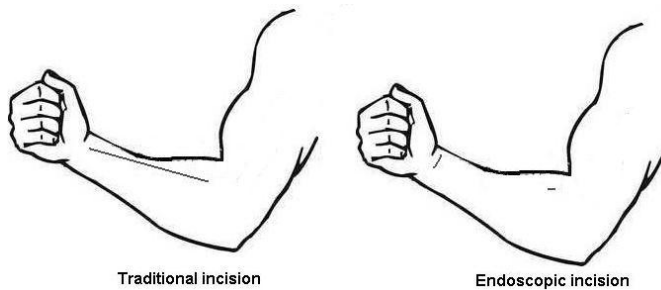


Endoscopic Vein or Artery Harvest

What is an endoscopic harvest?

When you have [CAB](#) surgery, a vessel is needed to go around your heart's blockage. This vessel or [conduit](#) can be removed or [harvested](#) through a very small incision with the use of a fiber optic camera. This is called an [endoscopic harvest](#). Conduits can be taken from the [arterial](#) or [venous system](#) in your body.

Where do arterial conduits come from?

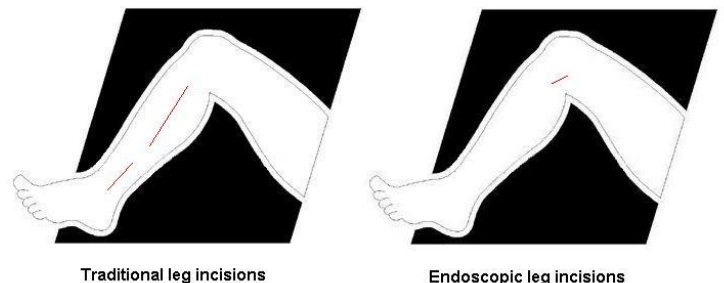


When the blockage is located on the front, upper part of your heart your [Internal Mammary Artery \(IMA\)](#) is the conduit of choice. When this artery is used it is left in its original position, since it can reach to the heart. If you

have multiple blockages the [radial artery](#) in your lower arm can be harvested or the surgeon may choose to use venous conduits.

Where do venous conduits come from?

Veins to be used as conduits are harvested from your upper and lower legs. An incision is made on the side of your leg and the [saphenous vein](#) is taken out. After surgery the flow of blood in your arms and legs naturally re-routes itself through other existent vessels.



What are the advantages of an endoscopic harvest?

Normally, the incision that is made in your leg or arm needs to be large enough for the surgeon's assistant to see the vessel and remove it. If, however, an [endoscope](#) is used inside your leg or arm, it provides greater visualization thus allowing a smaller incision. Having a smaller incision will mean reduced surgical trauma, decreased scarring and a lowered chance of infection.

What if I have had previous bypass surgery, am I still a candidate?

Yes. As long as a [saphenous vein](#) or [radial artery](#) is present to harvest, you may be considered; however, patients with small, thin saphenous veins or veins that are very [superficial](#) are not good candidates.