

STS/EACTS Latin America Cardiovascular Surgery Conference

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Surgical Repair for Tricuspid Insufficiency: Long term Survival at 8 years in 114 patients

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Nothing to disclose



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Background

- Surgery for Functional TR is indicated in cases of CHF associated to **left heart valve diseases** or as a concomitant surgery for other causes such as **congenital** or **coronary** disease.
- Good evidence in support of ring annuloplasty compared with De Vega's suture repair for treatment of moderate to severe TR

Aim

- To evaluate the long term results of tricuspid valve Annuloplasty in adult patients in Southern Chile

Patients and Method

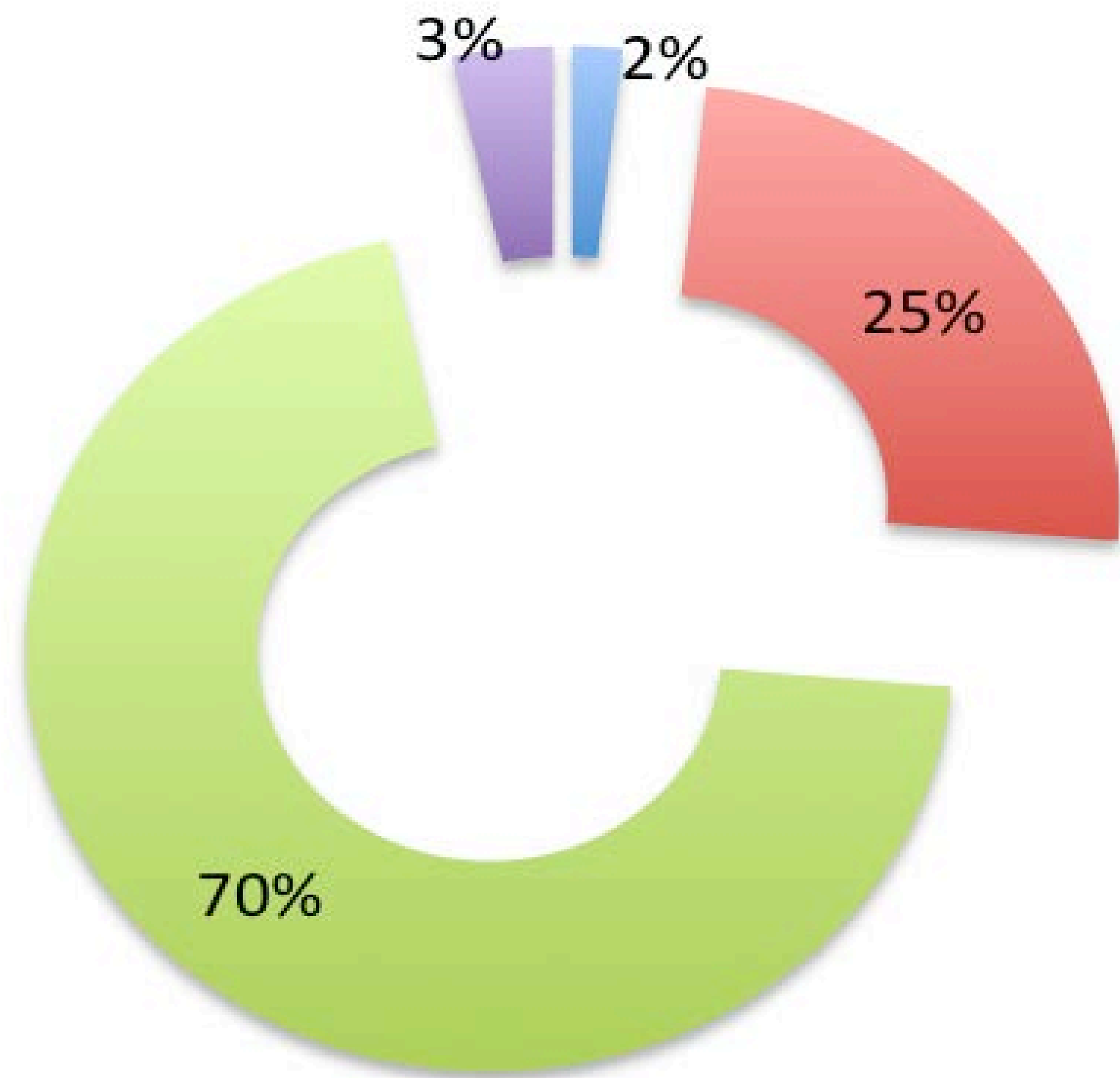
- Retrospective review of clinical and operative notes of 114 patients subjected to Tricuspid Annuloplasty concomitant with other cardiac procedures between 2009 to 2017.

