Medical Note

Intraoperative Blood Flow Measurement during STA-M4/MCA Bypass Surgery for Moyamoya Revascularization

Introduction
One strategy to alleviate the symptoms of Moyamoya syndrome is the surgical creation of an arterial extracranial to intracranial (EC-IC) bypass from the superficial temporal artery (STA) to the M4 middle cerebral artery branch. The bypass is designed to augment flow in the intracranial territories (Fig. 1).

During surgery, the Charbel Micro-Flowprobe® is used to measure direct volume blood flow in the STA bypass and small target M4/MCA vessels. Intraoperative blood flow measurements confirm the quality of the anastomosis and assure that the target area is receiving sufficient blood from the bypass. Measurements also prompt revision if a technical error is suspected.

Flow Measurement Steps
Measure mean arterial pressure (MAP), end-tidal CO₂, and temperature. Record values on an Bypass Flow Record.

Pre-anastomosis: Intracranial Recipient Artery
1. Measure the diameter of the intracranial recipient artery (M4/MCA) and choose an appropriately sized Charbel Micro-Flowprobe® to measure recipient vessel flow.

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<tr>
<th>Probe Size</th>
<th>Vessel Range, Outer Diameter</th>
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<tr>
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<td>1.0 - 1.5 mm</td>
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<tr>
<td>2 mm</td>
<td>1.5 - 2.7 mm</td>
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<td>3 mm</td>
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2. Measure recipient vessel (M4/MCA) flow.
3. Record flow and flow direction on EC-IC Bypass Record.

Extracranial Donor Artery
4. Dissect the extracranial STA artery free, and skeletonize a segment for application of the Flowprobe.
5. Measure the diameter of the extracranial donor artery (STA) and choose the appropriately sized Flowprobe to measure STA baseline flow.

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<td>4 mm</td>
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<td>6 mm</td>
<td>4.4 - 6.6 mm</td>
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Post-anastomotic Flow Measurements
6. After construction of the STA-MCA bypass, measure post-anastomotic flows in the intracranial and extracranial arteries sequentially in the following order:
   1) distal M4/MCA (Fig. 3);
   2) proximal M4/MCA;
   3) distal STA;
   4) proximal STA.

7. If post-bypass flow in the recipient artery (sum of absolute values of distal and proximal M4/MCA flow) is not significantly above the pre-bypass flow, reexamine the anastomosis and the bypass for kinks or twists and redo, if necessary. Apply a vasodilator (papaverine) when there has been some vasospasm due to manipulation of the vessel and/or flow measurements seem to be low or absent.

8. Record flow rates and flow directions, MAP, end-tidal CO₂, and occlusion time on the EC-IC Bypass Record.

References


Chang, SD, Steinberg, GK. “Surgical Management of Moyamoya Disease,” http://www.moyamoya.com/journals/moyamoya.html

