacal, Edimar Alcides Bocchi, Noedir Antônio G. Stolf, Fabio Biscegli Jatene (disponível em: <http://www.arquivosonline.com.br/2010/9506/pdf/9506002.pdf>).

Conforme anunciado em edição anteriores da RBCCV, esse trabalho já foi destaque no congresso da STS/2010, recebeu o "Prêmio Melhor Pesquisa Aplicada Luiz Veneré Decourt", no Congresso da SOCESP/2010 (Veja na RBCCV 25.2), sendo também premiado durante o IX Congresso Brasileiro de Insuficiência Cardíaca – GEIC/2010. Esse trabalho tem por objetivo avaliar a exequibilidade e a segurança do bloqueio simpático cérvico-torácico esquerdo por clipagem via videotoroscopia em pacientes com insuficiência cardíaca sistólica, além de explorar o seu efeito no sistema cardiovascular. Os dados iniciais são promissores e sugerem que esse procedimento pode ser uma abordagem



*Dr. Paulo Manuel Pêgo-Fernandes recebe o prêmio das mãos do Diretor de Comunicações da SBC, Miguel Antonio Moretti.
Foto: Sebastian Gondim, cedida gentilmente pela SBC*

alternativa eficaz para o bloqueio simpático no tratamento de cardiomiopatias dilatadas.

Destacamos, também, a presença entre os 10 finalistas de outro trabalho de cirurgia cardiovascular: Sobrecarga Sistólica Intermitente Promove Melhor Desempenho Miocárdico em Animais Adultos, de autoria de Leonardo Augusto Miana, Renato S. Assad, Maria C. D. Abduch, Guilherme Seva Gomes, Ananda Rigo Nogueira, Fernanda Santos Oliveira, Bruna Lopes Telles, Maria Teresa Souto, Gustavo J. Silva, Noedir A. G. Stolf (<http://www.arquivosonline.com.br/2010/9503/pdf/9503013.pdf>).