

Commentary on video assistance in mitral surgery: reaching the “Thru” port access

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Very interesting article (1) about minimally invasive mitral valve surgery. The port access is evolving in “video-port access”, it means smaller incision, video-guided mini-thoracotomy approach is about 4–6 cm, the view of the surgical field is achieved with 30° or even 120° camera, high definition and inclusive 3D visualization is used with 5 or 10 mm optics. The aim is reduction in surgical trauma, a major increase in patient comfort, faster recovery as well as better cosmetic results. It became even more an ultra-specialized field, in which is required a specific surgeon training and a rigorous team approach. The team approach, including surgeon, anaesthesiologist, nurse, cardiologist and perfusionist, is crucial for a safe and effective realization of this surgical strategy. In our experience we noticed that the learning curve in video assisted port access for mitral surgery is mandatory for the entire equipe. So we have dedicated some figures to this kind of operation, with the aim to reduce individual differences, accelerate learning and optimize the procedure. Direct heart visualization during MIMVS operation is impossible through such small

access and TEE managed by anesthesiologist is vital. Any modification in ventricular size or performance need to be detected by TEE and proper management introduced. Viewing the video is clear that the approach is minimally but the field view is better than in open surgery, we are sure this is the goal of this technique.

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Footnote

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1. Irace FG, Rose D, D’Ascoli R, et al. Video assistance in mitral surgery: reaching the “Thru” port access. *J Vis Surg* 2015;1:13.

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