

WORLD HEART RHYTHM CONFERENCE

November 15-17, 2018 Istanbul, Turkey

Initial experience of minimally invasive concomitant aortic & mitral valve replacement / repair at a tertiary care cardiac centre of a developing country

Pervaiz Chaudry

Diplomate American Boards of Cardiothoracic Surgery, USA

Introduction: Minimally invasive double valve replacement (DVR) surgery through a small transverse anterior thoracotomy is an alternate technique than sternotomy for concomitant aortic and mitral valve (AVR, MVR) surgery that can reduce surgical stress and length of hospital stay. Endoscopy and robot-assisted surgery is being practised in developed countries but its technically very difficult, time consuming, costly and not reproducible by all surgeons. As median sternotomy is preferred approach for DVR, therefore, we aimed to introduce direct vision minimal invasive DVR (DVMI-DVR) to the surgeons in our setting for common public.

Objectives: Aim of this research was to evaluate the in hospital and early outcomes of direct vision minimal invasive double valve surgery at a tertiary care cardiac centre of a developing country.

Patients And Methods: This prospective observation study was conducted at National Institute of Cardiovascular Diseases Karachi, Pakistan from January 2018 to September 2018. 19 consecutive patients undergoing DVMI-DVR for aortic and mitral disease without any prior cardiac surgery were included in this study. For all procedures access was through small transverse anterior thoracotomy incision with wedge resection (Chaudhry's Wedge) of sternum opposite to 3rd and 4th costo-sternal joints. Patients were observed during hospital stay and were followed to observe length of hospital stay (LOHS), ventilatory support, pain score, and mortality. Data were entered and analysed using SPSS version 23.

Results: The male/female ratio was 11:8 with mean age of 35 ± 12 years. Mean total bypass time was 129.8 ± 23.83 min (range 98-181 mins). Mean mechanical ventilation time was 3.16 ± 1.12 h (range 2-6 h). Mean post operative LOHS was 5.63 ± 1.12 days (range 4-8 days). We had zero surgical mortality. Mean pain score of 4.32 (on predefined pain scale of 1 to 9 with high value indicating severe pain).

Conclusions: Minimally Invasive DVR surgery is a safe and reproducible technique with acceptable surgical outcome. It carries good post-operative recovery, patient's satisfaction and early return to daily activity.

Biography

Pervaiz Chaudry is Working as Co. Chairman & Programme Director at Cardiac Surgery Department, National Institute of Cardiovascular Surgery NICVD, Karachi. He is pioneer of Heart Failure Programme and Minimally Invasive Surgeries at this institute. Currently 13 residents and 4 fellows are under his training. He is doing all heart surgeries minimally invasive including LVAD, Multi-vessel CABG, all Valves, CABG Valves, Adult Congenital Heart Surgery and multiple time redo procedures. He is travelling entire country to teach all procedures and make them in working. His efforts are to "Never Say No to any Patient".

pchaudhry@aimhs.org

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