

Recipient artery

It is important to have a technically perfect [anastomosis](#) with no damage during [dissection](#) of the [donor](#) or [recipient artery](#) to achieve short- and long-term patency of the graft. It is also equally important to avoid kinking or pressure by the bone edges from inadequate bone removal during closure to prevent graft compromise. If resistive flow is occurring during closure, certain maneuvers can be useful but they will not overcome the effect of a poor technical anastomosis. Maneuvers to salvage flow include maintenance of adequate blood pressure (above 110 mm Hg systolic), irrigation with warm, not cold, saline with dilute papaverine, and administration of 500 cc of dextran 40 to decrease platelet function.

Prevention of [scalp](#) problems can be achieved by limited lateral [dissection](#) of the [STA](#), adequate [hemostasis](#), and postoperative [subgaleal drain](#). Limited cortical dissection and preservation of veins is helpful to prevent [intracranial hemorrhage](#).

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