



Minimally Invasive Heart Surgery

Guest Editor:

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Message from the Guest Editor

We are experiencing an era of remarkable development in cardiac surgery, with TAVI setting the ball rolling around 20 years ago. Some might see the development over the past decade as a rivalry or a threat, but others might see it as an opportunity.

This external (percutaneous) pressure has translated into a profound change in everyday cardiac surgery.

In 2007, the year before the broader clinical implementation of TAVI, the proportion of minimally invasive aortic valve procedures was minor at less than 5%. It was only after TAVI's use in aortic valve therapies began to increase that progress became necessary. The proportion of minimally invasive aortic valve surgeries was close to 40% in Germany in 2021.

Today, there are many possibilities: risk-adjusted hybrid strategies; minimally invasive access routes for valve surgery; CABG, or even assisted surgery; less invasive cannulation and perfusion strategies; and patient-orientated individualized treatment concepts.

This Special Issue welcomes all innovative and future-orientated ideas, whether they are techniques, strategies or innovative conceptual approaches.





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