



# Simplified approach to the Commando procedure

Douglas R. Johnston, MD

Chief of Cardiac Surgery,

Northwestern Medicine Bluhm Cardiovascular Institute

Professor of Surgery,

Northwestern Feinberg School of Medicine





# Disclosures

- Edwards Lifesciences – Consultant
- WL Gore – Consultant, research support
- Artivion – Research support and Steering committee Proact-Xa
- Terumo Aortic – Consultant, research support
- Abbott – Consultant
- Medtronic – Consultant, research support

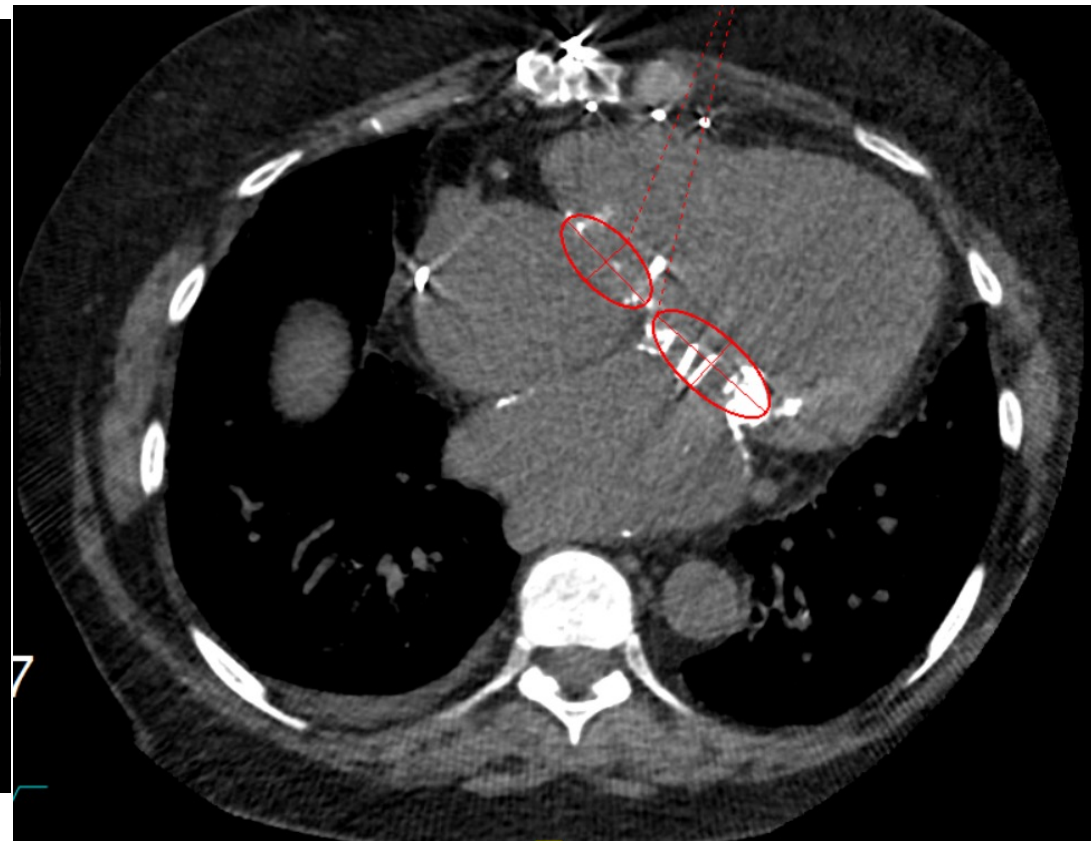
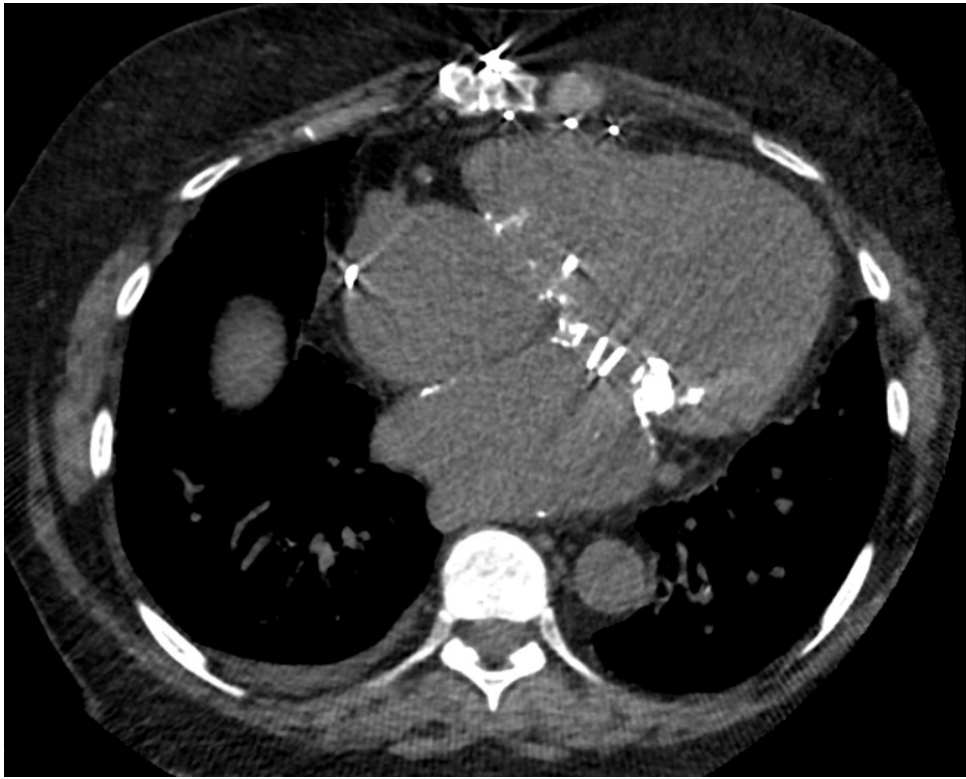


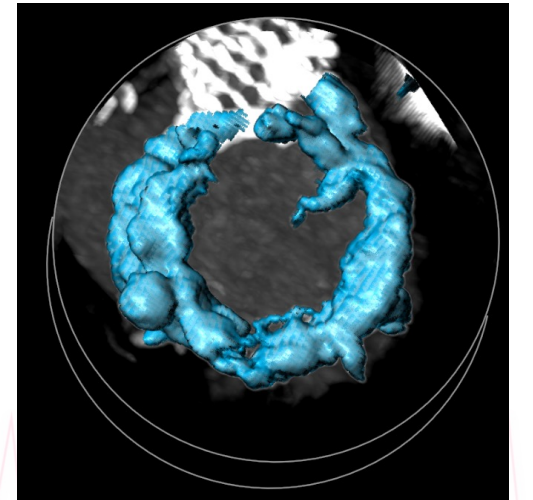
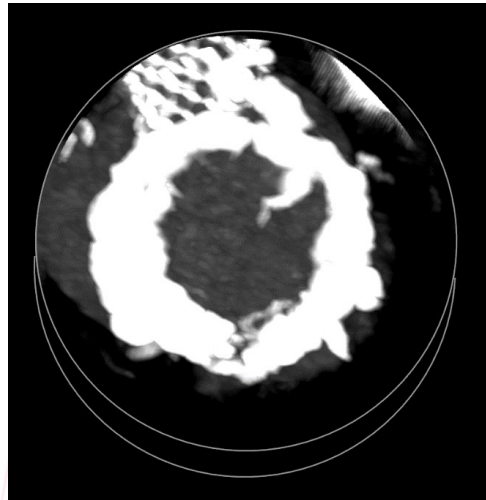
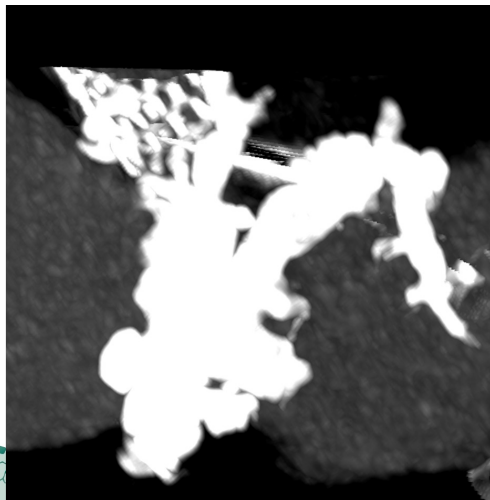
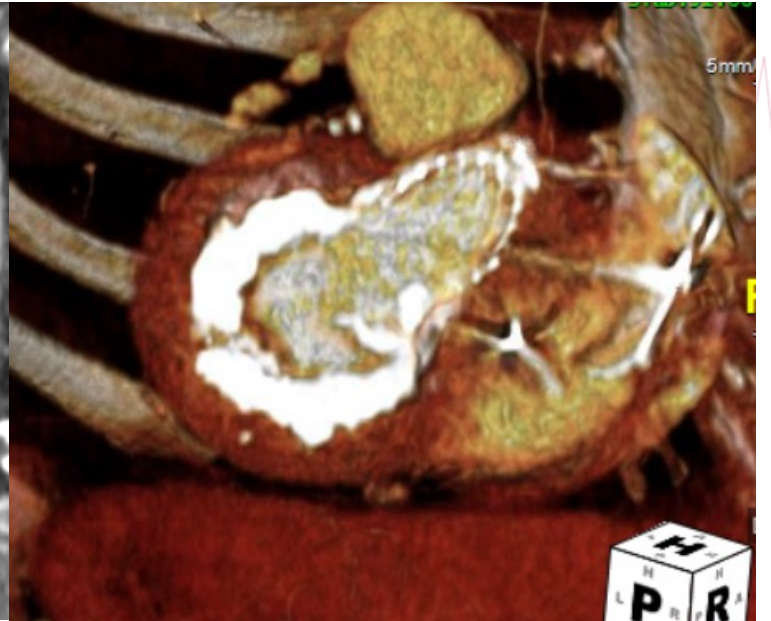


# Commando Indications

- Infection
- Radiation heart disease
- Double valve reoperations
- MAC
- Mitral anular enlargement
- Aortic and mitral anular enlargement

