



Invited Commentary

A commentary on “Use of endoscopic vein harvesting (EVH) during coronary artery bypass grafting in United Kingdom: The EVH survey” [Int J Surg 2019;69:146–51]



The great saphenous vein (GSV) is the most commonly used conduit for coronary artery bypass grafting (CABG) [1]. Since its first introduction in 1996 many expectations accompanied endoscopic vein harvesting (EVH), such as decreased leg wound morbidity, improved cosmetic results and enhanced patient satisfaction in comparison to open vein harvesting (OVH) [1,2]. The authors in the EVH Survey did a good job as they tried to obtain an idea about the current practice of EVH in UK. As such, the article showed some strange findings such as 48% of cardiac surgeon think EVH is an expensive technique, despite of a lot of evidence on its cost-effectiveness compared to OVH, especially when open OVH is complicated by surgical site infection (SSI). SSI would prolong the duration of hospital stay and the cost, especially in diabetic and morbidly obese patients.

EVH has gained enough success to represent the standard of care in USA, where it is now used in about 80% of all CABG procedures [3,4]. Despite the short-term beneficial impact of EVH, the long-term durability of the conduits harvested by this technique is still debated [1,3,4]. Apparently it is the same fear of early graft stenosis or occlusion that made the surgeons responded negatively in this recently published EVH survey. However, this idea of long-term inferiority of EVH is not evidence based.

The authors of the EVH survey nicely discussed the limitations of their work, but they did not propose any measures to motivate the currently practicing cardiac surgeons in UK to adopt EVH, apart from waiting for the next upcoming guidelines from the Society of Cardiothoracic Surgery (SCTS).

Overall, the article covers clearly the deficiency of EVH practice in UK and it is expected to have a positive impact on CABG practice in UK in the near future.

Provenance and peer review

Invited Commentary, internally reviewed.

Conflicts of interest

None.

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Aram Baram*

Department of Surgery, School of Medicine, Faculty of Medical Sciences, University of Sulaimani, Department of Thoracic and Cardiovascular Surgery, Sulaimani Teaching Hospital, 46001, Al Sulaymaniyah, Kurdistan Region, Iraq

E-mail address: aram.baram@univsul.edu.iq

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* University of Sulaimani Faculty of Medical Sciences, School of Medicine/n, Department of Thoracic and Cardiovascular Surgery, François Mitterrand Street, Sulaymaniyah, 46001, Iraq.

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