

## Total Arterial Coronary Revascularization with Aorto-Bifemoral Bipopliteal Bypass: A Case Report

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**Abstract :** The management of combined Coronary Artery Disease and Peripheral Vascular Disease is a challenge and brings with it numerous clinical dilemmas. The 56 year old gentleman presented to our department with significant triple vessel disease with occluded lower end of aorta just before bifurcation and bilateral superficial femoral arteries. Operation was done on 11.03.14. The Left Internal Mammary Artery (LIMA) and the Right Internal Mammary Artery (RIMA) were harvested in skeletonized manner. The free RIMA was then anastomosed with LIMA to make LIMA-RIMA Y. Cardio Pulmonary Bypass was then established and coronary artery bypass grafts performed. LIMA was anastomosed to the Left Anterior Descending artery. RIMA was anastomosed to Posterior Descending Artery, 1st and 2nd Obtuse Marginal arteries in a sequential manner. Abdomen was opened by midline incision. The infrarenal aorta exposed and was found to be severely diseased. A Vascular Clamp was applied infrarenally, aortotomy done and limited endarterectomy performed. An end-to-side anastomosis was done with upper end of PTFE synthetic Y-graft (14/7 mm) to the infrarenal Aorta and the Clamp released. Good flow noted in both limbs of the graft. Patient was then slowly weaned off from Cardio Pulmonary Bypass without difficulty. The distal two limbs of the Y graft were passed to the groin through retroperitoneal tunnels and anastomosed end-to-side with the common femoral arteries. Saphenous vein was interposed between common femoral and popliteal arteries bilaterally through subfascial tunnels in both thigh. On 12th postoperative day he was discharged from hospital in good general condition. Follow up after 3 months of operation the patient is doing good and free of chest pain and claudication pain.

**Keywords :** total arterial, coronary revascularization, aorto-bifemoral bypass, bifemoro-bipopliteal bypass

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