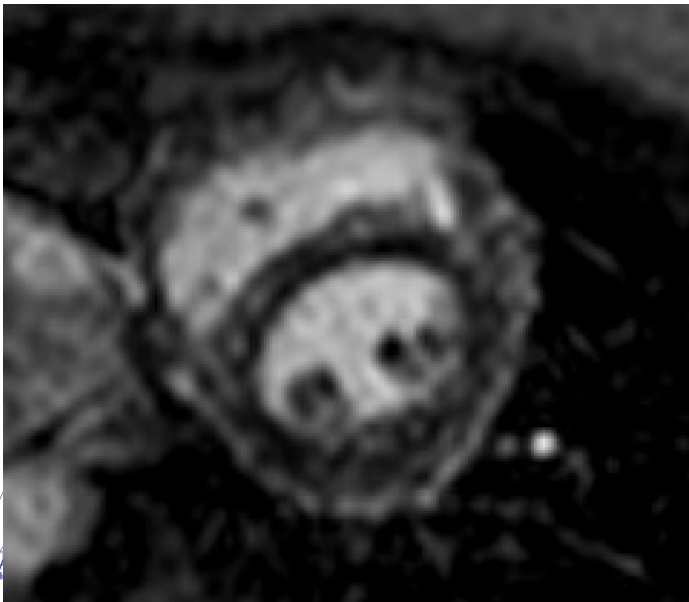




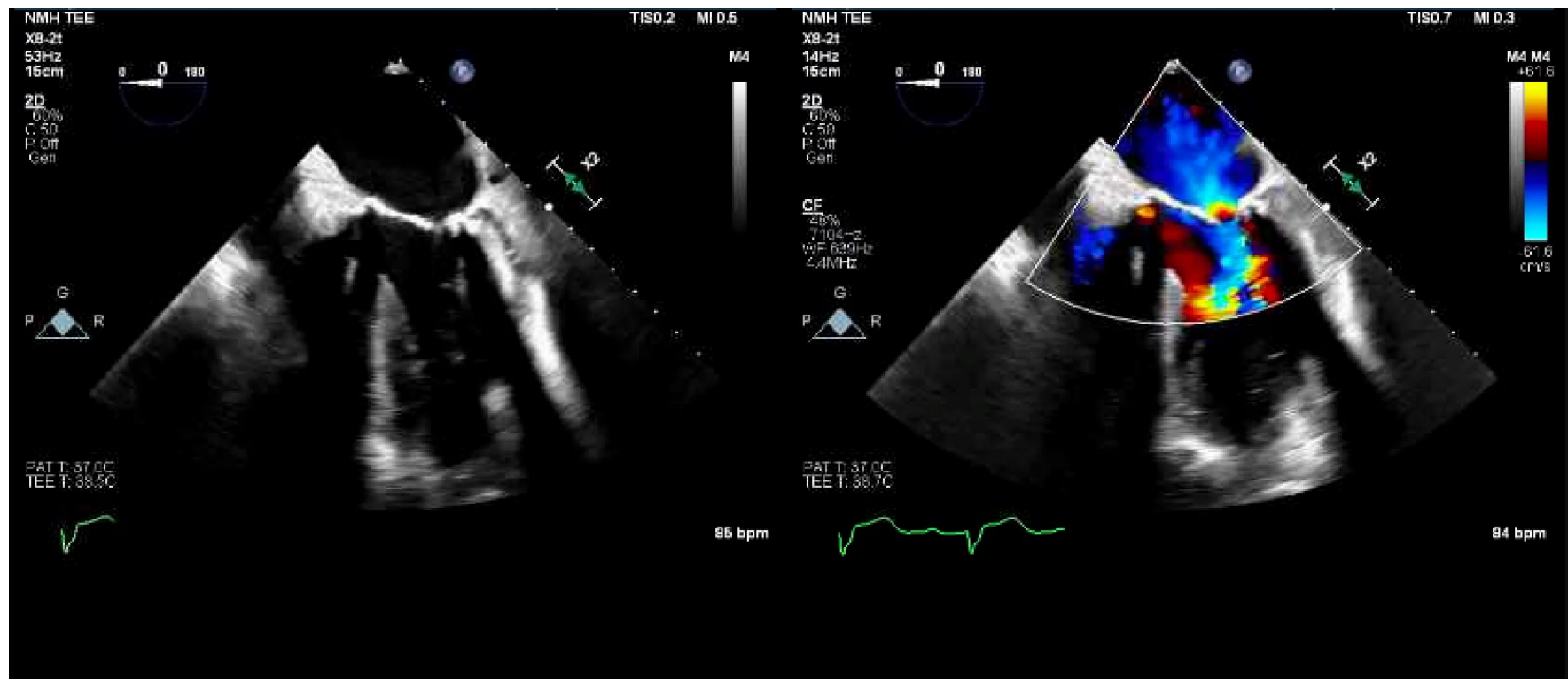


# 68 yo M with history of Hodgkins Lymphoma

- Chest radiation in 1982
- AVR with 21 Magna in 2010
- Now with worsening dyspnea

