

BRISTOL AND WESTON HEALTH AUTHORITY

Affix Patient Identification Label

**Operation Note****VALVE:** BJORK-SHILEY 17mm  
AORTIC IN MITRAL POSITION**SN:** 17 ABP 40015**SN:** SEN Howse and SN Bennett

29th November 1985

Surname	KINSMAN	Unit No.	726128
Forenames	Bridie	Sex	F M.S.W.
Address	[REDACTED]		
Date of Birth	22.9.83	Consultant	Mr J D Wisheart

Surgeon Wisheart/Dasmahapatra/Haydar

Anaesthetist Masey/Moody

Operation Attempted relief of mitral stenosis and replacement of the mitral valve. Aortic commissurotomy and removal of subaortic diaphragm.

Date

**DIAGNOSIS:**

Bicuspid aortic valve. Mild aortic valvular stenosis. Moderate to severe subvalvar stenosis due to a diaphragm. Mitral stenosis believed to be due to a supra-valve ring, pre-operatively.

At surgery the stenosing tissue was inseparable from the valve. Left SVC.

**Perfusion data:** Cardiopulmonary bypass time - (1) 4 hrs 45 mins  
(2) 20 mins  
(3) 38 mins  
Total - 5 hrs 43 mins

**Cardioplegia & topical hypothermia**

Period of aortic cross clamp (1) 1 hr 58 mins) 3hrs 14mi  
(2) 1 hr 16 mins)  
Perfusion temperature - 17.3°C  
Septal temperature - 16°C  
Oxygenator - CAPIOX II 1.6

**Approach:** Median sternotomy.**Findings:** The left atrium was enlarged and tense. The pulmonary artery was tense. The left ventricle was significantly enlarged.**Procedure:** Cardiopulmonary bypass was established using a metal aortic cannula and 3 caval cannulae. The temperature was reduced to 22°C and then to 18°C. The aorta was cross clamped and an aliquot of the cardioplegic solution. This was repeated on a number of occasions and together with topical cooling maintained the myocardial temperature at an acceptable, though rather high, level.

The mitral valve was approached through an incision in the left atrium behind the intra-atrial groove. Access was difficult and the view of the valve also difficult. In the region of the valve there appeared to be a sheet of tissue with a central opening of not less than 1.5 cms diameter. It was difficult to find the relationship of this tissue to the mitral valve. At first it seemed to