

Are you interested in training for the AVNeo® procedure?

Training is fundamental for the AVNeo procedure. Sanamedi is supported by a network of proctors worldwide who are responsible for supporting cardiac surgeons through their learning journey.

Module I begins with didactic lectures where surgeons learn the benefits, outcomes, and ideal patient populations for the AVNeo procedure to the advanced techniques of transforming a bicuspid valve into a tricuspid valve.

Module II shifts to hands-on Dry Lab training by reconstructing a new aortic valve into a silicone model. This module offers the opportunity to learn proper measuring and sizing techniques and the standardized approach to suturing the new leaflets into the native annulus.

Module III includes in operating room experience to see your Course Director reconstruct the aortic valve using the entire AVNeo procedure.

Module IV is an opportunity for a certified AVNeo Proctor to visit your facility and support your first AVNeo cases.

We look forward to supporting all your training needs!



Highlights from 2023 EACTS

(Oct 7, 20223 – Vienna, Austria)

Dr. Mohammed Sanad WINS!

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**EACTS / GJC-PASCATS EXCELLENCE
 AWARD FOR RHEUMATIC HEART VALVE
 REPAIR & AORTIC RECONSTRUCTION
 WINNER**



Dr. Sanad presented his excellent work on AVNeo in Rheumatic Heart Disease. Cohort of 33 pts, ave. age of 39 years, showed 97% Freedom from Reop, average follow-up of nearly 3-years!

Highlights from 2023 AATS

(May 8, 20223 – Los Angeles, CA)



Dr. Unai, Cleveland Clinic, presented
“15-year Outcomes of 1,196 Ozaki Procedures”
 See Page 3 for the full abstract

Congratulations to
Professor Markus Krane, MD
for being selected to
lead Cardiovascular Surgery at
The German Heart Center - Munich

Since its foundation in 1973, as the first heart center in Europe, DHM has served as a model for other institutions. The Department of Cardiovascular Surgery, under the leadership Dr. Krane since his appointment in September 2023, is one of the leading departments in Germany for the treatment of acquired heart defects and performs around 2,200 heart and vascular operations every year.

DHM has served as an AVNeo Center of Excellence since 2019



Upcoming 2023 2-Day AVNeo Training Courses
Training Dates - Location- Course Director

Nov 8th & 9th - Pittsburgh, PA, USA - Prof. Danny Chu

Dec 11th & 12th - Modena, Italy – Prof. Alberto Albertini

2024 Dates to be announced soon

Contact training@sanamed.jp to reserve your spot

Sanamed welcomes three new proctors!



Dr. M. Lansakara
Sri Lanka



Dr. A. Omar
Egypt



Dr. F. Rasekh
Egypt



Outcome of 1196 aortic valve reconstruction – the Ozaki procedure

Objective: Introduced in 2007, aortic valve reconstruction with autologous pericardium --Ozaki procedure-- has become an attractive option for aortic valve replacement. Multiple studies have demonstrated good short-term outcomes. In this longest-term and most detailed single-institution study of the Ozaki procedure, our objective was to investigate the intermediate term results after the Ozaki procedure.

Methods: From 4/2007 to 5/2021, 1,196 consecutive Ozaki procedures were performed. Patient age ranged from 11 to over 90 years, 712 (60%) were male, 50 (4.2 %) had previous cardiac surgery, and 155 (13%) were on dialysis. 651 (54%) had pure aortic stenosis, 289 (24%) pure regurgitation and 87 (7.2%) mixed stenosis and regurgitation. 322 (27%) had bicuspid valves and 28 (2.3%) infective endocarditis. Concomitant procedures were performed in 551 (46%). Complications, serial postoperative echocardiogram data, and follow-up information on aortic valve reoperations and mortality were collected and analyzed by multivariable longitudinal data analyses for valve performance, and time-to-event analyses for reoperation and mortality. Fifty percent of patients (n=598) were followed more than 3.2 years for these events and changes, 10% (n=119) more than 9 years; 5,023 patient-years of follow-up were available for analysis.

Results: Mean Cardiopulmonary bypass and aortic clamp time for isolated Ozaki procedures were 151+/-37 and 105+/-29 minutes, respectively. Operative mortality was 4.6% (n=55), postoperative stroke 2.6% (n=31), new dialysis 4.0% (41/1,035), new heart block 1.5% (18/1,188). At 6 months, 5 years, and 10 years, peak/mean aortic valve gradients were 14.0/7.4, 15.5/8.0, and 15.5/8.2 mmHg (figure); moderate or severe aortic regurgitation was 0.30%, 2.9%, 6.6%, respectively. LV mass index decreased from 141+/-52 g/m² preoperatively to estimated 100+/- 1.1 g/m² at 6 months and 90+/-1.8 g/m² at 10 years. There were 38 reoperations, 17 for infective endocarditis. Freedom from reoperation was 91.2% at 10 years. 166 deaths, including 19 (11%) cardiac deaths were observed. Survival was 75% at 10 years.

Conclusions: The Ozaki procedure creates a good aortic valve with low stable gradients up to at least 10 years. Aortic regurgitation increased over time, but risk of reoperation was low. These results support the continued use of the Ozaki procedure for aortic valve replacement for any unreparable valve pathology.

Shinya Unai (1), Shigeyuki Ozaki (2), Yasuhiro Hoshino (1), Serge C. Harb (1), Hiromasa Hayama (2), Mikio Takatoo (2), Nagaki Kiyohara (2), Hiroshi Kataoka (2), Lars Svensson (1), Jeevanantham Rajeswaran (1), Eugene Blackstone (1), Gosta Pettersson (1), (1) Cleveland Clinic, Cleveland, OH, (2) Toho University Ohashi Medical Center, Meguro-ku, Tokyo

<https://www.aats.org/resources/abstract.pdf?abstract=1250559>