

CABG & Valves (Heart) Cases Protocol

*This guide is meant as a reference, and does not reflect the opinion of Symbios Medical Products. Placement technique is ultimately up to the surgeon. The physician performing this placement has given his recommendation on the following surgery for educational purposes only.

Surgeon: Dr. Parvez K. Sultan

Institution: Trinity Medical Center

Pump used: GO Pump™ Dual Rapid Recovery System; Reorder #D300-F0502x2
(300ml max vol * 150ml/side * 2ml/hr/catheter * 5" fenestrated catheter)

Drug concentration: Pump filled with .5% Marcaine

Pre-incision infiltration: .5% Marcaine, 20-30cc injected directly where the incision is made.

Catheter placement technique:

The GO Pump™ Dual catheters are placed from the bottom of the median sternotomy incision. Start by inserting just next to the chest tube site on both sides.



Catheter #1 placement

The catheters are placed on both sides of the incision.

Inject some additional .5% Marcaine into the costochondrel junction to block the distal intercostal nerves.



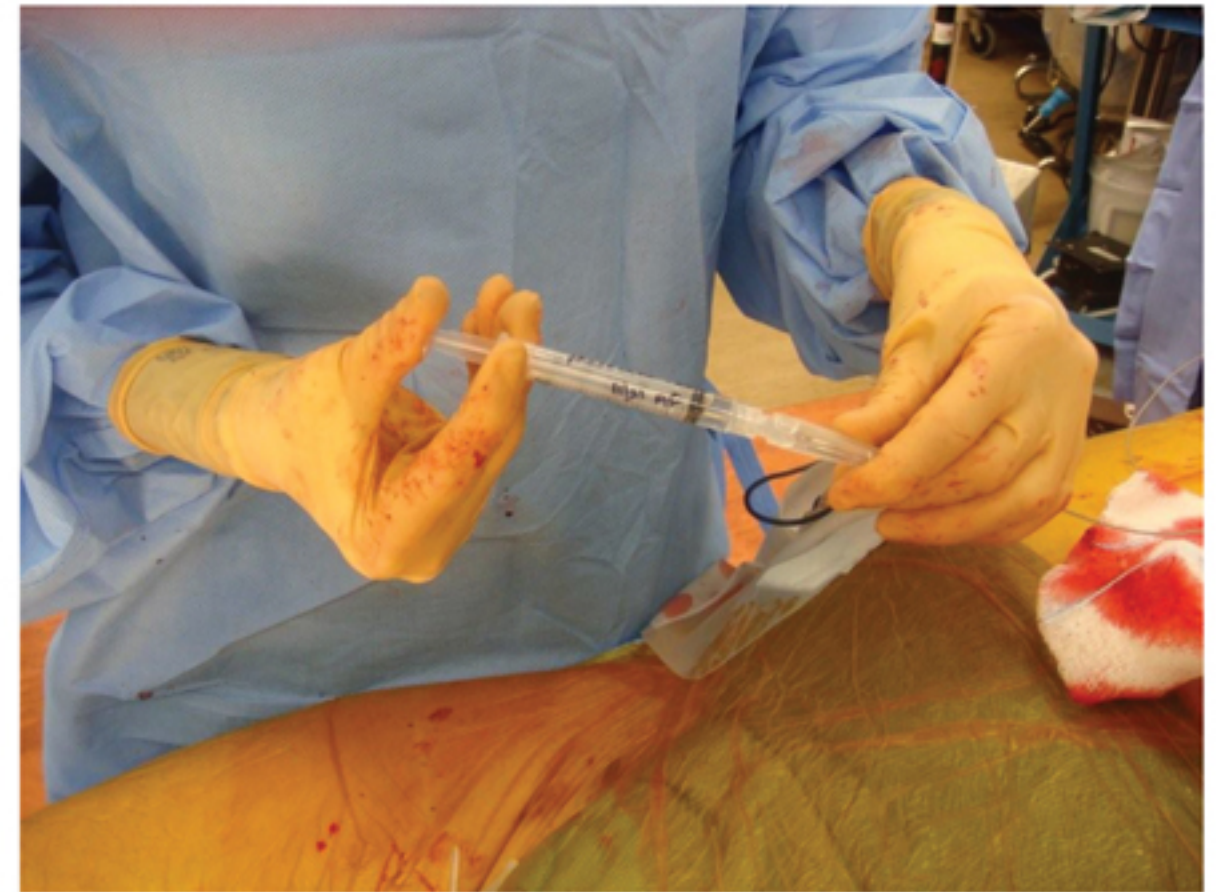
Catheter #2 placement

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Postoperative bolus technique:

The catheters are loaded with .5% Marcaine. After the surgical incision is closed, infiltrate 20cc more of .5% Marcaine into the incision.



Postoperative bolus

Wound closure & securing the catheter:

The wound is closed with 2-0 vicryl sutures in two layers. The skin is closed with 3-0 moncryl in a subcuticular fashion. The catheters are secured with 3-0 silk.



Final closure and pump

Additional postoperative pain medications:

Usually oral narcotics are given at 4-6 hour or PRN for pain. Also, 1-2mg morphine sulfate can be given for breakthrough pain PRN.