



STS/EACTS Latin America Cardiovascular Surgery Conference

September 21-22, 2017 | Cartagena, Colombia

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www.CardiovascularSurgeryConference.org

How I Do It: Mitral Valve Repair with Neochordae

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The Society
of Thoracic
Surgeons



EACTS
European Association For Cardio-Thoracic Surgery



Disclosure

Medtronic inc. Consultanting

Johnson&Johnson Advisory Board

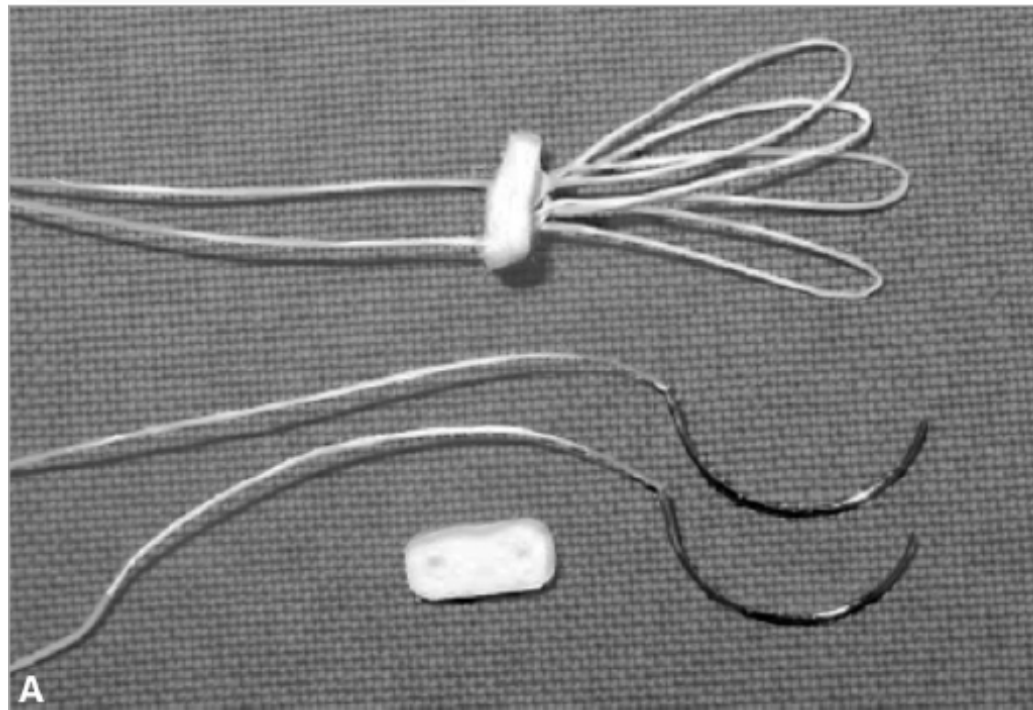
Edwards Lifesciences Corp. Consultanting

Gore-Tex Loop Implantation for Mitral Valve Prolapse: The Leipzig Loop Technique

Joerg Seeburger, MD, Michael Andrew Borger, MD, PhD, Volkmar Falk, MD, PhD, and Friedrich Wilhelm Mohr, MD, PhD

Operative Techniques in
Thoracic and
Cardiovascular Surgery

[/j.optechstcvs.2008.03.004](#)

