

STS/EACTS Latin America Cardiovascular Surgery Conference

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September 21-22, 2017

Hilton Cartagena | Cartagena, Colombia



Atrial reduction surgery in giant left atrium with modified "spiral technique"

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EsSalud

Disclosures

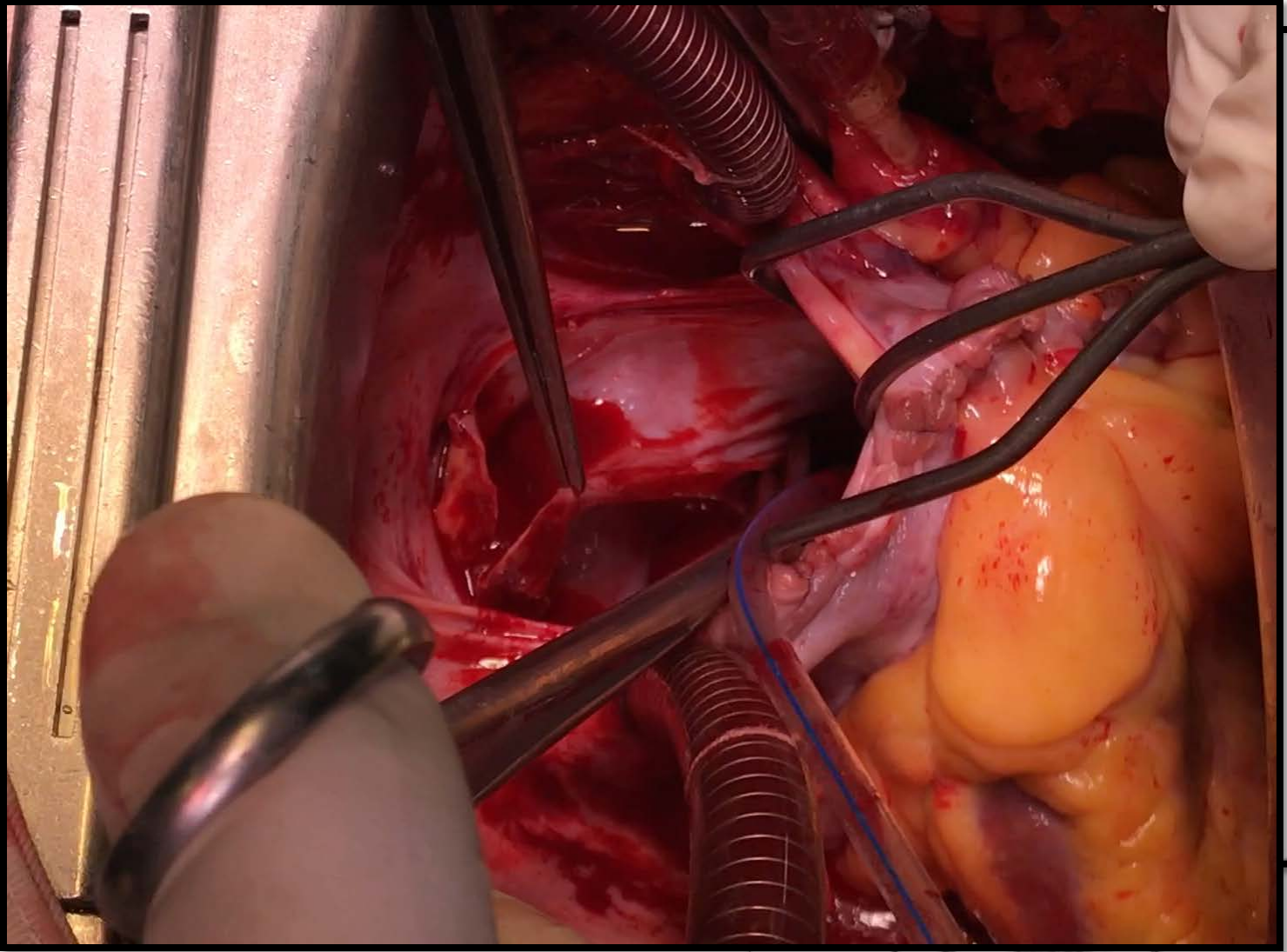
- We do not have any conflict of interests

Giant left atrium

- Defined by atrial diameter exceeding 65 mm
- Indication for surgical management
 - Compressive symptoms
 - Thombus – history of thromboembolic events
 - Asymptomatic patients: Convert to sinus rhythm???

Ann Thorac Surg 2012;93:e77–9.
Eur J Cardiothorac Surg 1988;2: 151–9.
Ann Surg 1971;174:194–201.

