Coronary Artery Bypass Grafts: Improved Electron-Beam Tomography by Prolonging Breath Holds with Preoxygenation


Abstract

In 45 patients with coronary bypass grafts, the breath-hold interval with and that without preoxygenation was measured. Its effect on depiction of the distal graft anastomosis at electron-beam tomography was evaluated. Preoxygenation prolonged the breath-hold interval in most patients, thereby allowing greater anatomic coverage including more distal anastomoses. Preoxygenation may improve scanning of coronary bypass grafts and increase detectability of graft stenoses.

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