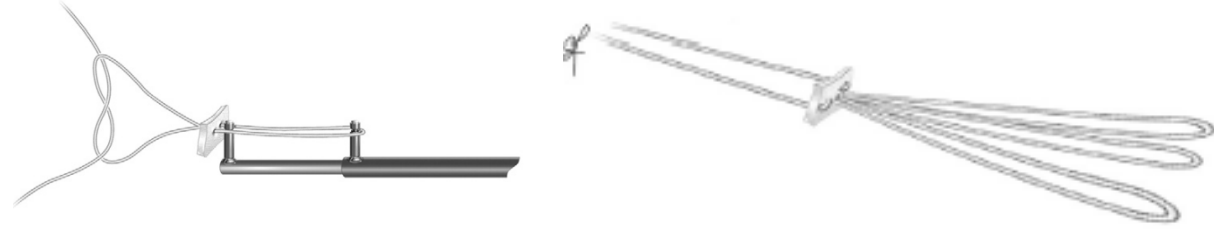


Pre-Measured Artificial Chordae for Mitral Valve Repair

A. Marc Gillinov, MD and Michael K. Banbury, MD

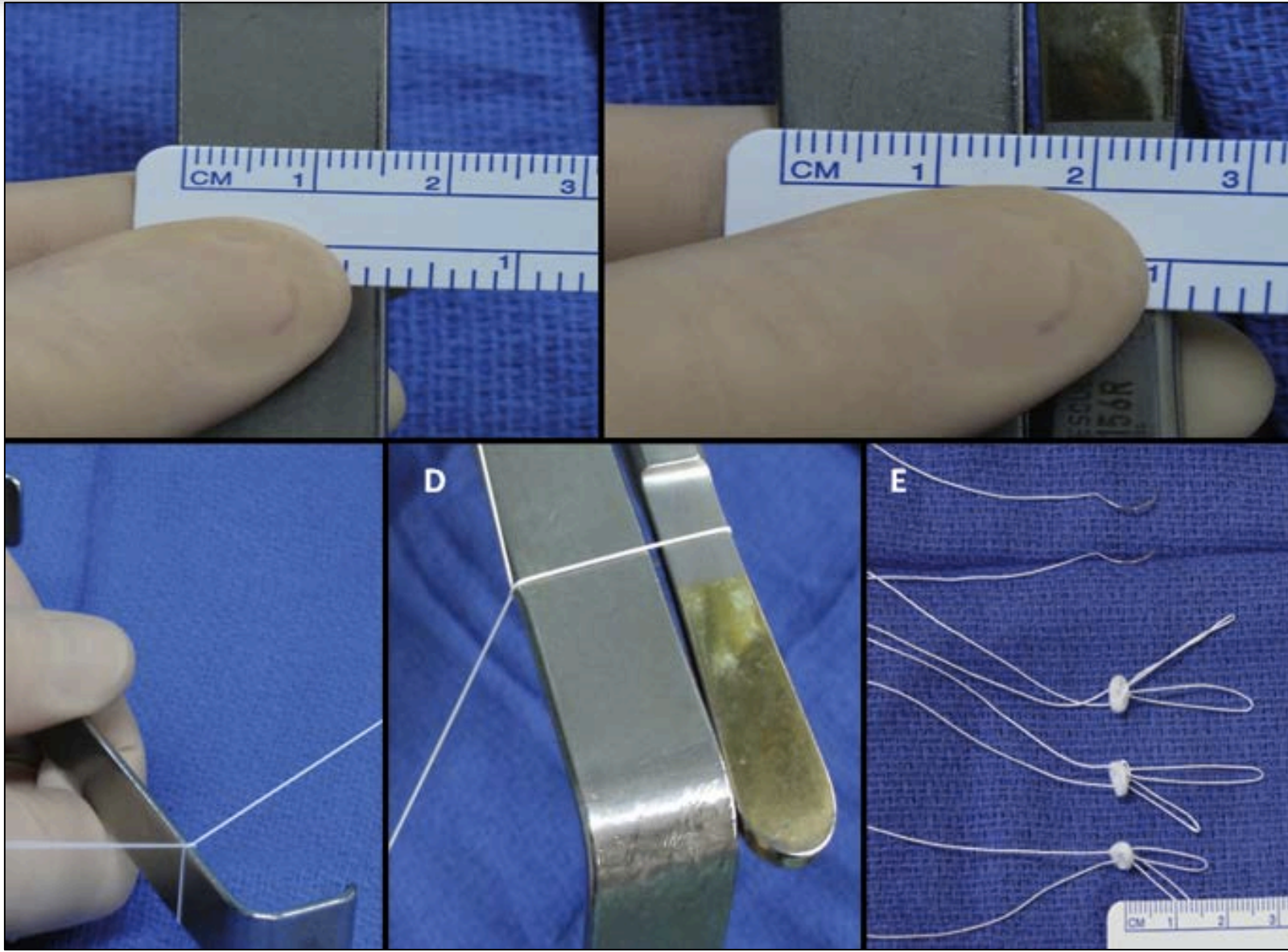
Department of Thoracic and Cardiovascular Surgery, The Cleveland Clinic, Cleveland, Ohio

(Ann Thorac Surg 2007;84:2127-9)



A Standardized Loop Technique for Mitral Valve Repair.

