

Respect and Resect: A Blended Technique for Robotic Mitral Valve Repair

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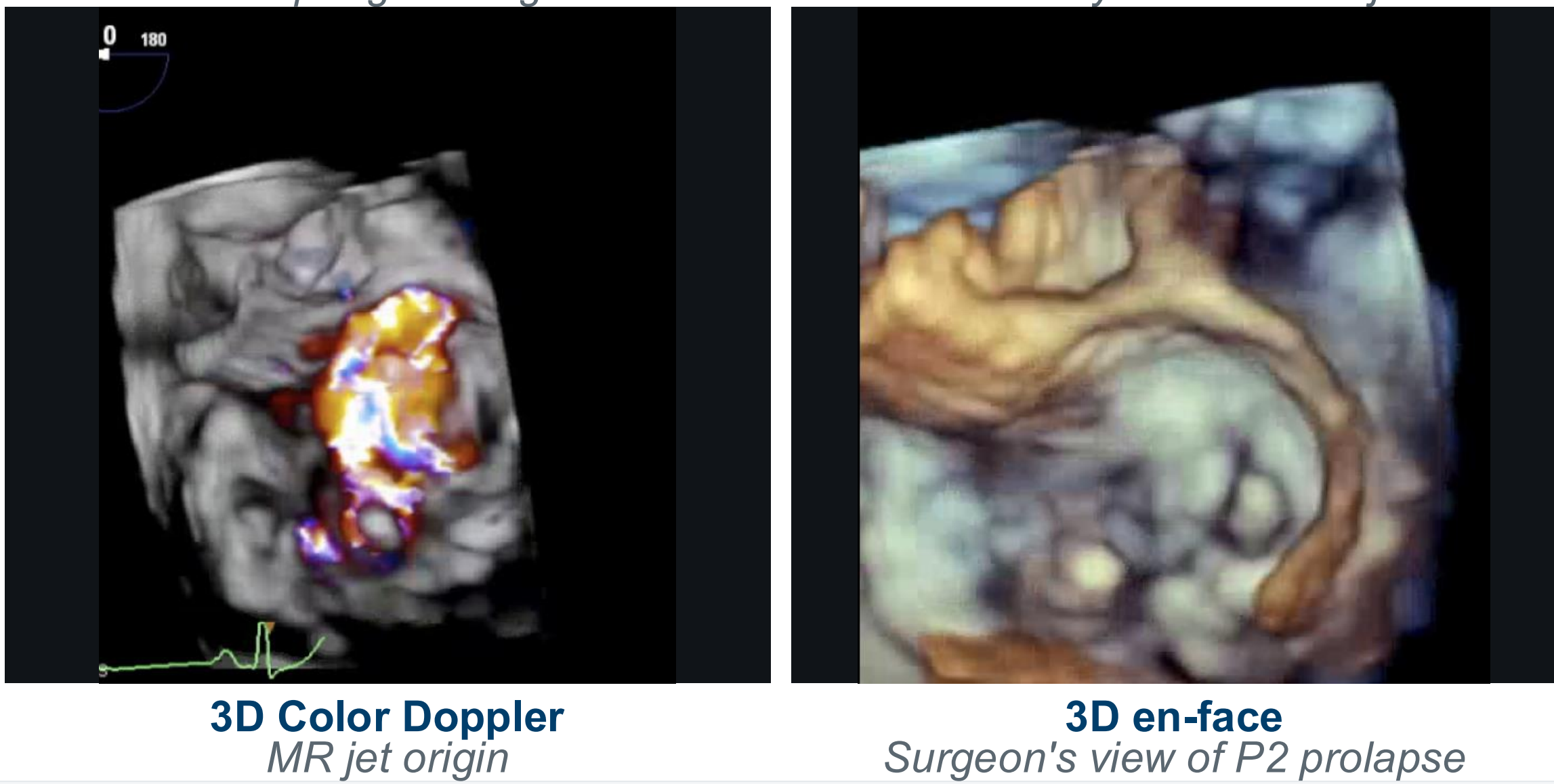
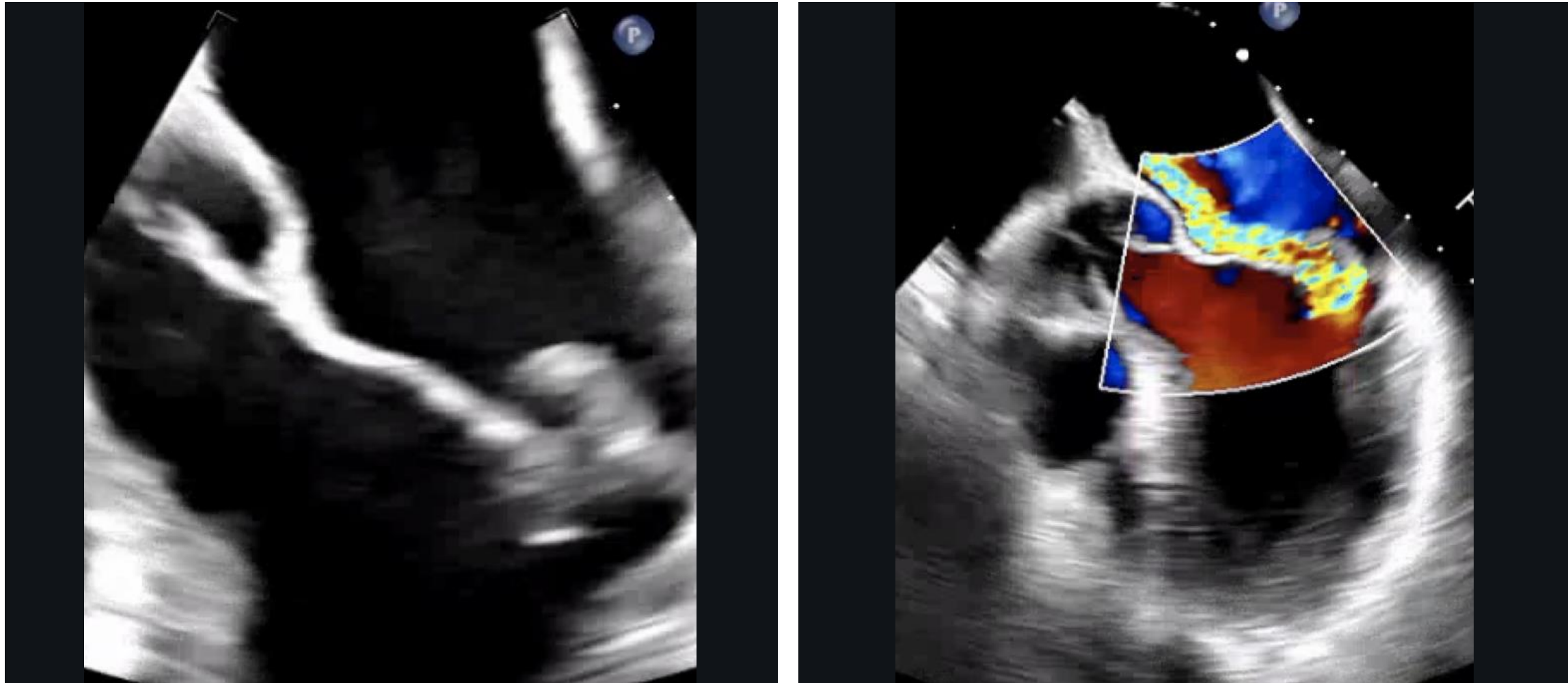
OBJECTIVE

