

Difficult Cross-clamping Of The Aorta In A Patient Who Underwent 3rd Time Redo Mitral Valve Replacement Via Right Mini-thoracotomy:

Hiroyuki Nishi, Mutsunori Kitahara, Yukie Shirasaki, Masao Yoshitatsu

Department of Cardiovascular Surgery, National Hospital Organization, Osaka National Hospital, Osaka, Japan

Disclosure

All authors have no conflict of interest to disclose with respect to this presentation.

Background

- ✓ In redo surgery for the mitral valve position, avoiding tissue damage during sternal re-entry is important. Also, obtaining a good view of the mitral valve becomes a problem.
- ✓ Right mini-thoracotomy approach (MICS approach) has a potential to solve those problems.

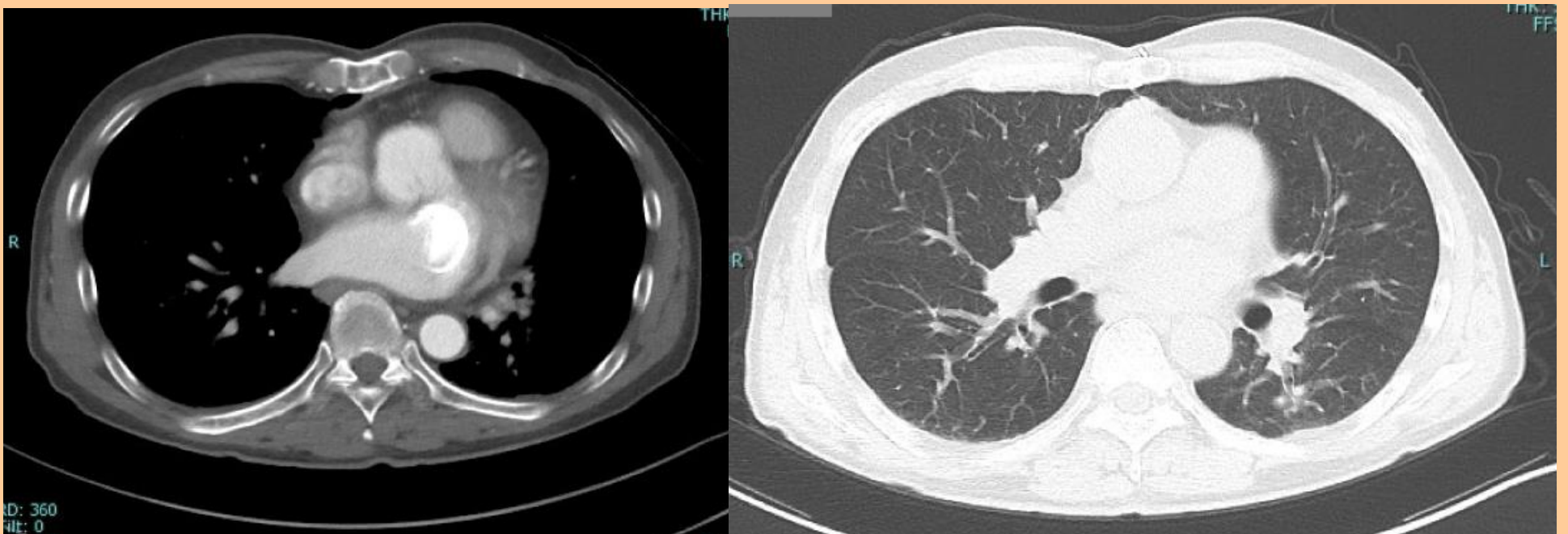
Objective

We present some tips for successful use of this novel system as part of a minimally invasive right thoracotomy approach.