Hysi I¹, Rebet O², Gautier L², Fabre O².

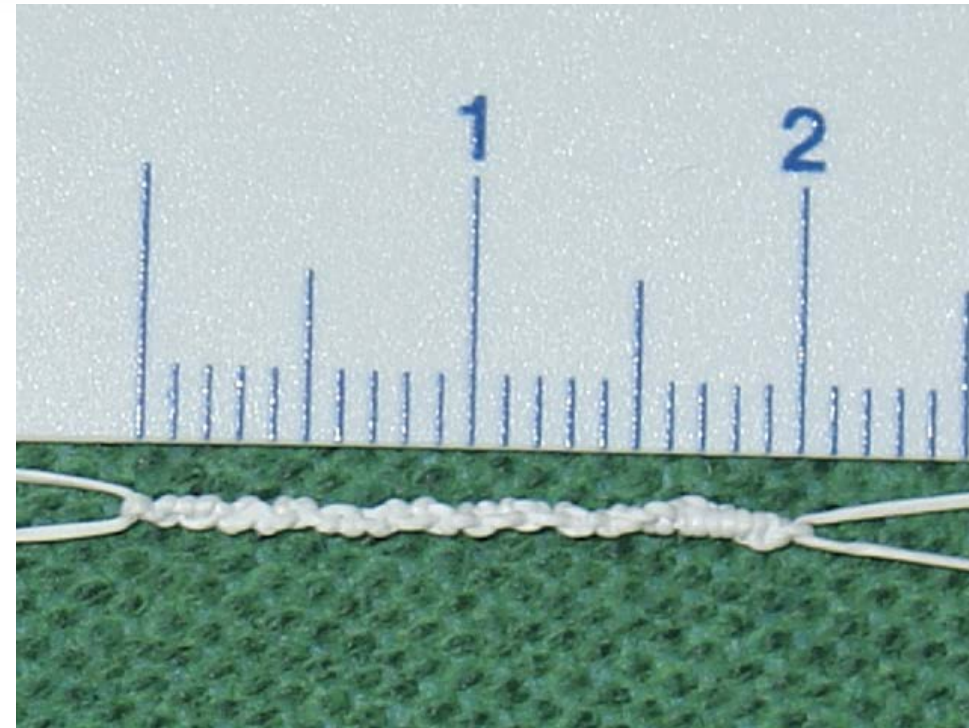
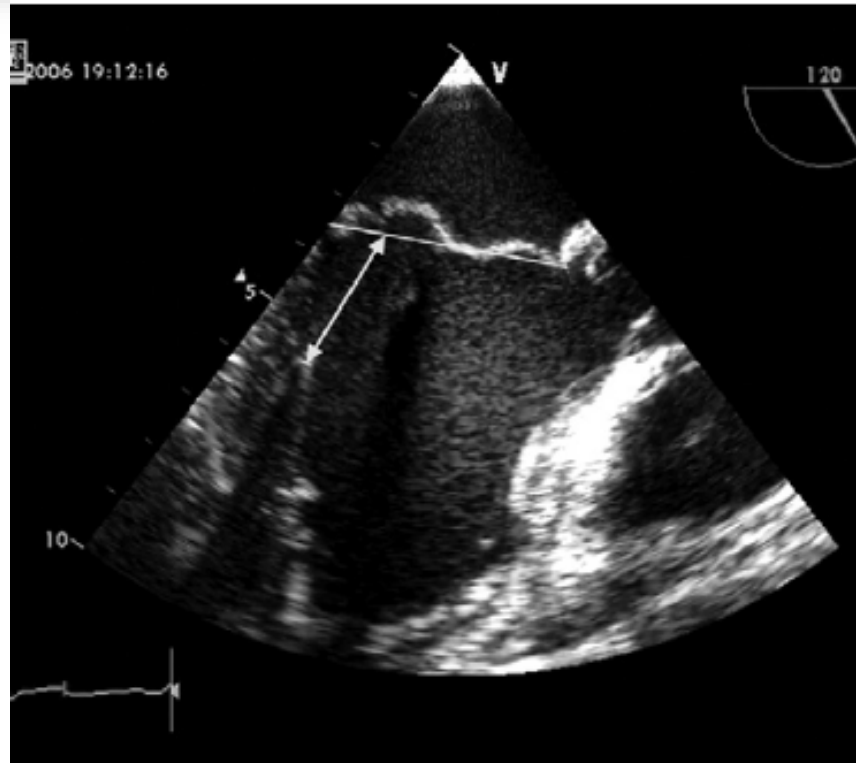