To demonstrate a practical robotic mitral-repair strategy combining **triangular resection** with **neochordal implantation** for **isolated P2 prolapse**.

PATIENT PRESENTATION

- 61-year-old male
- Severe Degenerative MR
- Isolated P2 prolapse
- Progressive echocardiographic worsening
- Minimally symptomatic

PRE-OPERATIVE TEE IMAGING

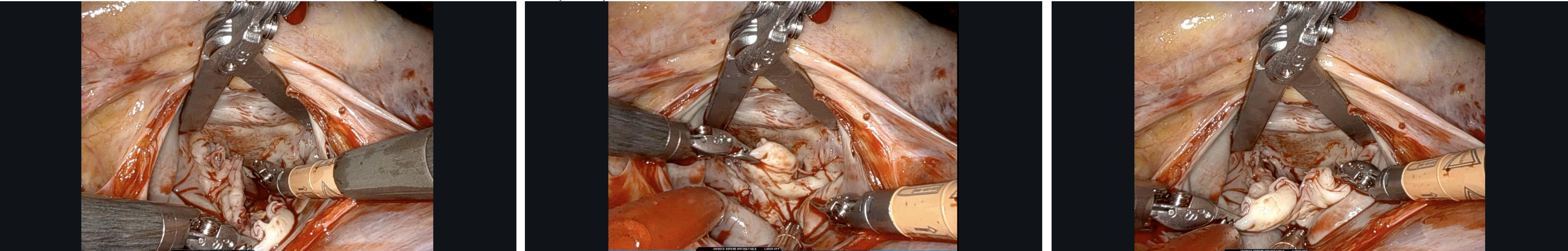


OPERATIVE TECHNIQUE

A robotic “Respect-and-Resect” sequence for isolated P2 prolapse

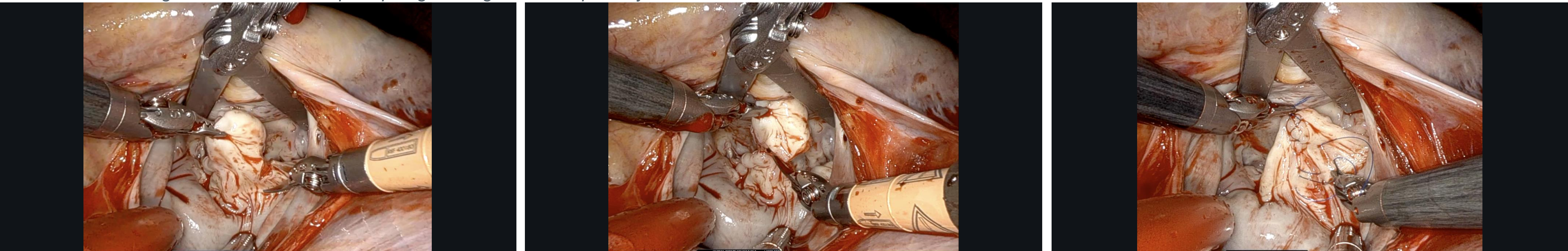
1 Valve Inspection

P1 and P3 scallops appear structurally normal; isolated P2 prolapse confirmed



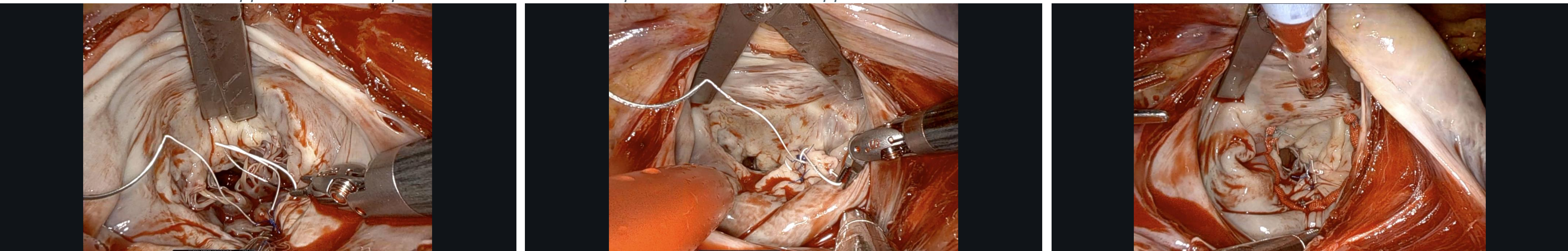
2 Triangular Resection & Defect Closure

Limited triangular excision of the prolapsing P2 segment with primary defect closure