Mean age: 57,8 +- 13 years
63,2% (72) women

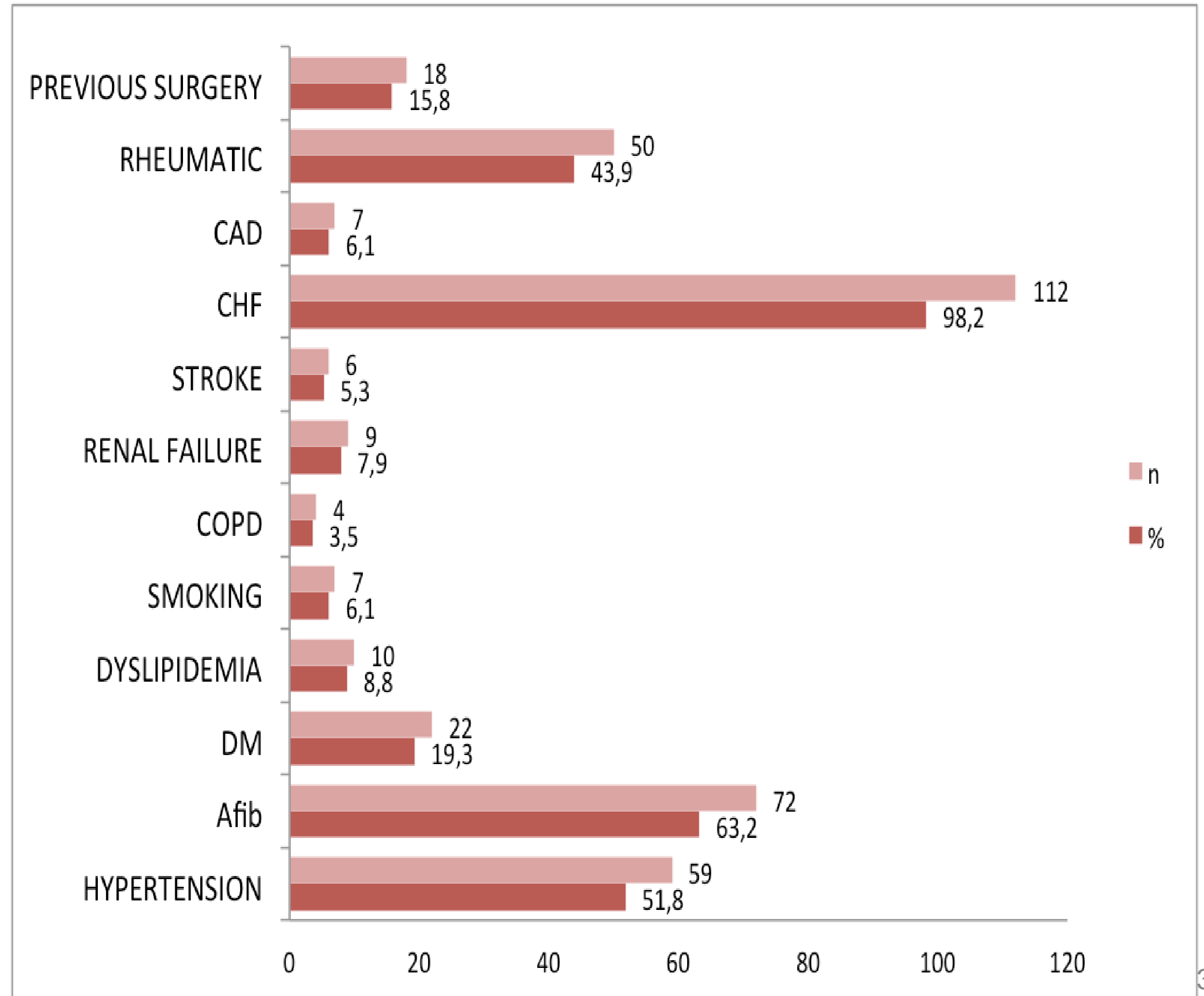
Mean logistig Euroscore II: 6,2%
(2,2-29.7)