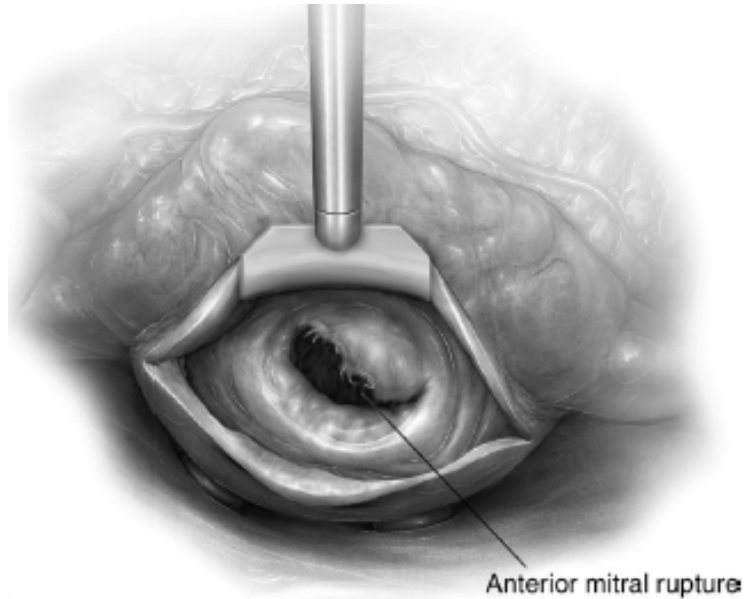
Preoperative Determination of Artificial Chordae Length

Mohammad Hossein Mandegar, MD, Mohammad Ali Yousefnia, MD,
and Farideh Roshanali, MD

