

A POSITION STATEMENT ON THE POST-HOC ANALYSIS OF PREVENT IV DATA PUBLISHED IN NEW ENGLAND JOURNAL OF MEDICINE

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On July 15, the *New England Journal of Medicine* published a paper entitled, "Endoscopic versus Open Vein-Graft Harvesting in Coronary-Artery Bypass Surgery,"¹ that attributed increased SVG failure and worse clinical outcomes to endoscopic vein harvesting (EVH). This report is based on a secondary analysis of the PREVENT IV data originally reported in 2005.

This study was not designed as a head-to-head comparison of EVH and open vessel harvesting (OVH) and is subject to a number of important limitations. Patients were not randomly assigned to harvest procedure. In the absence of randomization, outcomes cannot be definitively attributed to EVH rather than to confounding factors. Further, the study did not standardize a number of factors that are known to affect the quality of the graft, including harvest technique (use of heparin pre-harvest), harvester experience, institution EVH volume and post-harvest graft handling (careful avoidance of over-distension).

A well-designed, randomized evaluation of EVH vs OVH in 200 patients with > 70% angiographic follow up demonstrated no significant difference in graft patency between EVH and OVH². Further, recent data document significant improvement in SVG patency with latest-generation instrumentation, use of heparin pre-harvest and avoidance of SVG distension.³ Finally, a large body of research substantiates the significant benefits of EVH, including:

- Dramatic reduction in wound complication and infection^{4,5}
- Significant reduction in pain^{6,7}
- Earlier patient recovery^{7,8}
- Reduced hospital costs⁹

In the more than six (6) years since these data were originally collected, there have been important advances in a number of areas, including understanding physiological mechanisms underlying graft patency, harvester training and device technology. There is greater awareness of the importance of meticulous vein handling, avoidance of distension-related endothelial damage and pre-harvest administration of low-dose heparin to limit retained clot. In addition, VASOVIEW EVH devices have gone through more than seven (7) iterations since the technology was launched. Today's state-of-the-art device offers a number of features designed to optimize conduit quality during both harvest and vein preparation.

As the leader in EVH, MAQUET has been and will continue to be committed to optimizing EVH technology and the procedure to deliver the best care and outcomes for your patients.

References:

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