

AB163. 138. Survival analysis of patients undergoing isolated versus concomitant redo tricuspid valve surgery

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Background: Current valvular heart disease guidelines indicate reoperation with isolated tricuspid valve repair or replacement in patients with persistent symptoms due to severe tricuspid regurgitation (TR) who have undergone left sided valve surgery and do not have severe pulmonary hypertension. Our objective was to examine survival in this specific cohort of patients.

Methods: A retrospective institutional review of all patients undergoing tricuspid surgery over an 18-year period between 2003–2018 was undertaken. Data was retrieved from an institutional database search and patient follow-up attained from up to date regional electronic care records.

Results: A total of 261 patients were identified, 58 underwent redo surgery on their tricuspid valve. Mean

follow up was $812 \pm 1,095$ days. Of these 13 patients underwent isolated redo tricuspid valve surgery. Seven (53.8%) underwent tricuspid valve replacement and 6 (46.2%) underwent tricuspid valve repair. Eight patients (61.5%) were alive at most recent follow up. Forty-five patients underwent tricuspid surgery with a concomitant procedure. Of these 2 (4.4%) underwent tricuspid repair and the remainder replacement. Thirty-one (68.8%) patients were alive at most recent follow up. Comparing survival between patients undergoing isolated versus concomitant redo tricuspid valve surgery, there was a statistically significant difference with improved survival in the concomitant cohort ($P=0.003$).

Conclusions: Although indicated by current guidelines, isolated redo tricuspid valve surgery is a morbid procedure and strategies for minimization of morbidity and mortality should be progressed further to optimize treatment allocation and timing in this high-risk cohort. Avoidance of requirement for redo tricuspid surgery should be improved with lower thresholds for tricuspid valve repair at the time of left sided valvular surgery.

Keywords: Tricuspid repair; tricuspid replacement; redo sternotomy

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