

How I Do It: MICS-AVR In Octagenarian And Fragile Patient

BACKGROUND

Currently, the TAVI procedure is recommended for the treatment of aortic stenosis in symptomatic and octogenarian patients. However, the high costs of the procedure make access impossible for all patients. We suggest video-assisted aortic valve replacement as a cheaper alternative with excellent outcomes.

AUTHORS

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METHODS

After general anesthesia with a single lumen orotracheal tube and myofascial block, the patient was positioned in the left lateral decubitus position at 30 degrees. Right anterior thoracotomy was performed and, using extracorporeal circulation via the femoral route, the aorta was clamped and modified Del Nido cardioplegic solution was administered. Through videothoracoscopy, the aortic valve was excised, stitches were passed and bioprosthesis #23 was implanted. Aorta was sutured in 2 layers.

Please, see the video embedded



RESULTS

The patient was extubated in the operating room and transferred to the ICU. He was uninvaded and sat in the armchair the next morning. On the third postoperative day, he was discharged from the hospital.

CONCLUSION

MICS-AVR in elderly patients is reproducible, has good results and is a better cost-benefit alternative for patients who do not have access to more expensive technologies.