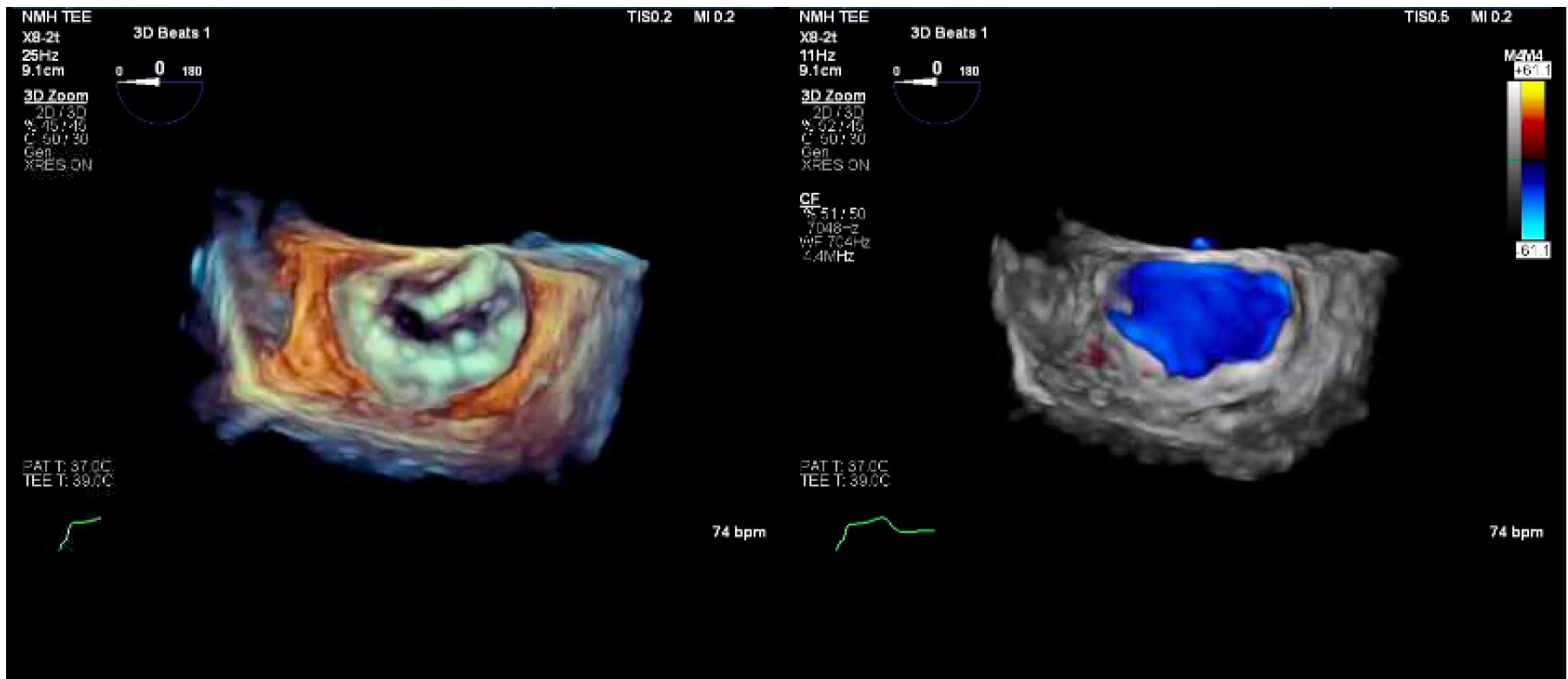


# Pre TEE



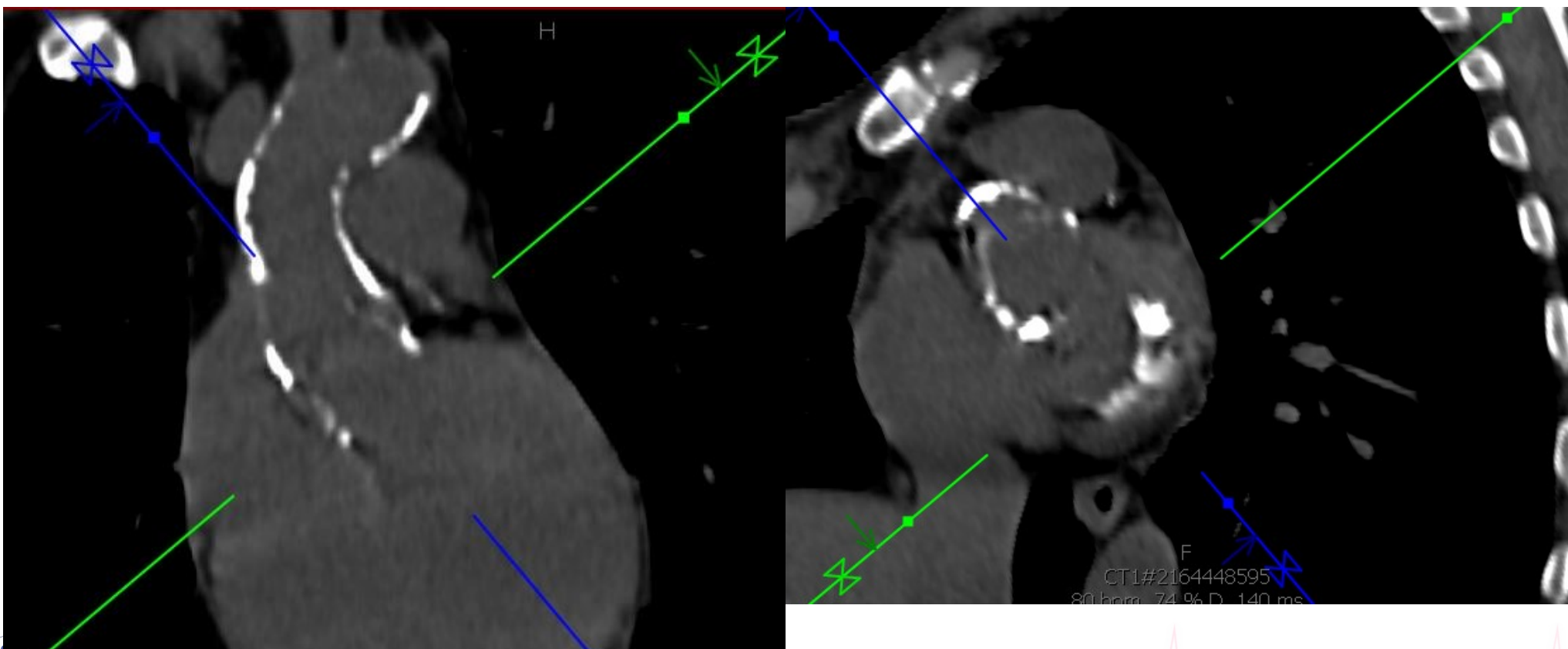


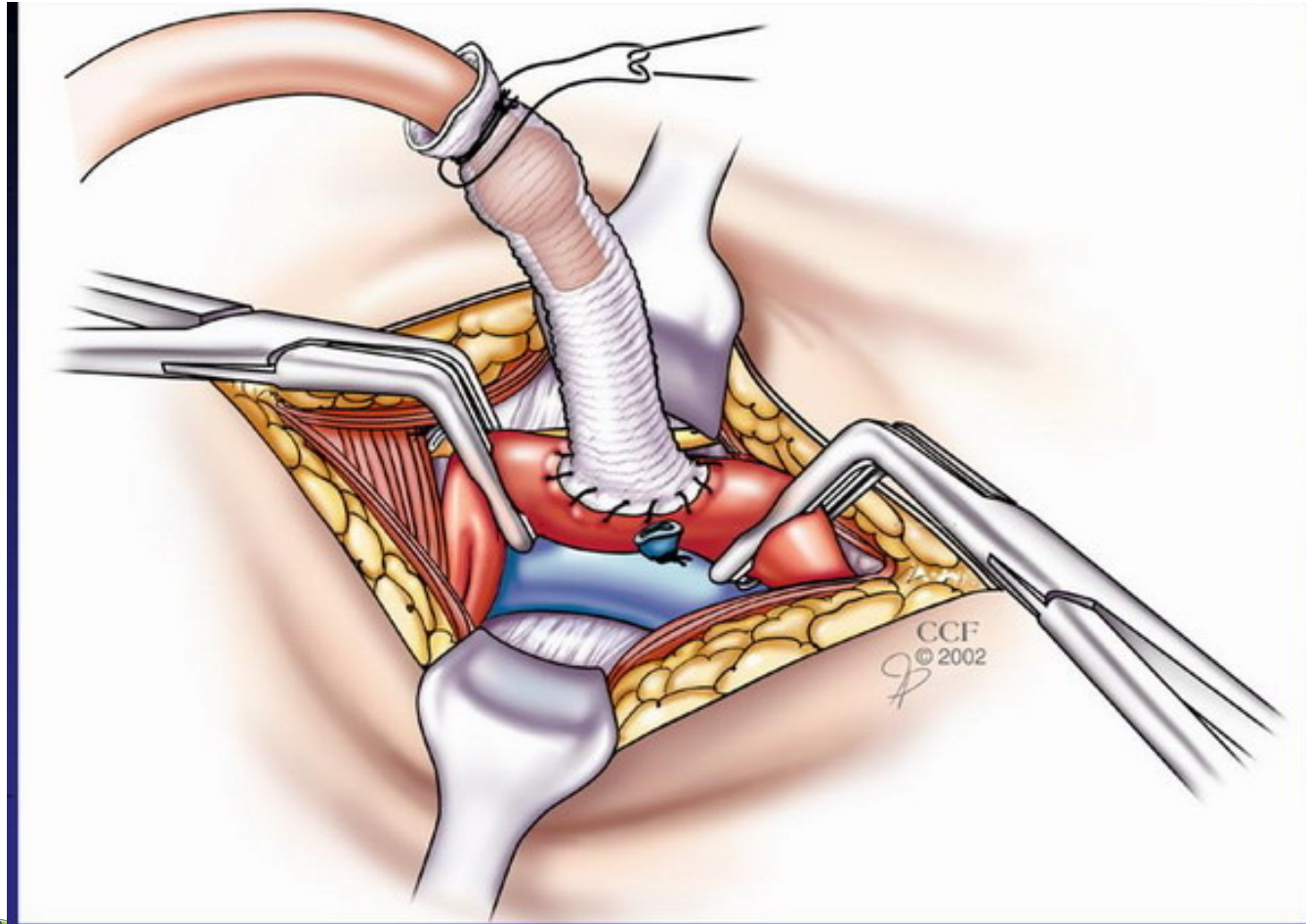
# 3D



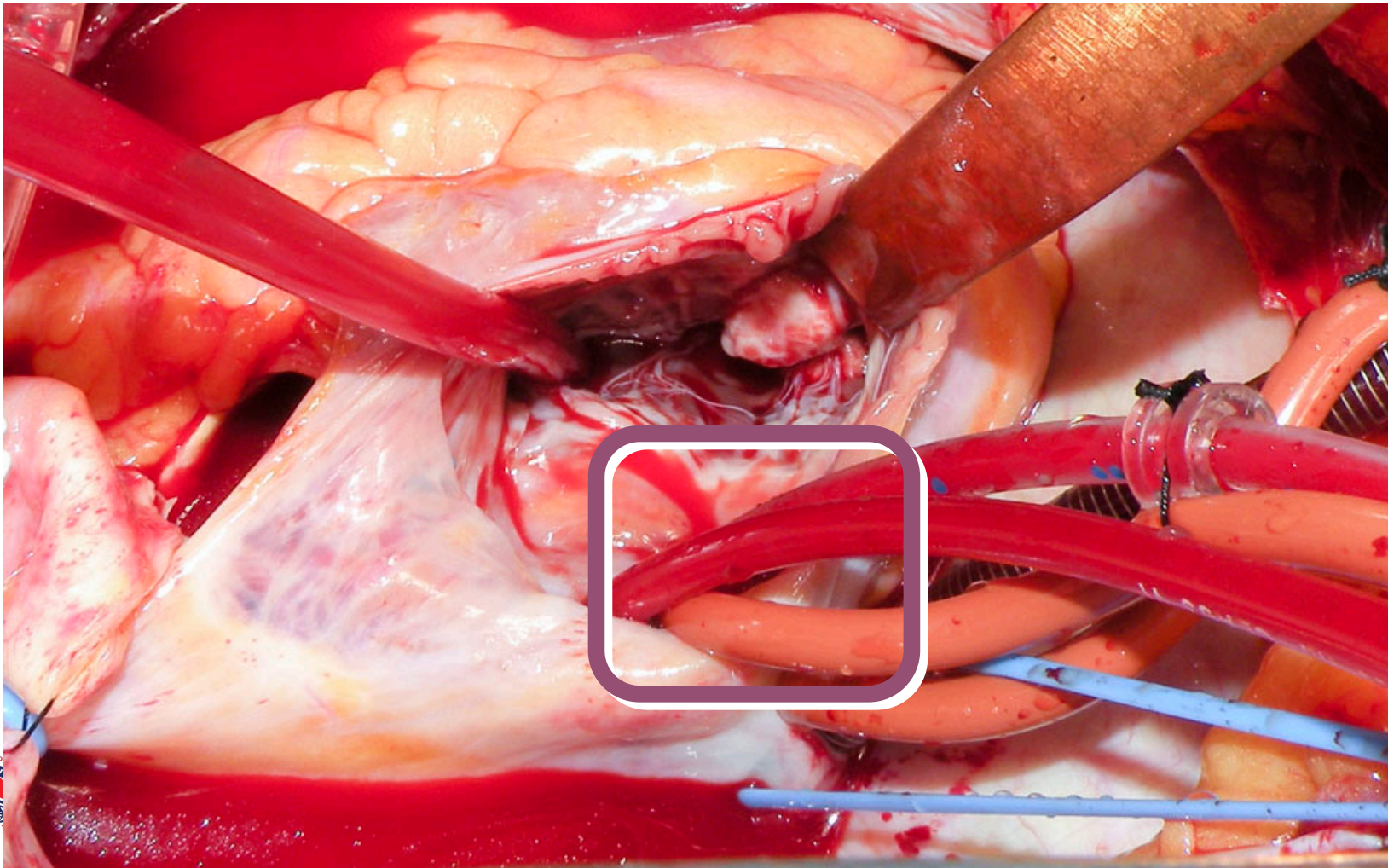


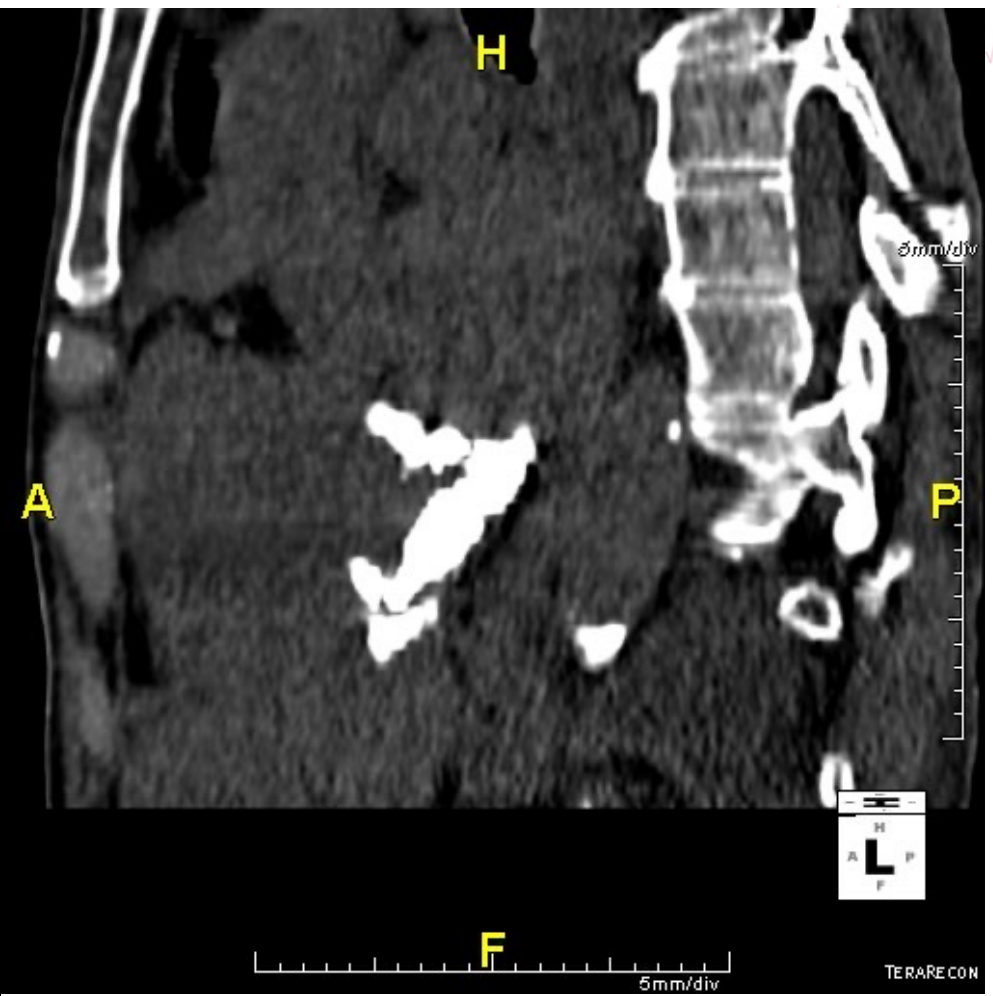
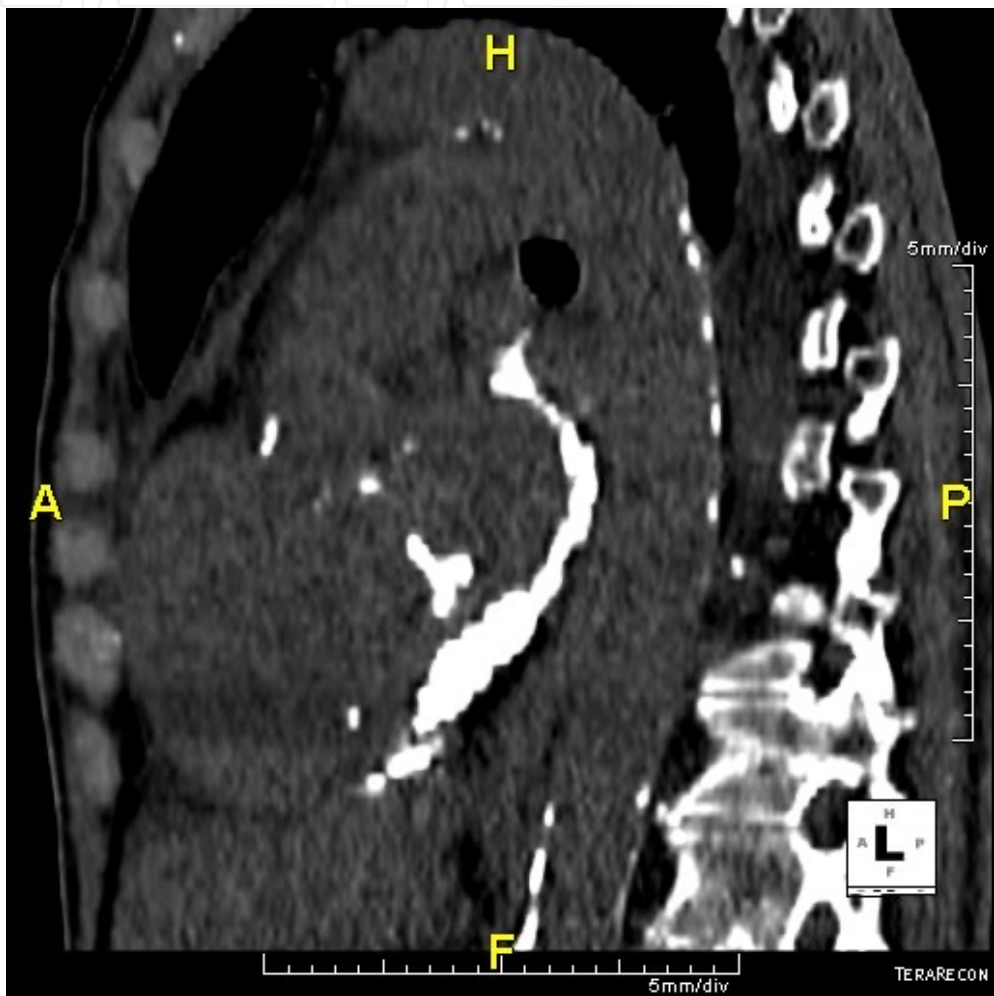
# Radiation calcification

