Off Pump Coronary Artery Bypass Surgery in a Nigerian Teaching Hospital

Michael Sanusi[1,&], Bode Falase[1], Salisu Ismail[1], Adetinuwe Majekodunmi[2], Adeyemi Johnson[3], Ifeoluwa Ajose[2], David Oke[4].

[1]Cardiothoracic Division, Department of Surgery, Lagos State University College of Medicine, Lagos State University Teaching Hospital, Lagos, Nigeria, [2]Department of Anaesthesia, Lagos State University College of Medicine, Lagos State University Teaching Hospital, Lagos, Nigeria, [3]First Cardiology Consultants, Lagos, Nigeria, [4]Cardiology Division, Department of Medicine, Lagos State University College of Medicine, Lagos State University Teaching Hospital, Lagos, Nigeria

[&]Corresponding author
Michael Sanusi, Bode Falase, Salisu Ismail, Adetinuwe Majekodunmi, Adeyemi Johnson, Ifeoluwa Ajose, David Oke

Abstract

Coronary Artery Bypass Grafting has not been previously reported in the Nigeria Medical Literature. We report the case performed in our institution of a 56 year old Nigerian female who underwent Off Pump Coronary Artery Bypass Surgery (OPCAB) for an ostial lesion of the Left Anterior Descending Coronary Artery. The Left Internal Mammary Artery was successfully anastomosed to the Left Anterior Descending Coronary Artery. The patient was discharged home after 2 weeks, following correction of problems with glycemic control.

Introduction

Off Pump Coronary Artery Bypass Surgery (OPCAB) is myocardial revascularization on a beating heart without the aid of the Cardiopulmonary Bypass Machine. This procedure is now popular in many cardiac centres worldwide [1]. There is however a paucity of reports of this procedure in West Africa, with no report from Nigeria.

Patient and observation

The patient referred to our unit for consideration for coronary artery bypass grafting was a 56 year old teacher who had been managed for Ischaemic Heart Disease (IHD) at a private cardiology facility in Lagos. She had presented in July 2009 with a history suggestive of IHD and angina class III (Canadian Cardiovascular society classification) which was worsening despite medical therapy. Coronary angiography done demonstrated significant lesions in the mid