Minimal Access Surgery for Atrial Septal Defects in Children

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Abstract

Minimal access incisions for the treatment of atrial septal defects provide excellent results and have contributed to the reduction of surgical trauma. The choices for incision are many and vary depending on the surgeon and are personal [1]. A wide variety of incisions has been described including: lower sternotomy, anterior or lateral thoracotomy, trans-xyphoid approach, and trans-axillary incisions [2]. Each of the alternative approaches is mandatory since each one has different limitations for exposure to the heart and intracardiac structures, and potential for injury to adjacent structures. For the surgeon, the choices for incision are many and in experienced hands, the risks and results should be the same as for a full sternotomy approach. Awareness of the potential pitfalls with experienced hands, the risks and results should be the same as for a sub-mammary incision. It is also interesting to note that a survey of parental satisfaction revealed no differences between the two incisions. Similar results were obtained by Bleiziffer et al. in their study, despite the objective differences between the two groups.

CONFLICTS OF INTEREST

None declared.

REFERENCES


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