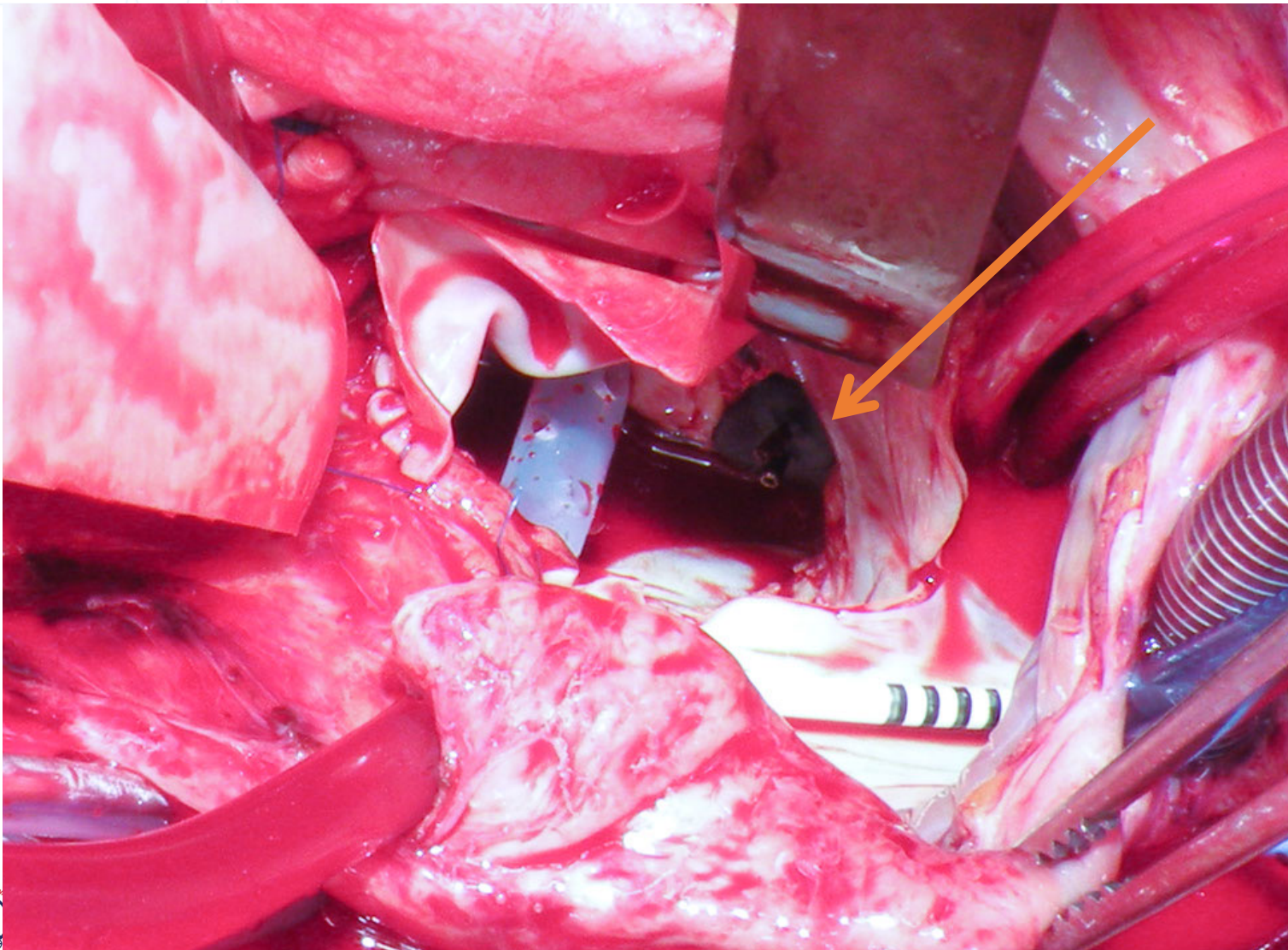




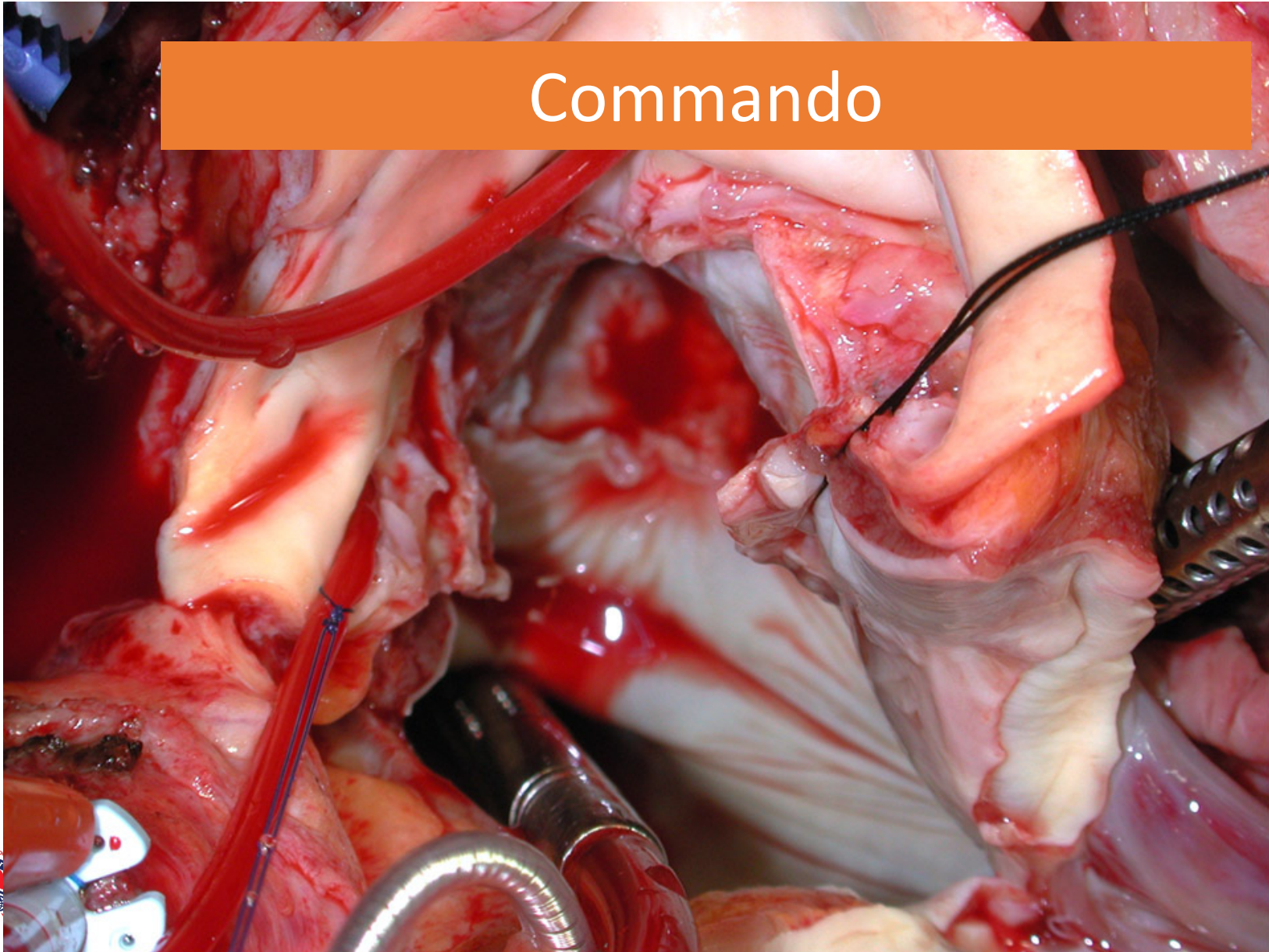
# Direct ostial Retrograde for reliable protection

