

Result Type: Operation Report  
Result Date: 04 June 2018 11:29 AEST  
Result Status: Auth (Verified)  
Result Title: AVR + LAA Closure  
Performed By: Talwar, Arpit (JMO) on 04 June 2018 11:40 AEST  
Verified By: Talwar, Arpit (JMO) on 04 June 2018 11:40 AEST  
Encounter info: Royal North Shore, Inpatient, 03/06/2018 - 13/06/2018

### **AVR + LAA Closure**

Patient: **GREEN, Mr Ian**      **MRN: 019-83-23**  
Age: **71 years**   Sex: **Male**   DOB: **27/10/1946**  
Associated Diagnoses: **None**  
Author: **Talwar, Arpit (JMO)**

### **Operative Information**

#### **SurgiNet Case Number:**

Case Number: OSRNS-2018-10176

04-JUN-2018 08:00

#### **Date of Operation**

04-JUN-2018

### **Facility/Surgical Area/Operating Room**

Royal North Shore Hospital / OpSuite Main RNS / OR 07 RNS

### **Medical staff:** Case Consultant -

Marshman, David (Senior MO)

### **Medical Staff involved in this procedure**

Proceduralist - Principal: Marshman, David (Senior MO)

Proceduralist - Assisting: Talwar, Arpit (JMO)

Proceduralist - Assisting: Sherrah, Andrew (JMO)

Anaesthetist - Assisting: Ierino, Marcus (Senior MO)

Anaesthetist - Senior: Brown, Neil (Senior MO)

.

**Type of anaesthetic**

General Endo

**Procedure type**

Elective

**Operative Note**

**Planned procedure**

Aortic Valve Replacement + Left Atrial Appendage Closure

**Unplanned Return to OR**

No.

**Procedure Information**

Operation performed

Aortic Valve Replacement + Left Atrial Appendage Closure

Operation description: GA/IV Abx/Supine/Time Out

IDC

Prep and Drape

Median sternotomy

Thoracic cavity entered without complications

Pericardium opened

Stay stitches used for exposure

Heparinisation

Aortic cannulation

Venous cannulation

Retrograde cardioplegia cannulation

Cardiopulmonary bypass commenced

Cross clamp to ascending aorta

Transverse aortotomy

Intermittent antegrade via direct ostial antegrade + retrograde cardioplegia given throughout case with asystolic arrest achieved

Cooled to 32 degrees

Aortic valve visualised

- Perforation seen in left coronary cusp

Aortic valve excised and sent for tissue histopathology and MCS

14x 2/0 ethibond sutures to aortic annulus

Aortic valve sized

Perimount 25mm Tissue Aortic Valve inserted to position (SN 5760451, Lot No.: S-17M6458, 25mm, Model No.: 2900)

Well positioned and coronary ostia patent

Closure of aortotomy is standard fashion

Rewarming commenced

De-aired

Retrograde cannula removed

Off cardiopulmonary bypass in VF - 1x 25J shock required with reversion to normal sinus rhythm

Venous cannula removed

Protamine given

Aortic cannula removed

Left Atrial Appendage closure with stapler performed

Haemostasis achieved

Ventricular and atrial pacing wires

2x drains inserted

- R angle 28Fr pericardial
- Straight 28Fr retrosternal

Closure of pericardium

3x straight single sternal wires (manubrium), 3x figure of 8 wires in body of sternum and 1x single wire in lower body of sternum

Closure of wound in usual fashion.

Wound Class: Clean.

**Procedure/s Coding (MBS-E)**

Valve replacement with bioprosthesis or mechanical prosthesis (38488).

Closure of left atrial appendage (96220).

**Prosthesis details**

Prosthetic Details

none documented at time of note completion

.

**Surgical Pathology**

**Specimens sent to pathology**

Specimens documented

**Description:** aortic valve

**Quantity:** 1

**Time Taken:** 05/06/2018 10:22

**Destination:** Histology

**Fixative Added:** Formalin

**Description:** aortic valve

**Quantity:** 1

**Time Taken:** 04/06/2018 10:26

**Destination:** Microbiology

**Fixative Added:** Fresh

.

## **Postoperative Information**

Surgeons Note

Post procedure instructions

1. ICU Admission post op
2. Leave ICC on suction at -20cm H2O
3. Monitor drain outputs
4. Haemodynamic monitoring in ICU - Aim MAP < 70
5. Sub-cut Heparin in 6 hours (after CTx review)
6. TTE before discharge. NOT FOR TOE or NG insertion please.
7. IV ABx
8. Chase cultures and histopathology

## **Health Status**

Allergies and Adverse Reactions

Allergic Reactions (Selected)

*Mild*

Elastoplast- No reactions were documented.

Penicillin- Rash.

*Unknown*

Augmentin- Rash..