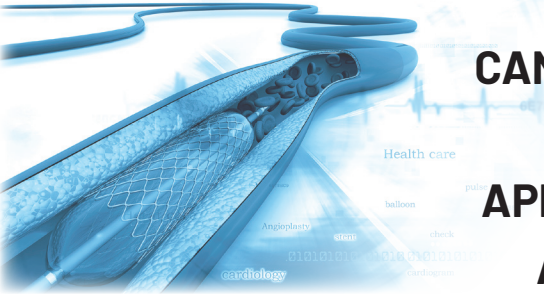


CHAPTER 10



CANNULATION TECHNIQUES AND ALTERNATIVE APPROACHES IN PROXIMAL AORTIC PATHOLOGIES

Deniz DEMİR¹

INTRODUCTION

Aortic dissections cause high mortality and morbidity(1). Surgical strategies are at the forefront for the treatment of proximal aortic dissection. Medical treatment is conducted in patients who have not developed complications in distal aortic dissections. Endovascular or surgical treatments are applied to patients who have developed organ malperfusion, or whose dissected aortic segment continues to expand (2,3). The principal objective in aortic dissection surgery is to connect the separated aortic layers. The dissected segment is excluded, and healthy aortic tissue is revealed. Surgery aims to prevent end-organ malperfusion or prevent the ruptured segment from causing catastrophic results. It is paramount for cardiac surgeons dealing with the surgical treatment of aortic dissections to undergo cardiopulmonary bypass to replace or repair the dissected aorta. In aortic surgery, the cardiopulmonary bypass will be impossible when arterial and venous cannulation cannot provide sufficient flow. Therefore, peripheral or central cannulation providing appropriate and sufficient flow in aortic dissection surgeries is crucial for cardiopulmonary bypass.

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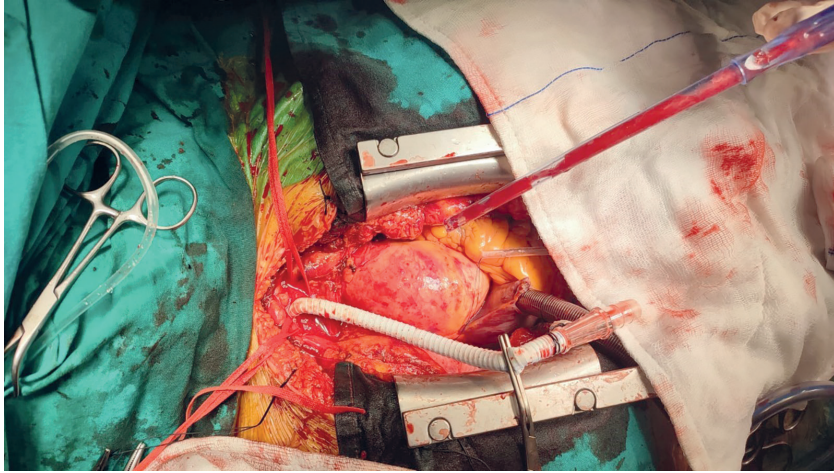


Figure 4. Brachiocephalic artery cannulation

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