







# MITRAL VALVE REPLACEMENT WITH MECHANICAL PROSTHESIS BY VATS MINI-THORACOTOMY

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### **INTRODUCTION**



Mitral valve disease is the most common valve heart disease.





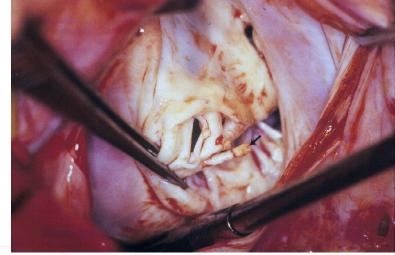
MVP should be considerated for all most of mitral valve lesion.

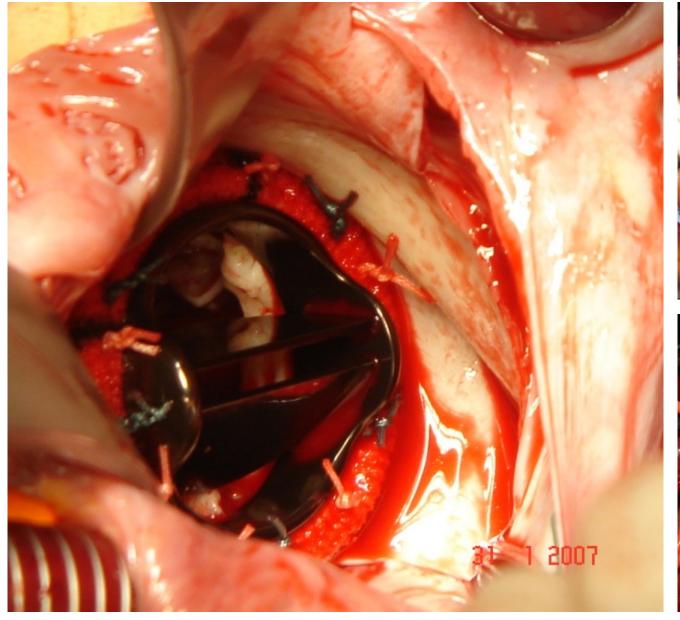


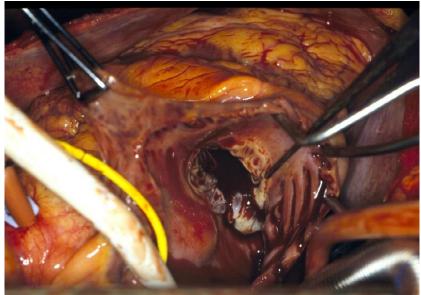


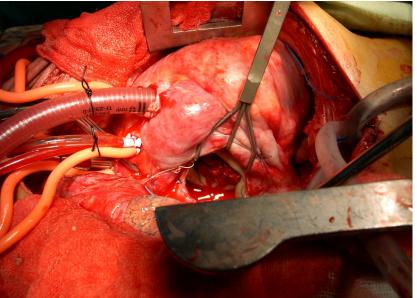












### **INTRODUCTION**

- Opened heart surgery with CPB is still a standard treatment method for MVR.
- Median sternotomy provides good operation exposure and still being used in many Heart centers.

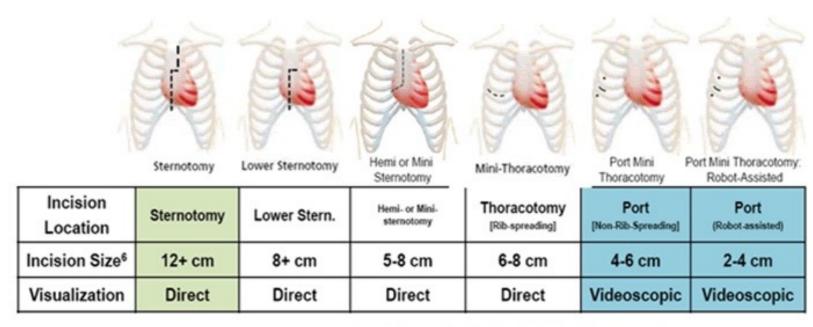






















# **INTRODUCTION**











# BENEFIT of MICS



Cosmetic, minimize scar size.



Less pain.



Quick recovery.



Reduce blood loss, sternal infection.









## **PROCEDURE**

Double lumen intubation anesthesia.

Invasive arterial pressure is placed on L radial artery.

CVP through L internal jugular vein.

Stage catheter is placed on R jugular vein for SVC cannulation.