Surgical Techniques



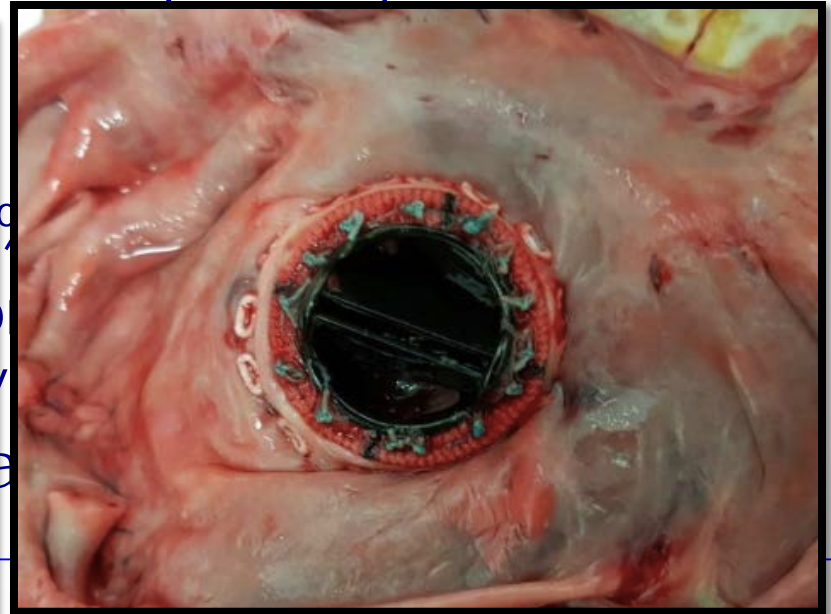
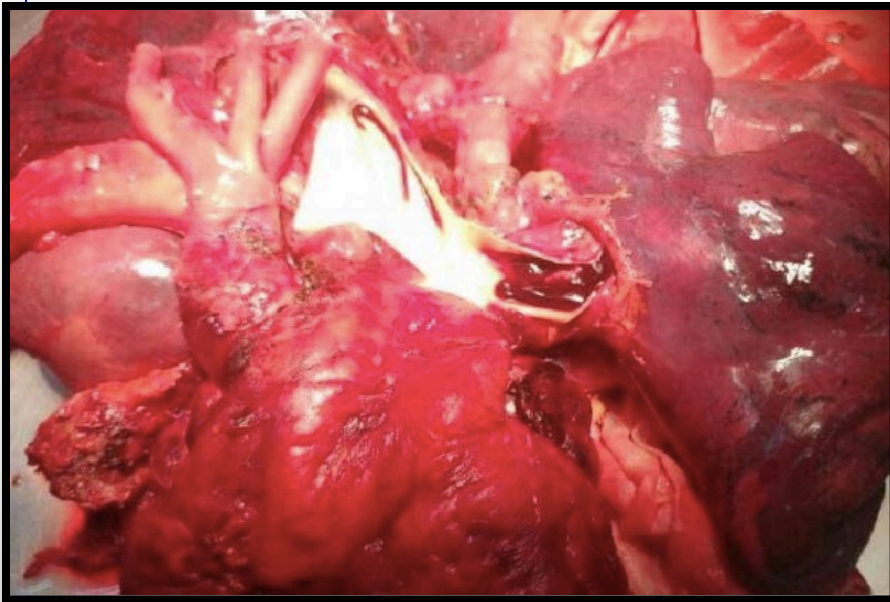
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Methods

- Prospective Study, january 2016- march 2017
 - 07 patients, Average age: 56 years (38 - 62)
 - Severe Mitral valve stenosis and tricuspid insufficiency
 - Mean LVEF : 58%
 - Chronic AF: 100%
- All patient underwent
 - Intraoperative transesophageal echocardiography
 - 24-hours holter, 1 month, 6 month.
 - Among other procedures
- Objective: determine mortality and complications

Intra-postoperative features

- Intraoperative
 - Cardioplegic solution: HTK solution
 - MVR, (04 mechanic, 03 biological) + tricuspid repair.
 - X- cross clamp time: 98 min (77-105)





Patient	Preop LAD	Postop LAD	6 moths	Anticoagulation
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1	75mm	38mm	Sinus	No
2	86mm	42mm	Sinus	Yes
3	87mm	57mm	Sinus	No
4	92mm	55mm	Sinus	yes
5	92mm	57mm	-	-
6	76mm	52mm	Sinus	Yes
7	105mm	60mm	AF	Yes

Average	88mm	52mm		
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Conclusion

- GLA reduction surgery, every patient:
 - Undergoing mitral valve surgery
 - LA diameter of more than 65mm
 - Chronic AF
- It will be possible to achieve the end point: to maintain the patient free of anticoagulant use.