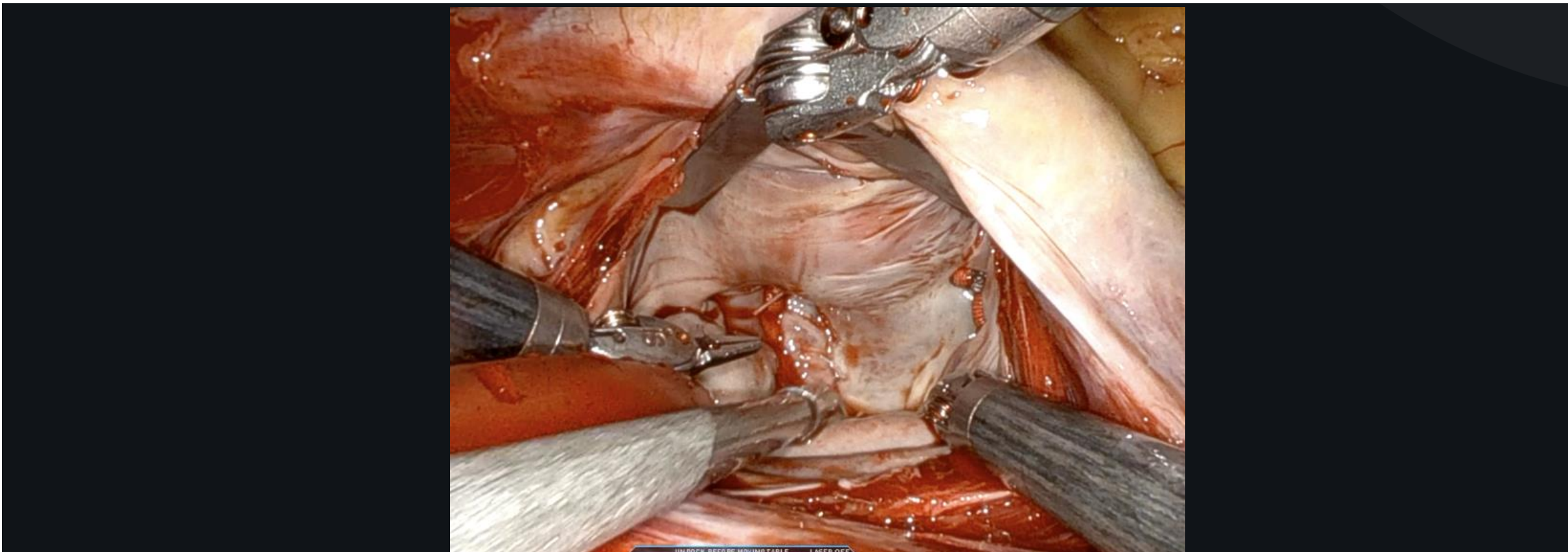
3 Neochord and Flexible Annuloplasty Band Placement

Posterior leaflet still appeared tall — expanded PTFE neochordae placed for additional support



