Minimally Invasive Cardiothoracic Surgery Center

ROPER ST. FRANCIS HEART & VASCULAR CENTER
MINIMALLY INVASIVE CARDIOTHORACIC SURGERY

The Minimally Invasive Cardiothoracic Surgery Center of Excellence at Roper St. Francis Healthcare is dedicated to the clinical performance of cardiac and non-cardiac thoracic surgery through limited incisions using the most advanced surgical techniques. Using a multi-disciplinary approach that emphasizes communication and coordination, the Center offers patients state-of-the-art examination, evaluation and treatment.

PUTTING PATIENTS FIRST

Our goal is to make our patients’ experience as smooth and successful as possible. To do this, we have implemented several processes including:

• All of our diagnostics and procedures are performed at the state-of-the art Roper St. Francis Heart & Vascular Center. Here patients can receive all the treatments they need in one comfortable location.

• The referring cardiologist may complete diagnostic work-ups or the patient may be referred and all necessary tests are performed at the Heart & Vascular Center.

• The Center’s staff is happy to coordinate patient appointments and procedures as well as insurance certification.

• In order to make your patients’ experience as seamless as possible, Roper St. Francis has partnered with several local hotels and transportation companies to provide discounted rates to our patients. Our staff can assist in making the necessary arrangements for your patient’s stay in Charleston.
SERVICES

MINIMALLY INVASIVE VALVE SURGERY
• Mitral Valve Repair/Replacement
• Aortic Valve Replacement/Repair
• Tricuspid Valve Repair

MINIMALLY INVASIVE SURGERY
(additional applications)
• Mini-MAZE procedure for Atrial Fibrillation
• Repair of Atrial Septal Defects (Primum and Secundum)
• Resection of Atrial Tumors (Myxoma)
• Thoracic Aortic Stent Grafting

MINIMALLY INVASIVE THORACIC SURGERY
(Video Assisted- VATS)
• VATS Lung Biopsy
• VATS Resection of Thoracic Tumors
• VATS Lung Resection and Pneumonectomy
• VATS Bullectomy and Pleural Sclerosis
• VATS Decortication
• VATS Placement of Epicardial Pacemaker Leads
**Elizabeth Kline, MD**

Dr. Kline is board certified in thoracic surgery. She received her BA from Bellarmine College in Louisville, KY, and her MD from the University of Kentucky College of Medicine. She completed her general surgery residency at Virginia Mason Medical Center in Seattle, WA and her thoracic surgery residency at the Medical University of South Carolina.

**David Peterseim, MD**

Dr. Peterseim is board certified in thoracic surgery. He received his BS from Duke University and his MD from the Washington University School of Medicine. He completed his residencies in general and cardiothoracic surgery at Duke University Medical Center.

**Scott Ross, MD**

Dr. Ross is board certified in thoracic surgery. He received his BS from Bucknell University in Lewisburg, PA, and his MD from the University of Virginia School of Medicine. He completed his residency in general surgery at the University of Virginia Health Sciences Center and a residency in cardiothoracic surgery at Stanford University Medical Center.

**John Spratt, MD**

Dr. Spratt is board certified in thoracic surgery. He completed his BA at the University of Colorado and his MS from the University of Missouri. He received his MD from the Washington University School of Medicine and completed his residency at Duke University Medical Center.
What are the advantages of a minimally invasive operation?

There are several clear advantages to performing minimally invasive procedures including:

- Faster return to normal activities. Most patients fully recover in 2 to 3 weeks as opposed to 6 to 8 weeks after traditional sternotomy cases.
- Shorter hospital stay
- Reduced trauma and pain
- No splitting of the breastbone
- Minimal blood loss and less need for transfusion
- Decreased wound infection
- Better cosmetics and a positive impact on patients’ lifestyle

Who is a candidate for minimally invasive valve surgery?

- A patient with a leaking (regurgitant) or blocked (stenotic) aortic, mitral or tricuspid valve can be considered for this procedure.
- Age is not a contraindication.
- Patients with a severely calcified aorta or adhesions inside the right chest may not be candidates for this procedure.
How is the minimally invasive procedure performed?

• A small 2 to 4 inch incision is performed on the right side of the chest.

• The chest cavity is entered and the aortic, mitral or tricuspid valves are exposed through this more lateral approach.

• The patient is connected to the heart-lung machine via a small cannula placed in the femoral artery and vein.

• The operation is performed utilizing highly specialized instruments as well as a camera placed in the field.

• The entire surgery is completed through this small incision.

Is there any special preparation required for a minimally invasive procedure?

No. The same diagnostic procedures required for any other cardiac surgical procedure will be necessary for a minimally invasive procedure. This includes a cardiac catheterization or high-resolution CT scan to evaluate the coronary arteries as well as an echocardiogram to inspect the heart valves.

Can the mitral valve be repaired with a minimally invasive procedure?

Yes. We take a very aggressive stance on repairing the mitral valve. Any type of complex repair of the mitral valve can be performed through this small incision.

How long is the hospital stay?

Most patients are in the hospital an average of 3 to 5 days.
**REFERRALS**

For more information or to make a referral, please call **(843) 720-8490**.

**Cardiothoracic Surgery of Charleston**
125 Doughty Street, Suite 690
Charleston, SC  29403