HELIOS
Klinikum Siegburg

How Far Can We Go?
Single-Access Minimally Invasive Mitral Valve Repair and MIDCAB via Minithoracotomy

Innovating pathways. Expanding limits. Improving outcomes.

CASE PRESENTATION

Patient	62-year-old female patient
Coronary Pathology	High-grade stenosis / CCTO of the LAD *(left anterior descending artery)*
Valvular Pathology	Severe mitral regurgitation
Cardiac Function	Reduced left ventricular function LVEF 32% (CVC)
Rhythm / RV Function	Preoperative tachyarrhythmia Impaired right ventricular function
Planned Strategy	Single-access minimally invasive mitral valve repair and MIDCAB (LAD) via minithoracotomy Transection of the LAD after distal anastomosis

> *Pushing the boundaries of minimally invasive cardiac surgery – combining mitral valve repair with coronary revascularization through a single-access approach.*
>
> **How far can we go?**

Our goal: Maximum precision. Minimum trauma. Optimal outcomes.