How to make Robotic totally endoscopic MVP easier using double loop technique

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Chief complaint:

- Female, 66 years, with Intermittent chest tightness for over 2 months.

Past history & current condition:

- Over 2 months ago, the patient developed chest tightness without obvious reason.
- On October 25, 2023, a cardiac ultrasound at local hospital revealed mitral valve prolapse with P3,C1.

Other condition:

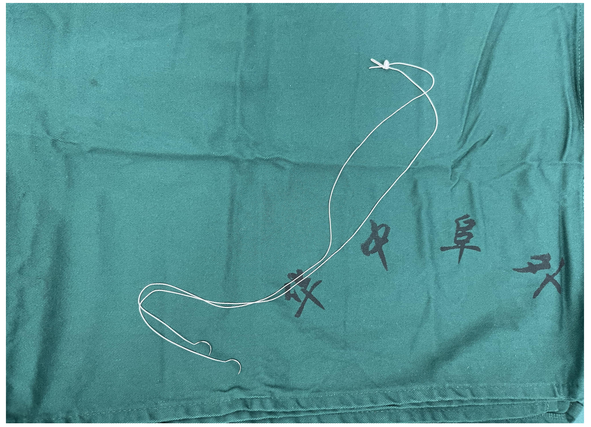
- Diabetes Mellitus: 2-year history; Max blood glucose: 8mmol/L; Treatment: Oral hypoglycemic agents
- Cerebral Infarction: 2-year history (presented with headache and right limb movement disorder; no specific treatment; residual right limb movement limitation)
- Hypertension: 5-year history
- Allergen: Penicillin

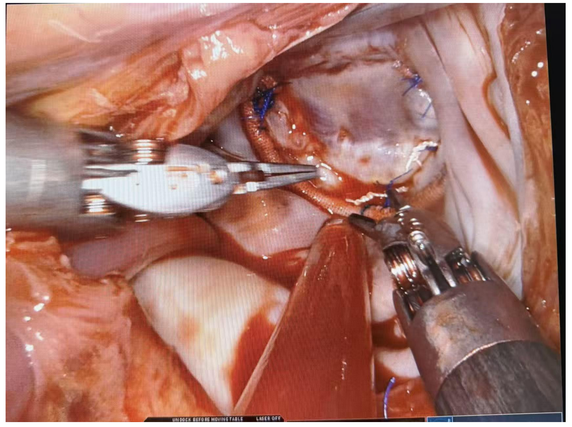
Image findings:

Eco: Mitral valve posterior leaflet prolapse with P3,C1

Surgery Plan:

Robotic totally endoscopic mitral valve repair using double loop technique





Outcomes & Follow up:

- No Regurgitation
- Aortic cross-clamp time is 114 min
- Cardiopulmonary bypass time is 145 min
- None Postoperative blood transfusion
- First 24-hour drainage volume is 100 ml
- Duration of mechanical ventilation is 15 h
- ICU length of stay is 20 h
- Postoperative hospital stay time is 6 days