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Upper ministernotomy for aortic valve surgery: Single center experience**Mohammed Fawzy Hassan Eltaweel**
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Statement of the problem & Aim: Over the last twenty years, minimally invasive aortic valve replacement has evolved into a safe, well tolerated and efficient surgical treatment option for aortic valve disease. It has been shown to reduce postoperative morbidity, faster recovery and shorter hospital stay and better cosmetic results. The aim of the study was to evaluate the outcome of upper ministernotomy for aortic valve surgery as a newly technique introduced in Menoufia University Hospitals.

Methodology & Theoretical Orientation: Between February 2016 and February 2017. This study included 25 patients with isolated aortic valve disease. All patients underwent upper ministernotomy aortic valve replacement with follow up of advantages and disadvantages of this new surgical procedure.

Findings: A total of 50 patients with 18 males (36%) and 32 females (64%); average age was 45.1 ± 8.5 and average body mass index was 27.7 ± 2.5 . Regarding operative data, we had average aortic cross clamp time (87.2 ± 8.6 minutes); total bypass time (115.1 ± 9.2 minutes) and total operative time (341 ± 11.7 minutes). We found that the average intensive care unit (ICU) stay was (29.4 ± 8.2 hours) and the average hospital stay was (7 ± 1.5 days). There was good patient satisfaction with less post-operative pain and shorter length of the skin incision.

Conclusion & Significance: It is safe with minimal postoperative morbidities, early rehabilitation and less postoperative pain. Moreover, minimally invasive aortic valve replacement provided cosmetically better wound that was strongly satisfying patients.

Recommendation: We consider that more studies with adequate numbers of patients are needed to corroborate these findings.

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