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The V-shaped double-layer patch technique for complete atrioventricular septal defect

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Background and aim: Several surgical techniques for repair of a Complete Atrioventricular Septal Defect (CAVSD) have been developed. However, the postoperative complications with these methods may lead to reoperation during follow-up. The aim of this report is to share our experience with a novel surgical technique for <u>CAVSD</u> that has anatomic advantages postoperatively and could reduce the reoperation rate.

Methods: 33 patients who underwent repair of CAVSDs between April 2011 and September 2021 were retrospectively investigated. All of these patients were repaired by the V-shaped double-layer patch technique.

Results: There were no deaths (0%) and only two re-operations (6.1%) in the series. The aortic cross-clamp and cardiopulmonary bypass times were 65.9 ± 18.1 min and 122.7 ± 38.0 min, respectively. To date, no significant residual ventricular septal defects have been detected and no left ventricular outflow tract obstruction has been seen on echocardiography in any patient. During follow-up, the left atrioventricular valve status was assessed as no incompetence in 9 patients (27.3%), trivial in 21 (63.6%), and mild in 3 (9.1%).

Conclusion: The V-shaped double-layer patch technique is a valuable surgical option for patients with CAVSDs. The mid-term results in our series document excellent performance of this technique, which augments the area of the anterior valve of the left <u>atrioventricular valve</u> to make it closer to a normal mitral valve and may also reduce the need for reoperation.

Keywords: V-shaped double-layer patch technique, Complete atrioventricular septal defect, Postoperative complications.

Biography

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