

Physician - Minimal Invasive, TAVI, Robotic Cardiac Surgery

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Minimally Invasive Cardiac Surgery with Subareolar Incision

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Objective: This study aimed to share the results of minimally invasive cardiac surgery performed with a subareolar incision at our clinic.

METHOD: Eight female patients (mean age: 54 ± 14.16 years) who underwent minimally invasive cardiac surgery with a subareolar incision between April 2023 and August 2024 were included in this retrospective study.

Results: Of the patients, six underwent isolated mitral valve surgery, while two had combined mitral and tricuspid valve surgeries. None of the cases required sternotomy. Peripheral arterial cannulation was performed in one patient, while central arterial cannulation was used in seven patients. Internal left atrial appendage plication was performed in seven patients. The mean cardiopulmonary bypass time was 114 ± 30.37 min, and the mean aortic cross-clamp time was 72.75 ± 25.78 min. The mean postoperative intensive care unit stay was 3 ± 3.81 days, while the mean postoperative hospitalization time was 8.75 ± 5.54 days. Among the patients with bioprosthetic valves, one required reoperation seven months later due to infective endocarditis.

Conclusion: The subareolar incision technique in minimally invasive cardiac surgery represents a significant advancement, offering notable benefits in terms of cosmetic outcomes, reduced pain, and faster recovery. While it presents certain challenges and limitations, it provides a valuable option for a select group of patients and procedures. As surgical techniques and technologies continue to evolve, the role of the subareolar incision is likely to expand, offering further opportunities for patients seeking less invasive cardiac treatments.

Keywords: Minimally invasive cardiac surgery, mitral valve surgery, subareolar incision.



Figure 1. Postoperative image of subareolar incision.