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Experimental Study of Tissue and Prosthetic Grafts with Selected Application to Clinical Intracardiac Surgery

LESTER R. SAUVAGE, M.D.,** ROBERT E. GROSS, M.D., ABRAHAM M. RUDOLPH, M.D.,*** ROBERT G. PONTIUS, M.D., ELTON WATKINS, JR., M.D.

From the Department of Surgery, the Children's Medical Center, and the Harvard Medical School, Boston, Massachusetts

DEVELOPMENT of cardiopulmonary bypass as a relatively safe clinical procedure has brought surgical attention to many cardiac abnormalities requiring grafts for their complete correction. Because of this surgical need we undertook an experimental study of a variety of grafts. The data obtained from this study formed the basis upon which we subsequently selected certain grafts for use in patients. We here-with present experiences with 65 experimental and 36 clinical grafts.

Experimental Studies

Fifty-three dogs were subjected to graft replacement of a $3 \times 2$ cm. segment of the right ventricular outflow tract centering upon the pulmonic annulus. In addition, 12 of these animals were subjected to replacement of a portion of the upper descending thoracic aorta, utilizing the same type of graft for this repair as was employed in the outflow tract (Fig. 1). The grafts in the outflow tract were implanted using inflow stasis and moderate hypothermia.14

Grafts of the following types and numbers were employed in these outflow tract studies: 3 aortic autografts, 2 aortic homografts, 7 pericardial autografts, 5 light Ivalon prostheses † † compressed from an

† Obtained from the upper descending thoracic aorta with restoration of aortic continuity by means of a seamless Teflon fabric graft. One half of the aortic segment was used as an autograft, and the other half was used as a homograft. At the time of implantation into the outflow tract of the right ventricle, the autograft was about 30 minutes old, while the homograft was about 3 hours old.

† † The Ivalon (polyvinyl) surgical sponge employed in the studies here reported was obtained from V. Mueller and Co., Cat. No. PV-105, Formulation M, Pure for Medical Use.