Cardiac Surgery Department, Day General Hospital, Tehran, Iran

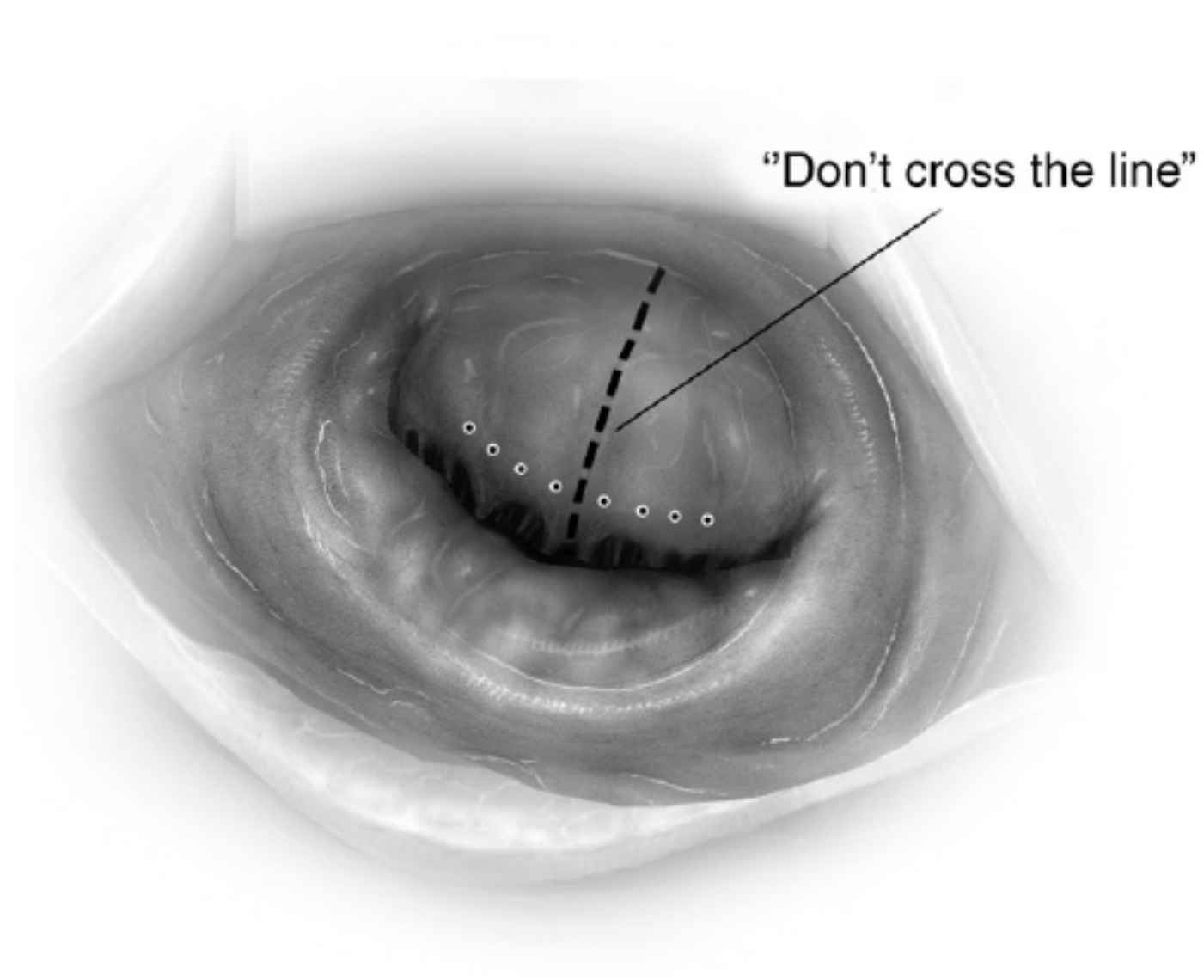
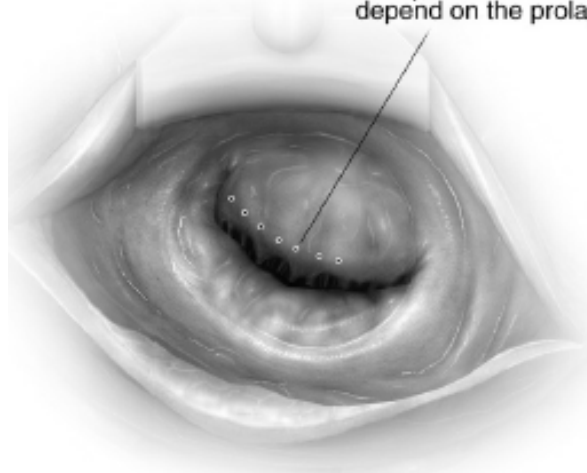
(Ann Thorac Surg 2007;84:680-2)





Anterior mitral rupture

Anchorage for loops
(number & location
depend on the prolapse)



