Discussion

Presenter: Kerry Filtz

Dr Anthony Estrera (Houston, Tex). My question, which I think is important, is related and goes back to one of the positives of Dr Keeling’s study, and that study really defined how they managed temperature and measured it. I think a lot of articles nowadays don’t really talk about that, because that’s one important factor that should be mentioned and clearly defined in an article that talks about this topic. The fact that nasopharyngeal temperature was mentioned in this article, and that group had actually defined those different categories of hypothermia, profound deep hypothermia, and things like that. So, my first question relates to temperature management. How was that done in your study and how is it recorded?

Dr Anthony Estrera. Of course.

Dr Kerry Filtz (New York, NY). I do not know the answer to that question. But if I can, I’ll defer to my mentor, is that okay?

Dr Anthony Estrera. Of course.

Dr Kerry Filtz. Okay.

Dr Hiroo Takayama (New York, NY). She prepared very well how to answer many questions, but that’s the one thing that we did not [inaudible].

Dr Anthony Estrera. Well, that’s your fault.

Unidentified Speaker 1. I know.

Dr Anthony Estrera. That’s your fault.

Unidentified Speaker 1. Yeah. But, no, the temperature was maybe one of the variables we looked at. There was no difference. Our management has always been moderate hypothermia for hemiarch 28, total arch 24 to 28.

Dr Anthony Estrera. But how do you measure it? I think that’s important.

Unidentified Speaker 1. So before until recently, until the last 4 or 5 years, we measured only nasopharyngeal. But currently, we measure nasopharyngeal and rectal temp.

Dr Anthony Estrera. I think that’s an important point because if you really think about it, there are a lot of tools, a lot of things that we talk about or can watch during surgery. If you’re going to do femoral cannulation, obviously, the bladder temperature is going to decrease quicker than the nasal. But as long as the nasal is decreasing, then I’m fine with that. But these are all these little clues, as a surgeon coming up that you have to really pay attention to during your operation. I think for the article, you guys didn’t include it. But I think operative time, if you have access to that data, it’s just a suggestion. I would include that in the article because as we all know, the longer the pump time, I know your [inaudible] times were 20 minutes. Oh, actually, that was his article. That was your article. I can’t remember. Anyway, yes. But the reality is that I think it’s important to try to think if you guys can include that in your article.

Unidentified Speaker 1. She has a question for that.

Dr Anthony Estrera. Very good.

Dr Anthony Estrera. Okay, good.

Dr Anthony Estrera. That’s a great point. We did think about that as well, especially after reading about operative times in different articles that we read. We tried to look for the operative times. Because of the retrospective nature of this, we couldn’t get the skin-to-skin, which is what we were especially interested in for this. As far as other operative times, the sequence of the steps of the procedure have changed over time. To us, it made more sense that any differences in operative times might relate more so to that than to the actual cannulation site. So that’s another reason why we chose not to include those.

Dr Anthony Estrera. The last question is more of a minor question, but I thought it was interesting that the infection rates were different between the 2 groups. How would you explain that axillary versus central?

Dr Anthony Estrera. We’ve thought about that, too. We were unable to find exactly the site of the actual SSI for each of those cases. We were wondering if, for the axillary cannulation cases, it was in that incision rather than the medians sternotomy. We weren’t able to find that and that’s something that we would like to look more into in the future.

Dr Anthony Estrera. One last question. In 2022 at Columbia, you have a straightforward elective hemiarch, what are you going to cannulate?

Dr Anthony Estrera. The aorta would be our preference.

Dr Anthony Estrera. Very good. Keep it simple.