# **PATIENT POSITION**











# FEMORAL ARTERIAL CANNULATION



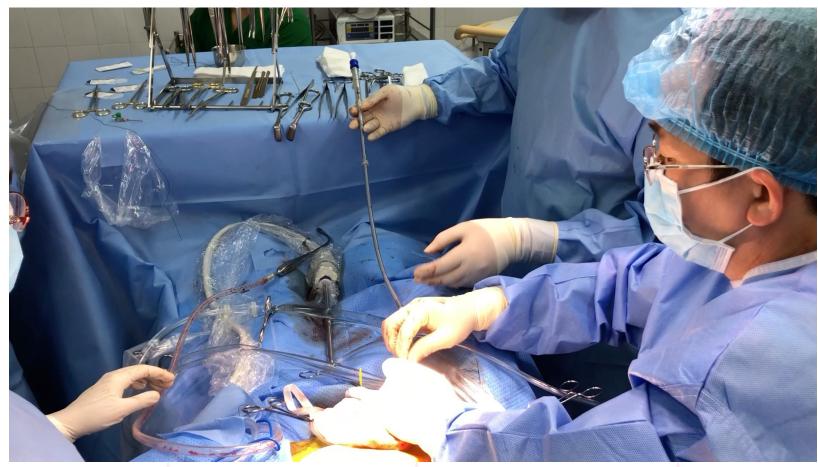








#### INFERIOR VENA CAVA CANNULATION











#### SUPERIOR VENA CAVA











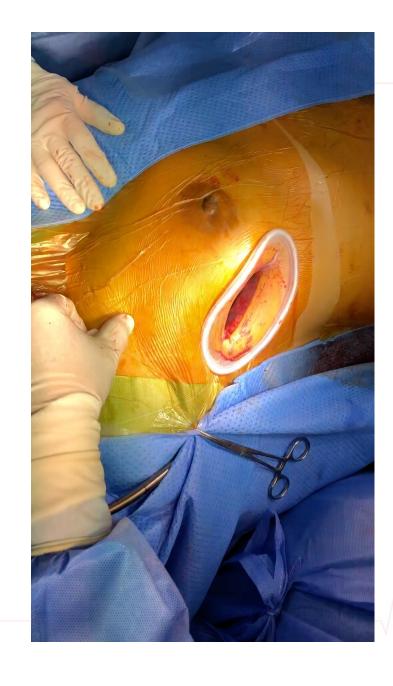












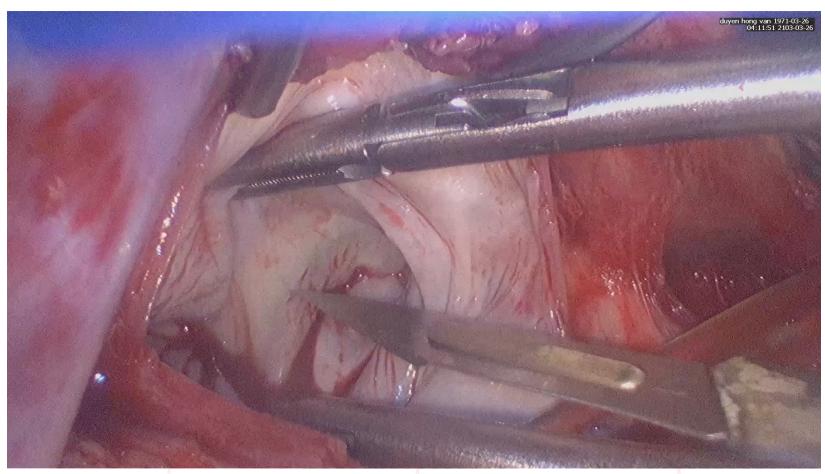




















# Thong Nhat Hospital data

- 2018: MICS ASD closure.
- 12/2020 08/2023: 32 MICS MVR with mechanical prosthesis.

	No Pt(32)	%
Mean age	44,2 ± 9,8 (25 – 62)	
Male	17	53,1%
Simple MVR	23	71,9%
MVR + TAP	05	15,6%
MVR + MAZE Procedure	04	12,5%









# **OPERATION DATA**

	Mean (min.)	SD
Operation time	332,4 (310-354)	11,5
CPB time	174,0 (57-206)	57,2
Aortic cross clamp time	102,3 (50-206)	40,4









# **POST OPERATION DATA**

	Mean (days)	SD
Hospitalization	12,5	2,8
ICU Stay	2,2	4,8









# **RESULTS**

DEATH	0
Bleeding	01
Cardiac failure	02 1 case need ECMO for 2 days









# **CONCLUSION**



MICS MVR is safe and feasible.



Operation, CPB and aortic cross clamp time are longer than classic operation.



ICU and hospital stay are shorter.









