

Abstract session: Less is more or more is less?

Moderated by G Gerosa, Padova | Friday 9th October | 16:30–18:00 | Room 111–112

This session focuses on minimally invasive aortic valve surgery, including procedures and clinical outcomes with a range of aortic valve prostheses, such as rapid deployment and sutureless valves. The benefits of using minimally invasive surgery versus full sternotomy are discussed based on data from clinical trials and real-world registries.

Presentations

16:30	Sutureless <i>versus</i> stented bioprosthesis in isolated AVR through mini- vs. full- sternotomy approach: Results from the PERSIST-AVR controlled randomized trial T Fischlein <i>et al.</i>
16:39	Ministernotomy aortic valve replacement and CO2 field saturation: Comparison of gas delivery techniques and neurological postoperative events: A propensity matched triple case-control study L Weltert <i>et al.</i>
16:48	Totally endoscopic aortic valve replacement A Pitsis <i>et al.</i>
16:57	Minimally invasive <i>versus</i> full sternotomy using Perceval: Real life results from an international registry M Solinas <i>et al.</i>
17:06	Comparative clinical efficacy of novel bidirectional peripheral artery cannula in minimally invasive aortic valve surgery S Gunaydin <i>et al.</i>
17:15	Minimally invasive aortic valve replacement: Luxury or necessity? M Vriesendorp <i>et al.</i>
17:24	Aortic valve and ascending aortic replacement – partial vs. full sternotomy J Haunschild <i>et al.</i>
17:33	Complete central cannulation for minimally invasive Tirone-David procedure via partial upper sternotomy G Tamagnini <i>et al.</i>
17:42	Recovery from conduction disturbances after rapid-deployment aortic valve replacement S Sohn <i>et al.</i>

Key takeaways

- Totally endoscopic aortic valve replacement (TEAVR) using conventional aortic prostheses can be safely performed, although cross clamp and cardiopulmonary bypass (CPB) times may be prolonged
- TEAVR is less invasive than surgical AVR and has several advantages over transcatheter aortic valve implantation, including a reduced risk of paravalvular leaks, less need for pacemaker insertion, and the option to use mechanical prostheses
- This multicentre, non-randomised trial found no difference in mortality or valve-related morbidity at 3 years follow-up with minimally invasive aortic valve replacement (AVR) *versus* AVR using full sternotomy
- Use of minimally invasive AVR was associated with less scarring but longer procedure times
- Rapid-deployment aortic valve replacement is associated with reduced procedure times and improved haemodynamics, but conduction disturbances have been observed
- This single-centre study shows rapid recovery from conduction disturbances in patients who received the EDWARDS INTUITY rapid-deployment valve; LBBB occurred in 40 of 128 patients but resolved in 31 cases by day 14; 8 of 9 patients with 3rd degree AV block recovered by day 7.5

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