



OCTCS

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CARDIOVASCULAR EXPERIENCE WITH THE FMWAND

During the past four years, and with over two hundred redo cardiac surgeries performed, our team has developed extensive experience with use of the FMwand. Our redo procedures have included CABG, aortic and mitral valves, congenital defect procedures ranging from pulmonary valve, Fontan, Glenn Shunt, and other pediatric procedures in patients as young as 3 months and as small as 4 Kgs.

We find the FMwand highly effective in the dissection of tissue that has been previously operated upon. It is more efficient and more rapid than standard electrocautery. Dissection planes are clearer and easier to develop using the FMwand. The instrument itself is simple for the staff to set up and very intuitive for a surgeon to use; the learning curve is very rapid.

We have compared our results on redo procedures with the FMwand in a case/control study which is currently in peer review for publication. Results of this study show a statistically significant reduction in chest tube output (bleeding) post redo cardiac surgery.

In our experience we have found:

Easy adoption and rapid learning curve

Improved redo tissue dissection in both quality of dissection and in time

Complete lack of electrical interference of monitoring equipment and echocardiography

NO cardiac dysrhythmia related to cautery (a major problem with monopolar electrocautery)

A significant reduction in intra-operative and post-operative blood loss

While the FMwand does not replace standard electrocautery in redo cardiac surgery, we have found the device complimentary to all the significant shortcomings of electrocautery. Because of this, we now consider it indispensable and employ the FMwand on all redo cardiac procedures

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