4 Valve testing

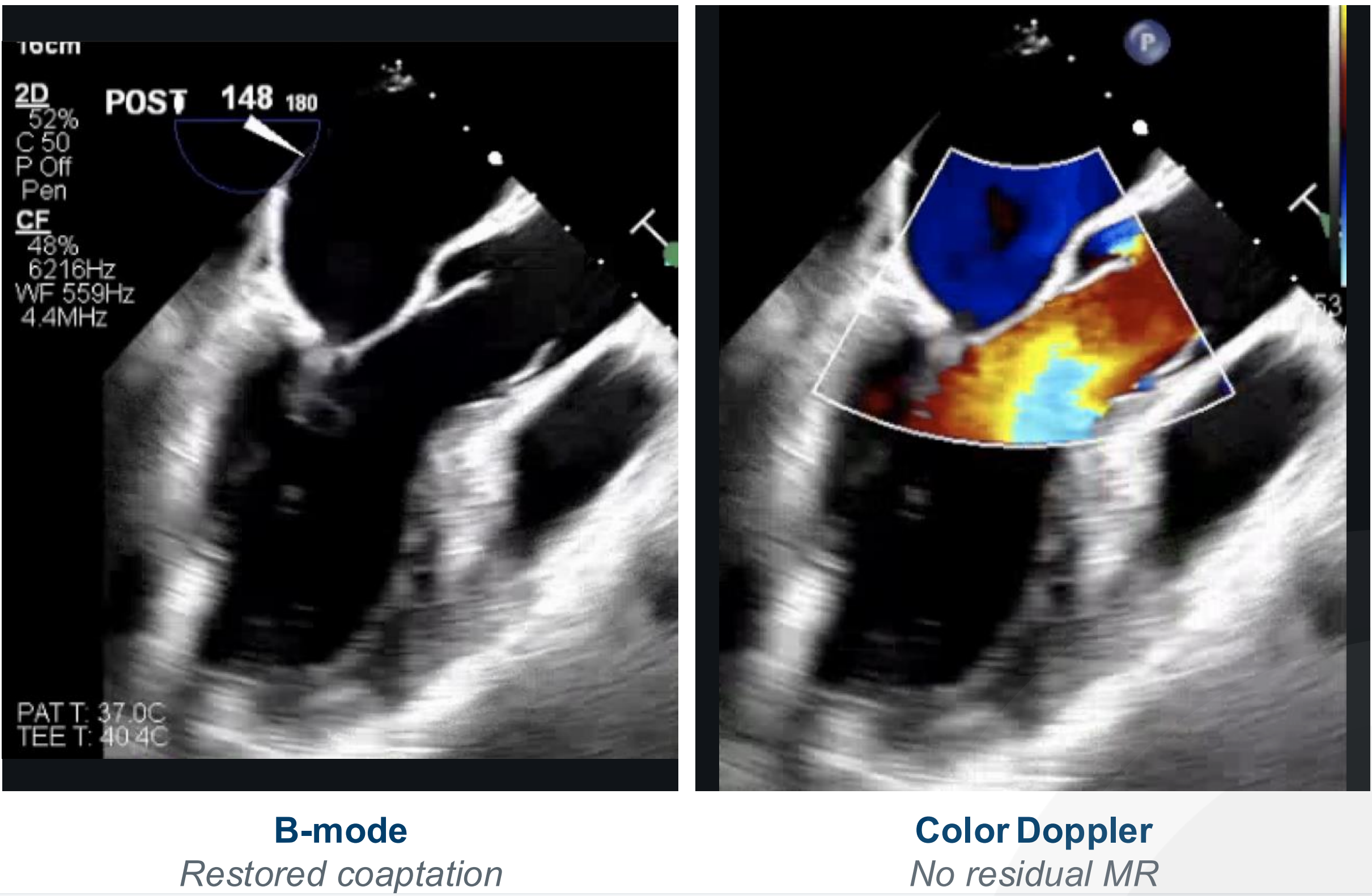
The leaflets came together with excellent alignment and coaptation



RESULT

- ✓ Excellent valve competence
- ✓ Symmetric coaptation
- ✓ No residual MR
- ✓ Preserved LV function
- ✓ Discharged home on POD #3

POST-OPERATIVE TEE IMAGING



CONCLUSION

A blended “**Respect-and-Resect**” robotic strategy allows **tailored leaflet-height adjustment** while preserving **durable physiologic coaptation**.
By combining the strengths of both techniques, resection for shape and neochordal support for height, surgeons can achieve durable repairs.

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