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(sala Vulcano)

The saphenous Vein graft External Support (VEST) in coronary artery bypass grafting: Early results

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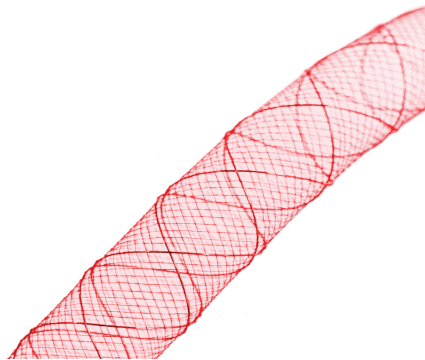
Background

- Arterial Revascularization and Radial trials have shown better clinical outcomes with the use of multiple arterial grafts (bilateral internal thoracic artery + radial artery), in comparison with the use of a single arterial graft + saphenous vein grafts, thanks to their greater patency mainly
- All this, however, at the expense of higher incidence of sternal wound infections and longer intraoperative times required for the harvesting of bilateral internal thoracic artery



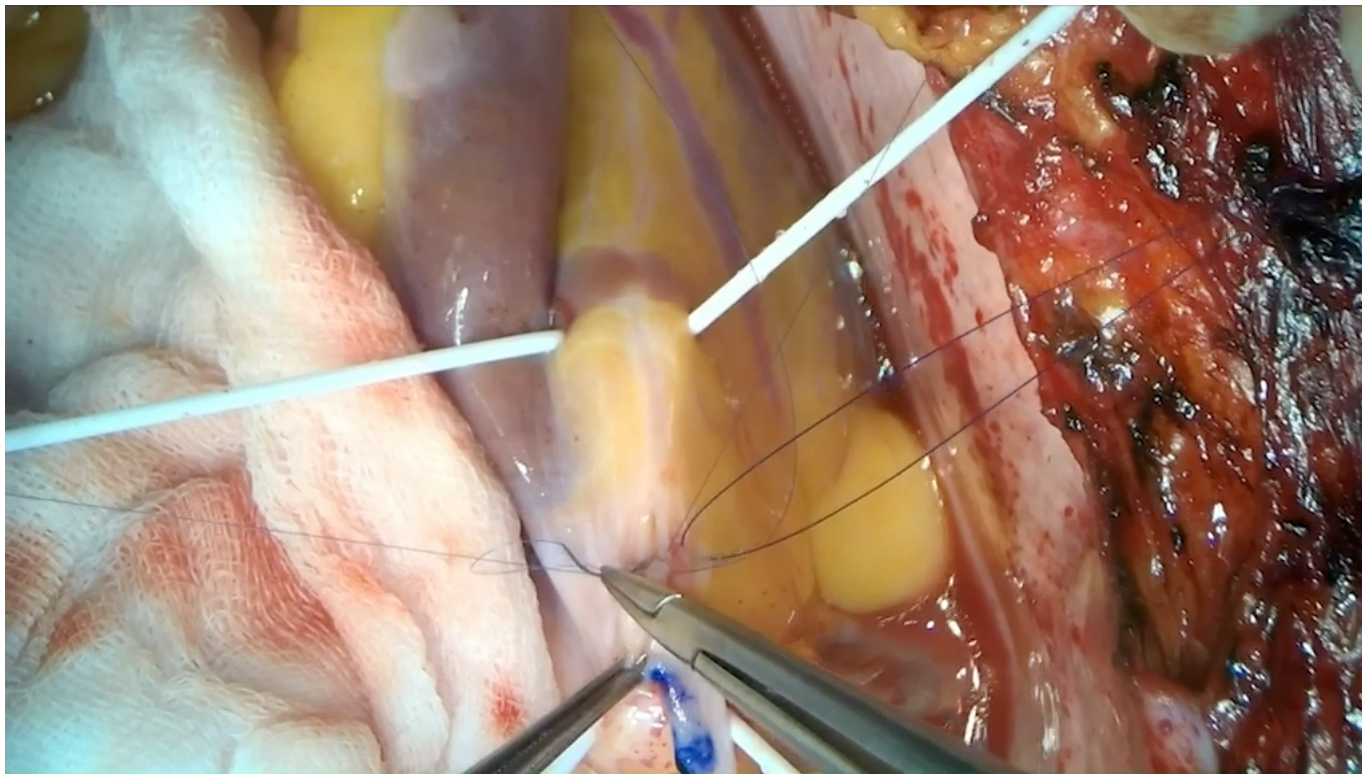
Background

- External saphenous vein graft stenting has been shown to reduce flow disturbance and intimal hyperplasia after coronary artery bypass grafting (CABG). Consequently, the duration of venous grafts patency can better compare with that observed with the extensive use of arterial grafts



