

Accepted Manuscript

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Shawky Fareed, Ashraf Bassiony

PII: S1110-578X(17)30114-1

DOI: [10.1016/j.jescts.2017.07.001](https://doi.org/10.1016/j.jescts.2017.07.001)

Reference: JESCTS 90

To appear in: *Journal of the Egyptian Society of Cardio-Thoracic Surgery*

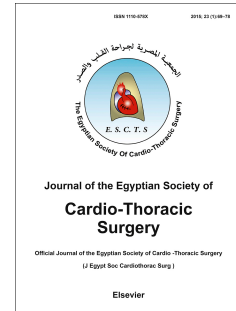
Received Date: 27 May 2017

Revised Date: 28 June 2017

Accepted Date: 1 July 2017

Please cite this article as: Fareed S, Bassiony A, Early outcome of mini aortic valve replacement AVR surgery, *Journal of the Egyptian Society of Cardio-Thoracic Surgery* (2017), doi: 10.1016/j.jescts.2017.07.001.

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Early outcome of mini aortic valve replacement AVR surgery

Shawky Fareed MSc, Ashraf Bassiony FRCS, MD.

Maadi Armed Forces Hospital, Cairo, Egypt

| Name | E mail | Mobile | Address |
|-----------------|-----------------------|-------------|----------------------|
| Ashraf Bassiony | abassiony@hotmail.com | 01001500913 | Maadi, Cairo, Egypt. |

ABSTRACT

Background: Minimally invasive aortic valve surgery has evolved into a well-tolerated, efficient surgical treatment option in experienced centers, providing greater patient satisfaction and lower complication rates. Potential advantages of minimally invasive aortic valve replacement (MIAVR) arise from the concept that patient morbidity and potential mortality could be reduced without compromising the excellent results of the conventional procedure which include improved cosmetic results, safer access in the case of reoperation, less postoperative bleeding, lower intensive care unit (ICU) and in-hospital stays, as well as the absence of sternal wound infection. These results were achievable also in high-risk patients. Reduced pain and hospital length of stay, decreased time until return to full activity and decreased blood product use have also been demonstrated.

Methods: Sixty patients with aortic valve disease randomized into two equal groups; group “A” underwent aortic valve surgery through a minimally invasive limited upper sternotomy. Group “B” underwent aortic valve surgery through a full median sternotomy. The Pain was evaluated on 2nd, 3rd day post-operatively and at the 3rd, 6th month after discharge. Echocardiographic data were performed preoperatively and at the 3rd, 6th month after discharge in all patients. Standard aortic and bicaval cannulation with cold antegrade crystalloid cardioplegia was adopted in group “B”, while in group “A” femoral vein with ascending aortic cannulation was adopted with antegrade blood cardioplegia.

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