Initial Experience With Multiple VEST Implants For Supporting Vein Grafts In CABG Surgery

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I, Henning Johannes Du Toit, DO NOT have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.
SVG failure is as high as 25% during the first 12 to 18 months after surgery, with late failure (>5 years) of approximately 50% in non–left anterior descending territories.

SVG failure is associated with unfavorable outcomes.
There are two distinct phases of remodeling:

1. **SHEAR INDUCED REMODELING**
   An early pattern dominated by luminal enlargement

2. **WALL TENSION INDUCED REMODELING**
   A later phase dominated by wall thickening and stiffening
Macroscopic Picture of (Un) Supported Vein Graft in Primate Model

Macroscopic appearance of Vein Grafts 6/12 after implantation

Histological Cross Section at identical magnification showing the marked difference

[ Zilla et al J Vasc Surg.2011.05.023 ]
Our Experience

Multi Vessel Stenting (n = 63)

Nov 2016 – Nov 2017

All Patients under 70 years were enrolled into the study

Age Distribution (46 y to 68 y Mean (Age 58 +/- 7)

Male (n = 42)

Female (n = 21)

2.4 SVG per patient (LIMA +/- 2 – 3 SV)
Un-Supported SVGs to the RCA 12m post Surgery

VEST-SVGs to the RCA 12m post Surgery

6/12 Post CABG
Pitt Falls with Multi Vessel Stenting

Make sure about accurate measuring – Vein distended
Beware of anastomotic leaks (distals)
Fashion lie of the grafts after Crossclamp off and proximals done
Do not use Liga ClipsTM on branches
Do not fiddle once the final touches are done!!