

MEETING ABSTRACT

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Minimally invasive aortic valve replacement through a right anterior minithoracotomy 306

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Background/Introduction

The Aortic valve has been traditionally approached through a median sternotomy. However, significant advances in technology have allowed for Aortic valve surgery to be performed using progressively smaller incisions including the minithoracotomy and hemisternotomy.

Aims/Objectives

To review the results of minimally invasive aortic valve replacement (AVR) through a right anterior minithoracotomy.

Method

From July 2011 to January 2014, a total of 84 patients with isolated aortic valve disease (rheumatic in 62 patients, degenerative in 14 patients, congenital in 8 patients) underwent AVR through a right anterior minithoracotomy approach in the third intercostal space with a groin incision for femoral cannulation.

Results

The mean age was 41.4 years (ranging from 19 to 74 years). 58 patients were male. Mean duration of cardiopulmonary bypass time and aortic cross-clamp time was (82 ± 23) minutes and (53 ± 16) minutes, respectively. 2 patients required conversion to median sternotomy. The mean hospital stay was 4 ± 1 day. Follow-up was performed in all patients for a period of 15 ± 6 months postoperatively. A good recovery was obtained in all patients.

Discussion/Conclusion

Minimally invasive aortic valve replacement through the right anterior minithoracotomy approach is safe and feasible with reduced postoperative recovery time.

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