

# Cartas ao Editor

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Prezado Domingo Braile,

Reencontrei, nas páginas da excelente *PESQUISA Fapesp*, meu amigo Domingo Braile, cuja trajetória acompanho, com admiração, desde o inicio, quando teve a ousadia de instalar um Serviço de Cardiologia de alto padrão, longe de um grande centro. O IMC serviu de modelo para inúmeros serviços que foram nascendo no interior do Brasil. Em São José do Rio Preto quebrou outro tabu: mostrou que é possível pesquisar e desenvolver tecnologia de ponta sem dispor de uma infraestrutura de primeiro mundo. Demonstrou que criatividade e determinação são os principais ingredientes para fazer avançar os conhecimentos e torná-los de aplicação prática. Não satisfeito, teve inspiração para organizar uma pós-graduação em que procura desenvolver as interfaces entre a medicina e todas as outras profissões, dando como exemplo uma Tese de Doutorado sobre ética médica, defendida por um advogado, em absoluta sintonia com as modernas propostas de Edgar Morin, que tem como tema central a “religação dos saberes”. Fez tudo isso, sem romper o elo mais profundo de um verdadeiro médico - os pacientes.

**Celmo Celeno Porto - Professor Emérito da Faculdade de Medicina da UFG – Goiânia/GO**

## Comment on the small skin bridges saphenectomy technique for coronary artery bypass grafting-A Letter to the Editor

Dear Editor,

It was with great interest that we read the interesting article published recently in your esteemed journal regarding the saphenectomy technique with small skin bridges for coronary artery bypass grafting [1]. First of all, we would like to emphasize that all minimal traumatic-less invasive techniques in cardiac surgery are welcome as long as they respect the more profound tissues and they do not remain minimal invasive for the surface; this, of course, demands adequate training and experienced operators.

This brings us to the second comment-question we would like to address to the author regarding the learning curve of the method and the methodology of the study. What experience is needed in order to achieve such standards of excision that the small skin bridges technique can be performed in a safe way without substantial delays for the course of bypass surgery? What previous experience with the method had the various operators acquired prior to being included as operators in the study?

We would be grateful on the authors reply on that matter.

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## REFERENCE

1. Hijazi EM. Comparative study of traditional long incision vein harvesting and multiple incisions with small skin bridges in patients with coronary artery bypass grafting at King Abdullah University Hospital-Jordan. Rev Bras Cir Cardiovasc. 2010;25(2):197-201.

## Resposta

Dear Editor,

Thank you Sir for your kind care and letter regarding my article “Comparative study of traditional long incision vein harvesting and multiple incisions with small skin bridges in patients with coronary artery bypass grafting at King Abdullah University Hospital-Jordan”, Rev Bras Cir Cardiovasc. 2010;25(2):197-201.

I would first like to thank Dr. Georgios and his colleges for the valuable comments on the small skin bridges saphenectomy technique for coronary artery bypass grafting.

Senior’s cardiac surgeon’s with their fellows in cardiac surgery are comings from Queen Alia Heart Institute/ King Hussein Medical Center – Amman, for help and support of