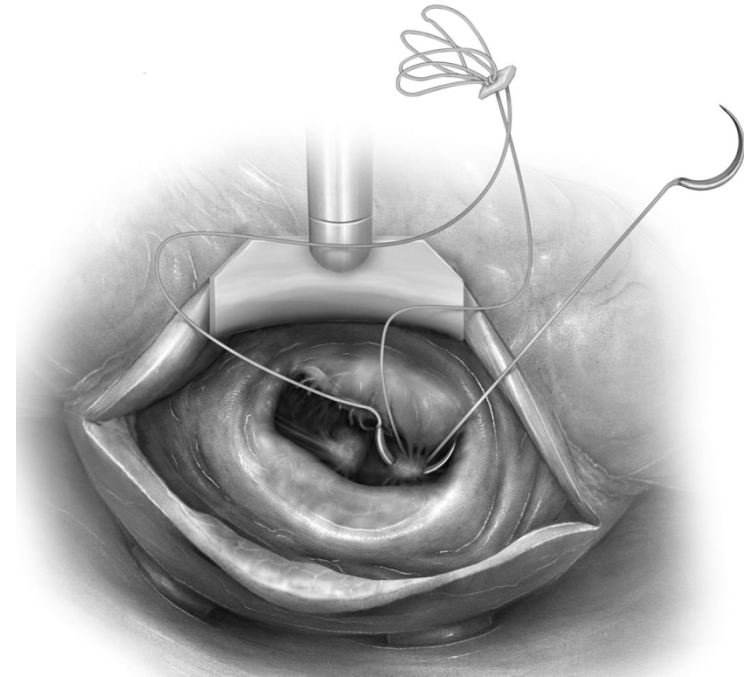
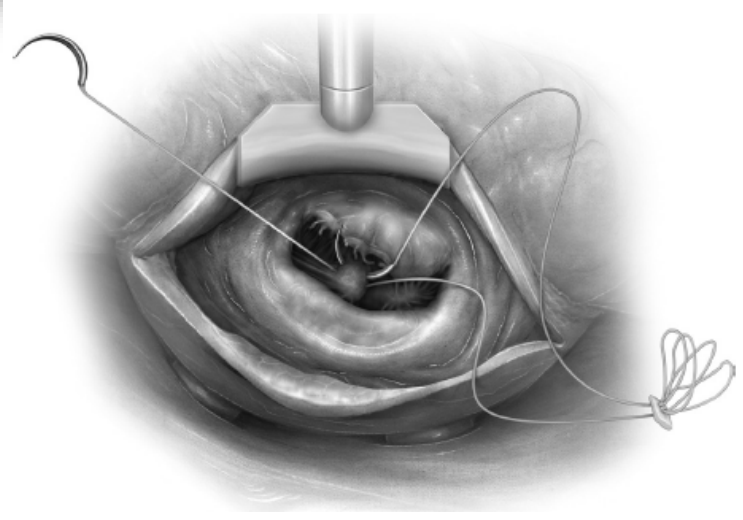
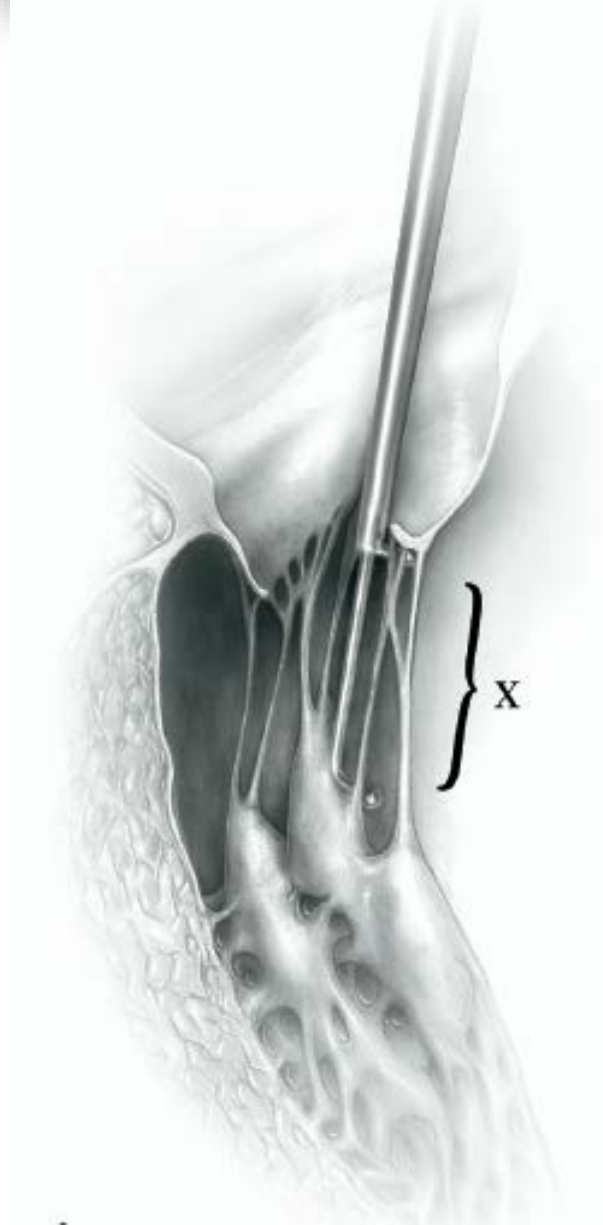
"Don't cross the line"

