



Conventional On Pump Cardiac Surgery Through Minimally Invasive Right Vertical Infra Axillary Thoracotomy

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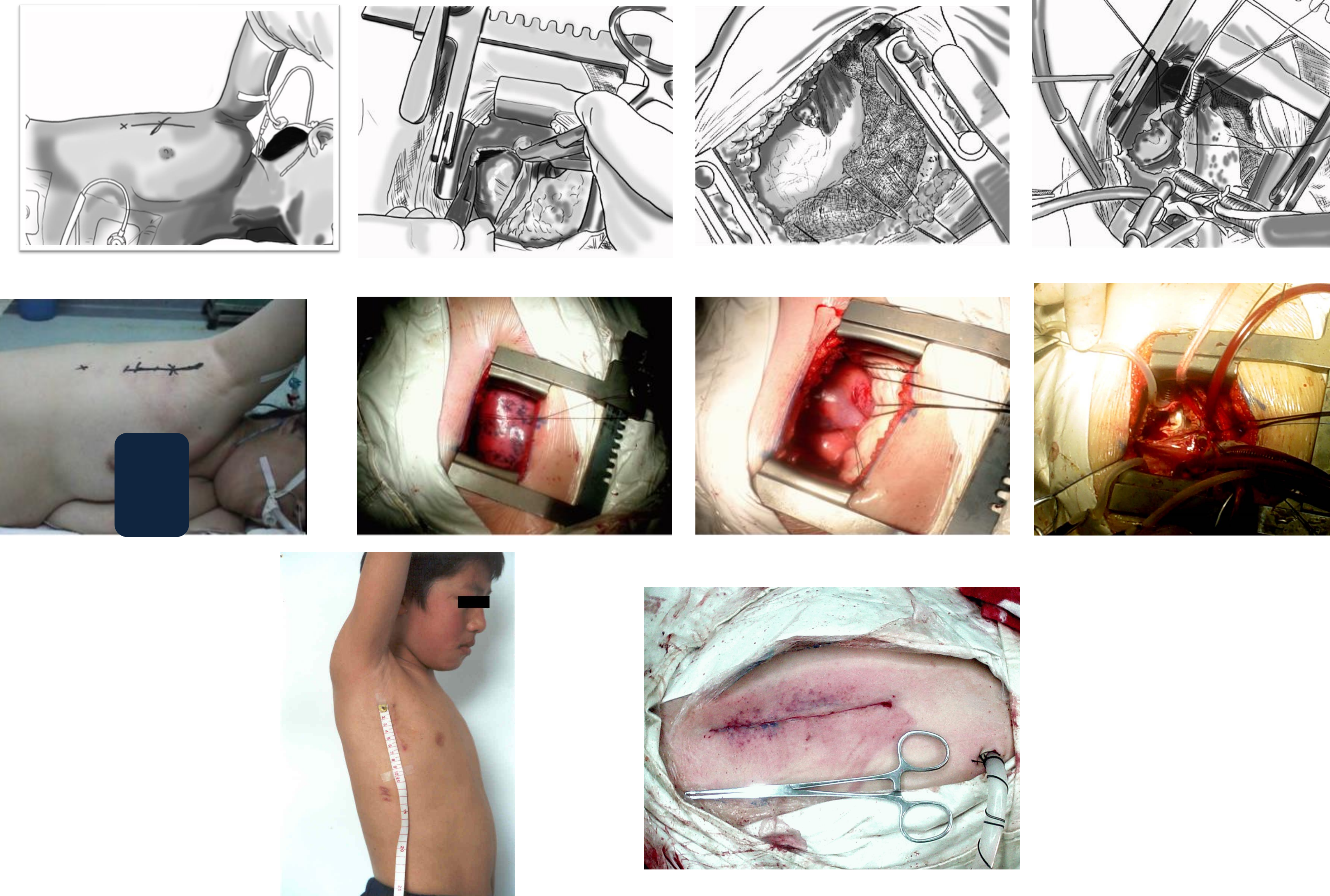


Background

- Right vertical infra-axillary thoracotomy (RVIAT) for conventional on-pump cardiac surgery is a safe and effectful minimally invasive approach.
- To review the clinical experiences for conventional on-pump cardiac surgery through RVIAT in a single center.

Background

- From January 2002 to December 2020, 2058 patients underwent cardiac surgery through RVIAT approach.
- 1347 patients were atrial septal defect or ventricle septal defect, 512 were mitral valve repair/replacement and 199 patients were aortic valve replacement.
- The arterial and venous cannulation are all through central approach (ascending aorta and vena cava), femoral cannulation is not necessary.
- The clinical characteristics and outcomes were reported.



