



Hospital number: 35463456  
Physician: Dr. demo  
National ID:  
Patient name: harder

## Operative report

|                                |                      |                          |          |
|--------------------------------|----------------------|--------------------------|----------|
| <b>Pre-operative diagnosis</b> | 7347585              | <b>Surgeon</b>           | Dr. demo |
| <b>Operation</b>               | AVR                  | <b>Assistant</b>         | n/a      |
| <b>Operation date</b>          | 3/21/2023 8:55:12 AM | <b>Anaesthesiologist</b> | N/a      |
|                                |                      | <b>Perfusionist</b>      | N/a      |

Iodine, draping and full midsternotomy.

The pericardium opened with a T-shaped incision and suspended to the sternal retractor. Careful hemostasis of the sternal edges and thymus remnants. The heparin was given and we placed pursestring sutures on the ascending aorta and right atrium. Cardiopulmonary bypass was started after we checked the ACT. The temperature of the patient was brought down to 34 degrees Centigrade and the aortic cross clamp placed. We opened the ascending aorta through a hockey stick shaped incision down to the non-coronary cusp. The right upper pulmonary vein was stabbed to insert a sump drain. We removed the aortic valve and cleared the aortic annulus of any residual calcium deposits. We could now start with implanting the aortic prosthesis. We decided to implant a

| Valve | Size | Serial number |
|-------|------|---------------|
| SJMA  | 25   | SOUR-TOAD     |

The prosthesis functioned without any obstructions and the aorta was closed with a combined mattress and over and over technique. We inserted an aortic root vent and after careful de-airing of the heart the aortic crossclamp was released. The root vent was set at 150 ml per minute. The heart regained sinus rhythm.

### Comments

Signature

CRD 2943.78545

Printed at: 24/05/2023 12:07:35

by: Dr. demo