

POSTER PRESENTATION

Open Access

# Biatrial transeptal atriotomy approach to the mitral valve: V-atriotomy technique

A Kucuker<sup>1\*</sup>, G Ozerdem<sup>2</sup>, M Hidiroglu<sup>1</sup>, L Cetin<sup>1</sup>, B Kaya<sup>1</sup>, E Sener<sup>1</sup>

From 23rd World Congress of the World Society of Cardio-Thoracic Surgeons Split, Croatia. 12-15 September 2013

## Background

Mitral valve surgery can sometimes be challenging because of inadequate exposure due to a deep chest or a small left atrium. We report our experience with an alternative surgical approach to the mitral valve through biatrial transeptal incision both to the left and right atrium which we named V-atriotomy.

## Methods

61 patients undergoing valve surgery were managed with V-atriotomy incision because of inadequate exposure of the mitral valve and subvalvular apparatus. 37 patients were male (60.7%) and 24 patients were female (39.3%) with a mean age of  $64.7 \pm 10.2$ . Standard left atriotomy incision was made primarily and in cases of bad exposure, caval snares were tightened for total perfusion. Right atriotomy incision was done as well followed by interatrial septum incision. Interatrial septostomy incision and left atriotomy incision were connected at 2 cm medial to inferior vena cava cannula. Suspensory sutures were placed to the free edges of right atriotomy and interatrial septostomy. This excellent visualisation of the mitral valve led us to perform valve repair or replacement procedures.

## Results

Mitral valve repair was performed for 32 patients (52.5%) and mitral valve replacement for 29 (47.5%). Mean cardiopulmonary bypass time was  $143,62 \pm 42,74$  and cross clamping time was  $95,57 \pm 24,67$  minutes. Intraortic balloon counterpulsation was required for 5(8.2%) patients. Postoperative antiarrhythmic drug was used for 12(19.8%) patients. No patient needed permanent pacemaker.

## Conclusion

Good exposure is mandatory for mitral valve repair since meticulous analysis of the valve and subvalvular apparatus is essential. We suggest that V atriotomy approach is a useful alternative, particularly for re-operations, ischemic mitral disease and at small left atrium size.

## Authors' details

<sup>1</sup>Department of Cardiovascular Surgery, Izmir Katip Celebi University, Ataturk Training and Research Hospital, Karsiyaka-Izmir, Turkey. <sup>2</sup>Cardiovascular Surgery Department, Kayseri Sevgi Hospita, Kayseri, Turkey.

Published: 11 September 2013

doi:10.1186/1749-8090-8-S1-P165

Cite this article as: Kucuker et al.: Biatrial transeptal atriotomy approach to the mitral valve: V-atriotomy technique. *Journal of Cardiothoracic Surgery* 2013 **8**(Suppl 1):P165.

Submit your next manuscript to BioMed Central and take full advantage of:

- Convenient online submission
- Thorough peer review
- No space constraints or color figure charges
- Immediate publication on acceptance
- Inclusion in PubMed, CAS, Scopus and Google Scholar
- Research which is freely available for redistribution

Submit your manuscript at  
[www.biomedcentral.com/submit](http://www.biomedcentral.com/submit)



\* Correspondence: [asliastan@yahoo.com](mailto:asliastan@yahoo.com)

<sup>1</sup>Department of Cardiovascular Surgery, Izmir Katip Celebi University, Ataturk Training and Research Hospital, Karsiyaka-Izmir, Turkey  
Full list of author information is available at the end of the article