



Ozaki Procedure: 1,100 patients with up to 12 years of follow-up

Ozaki prosedürü: 12 yıla varan takipte 1100 hasta

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Ozaki procedure or aortic valve neo-cuspidization basically includes replacement of aortic valve cusps by three native autologous pericardial cusps. Its midterm outcomes have been published previously.^[1] This video article presents the operative technique in a stepwise method.^[2]

In our clinic, this operation was performed during 12 years from April 2007 to March 2019, and more than 1,100 patients were operated. The mean age of the patients was 67.7 ± 14.9 years. The etiology was aortic stenosis in 61.7%, aortic insufficiency in 31.1%, and both in 7.2% of the patients. The mean aortic cross-clamp and cardiopulmonary bypass times were 106.1 ± 30.3 and 151.3 ± 36.9 , respectively. The overall survival rate is 84.6% and freedom from reoperation is 95.8% at 12 years.

This technique can be applied in patients with aortic stenosis, aortic regurgitation, infective endocarditis, and prosthetic valve endocarditis and those with non-tricuspid aortic valve with a similar method. The main strengths of the technique are the immediate superb hemodynamics after the operation and no anti-coagulation requirement postoperatively. Regarding to the operative technique, there may be some additional points to be considered:

1. During the sizing of the cusps, the larger one should be selected, if one small or larger one does not exactly fit the sizer.

2. A bovine pericardium can also be used in selected patients, if native pericardium is not available. No calcification issue was experienced in our series.
3. A learning period usually includes the first 20 patients for such operation; therefore, the set up and technique should be supervised in the beginning.
4. If the difference between the sizing of each cusps is more than 2 mm, a new commissure should be created to prevent misalignment between the cusps.

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