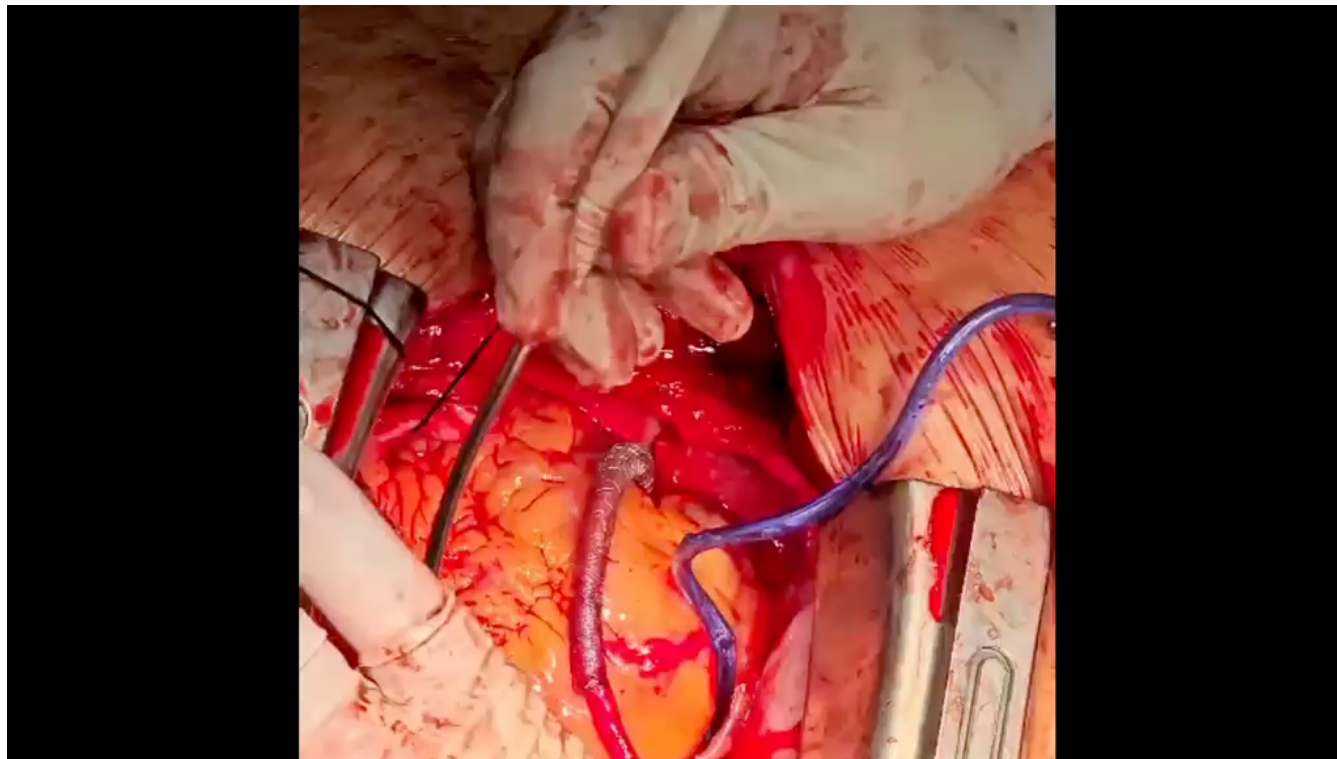
VEST™ 2.0
EXTERNAL SUPPORT
FOR VEIN GRAFTS
IN CABG





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In-hospital results

- 25 patients (M/F 24:1, from March 2025 to March 2026) included in the RiVEST Study treated with 27 VEST
- Mean number of total grafts per-patient: 3.0 ± 0.5
- Mean number of arterial grafts per-patient: 1.44 ± 0.6
- Mean number of SV grafts per-patient: 1.56 ± 0.6
- Mean number of **VEST per-patient**: 1.08 ± 0.3
- Left internal thoracic artery was used on the LAD (n=24, 96%), left radial artery on circumflex artery territories (n=12, 48%), **vein grafts with VEST on right coronary-posterior descending artery territory mainly (n=20, 80%)**, or on circumflex territories (n=7, 20%). The insertion of the VEST on the venous grafts was 100% successful, without any intraoperative complications



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In-hospital results

- Mean intraoperative flowmetry value in the VEST grafts: 49.4 ± 28.6 mL/min.
- 30-day MACE: absent
- 1 (4%) non-fatal stroke



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Conclusions

- Use of VEST can promote greater long-term graft patency rate thanks to the external support of the venous graft aimed to reduce grafts angulations and distortions, and the development of hyperplasia
- Its use for the right coronary artery territory in association with that of thoracic and radial arterial grafts for the left coronary artery territories, can allow for equally satisfactory long-term results observed with the use of all arterial grafts, with the advantages of reduced intraoperative harvesting times and incidence of postoperative sternal wound infections



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