eComment. Authors experience and recommendations

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This interesting case report [1] provides an opportunity to discuss several points.

It has been mentioned that the incidence of morbidity and mortality is similar to the open procedure. The incidence of conversion to open sternotomy or need for thoracotomy is inherent in such a procedure and is currently not known.

There appears to be an additional risk of injury to other anatomical structures due to placement of the ports and their manipulation. The placement of drains was presumably in order to drain the pleural space as well.

It would be important to know if it is the authors' practice to use a robotic technique in preference to an open technique to close straightforward atrial septal defects in terms of risk versus benefit to the patient.

Presumably additional investigations are needed during the pre-operative work-up stage to demonstrate vascular anatomy for robotic placement of cannulae.

Conflict of Interest: None declared

Reference

- [1] Iino K, Watanabe G, Ishikawa N, Tomita S. Total endoscopic robotic atrial septal defect repair in a patient with dextrocardia and situs inversus totalis. *Interact CardioVasc Thorac Surg* 2012;14:476–8.