**OCTOPUS BEYOND CORONARY ARTERY BYPASS SURGERY**

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Aim and Objective: The surgical treatment of constrictive pericarditis puts the myocardium and coronary arteries at risk of injury during decortications. We present our experience, highlighting the expanding role of the Octopus suction device for pericardiectomy, an area beyond its routine conventional use in coronary artery surgery.

Materials and Methods: We retrospectively reviewed all instances where the Octopus device was used for pericardiectomies and also the potential advantages encountered during and after the surgeries. In last two years Octopus stabilizing device was used in 22 cases for pericardiectomy. In these cases the pericardium was stabilized with the Octopus device and the intended area was immobilized between its two arms. A cruciate incision was given over the visceral pericardium and was deepened. Thus the visceral pericardium was decorticated off from the underlying myocardium.

Results: In all our cases the pericardium was removed in its entirety. None of the patients required ionotropic support or blood transfusions. There was no malignant arrhythmia and no post-operative malignant dysfunction. The patients remained hemodynamically stable throughout the surgeries and they were extubated no longer than 3 hours after surgery and discharged from hospital within a week time.

Conclusion: Pericardiectomy for constrictive pericarditis is difficult due to dense adhesions, fibrosis and myocardial involvement. The Octopus stabilizing device avoids the accidents related to dissection during pericardiectomy.

Figure 1. Operative photograph

