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## MINIMALLY INVASIVE APPROACH FOR AORTIC SURGERY IN OCTOGENARIANS

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**Background:** An increasing number of elderly patients are referred for aortic surgery. A minimally invasive approach has been proved to reduce incidence of infections, length of mechanical ventilation and hospital stay. Hereby we report our experience of aortic surgery in ministernotomy in octogenarian patients.

**Methods:** From April 2011 to December 2013, among 222 patients underwent aortic surgery using an upper ministernotomy, 28 procedures performed in elderly patients (age $\geq$ 80 years) have been considered. They included: 24 aortic valve replacements (AVR), 2 of these associated to single coronary artery bypass grafting; 4 ascending aorta replacements, including 1 procedure of AVR and 1 aortic valve repair. Operative parameters, early post-operative outcome and mid-term survival were evaluated.

**Results:** Patients mean age was  $82.7\pm 2.1$  years and the older 88 years old. Fifteen patients were females. Mean cardiopulmonary bypass and aortic cross-clamp time were  $102.6\pm 18.1$  min and  $79.8\pm 15.3$  min, respectively. Length of mechanical ventilation was  $14.6\pm 12.6$  hours (median 10), mean ICU stay  $2.4\pm 1.1$  days and total hospital stay  $8.6\pm 4.7$  days. Intra-hospital mortality was 3.5%. No surgical re-exploration for bleeding neither post-operative infections were registered. The major post-operative complication was atrial fibrillation (32.1%). Overall survival at 6 months was 100%.

**Conclusions:** Ministernotomy approach for aortic surgery in octogenarians provides excellent short-term outcomes in terms of length of mechanical ventilation, ICU and total hospital stay and incidence of infections. According our experience thus surgery should be not denied to elderly patients because it might allow a prompt recovery to normal life.