

PHILLIP SPRATT AM

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CARDIOTHORACIC SURGEON

DEPARTMENT OF
CARDIOTHORACIC SURGERY
ST. VINCENT'S HOSPITAL
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NAME: RIGGS, Kevin
1 Melaleuca Street, Killarney Vale 2261

D.O.B: 14.7.45

MRN: 229805 - St. Vincent's Private Hospital

PROCEDURE: Aortic valve replacement - 25mm Perimount bioprosthetic valve
(hemi-sternotomy)
Retrograde cardioplegia

SURGEON: A/Prof P Spratt

ASSISTANT: Dr Y Kawanishi

ANAESTHETIST: Dr B. Manasiev

DATE OF OPERATION: 25.11.2011

HISTORY:

This 66 year old man who had marginal lung function, was admitted for elective aortic valve replacement

INCISION:

Hemi-sternotomy was carried out to the 3rd intercostal space

PERFUSION DATA:

A 22mm cannula in the distal ascending aorta
Two stage Sarns venous cannula via right atrial appendage
Systemic cooling 32°C
Antegrade and retrograde cardioplegia administered

OPERATIVE FINDINGS:

The aortic valve had mixed valve disease with thickened stiff leaflets and calcification of the aortic annulus.

OPERATIVE PROCEDURE:

Once the aorta had been exposed cannulation was carried out. Bypass was established. The heart was arrested. A transverse aortotomy incision was then carried. Aortic valve was excised and debrided. A 25mm Perimount bioprosthetic valve was inserted in the supra-annular position with 2.0 Ethibond buttressed with Teflon. The valve seated in well. The aortotomy incision was

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Riggs, Kevin (continued)

closed with a single layer of 4.0 Prolene. Cardiac chambers were de-aired through an active air vent and cross clamp was removed. Pacing wires were placed on the right ventricular outflow tract. Haemostasis was obtained. The patient was weaned off bypass with good function of the bioprosthetic valve, and the remainder of the closure was routine.



A/PROF PHILLIP SPRATT AM
CARDIOTHORACIC SURGEON

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