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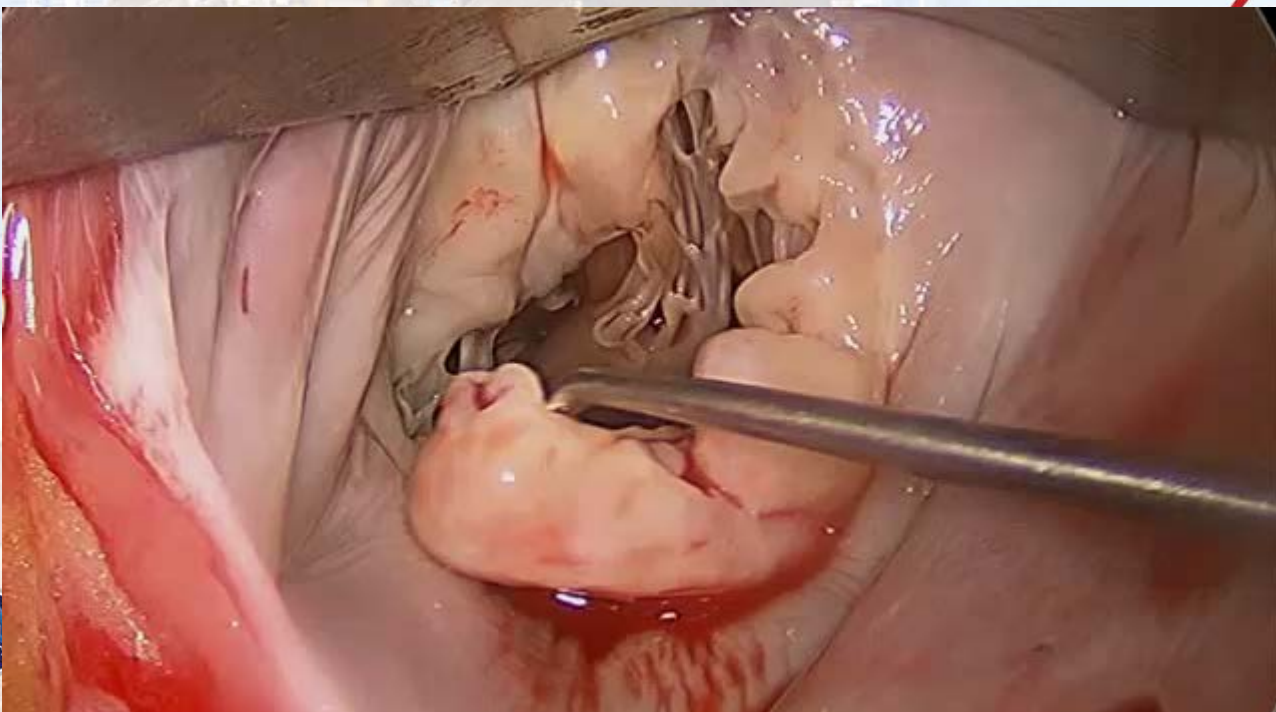


Table 1. Preoperative characteristics of patients undergoing MICS (n=73)

Variable	Mean \pm SD or N ^o (%)
Patients	73(100)
Age (Years)	66,15 \pm 15,9
Age (Median)	69
Female	40 (54,7)
NYHA	2,27 \pm 0,9
STS PROM%	4,86 \pm 9,2
STS PROMM%	22,6 \pm 16,1
PCC	7
Endocarditis	7