NYHA Functional Class

FC I FC II FC III FC IV

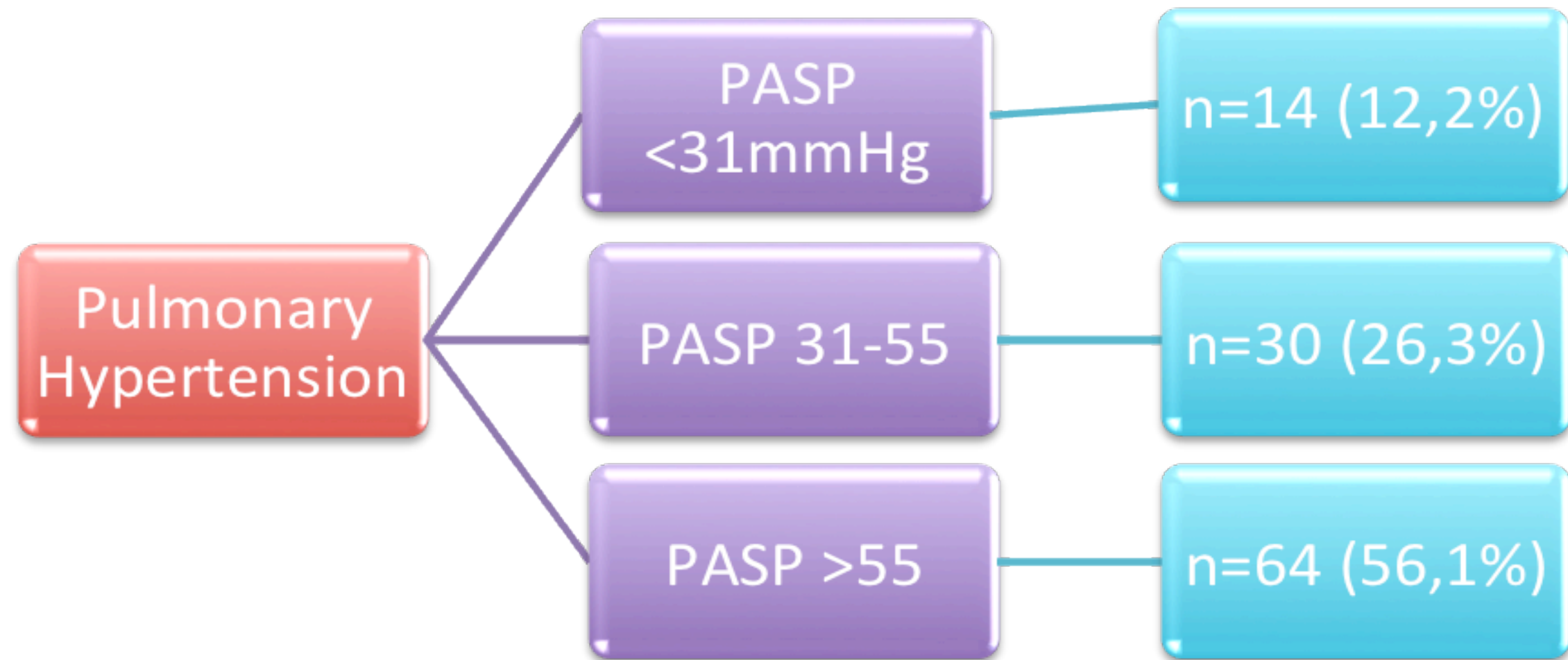


Demographics



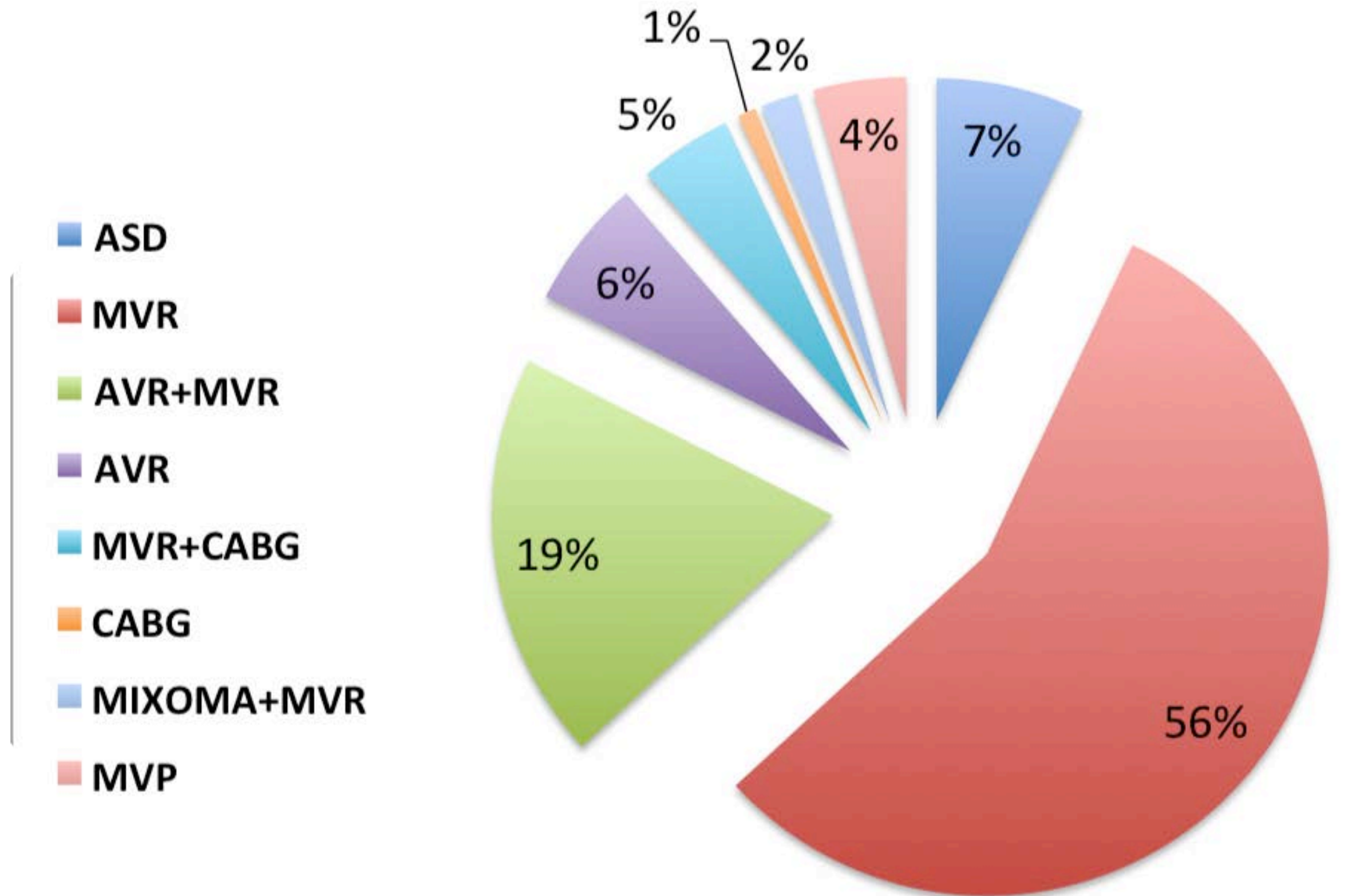
Preoperative Echocardiography

TR Moderate	TR Severe	Annular Dilation (>40mm)	LVEF
<ul style="list-style-type: none"> n=50 44% 	<ul style="list-style-type: none"> n=64 56% 	<ul style="list-style-type: none"> n=75 65,7% 	<ul style="list-style-type: none"> 33,3 % (76/114)



