Permission to print: Yes

Catagory hypo / hyper perfusion

Near Miss or Accident Accident

Type of incident: Management

Knowledge Error No
Rule Error No
Skill Error No
Team Issue No

Violation No

Description: Initiated bypass, (CABG x2, BSA 2.1m2) drainage was satisfactory. Flow was

decreased to place cross clamp. Increased flow and delivered cardioplegia. Noticed a decrease in volume. Asked the surgeon if the heart was distending, and that was not the case. Also noticed that the CVP was higher than normal. Asked the surgeon if the heart was raised, and it was. Was able to maintain flows of about 70% of calculated (Calculated flow . Venous saturations were in low 60's. CVP was getting quite high, 40-55 mmHg. Kept patient's pressure at least 20 mmHg greater than the CVP. After the graft was completed and the heart was lowered, noticed that the CVP did not decrease. Surgeon asked me

to give volume to compensate for decreased flows. Patient's venous

saturations were now decreased to 55%. Asked Anaesthesiologist to confirm CVP was accurate, and it was. Asked surgeon to check cannula, he confirmed that it was in the correct position and the heart appeared empty. Upon further investigation, he discovered that the SVC was clamped in the aortic cross clamp. Repositioned cross clamp, and CVP dropped from 45 to 3 mmHg. Flow was restored back to 100% for the remainder of the case. The approximate

duration [of the obstructed SVC ] was 20 mins.

Contributing factors: Surgeon couldn't easily see from his position that the aortic cross clamp had

also grabbed the SVC.

Corrective action: Repositioned cross clamp.

Preventative action plan: Following application of the cross clamp, if there is a significant decrease in

venous return paired with a sharp rise in CVP pressures, suspect that the SVC

may also have been clamped.

Manufacturer advised: No

Discussed with team: No

Ext Authority Advised No

Hospital incident filed: No

Patient outcome variance f Nil

Commentary This is the first report of the SVC captured in the aortic cross clamp and is

noteworthy when problem solving a not infrequent problem. PIRS Ed