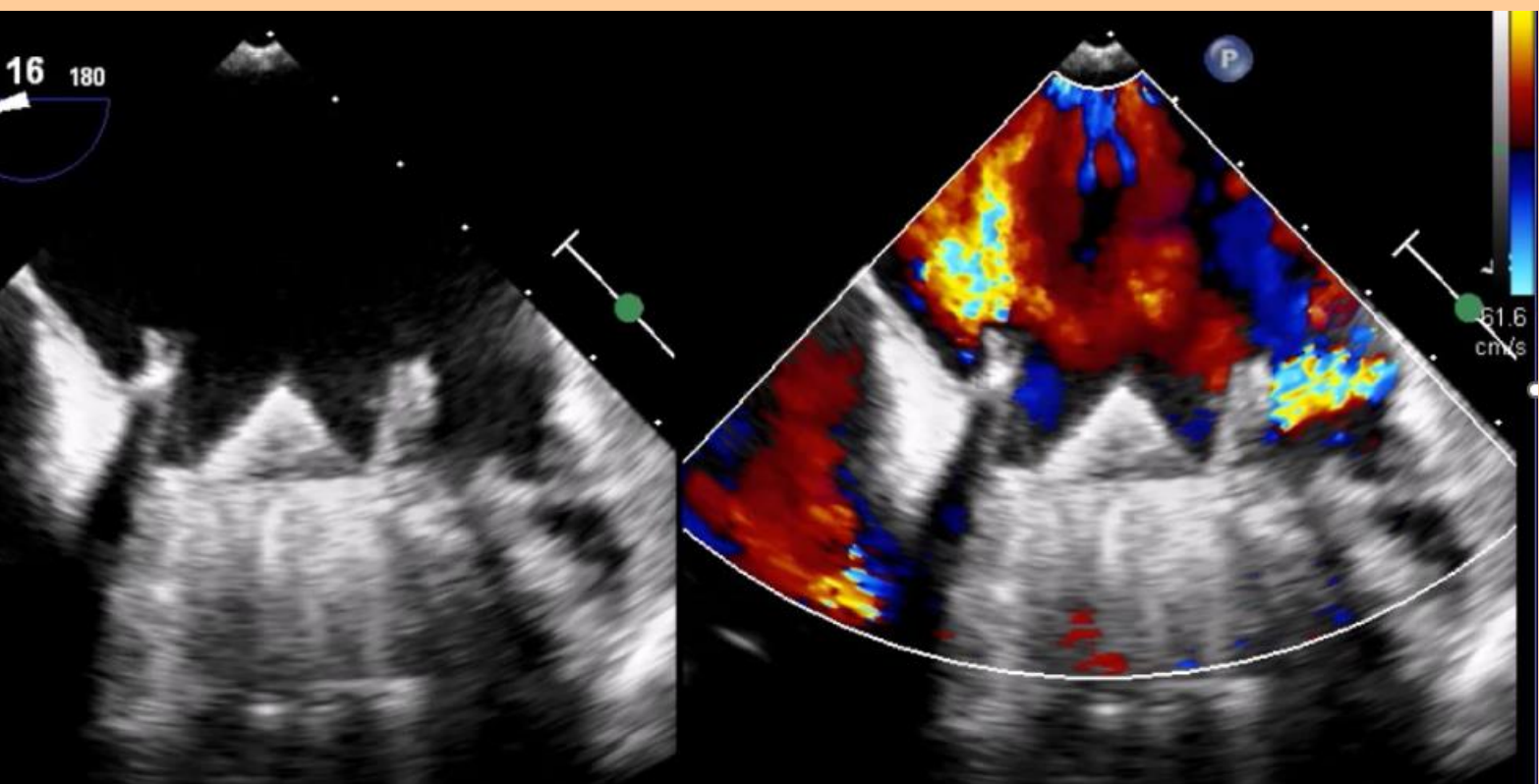
Case presentation

69 years old, male
Diagnosis: Severe MR due to PVL, Paf
Past medical history 19 years ago MV repair
12 years ago MVR(On-X #25)
Current history Shortness of breath, hemolytic anemia

TTE: LVDd/Ds=49/36 mm, EF=52%
MR; severe
(medial~posterior~lateral)wide range
of PVL), Ar: I, Tr: I

