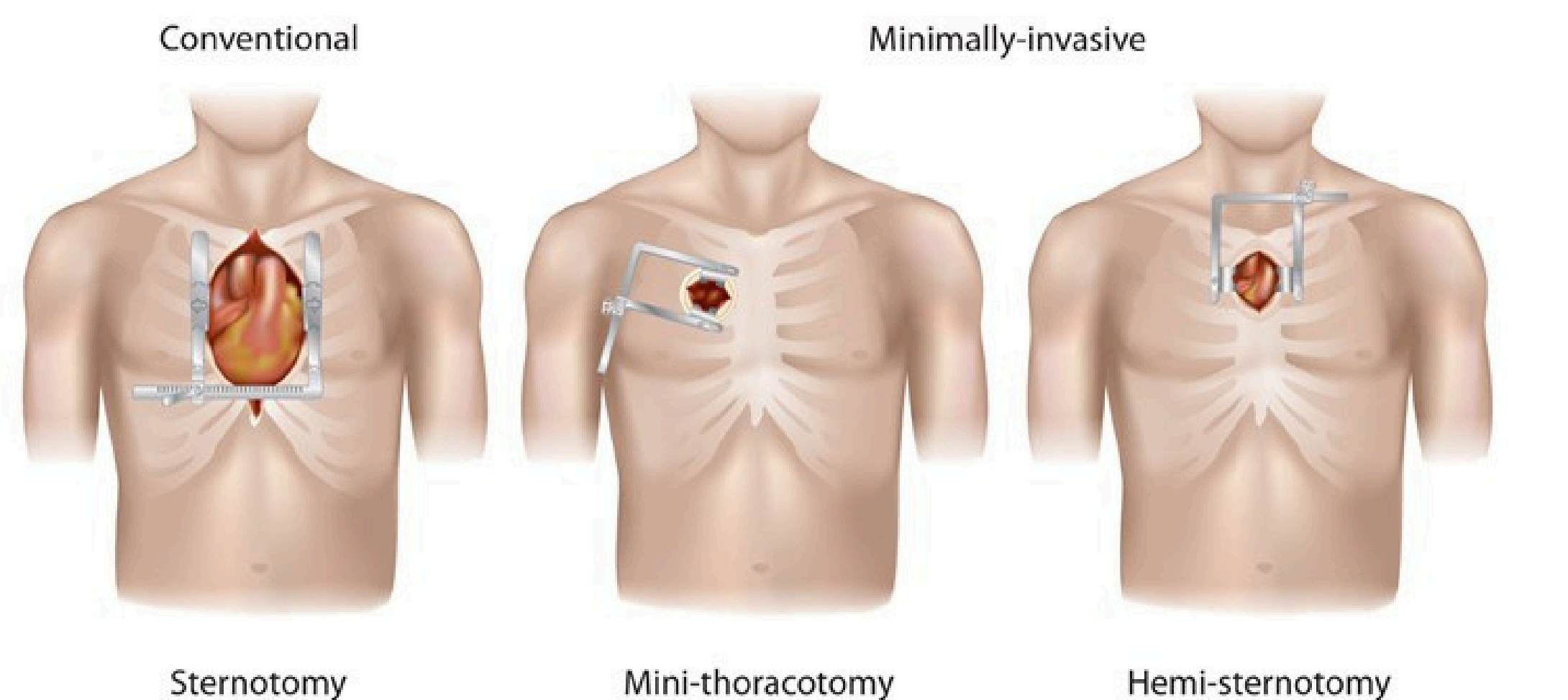


MINIMALLY INVASIVE AVR VIA ANTERIOR RIGHT THORACOTOMY (ART) A SAFE AND EFFECTIVE APPROACH

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INTRODUCTION:

Minimally invasive approach has evolved into a safe, well-tolerated and effective surgical option for aortic valve replacement in recent years. Three different approaches are normally used for minimally invasive aortic valve replacement.



