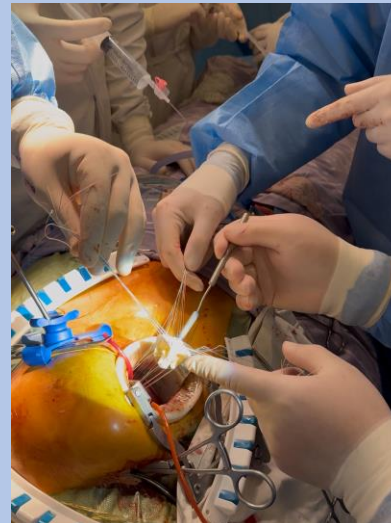


MINIMALLY INVASIVE SURGICAL INCISION FROM 4th INTERCOSTAL ACCESS IN PATIENTS WITH LESIONS ON THE MITRAL VALVE.

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Introduction: Mitral valve stenosis and insufficiency is a recognized valvular pathology and occurs in both young patients with rheumatism and approximately 13% of elderly patients.

Material and Methods: From 2020 to the present, 2380 open heart surgeries have been performed in the Department of Cardiac Surgery. For comparison, 1400 patients were selected from the total cohort of patients (mean age 43.8 ± 14.3). The patients were divided into 2 groups: Group I (n-623) patients who underwent surgery through a median sternotomy. Group II (n-757) included patients who underwent minimally invasive surgery in the 4th intercostal space on the right. In group II, the length of the skin incision was 7-8 cm, CPB was connected through peripheral arteries. The duration of the operation from the mini-approach was on average (142 ± 23 min), versus sternotomy (156 ± 33 min) min.



Results. In the postoperative period, there were no cases of postoperative pneumonia, severe respiratory failure. There were no significant differences between the groups in the postoperative period. The patient's time in the ICU is 1 day. The duration of hospitalization after surgery was significantly less in group II (4.3 ± 1.2 days), versus (6.4 ± 1.7 days ($p < 0.05$)). At discharge, all patients of group II have less pain, improved condition and quality of life. Indicators of functional and laboratory methods will be better than before operation.

Conclusion. Thus, surgical treatment of acquired mitral malformations using a mini-access technique through thoracotomy in the 4th intercostal space is a public and safe approach in the surgical examination of patients. Minimal access to surgical trauma, facilitates the early postoperative period, reduces the incidence of complications and is economical. exceptional efficiency and safety of mini-access for high-risk surgical patients, mini-invasive operations in cardiac surgery practice in the Republic of Uzbekistan should be further developed.