NYHA; New York Heart Association. PCC; Prior cardiac surgery

Table 2. Intraoperative and postoperative outcomes in patients undergoing MICS

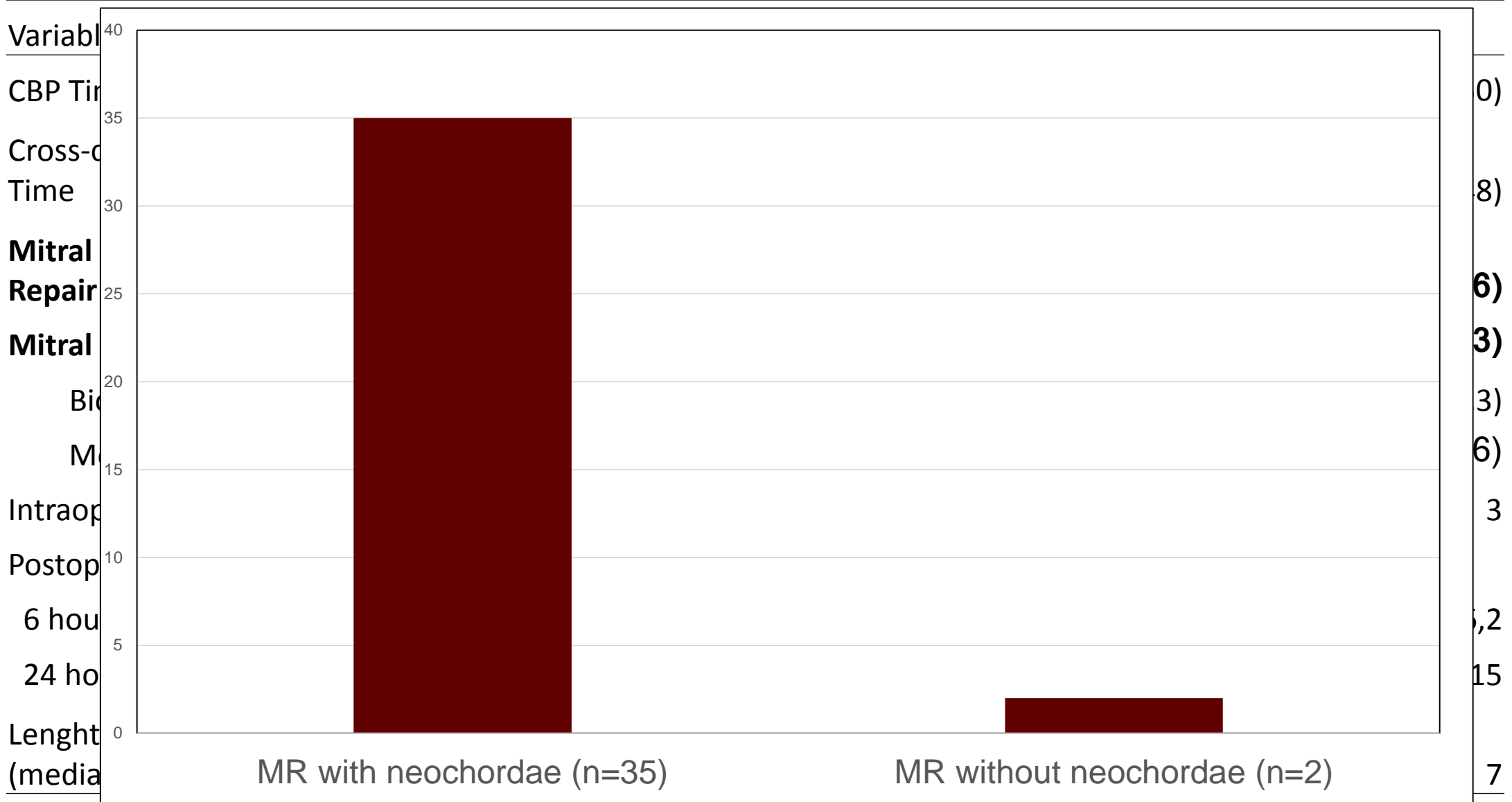


Table 3. Postoperative complications of patients undergoing MICS

Variable	Nº (%)
Atrial fibrillation	22 (30,9)
AV block	5 (7,04)
Acute renal failure	7 (9,8)
CNS hemorrhage for AOC	4 (9,6)
Reexploration for bleeding	2 (2,8)
Postoperative MI	1 (1,4)
Mortality at 30 days	3 (4,1)
Mortality at 1 year	5 (6,8)
Mortality at 2 years	7 (9,5)

No deaths were registered in mitral valve repairs and neither mediastinitis nor aortic root bleeding

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Thank You!



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