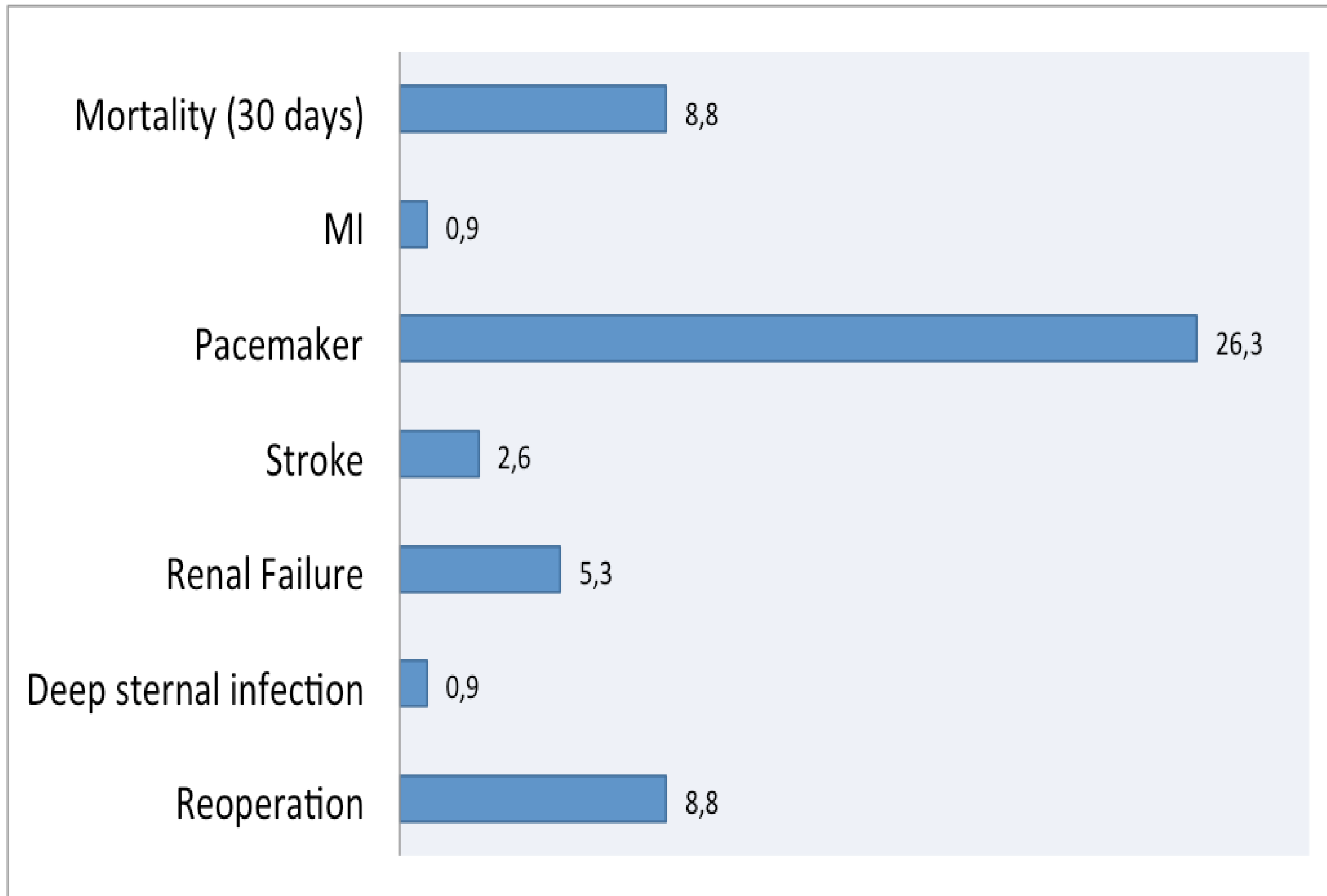
Tricuspid annuloplasty CE MC3 Ring + Other Procedures