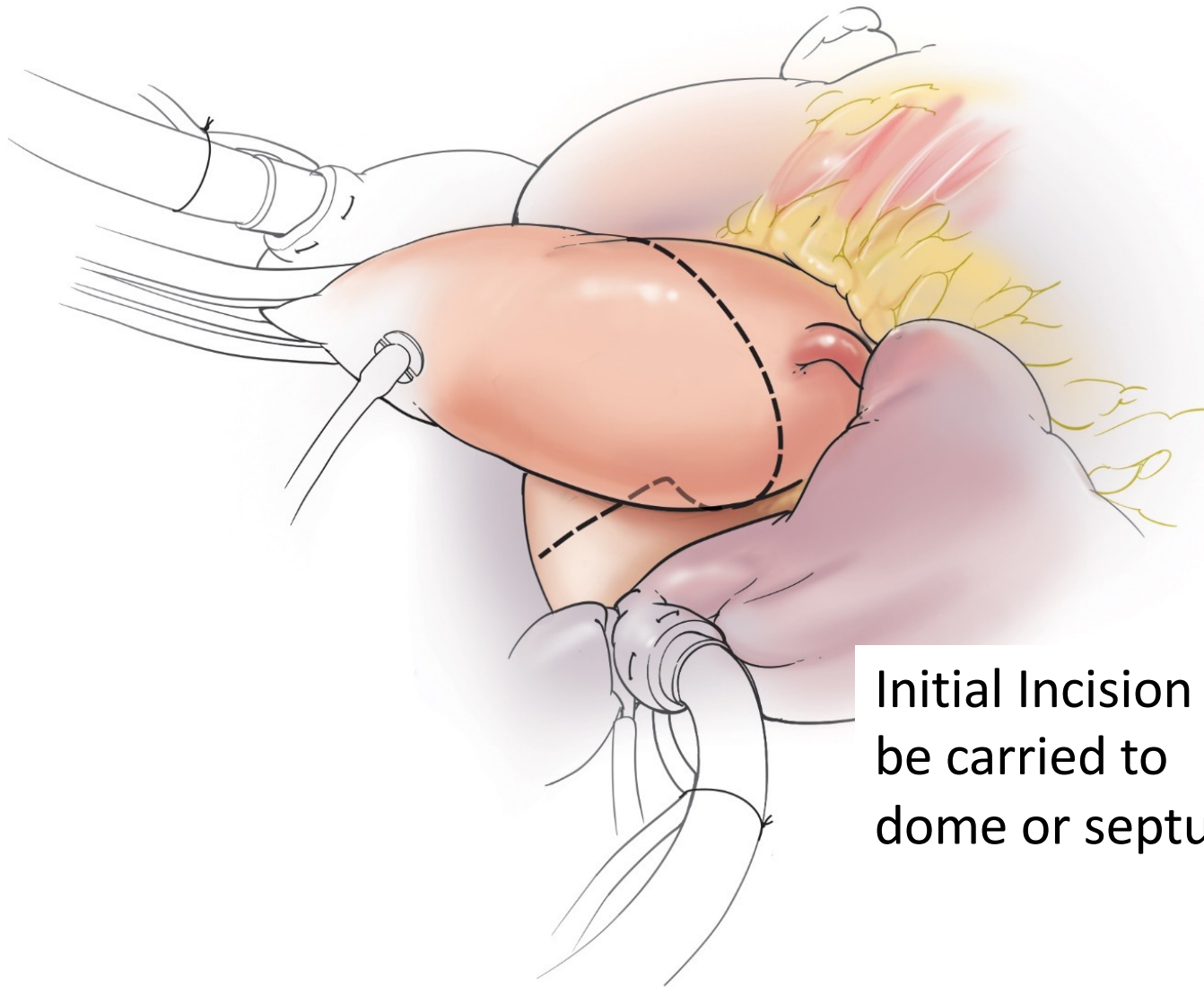




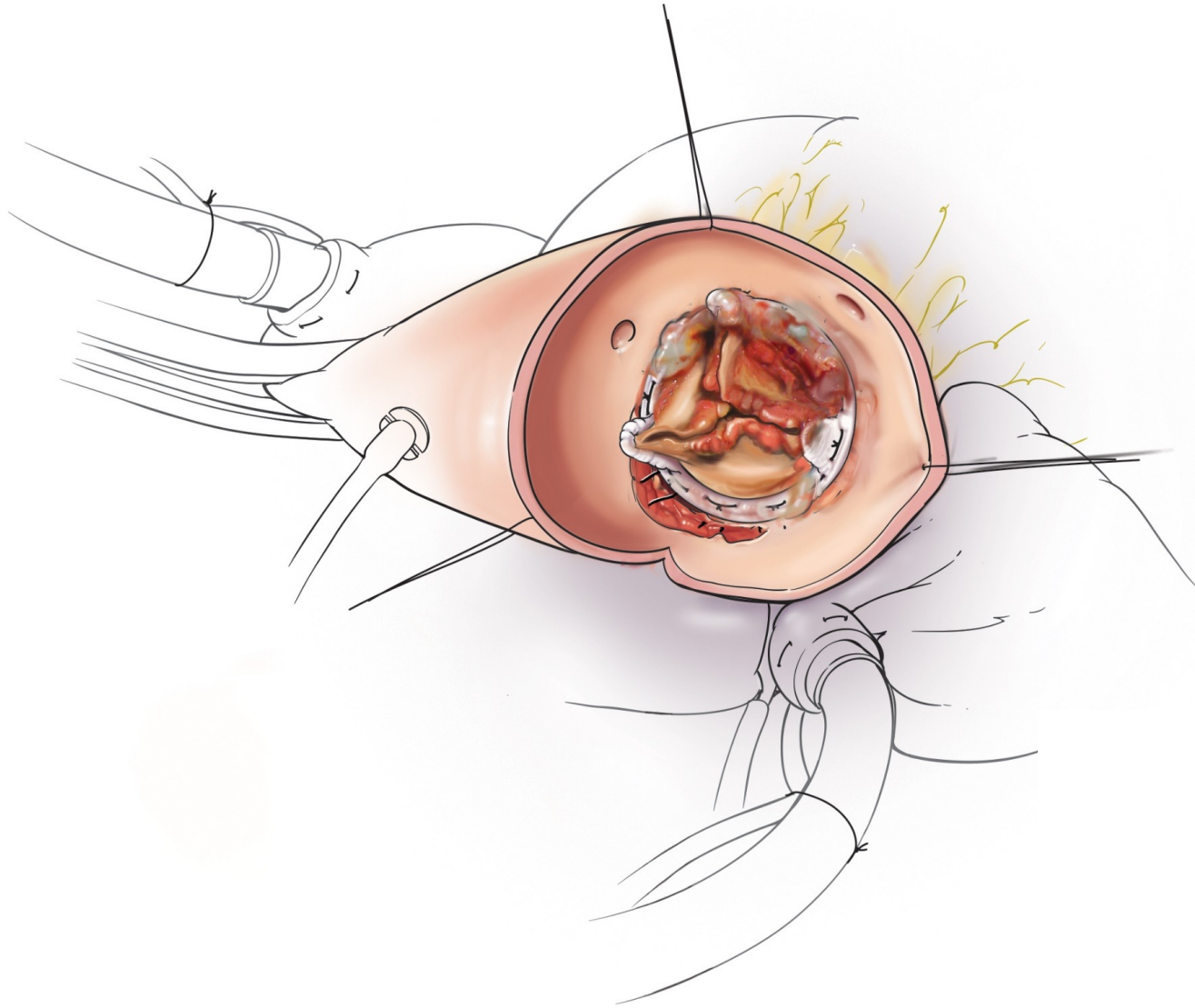


# Commando

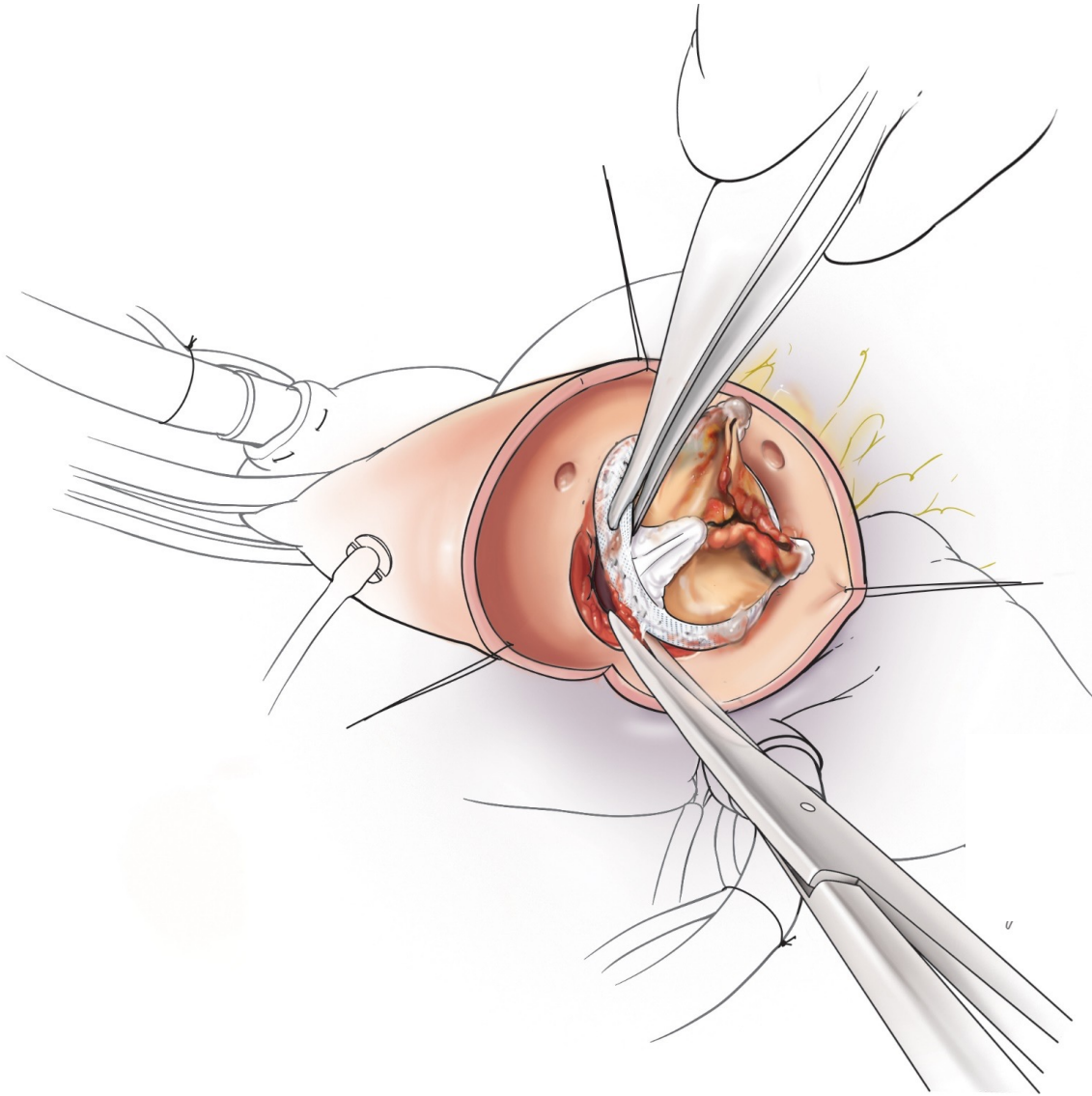


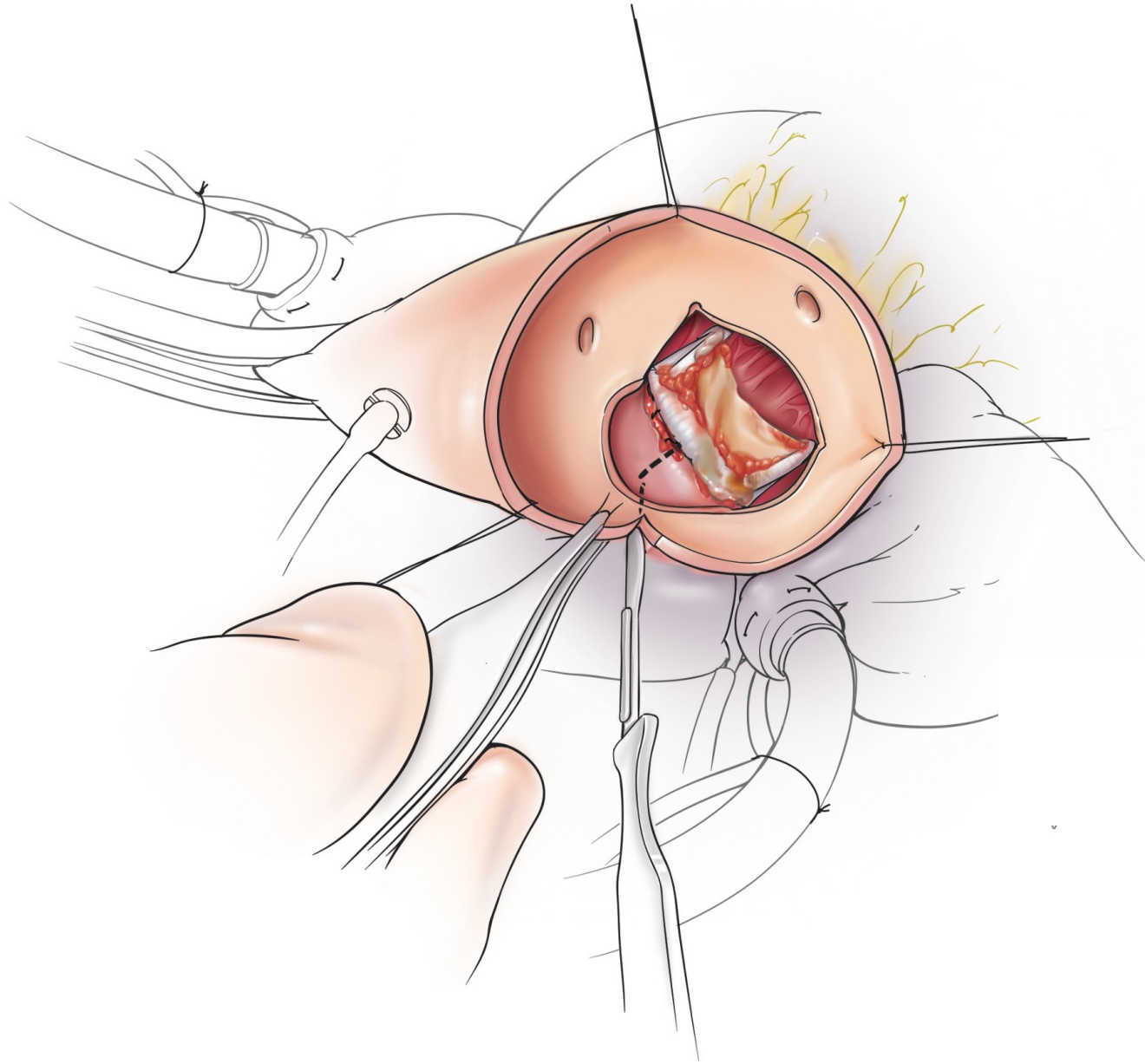


Initial Incision can  
be carried to  