PATIENTS AND METHOD

1. SINGLE CENTER EXPERIENCE
2. MAR 2021 TO MAR 2022
3. 36 PATIENTS UNDERWENT AVR

4. TWO GROUPS:

- Ø GROUP A MIAVR 18PTS
- Ø GROUP B SAVR/CS 18PTS

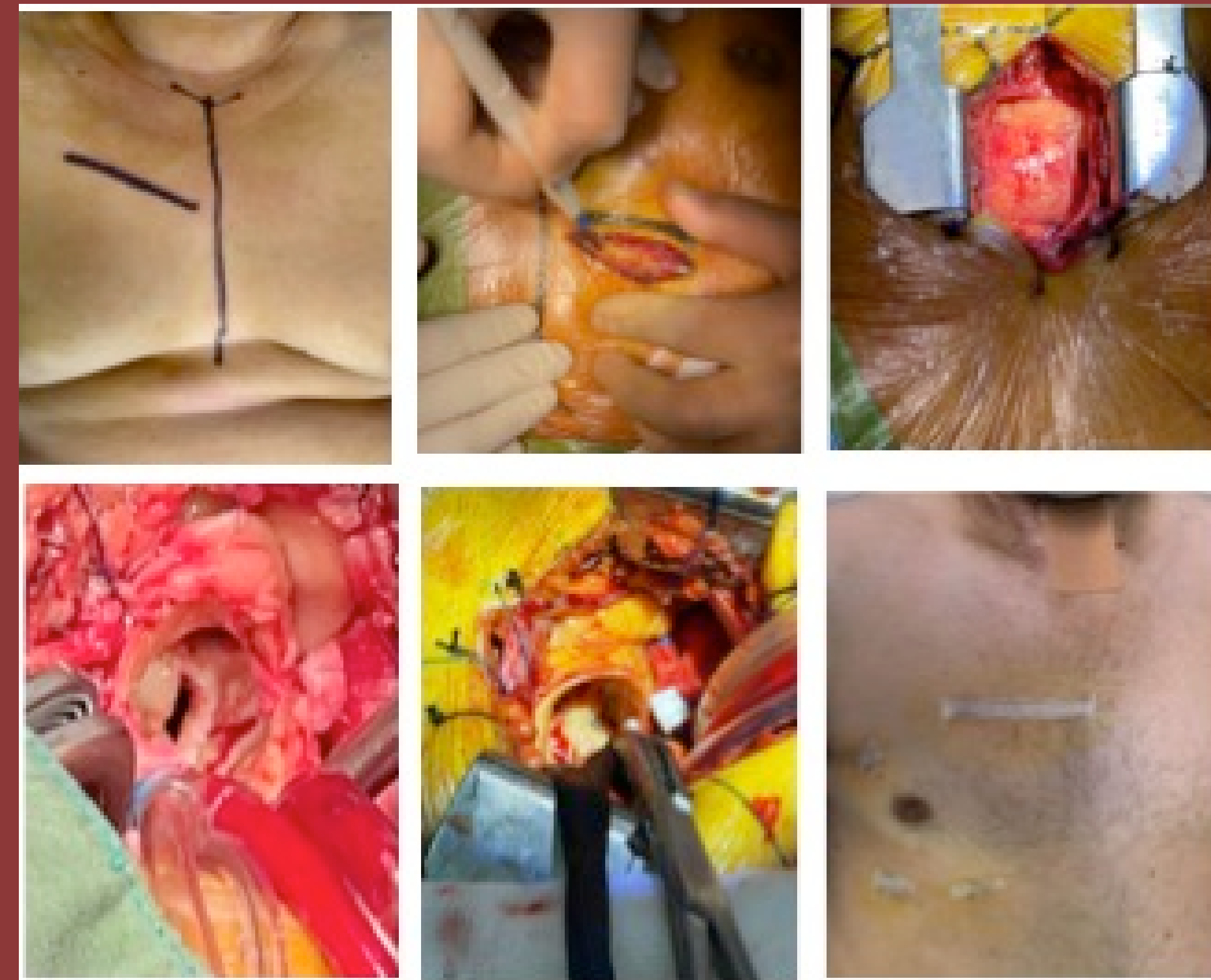
INCLUSION CRITERIA

- Ø ISOLATED AORTIC VALVE REPLACEMENT

EXCLUSION CRITERIA

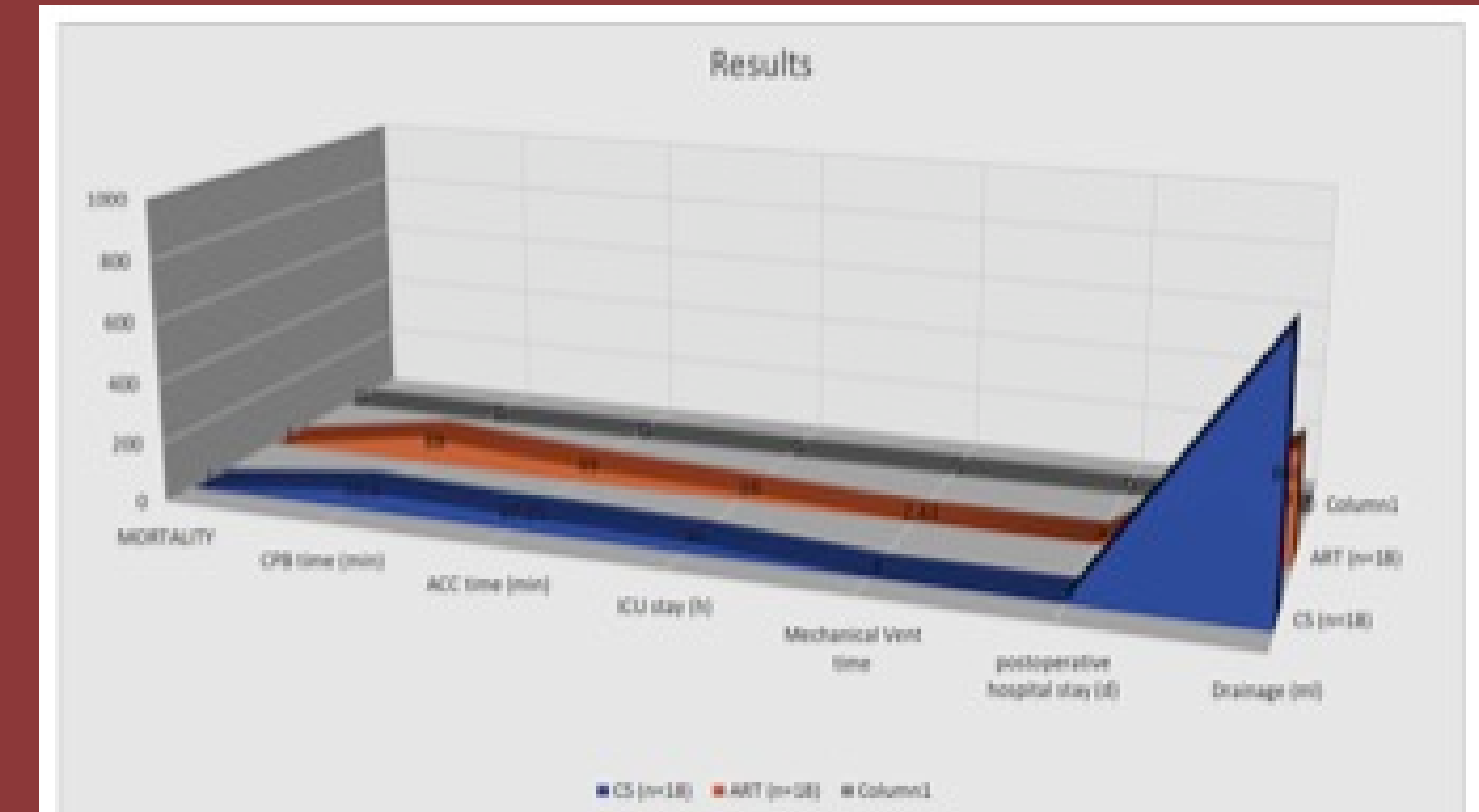
- Ø REDO OPERATION
- Ø Concomitant Surgery

SURGICAL TECHNIQUE



RESULTS

Parameters	CS (n=18)	ART (n=18)
Mortality	1	1
CPB time (min)	63.5 (80-143.5)	88 (70-158)
ACC time (min)	49 (45.5-94.5)	47.25 (49.75-97)
ICU stay (h)	36 ± 12	24 ± 6
Mechanical Ventilation (h)	4 (3-7)	2.43 (2-4.43)
Overall Hospital Stay (d)	6 ± 1	4 ± 1
Drainage(ml)	860ml (560-1100)	377ml (275-660)



CONCLUSION:

Minimally invasive AVR via anterior right thoracotomy (ART) is associated with less blood loss, shorter hospital stay because of less ventilation time, less postoperative pain, early mobilization leading to rapid postoperative recovery but has an increased overall operation time with equal mortality rates.

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objective

This retrospective study compared the postoperative outcomes of mini AVR through anterior right thoracotomy (ART) with complete sternotomy (CS) in conventional AVR.