Mean Pump Time 101 min (35-228)	Mean clamp 75,1min (32-171)
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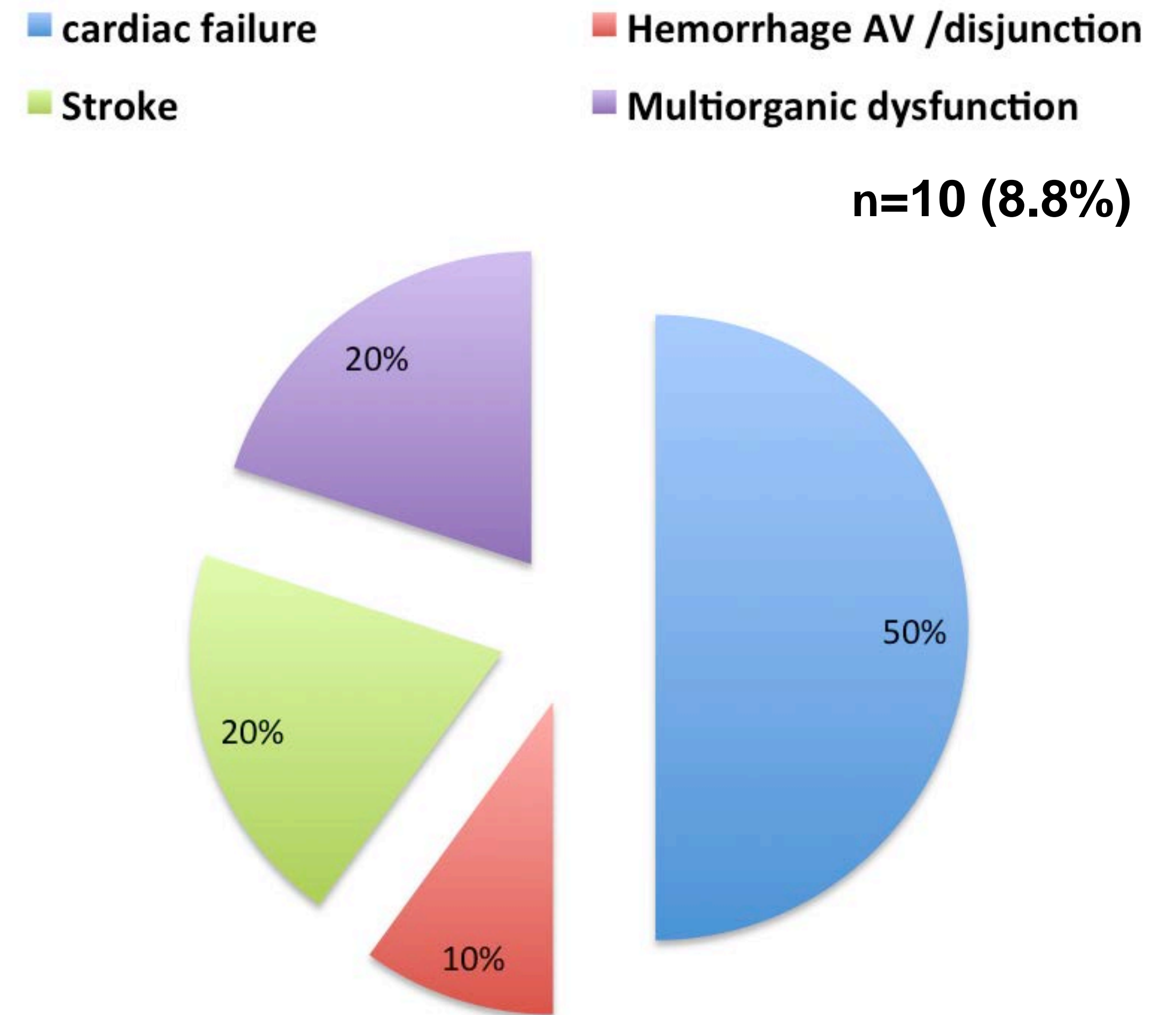