dome or septum



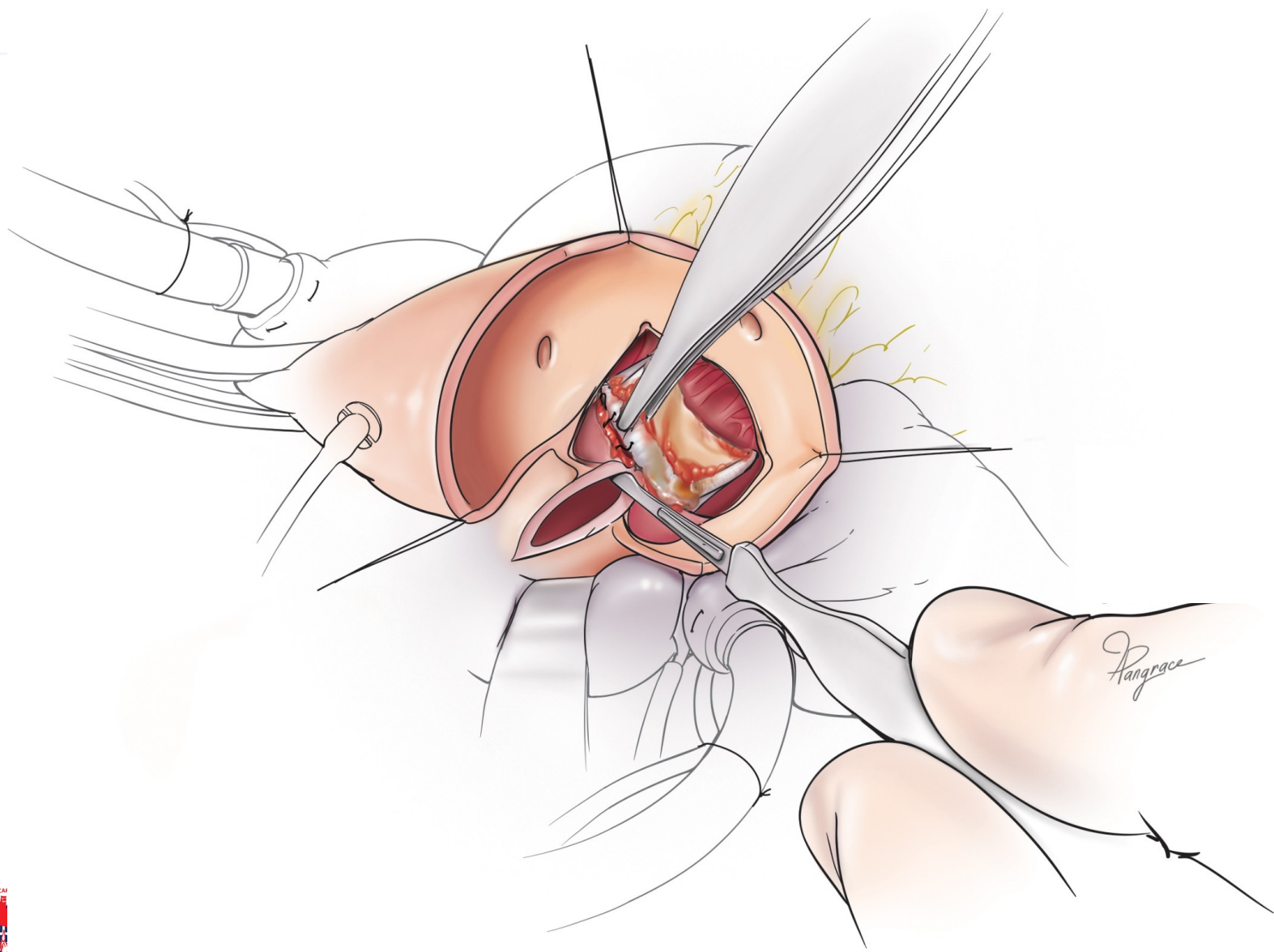


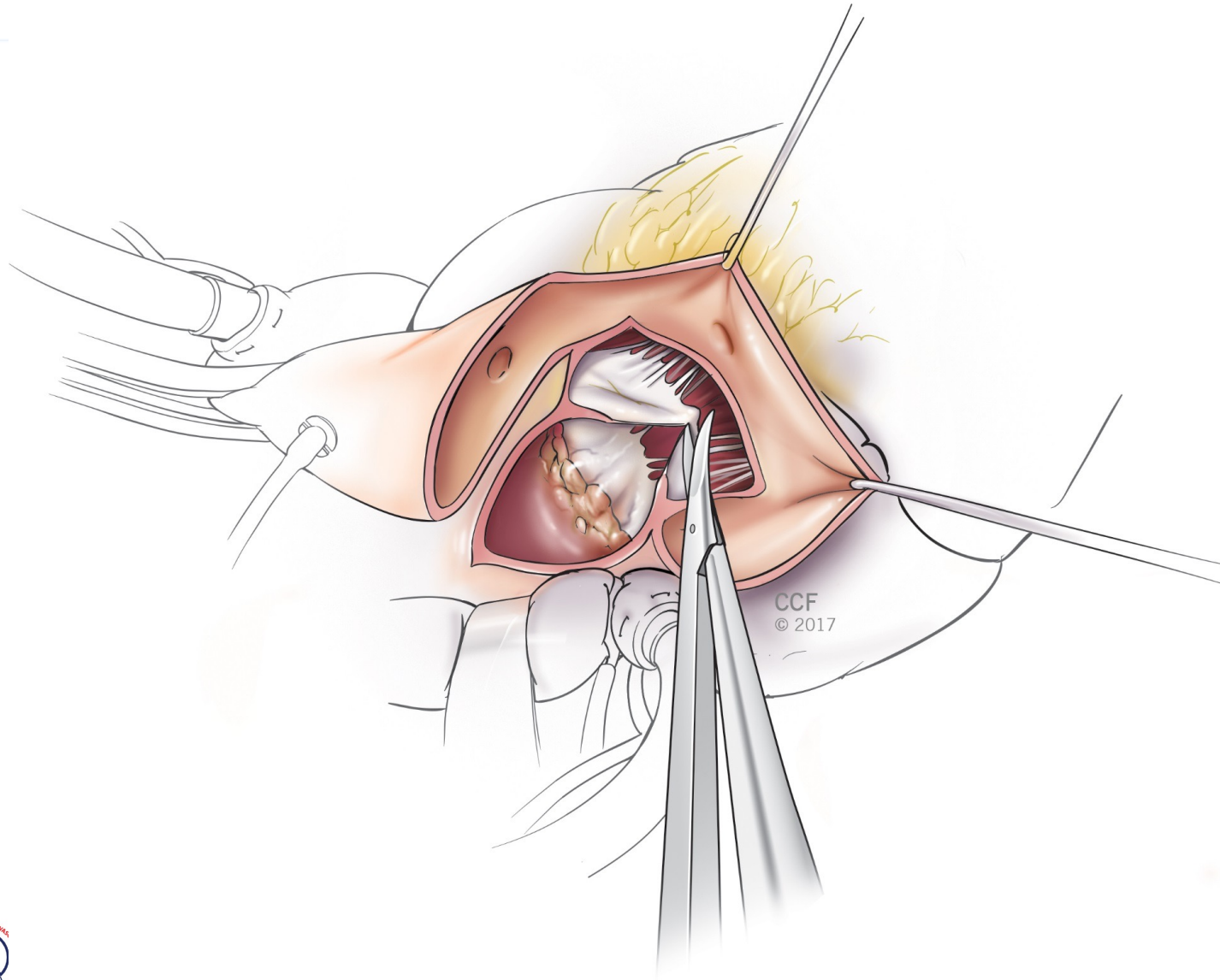


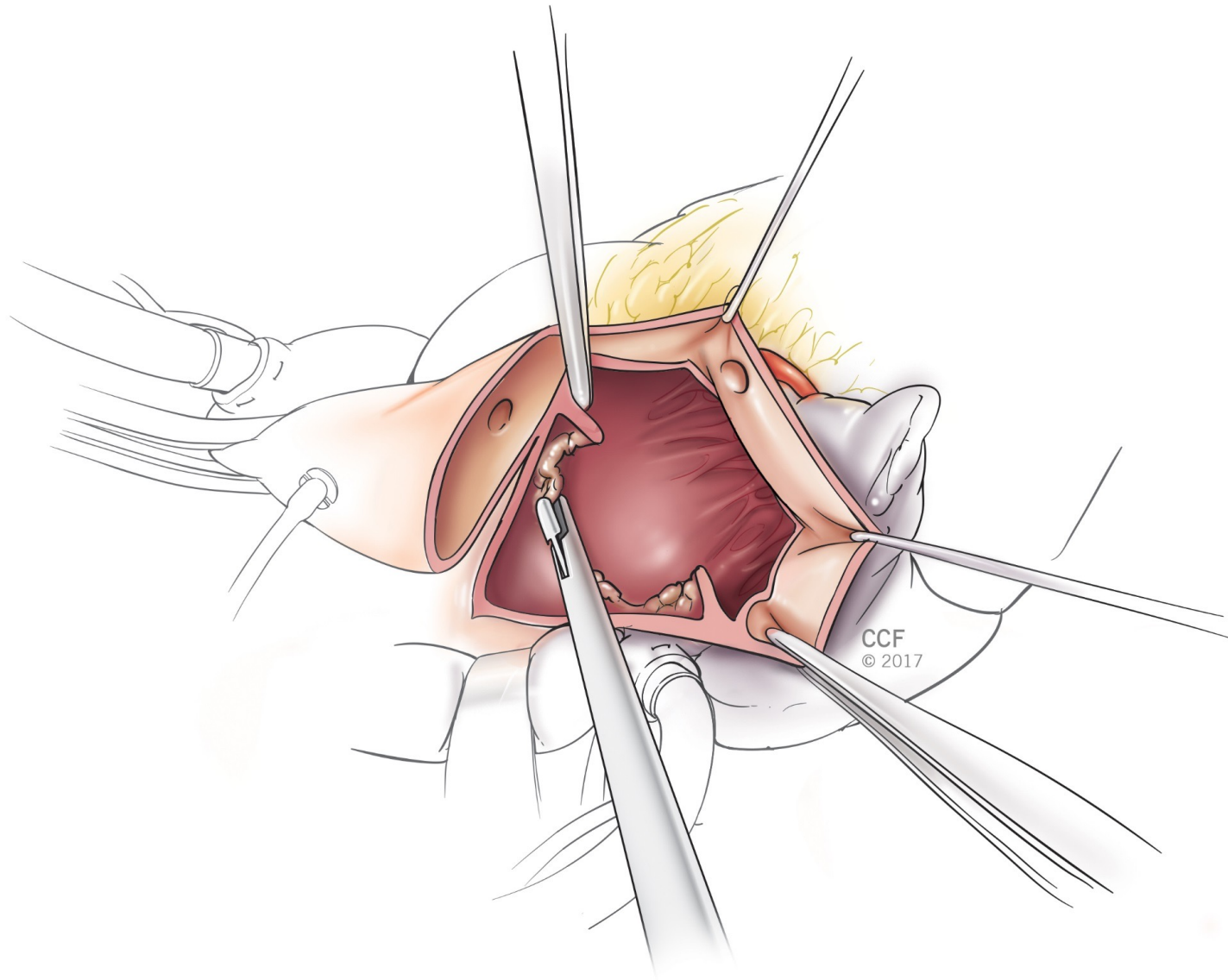


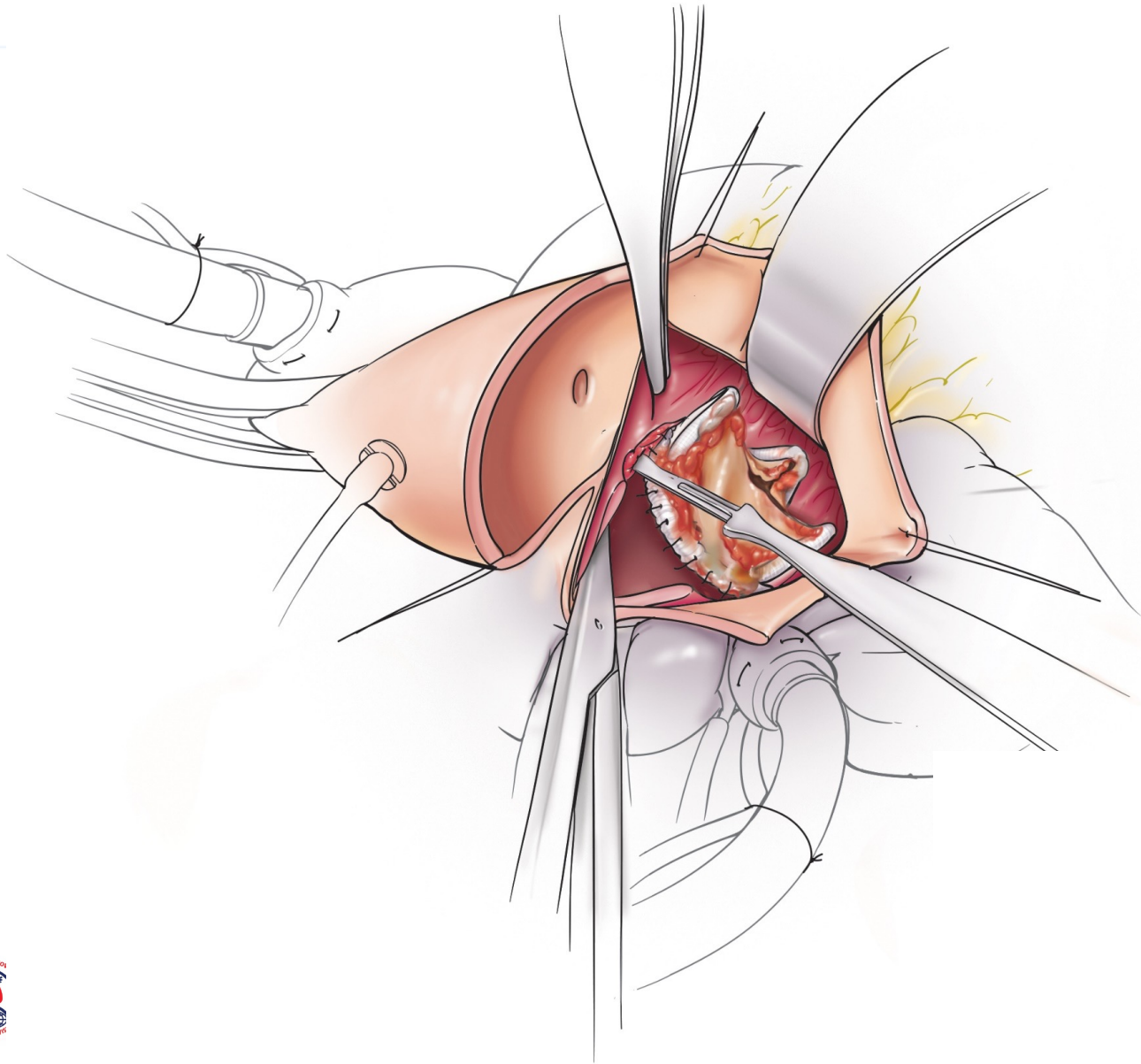
ATCSA2023  
Ho Chi Minh city, Vietnam

