

JCK Oral

JCK Oral 3 (II-JCKO3)

Cardiac Surgery

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Sat. Jul 8, 2017 1:50 PM - 3:20 PM ROOM 3 (Exhibition and Event Hall Room 3)

1:50 PM - 3:20 PM

[II-JCKO3-07]Totally thoracoscopic without robotic assistance in cardiac surgery: the initial experience in Viet Nam and future perspectives

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Objectives: To investigate the feasibility and safety of totally thoracoscopic without robotic assistance in cardiac surgery. **Patients and methods:** From 5/2016 to 3/2017: 45 consecutive patients have been operated (40 cases of ASD closure, 3 *Cor triatriatum*, 1partial AVSD repair, 1left atrial myxoma resection. Peripheral CPB was done via femoral artery, femoral venous and internal jugular vein . CO₂ was flowed into pericardial cavity. ASDs(40 patients) were closed with patch on beating heart, normothermia without aortic clamping. The other(5patients) with cardiac arrest used a trans-thoracic Chitwood aortic clamp, antegrade Custodiol HTK cardioplegic solution administration via a needle inserted into ascending aortic. **Results:** All the operations were successful. Neither patient required conversion to sternotomy nor thoracotomy. There didn't have any hospital death or complications. Mean operation time and mean cardiopulmonary bypass time were 247.2 ± 44.6 (min) and 126.1 ± 33.6 (min), respectively. These patients were extubated within the first 6 hours, the volume of blood drainage on the first day were less than 80 ml. Patients were able to return to normal activities 1 week postoperatively. **Conclusion:** Totally thoracoscopic without robotic assistance in cardiac surgery is safe and feasible alternative to the conventional full sternotomy approach in some simple types of heart diseases. It has advantages of decreased postoperative pain, short recovery period, less surgical trauma and high cosmetic value with greater patient satisfaction.