

Endoscopic Vessel Harvesting

The Standard of Care



EVH and ERAH should be the standard of care

for patients who require these conduits for coronary revascularization according to the 2017 ISMICS consensus statement.'

Based on evidence from 76 studies, including over 281,000 patients, the new ISMICS consensus statement for 2017¹ recommends:

For saphenous vein harvesting	Class*	Level**
1. EVH should be the standard of care for patients requiring saphenous vein for CABG		В
2. EVH to reduce wound related complications		А
3. EVH reduces postoperative LOS and out-patient wound management resources		
4. EVH is non inferior to open vein based on the quality of the conduit harvested	lla	B-R
5. EVH to improve patient satisfaction and postoperative pain	l.	A
For radial artery harvesting	Class	Level
1. ERAH should be the standard of care for patients requiring radial artery for CABG	I.	В
2. ERAH to reduce wound related complications	l I	B-R
3. ERAH to improve patient satisfaction and postoperative pain	I.	
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* Class of recommendation:²

Class I: Conditions for which there is evidence and/or general agreement that a given procedure or therapy is useful and effective; Class IIa: Weight of evidence or opinion is in favor of usefulness or efficacy

** Level of evidence:²

Level A: The data were derived from multiple randomized clinical trials; Level B: The data were derived from a single randomized study or from nonrandomized studies

1. Ferdinand FD, MacDonald JK, Balkhy HH, et al. Endoscopic Conduit Harvesting in Coronary Artery Bypass Grafting Surgery: An ISMICS Systematic Review and Consensus Conference Statements. Innovations. 2017; 12(5): 301-319.

 Halperin JL, Levine GN, Al-Khatib SM et al. Further Evolution of the ACC/AHA Clinical Practice Guideline Recommendation Classification System. Journal of the American College of Cardiology. 2016; 67; (13): 1572-1574.