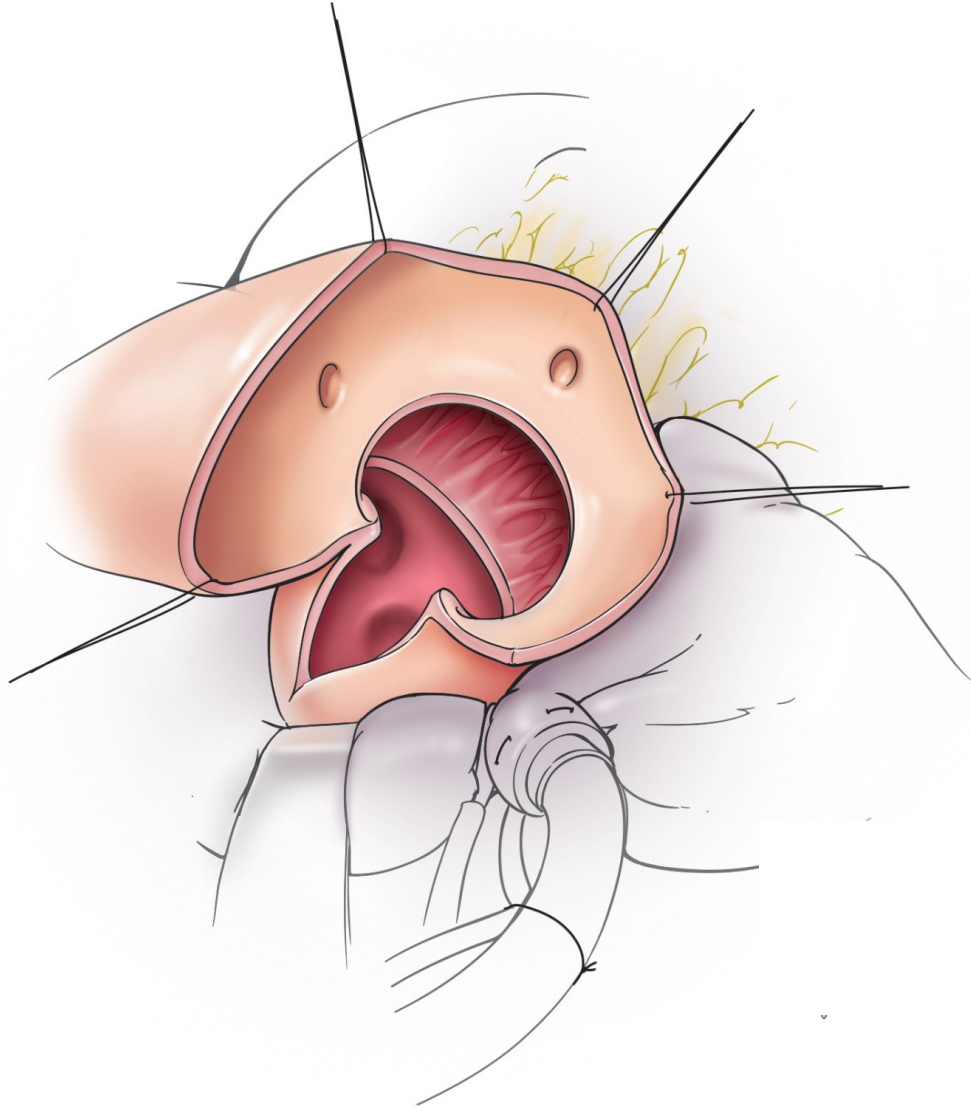


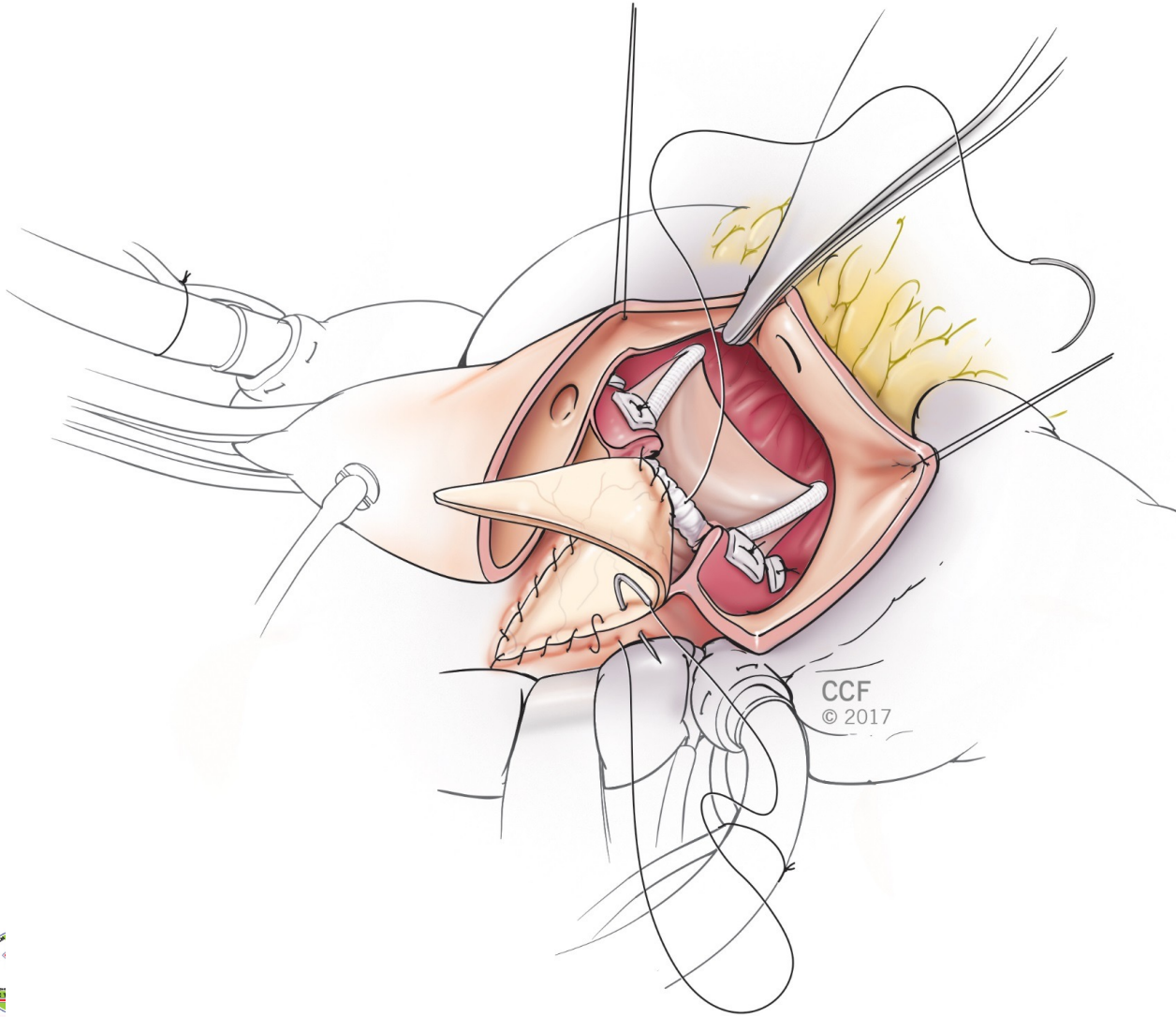




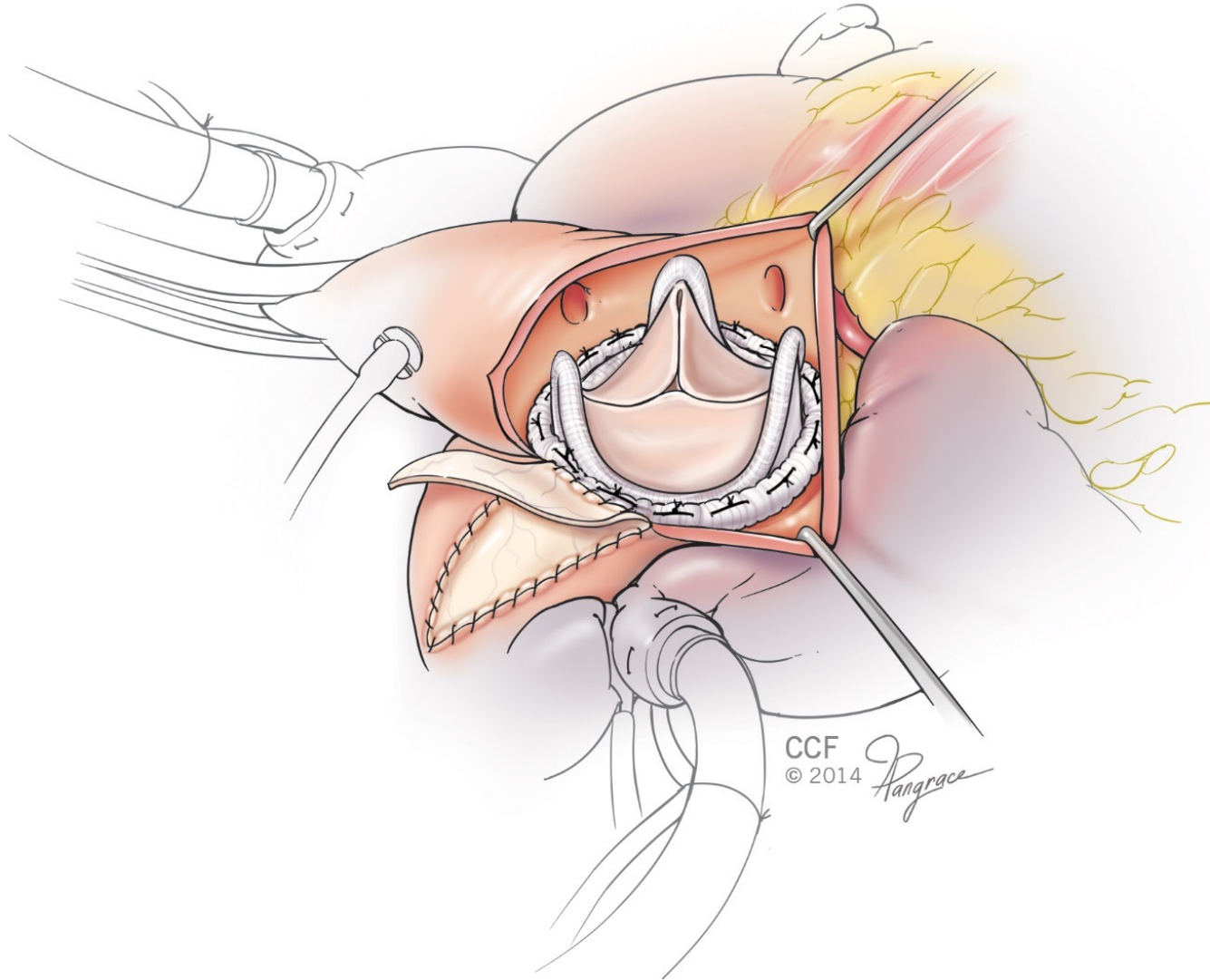


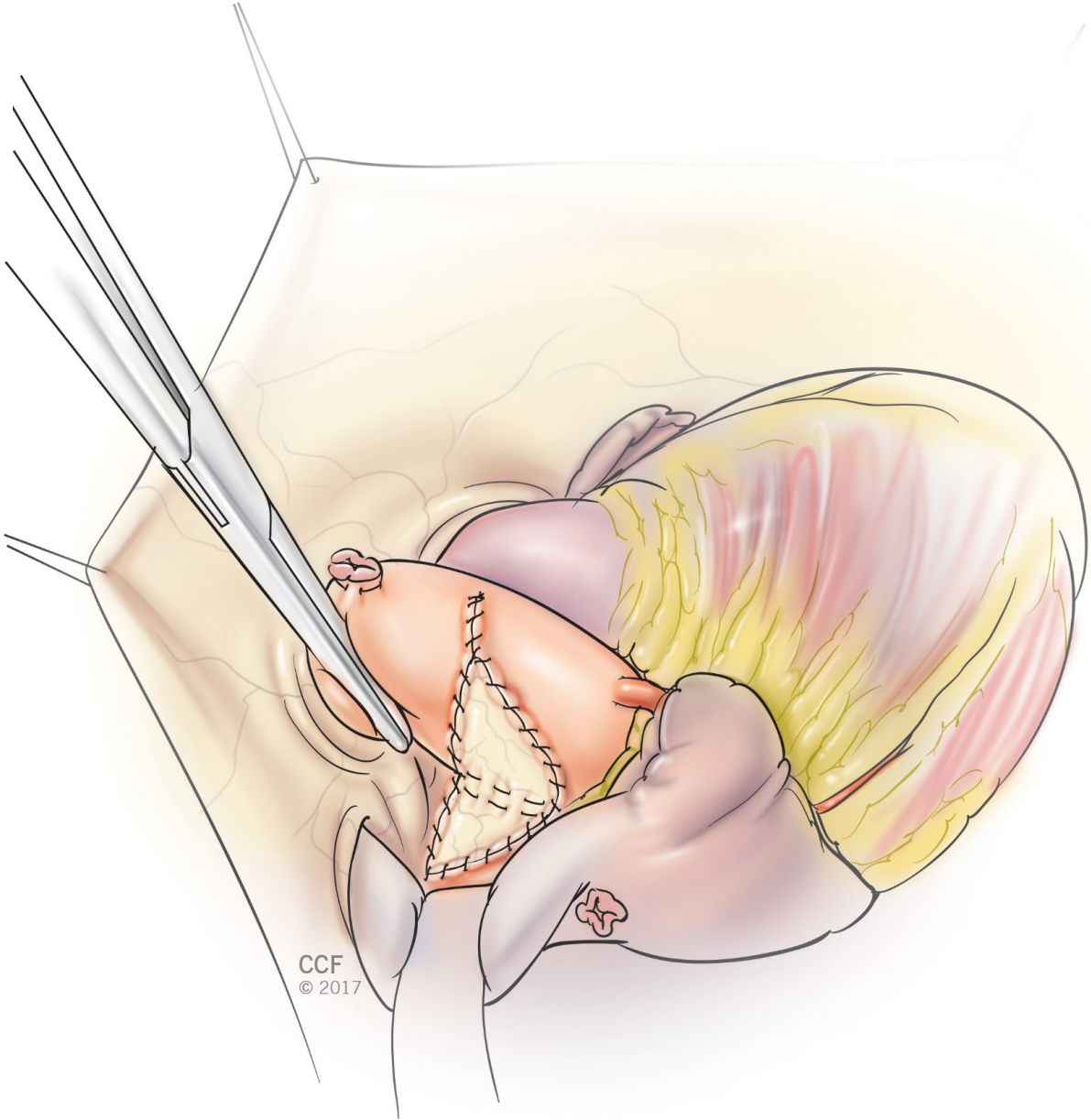




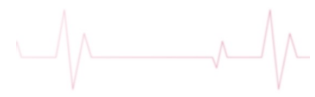