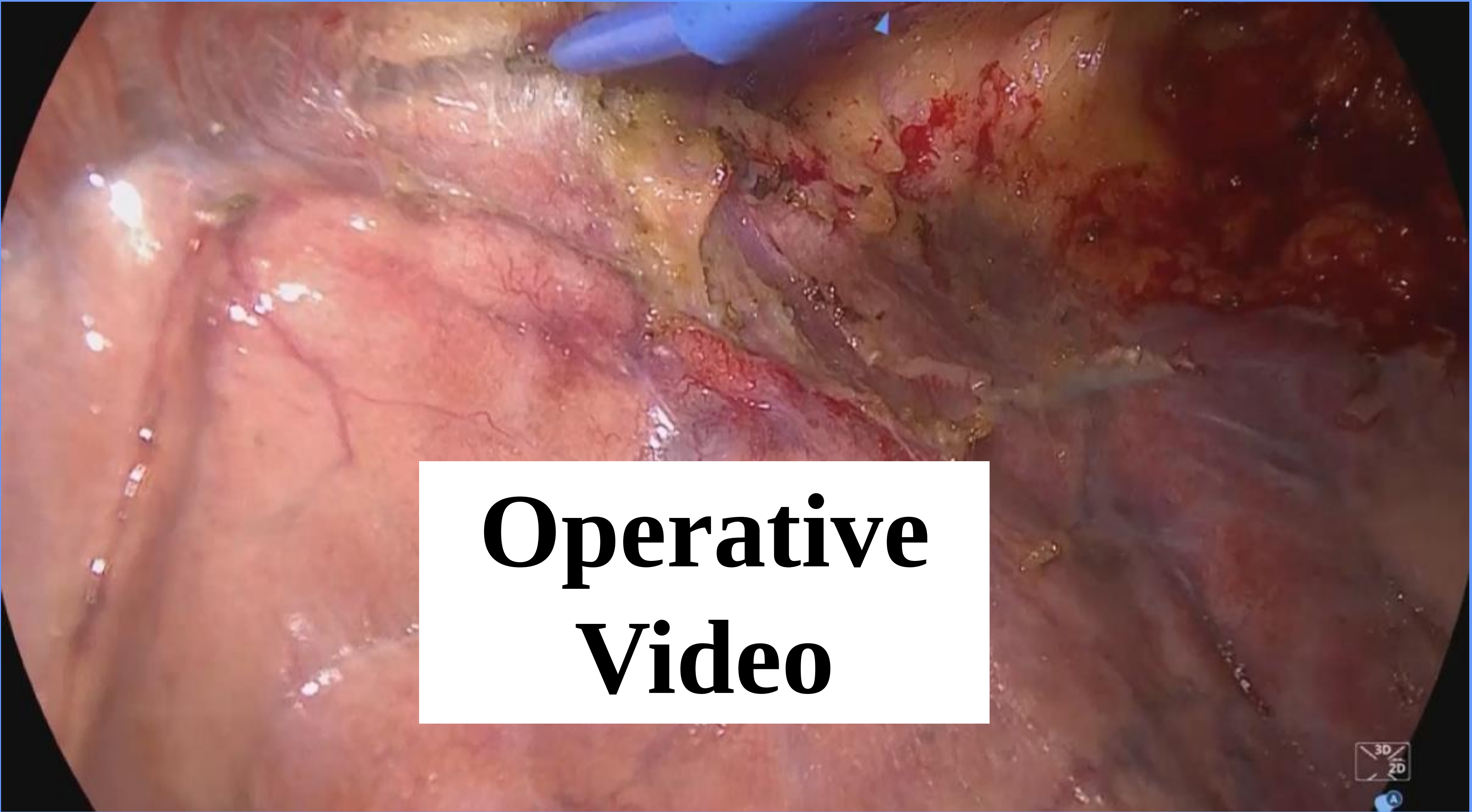


The lungs are in contact with the sternum, and the left and right lungs cover the aorta.



➡ Plan: MICS via right mini-thoracotomy

Operative procedure



Advantages of this Approach

- ✓ When using the MICS approach in cases of redo mitral valve surgery, it may be difficult to dissect adhesions between the lungs and the aorta.
- ✓ As long as the adhesions between the sternum and the lung is dissected, median sternotomy can be made safely, and a good view of the mitral valve can be secured with the MICS approach

Summary

This combination approach is one of the useful ways as a bailout method.