Surgical aortic valve replacement

Marzia Cottini*

Department of Cardiac Surgery and Heart Transplantation, San Camillo Forlanini Hospital, Italy

Accepted on November 17th, 2021

Introduction

Aortic valve substitution is the highest quality level treatment for serious indicative aortic valve infection. As of late, aortic valve recreation medical procedure (Ozaki methodology) arises as a careful option with great outcomes in the medium term. The middle age was 62 years, interquartile range 25. The principle sign for a medical procedure was aortic valve stenosis (63.1%), by and large because of bicuspid valve (19 patients, half). 22 (58%) patients had one more ailment with a sign for a medical procedure connected with AV infection, 8 (21%) had rising aortic dilatation with an elective sign. Results One clinic demise happened (1/38, 2.6%) after perioperative myocardial localized necrosis. There was a huge abatement in the pinnacle mean (66 mmHg, 95% CI = 52,581.3 versus 15 mmHg, 95% CI = 12,117.5, p II: 94.6%, 94.6% and 91.7%, individually. , relating to a huge decline in the mean pinnacle (66mmHg, 95% CI = 52.581.3 versus 14mmHg, CI95% = 10,917.6, Aortic valve stenosis (AV) is the most well-known valvular illness and it is a significant general medical issue. 1.2 Pseudo-AV substitution is the highest quality level surgery for the treatment of AV infection, yet the system has huge entanglements like confuse, difficulties of anticoagulation (pseudomechanical), degenerative (pseudo-proliferative) studies), among others.35 AV fix is an option in contrast to AV Replacement, notwithstanding, this methodology requires more careful aptitude and is generally restricted to aortic deficiency. 68 AV remaking a medical procedure (AVRec) is another surgery to treat AV illness that includes eliminating the AV and supplanting it with a neovalve autologous pericardium treated with 2-glutaraldehyde. This system was depicted ages ago; but Ozaki et al. normalized this method. Endurance results and endurance without reoperation are astounding in the medium term, with the essential benefit of keeping away from the utilization of anticoagulants. Presently, there is a standard framework for completing this method, yet because of monetary and authoritative issues it is hard to get it in our middle. That is the reason we planned our own layout framework. With this framework, we perform AVRec medical procedures, yet additionally pneumonic valve medical procedures. We present the careful history of our first AVRec medical procedures. We directed a review overview from January 2018 to June 2020 of patients going through AVRec medical procedure, performed by a similar careful group, at a public reference community in Lima, Peru. We chose patients who were probably going to be supplanted with a natural prosthesis or who denied a mechanical prosthesis. Careful Techniques First, we planned and fabricated our own apparatus framework, then, at that point, we tried it in test medical procedures on pig hearts. After a midlineectomy, readiness of the pericardium is started by getting it free from fat and other overabundance tissue on its external surface. A piece of the patient's pericardium was collected and resected. Then, at that point, treat the pericardium with 0.6% glutaraldehyde arrangement with 8.4% sodium bicarbonate answer for 10 minutes. The treated pericardium was washed multiple times with physiological saline answer for 6 minutes. Then, at that point, to perform AVRec medical procedure, we followed the strategy depicted by Ozaki et al in their report. All medical procedures are performed while the heart is in heart failure. All patients went through intraoperative transesophageal echocardiography notwithstanding standard heart careful observing. As suggested by the American Society of Echocardiography, a cardiologist represent considerable authority in clinical imaging performed transthoracic and esophageal echocardiography.

Acknowledgement

None.

Conflict of Interest

Author declares there is no conflict of interest.

*Correspondence to

Marzia Cottini

Department of Cardiac Surgery and Heart Transplantation

San Camillo Forlanini Hospital, Italy

E-mail: marziac@xyz.com

Citation: *Marzia C. Surgical aortic valve replacement. J Cardiovasc Med Ther. 2021; 5(5):9*