Surgical Repair of Mitral Valve Prolapse Through a Minimal Right Vertical Infraaxillary Thoracotomy

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Right Vertical Infra-Axillary Thoracotomy for Double Valve Replacement

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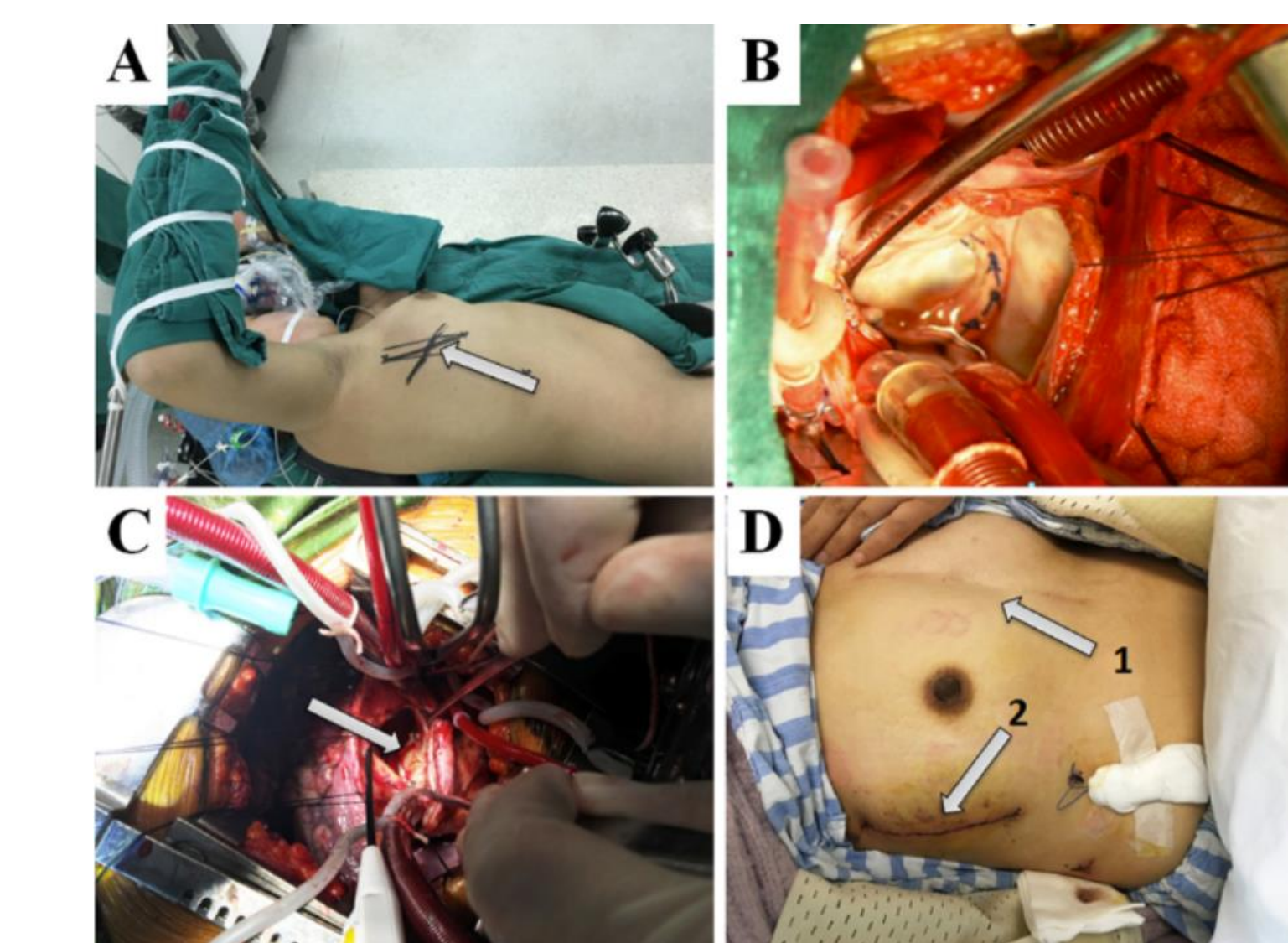
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Mitral Valve Surgery via a Right Infra-axillary Thoracotomy in High-Risk Reoperative Patients

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Results

- The average age was 21.39 ± 16.22 year, 64.6% were female.
- The length of skin incision was 5.5 ± 1.2 cm in child and 8.7 ± 1.2 cm in adult.
- 30-day mortality was 0.29%. No case should transfer to media thoracotomy.
- 23 patients underwent re-exploration because of postoperative bleeding. 14 case suffered surgical site infection.

Conclusions

- RVIAT is an excellent choice for conventional on-pump cardiac surgery based on our huge number cases and long-term survival.

**Pro — Minimally invasive, ERAS
Avoid peripheral cannulation**

**Con—Learning Curve
Exposure
Selected patients**

