RESULTS OF OPENED HEART SURGERY BY VIDEO ASSISTED MINIMALLY INVASIVE VIA RIGHT MINITHORACOTOMY

Do Kim Que MD, Thongnhat hospital, Vietnam

Backgrounds: Minimal invasive cardiac surgery (MICS) has been proven being benificial for recently decades. We have started MICS for ASD closure and resection left atrial myxoma and MVR since July 2018 in Thongnhat hospital. The aims of this study to access the results of MICS in our hospital.

Method: We collect all of patients who underwent MICS opened heart surgery in Thongnhat hospital from 7/2018 to 5/2021. Selective endobronchial anesthesia was done for all patient. Patients on supine position with a small pillow put under right chest. Femoral artery and vein cannulation were performed. A 4-6 cm incision on the 4th intercostal space for approaching procedure. Custadiol solution for myocardial protection in Myxoma resection and MVR, for ASD closur we do with beating heart. Operating data, postoperation complications ICU, hospital stay length were noted and statistic analysis.



Figure 1: Patient position



Figure 3: surgeon and CPB, Endoscopic surgery system position

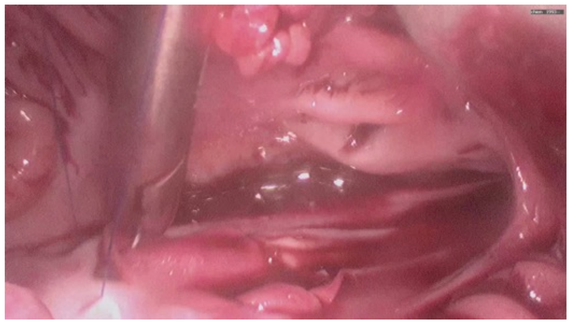


Figure 2: ASD closure

Results: *There are 22 patients underwent minimally invasive cardiac surgery, including 12 ASD closure and 03 resection of left atrial myxoma and 7 MVR. Mean age was 46.2 ± 4.4. Male to female ratio was 3:2. Mean CPB time was 98.8* ± 12.6 minutes (range 70 - 215). *Mean cross aortic clamp time was* 46,8 ± 6,8 minutes (range 0 - 156), beating heart ASD closure in 05 cases. Men ICU stay was 28 hours.

No mortality, one patient had posoperationg bleeding need re-thoracospic surgery for bleeding control. One patient had acute pump failure need ECMO for 5 days.

Conclusions: *MICS is safe and effective method for closure ASD and resection of left atrial myxoma and MRV . The outcomes are satisfactory with low morbidity and no mortality.*

Key words: *Minimally invasive cardiac surgery, minithoracotomy, thoracoendoscopy.*