ASCVTS Member limited page
The Asian Society for Cardiovascular and Thoracic Surgery

27TH ASCVTS & 65TH IACTS CON
21st – 24th FEBRUARY 2019 CHENNAI

IACTS
Indian Association of Cardiovascular- Thoracic Surgeons

AMERICAN ASSOCIATION FOR THORACIC SURGERY

World Society of Cardio-Thoracic Surgeons

27th ASCVTS & 65th IACTSCON

27th Annual Conference of the Asian Society for Cardiovascular and Thoracic Surgery

65th Annual Conferece of the Indian Association of the Cardiovascular and Thoracic Surgerons

21st TO 24th FEBRUARY, 2019

Venue :
Hotel ITC, Grand Chola, Chennai.

SOUVENIR

excellent continuous homogenous cooling of the heart during the ischemic period. Anterior thoracotomy facilitates cannulation of ascending aorta, and allows our all manipulations using the fingertips without the aid of a knot pusher or long-shafted surgical instruments.

Method: We entered thoracic space through anterior 3rd intercostal space with resection of 4th costal cartilage, and resection of 3rd costal cartilage if aortic cannulation was required. Cardiopulmonary bypass was established with the femoral artery /or the ascending aorta, and the right femoral vein and inferior vena-cava. After clamping of ascending aorta, right atrium was opened and continuous retrograde cardioplegia was administered through a coronary sinus cannula. We performed MICS AVR using this method in 5 patients between June 2018 and November 2018. There were 3 women. Median age of patients was 71 years (range: 43–77 years). Femoral artery cannulation was performed in 2 cases, and ascending aorta in 3 cases. Two patients required ascending aortic cannulation had shaggy descending aorta, and one patient had severe atherosclerosis obliterans. One patient required patch plasty of Valsalva sinus because of severe calcification on ascending aorta.

Results: There was no patient requiring defibrillation or extra weaning time after declamping of aorta. Knot-pusher was not required. Extubation in operative theater was in 2 patients. Hospital stay was 8-14 (median 12) days after operation. There was no hospital death.

Conclusion: MICS AVR using continuous retrograde caridoplegia is safe technique.

Minimally Invasive Mitral Valve Replacement in a case of Marfan's Syndrome-Post Bentall's procedure and Pectus Excavatum Reconstruction

Dr. Ratnamalika Kumar | Rajneesh Malhotra

Dr. Anuj Sangal

Abstract:

We describe a rare interventional procedure in which a 30-years gentleman, diagnosed case of Marfan's syndrome(post Bentall's procedure for dilated aortic root and surgically corrected Pectus excavatum 15 years back) who presented with mitral valve prolapse causing severe mitral regurgitation; underwent a Minimally invasive Mitral valve Replacement.

Minimally Invasive technique was opted in view of Redo procedure and right anterior thoracotomy incision was done through fourth intercostal space to avoid previous plates of pectus excavatum reconstruction.

In view of previous cardiac surgery and dense pericardial adhesions, the native mitral valve was distant and difficult to approach, hence "Cor-knots" were used to implant a 31/33 On-X metallic mitral valve prosthesis.

Minimally Invasive Coronary Artery Bypass Grafting for Multi-vessel Coronary Artery Disease

Dr. T. Periyasamy, Dr. Vivek Shrihari

Abstract:

Introduction: Patients who presented to our hospital and underwent Minimally Invasive Coronary Artery Bypass Grafting for Multi-vessel Coronary Artery Disease (2 or 3 grafts) were included in this study.

Materials and Methods: The duration of this study was from November,2016 to October, 2018. It was a prospective randomized study.

All patients included in this study required 2 or 3 grafts for adequate revascularization.

The approach in all the surgeries was via a left anterior thoracotomy incision (left sub-mammary incision). Minimally invasive Cardiac Surgical instruments were used to perform the surgeries.

The data were analyzed using SPSS software.

Results: 25 patients underwent Minimally Invasive Coronary Artery Bypass Grafting for Multi-vessel Coronary Artery Disease in which 2 or 3 vessels were grafted.

Follow-up assessment was done in the post-operative period in the Intensive Care Unit and later in the ward. Patients were also contacted later by telephone to assess the period required for return to activities of daily living and also the time period required for return to work.

Conclusion: It was found that patients who underwent Minimally Invasive Coronary Artery Bypass Grafting for Multi-vessel Coronary Artery Disease had a shorter time to get discharged, had less blood loss, had less post-operative pain, required less time to return to their normal physical activities and had less incidence of wound infection as compared to conventional Coronary Artery Bypass Grafting Surgery.

Closure of atrial septal defect through back

Dr. Mahendra bafana

Abstract:

Atrial septal defect can be closed surgically by multiple approaches. We closed the ASDs in pediatrics age groups through the back. The anterior part of incision does not cross the right posterior axillary line. We report 75 cases done successfully. The weight of patient s range from 8 kg to 21 kg. Advantage _scar is never visible, in females does not hamper breath development. Summary Surgeons armamentarium to compete the device, easily reproducible, cost effective, no extra costly instruments required.

Local epicardial application of amiodarone-releasing hydrogel: experimental and clinical study results

Dr. Vladimir Shvartz | Teymuraz Kanametov | Leo Bockeria

Objective: To evaluate the safety and efficacy of the local epicardial application of the hydrogel with amiodarone in the preclinical setting; to determine the optimal dose of amiodarone; to determine preliminary results of usage in clinical practice.

Methods: Epicardial application of amiodarone-releasing hydrogel was performed on 46 rabbits (3-5 kg). There were 5 groups: G 1