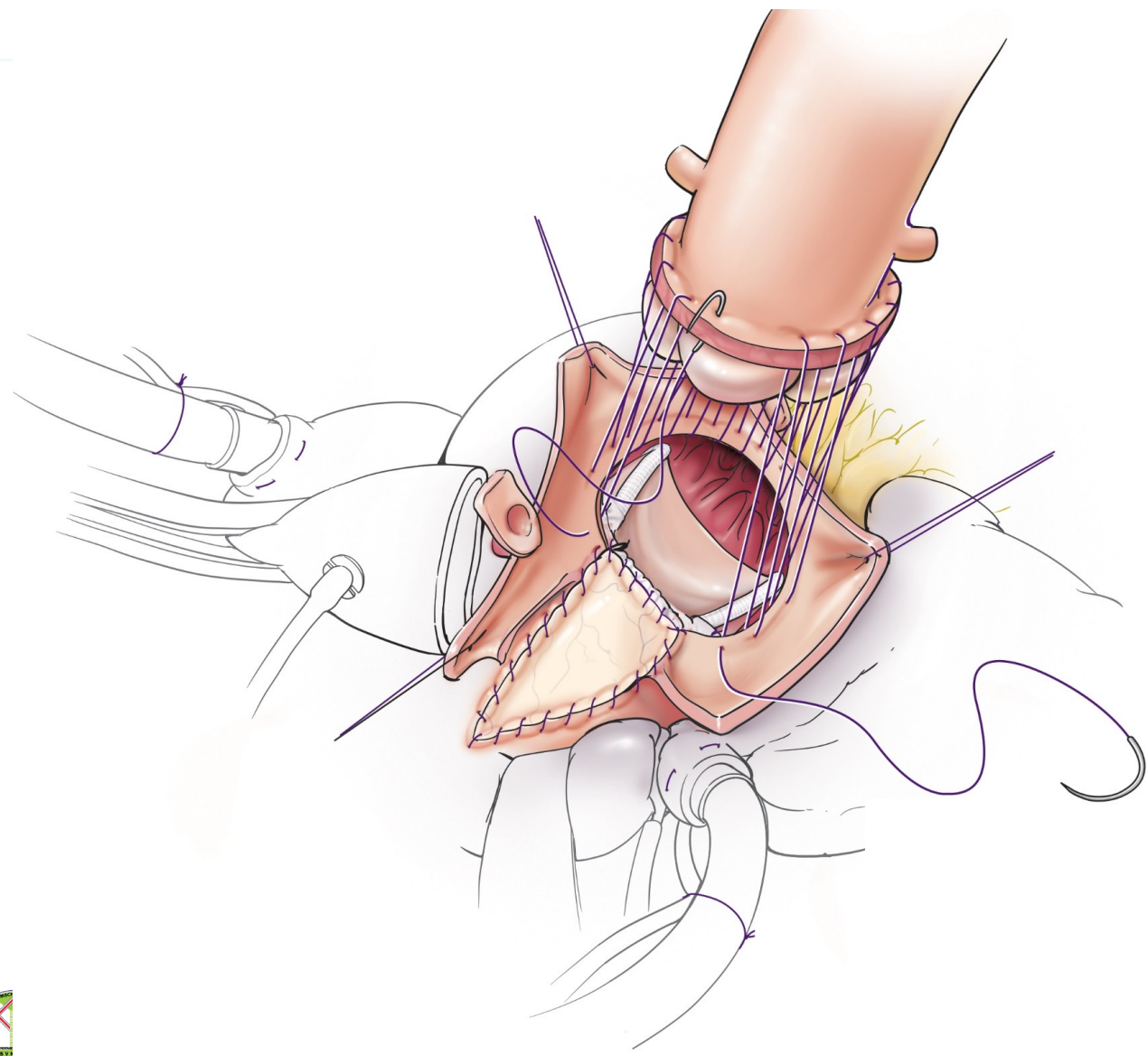


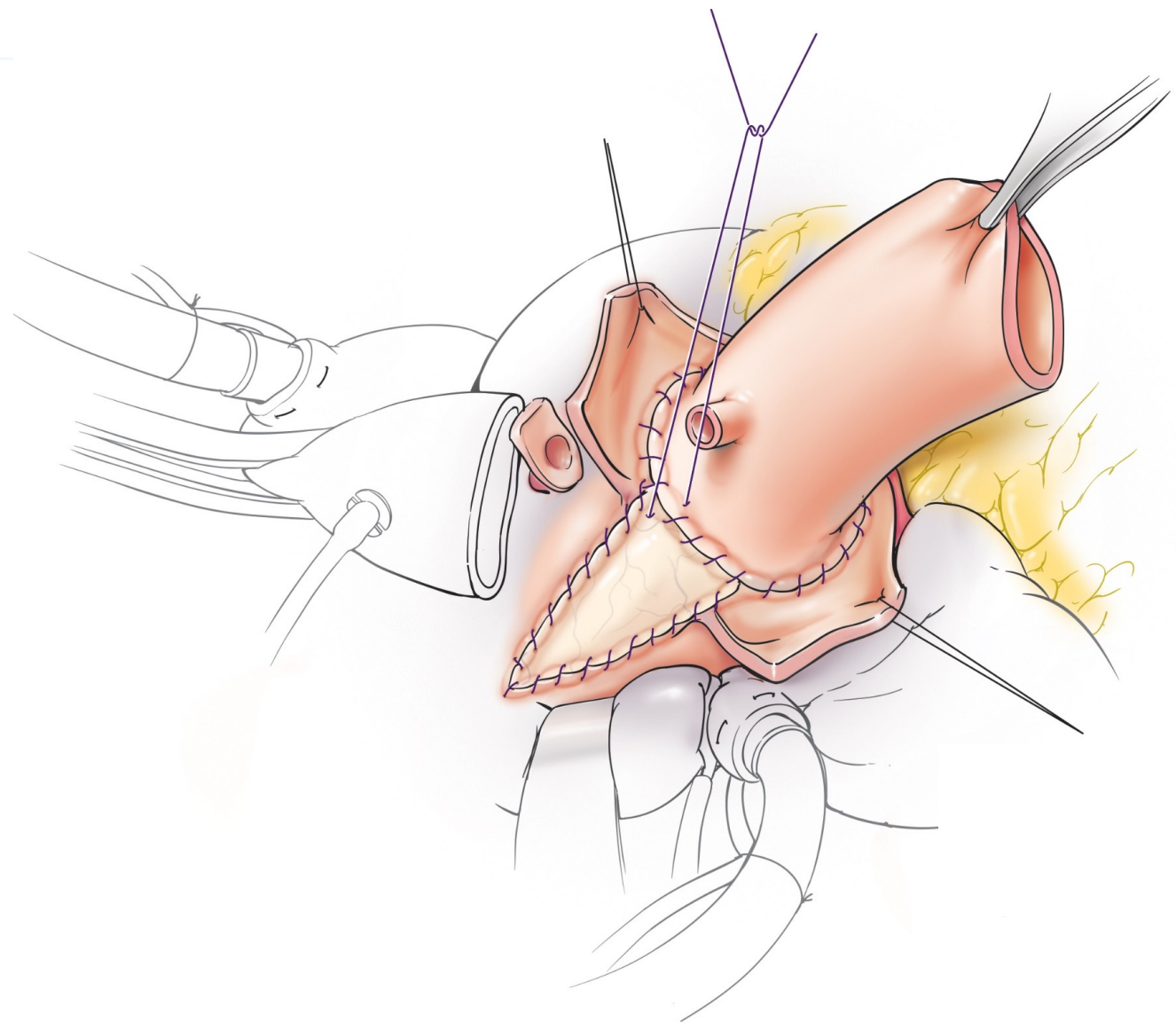
CCF  
© 2017



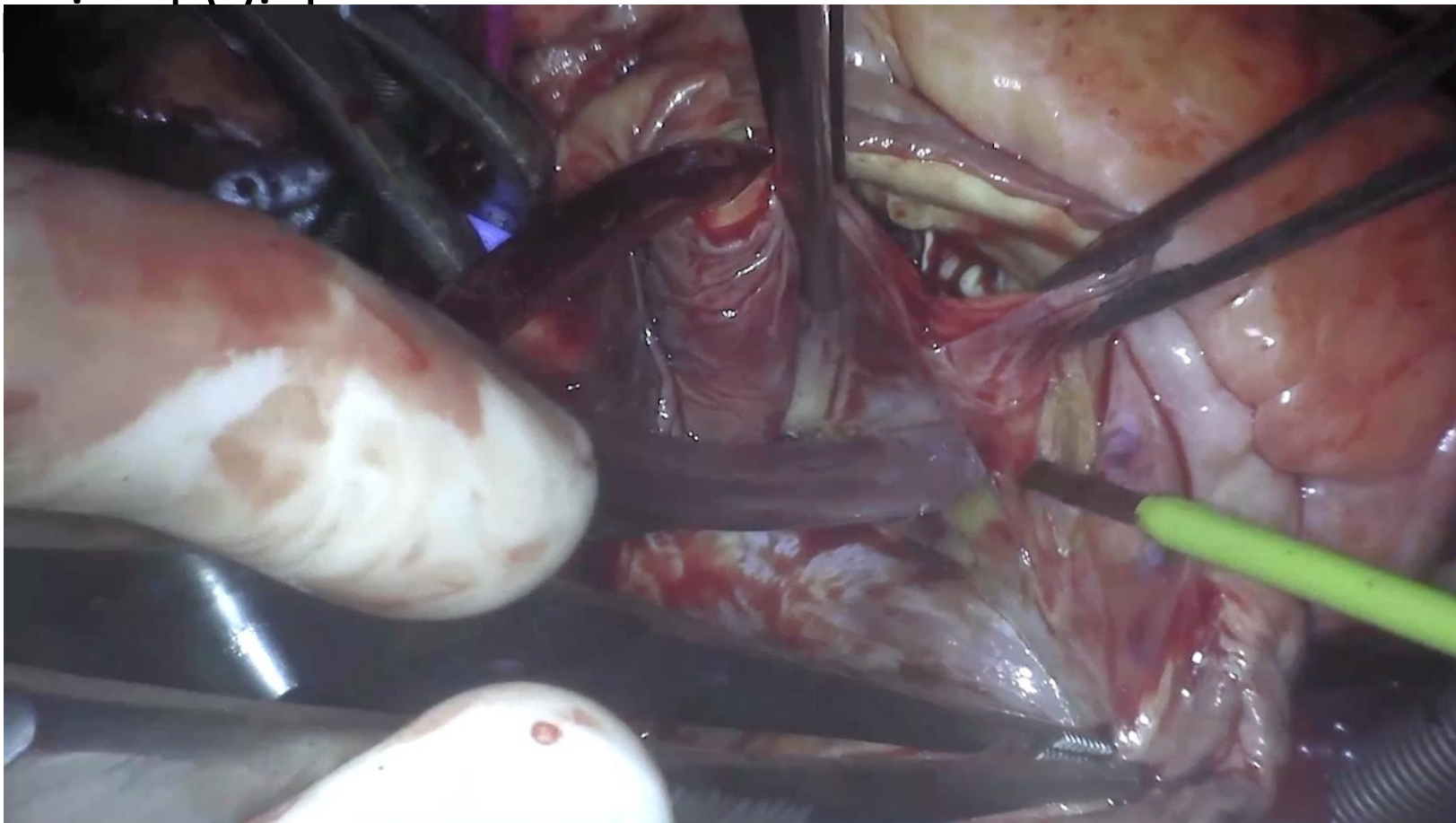


• /



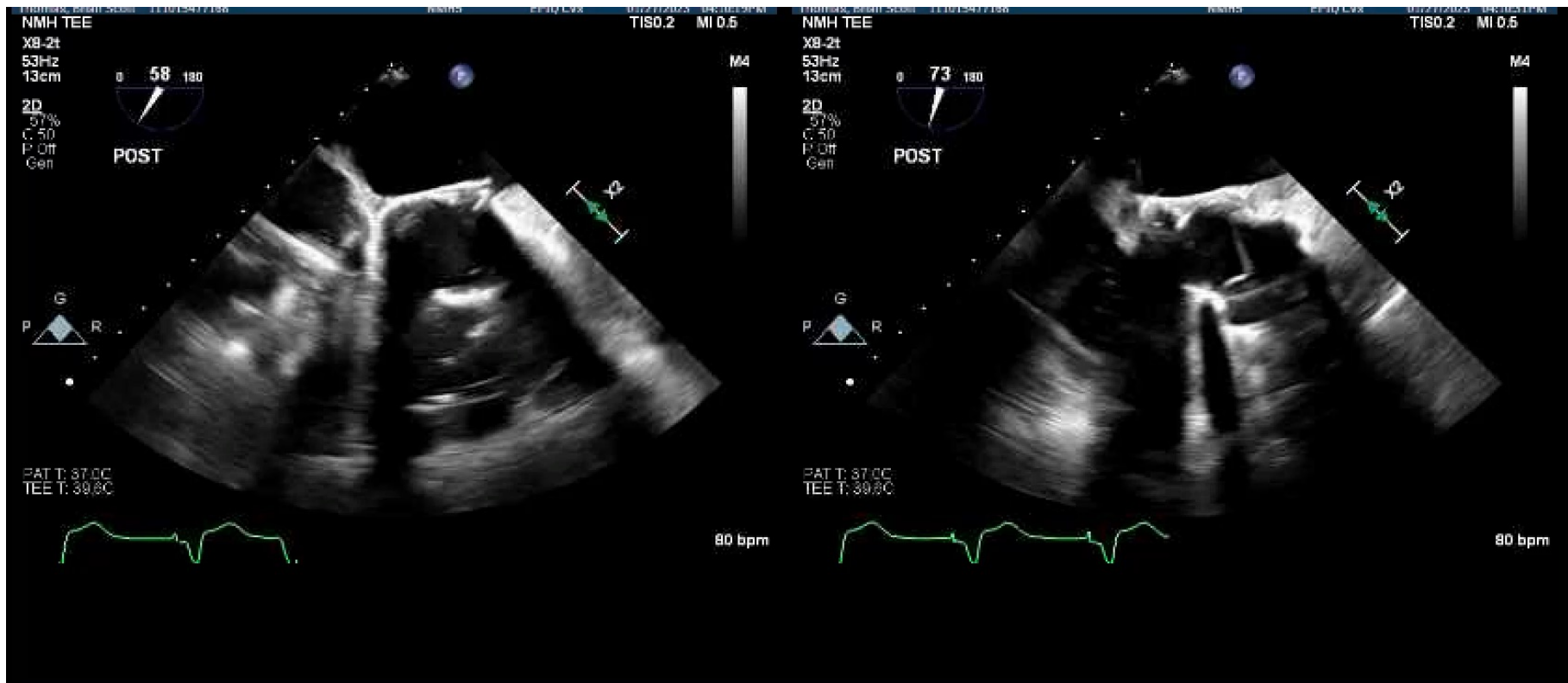


# Sur





# Post Commando





Thank you