Results

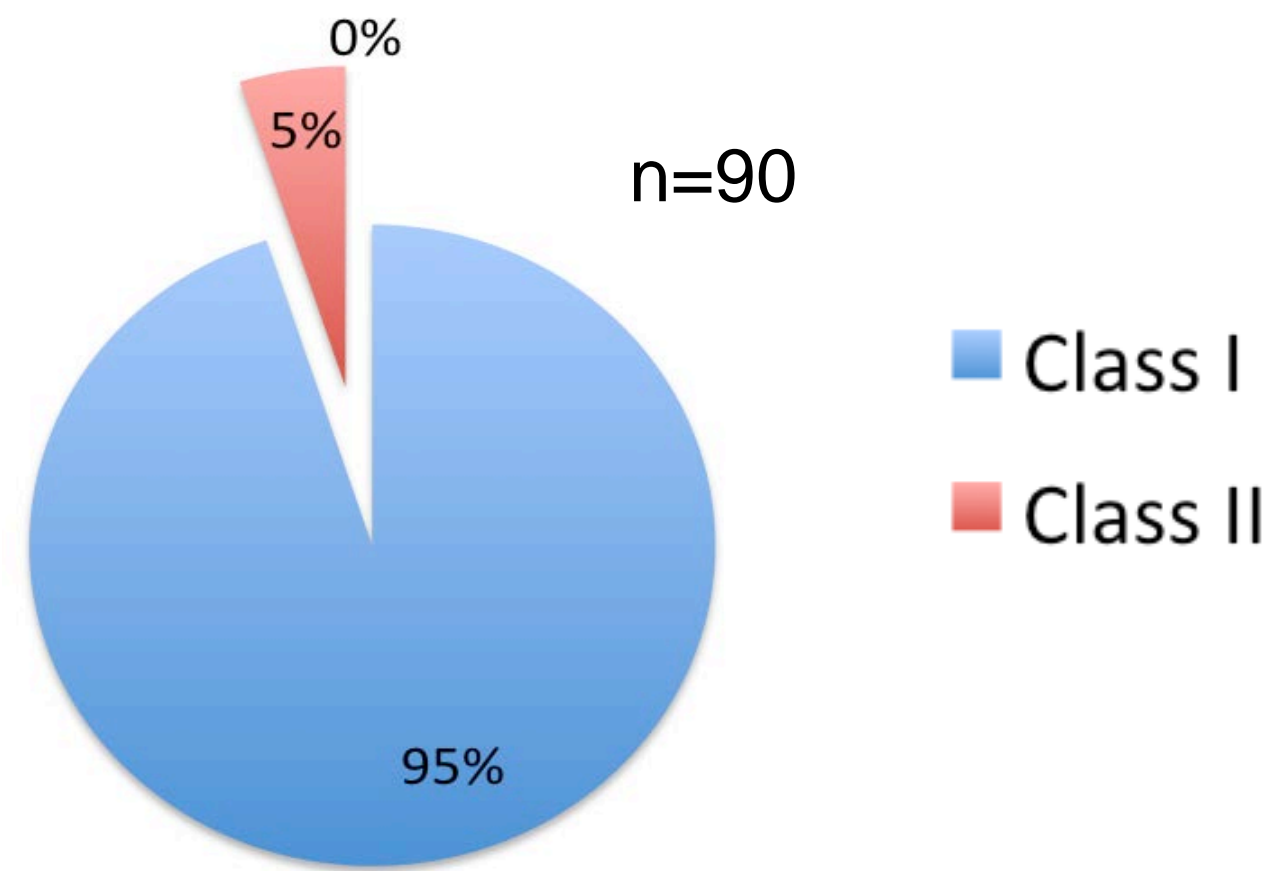
Complications



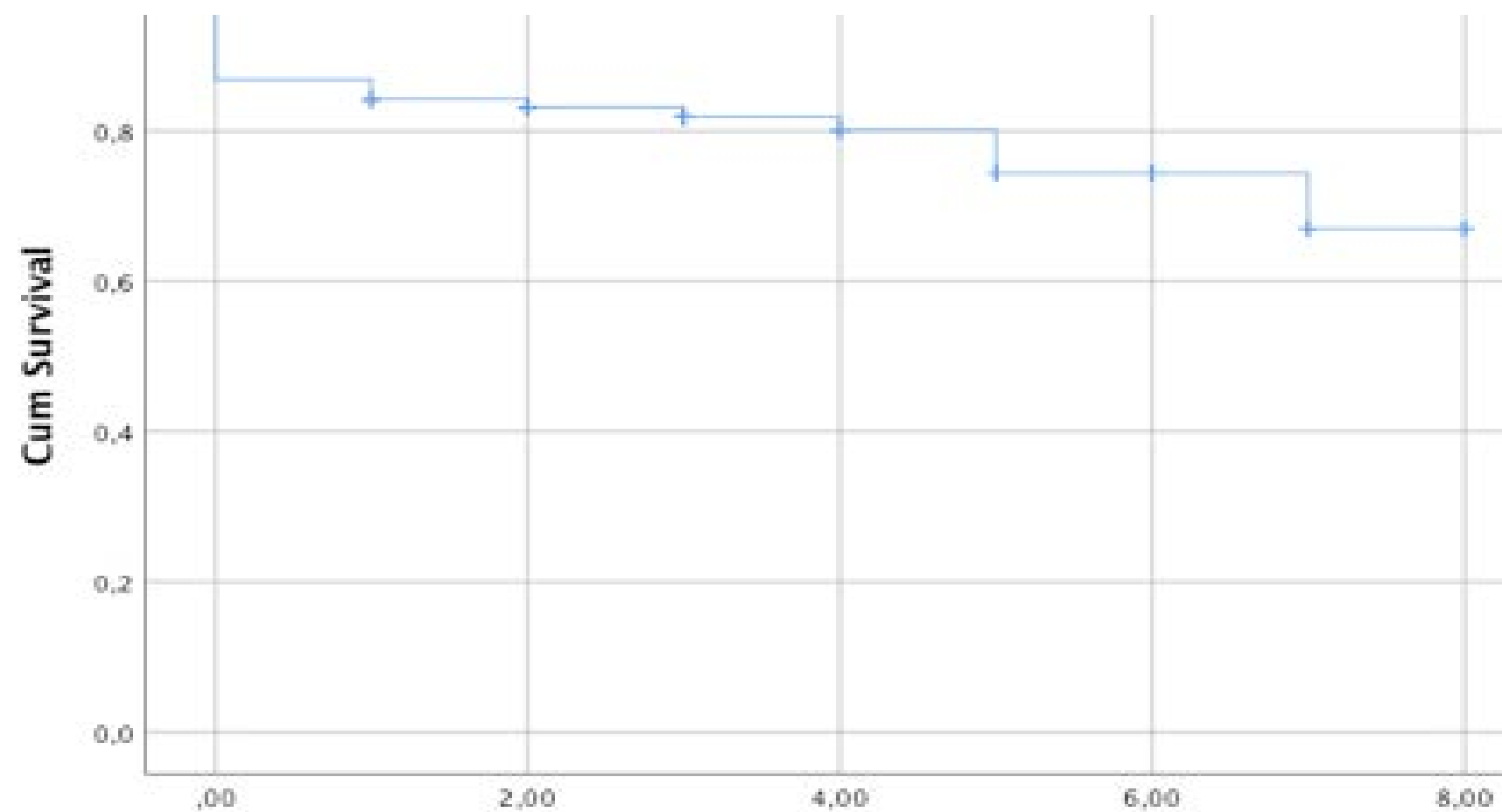
Operative Mortality



Long Term Follow up



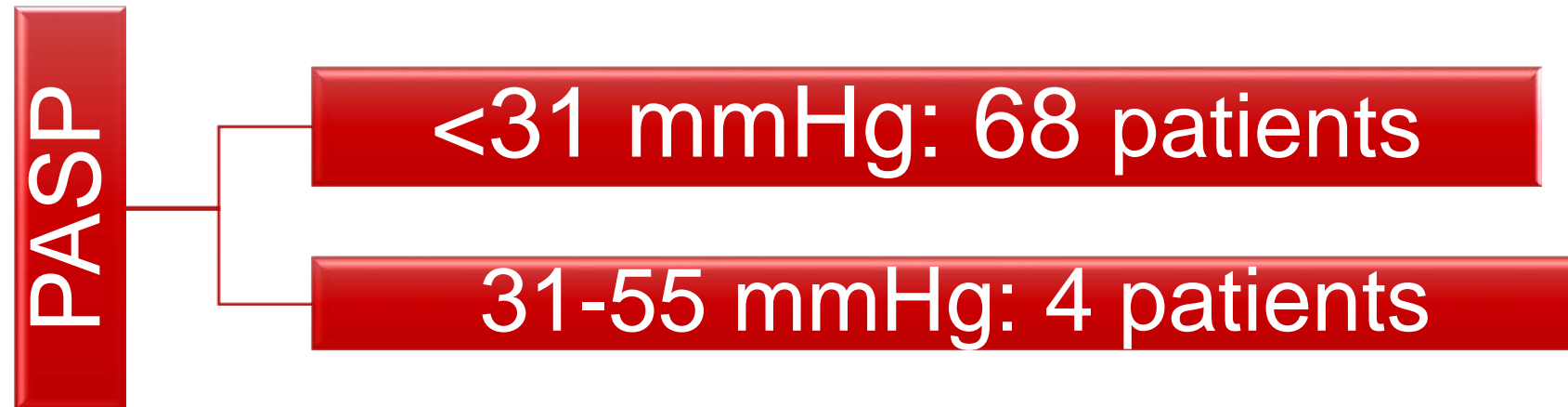
Mean: 78.8 +- 7.2 months



Actuarial survival 74% at 60 months
68% at 96 months

Echocardiography

No TR	TR Mild	TR Moderate	LVEF
<ul style="list-style-type: none"> n=59 82% 	<ul style="list-style-type: none"> n=9 12,5% 	<ul style="list-style-type: none"> n=4 5,5% 	<ul style="list-style-type: none"> 54,4 % (72/90)



Conclusion

Surgical repair for moderate to severe TR associated to other cardiac procedures provides a good symptomatic recovery with an excellent long term actuarial survival.

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Thank You



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