

AORTIC VALVE SURGERY

A Gentler Approach

Diagnosed with aortic valve stenosis, it wouldn't be long before Angelina Correnti's aorta, the main artery carrying blood out of the heart, would close. Her heart could stop.

Those four words from Ted Gutowski, MD, an interventional cardiologist with the Heart Specialists of Central Jersey who has been monitoring Ms. Correnti for eight years, resonated with her:

During a routine visit with Dr. Gutowski, Ms. Correnti mentioned that she felt out of breath a lot. It physically limited the part-time bookkeeper, who keeps active as a trustee with the Covered Bridge Two Condo Association, six grandchildren and other activities, including bingo, within her senior community. "After a series of tests, including an echocardiogram, he said my aortic valve was closing and we eventually would have to operate," she remembered.

Her wait expired last fall. She was referred to Leonard Y. Lee, MD, Associate Professor of Surgery at Rutgers Robert Wood Johnson Medical School and Chief of the Division of Cardiothoracic Surgery at Robert Wood Johnson University Hospital (RWJ), for aortic valve replacement.

Ms. Correnti pauses her story. She briskly walks out of her kitchen and returns clutching an autographed stuffed red heart to her chest. "I cherish this RWJ Heart Center pillow," she said. "The people who signed this pillow took very good care of me."

Dr. Lee's well wishes are featured prominently. "I love him! He's so gentle and understanding, and he listens," Ms. Correnti said. Of utmost importance to Ms. Correnti when she met with him: minimally invasive surgery and a quick recovery.

"When there is an isolated valve problem, there are several procedures we can do. The standard is open-heart surgery, which involves a splitting incision along the breast bone. There's a minimally invasive approach and there's TAVR, a procedure reserved for high-risk patients," Dr. Lee explained. "Angelina's valve was still operative, and she had no other significant blockages. So we utilized the minimally invasive approach, which is how we typically approach these patients here."

In November, Ms. Correnti underwent aortic valve replacement at RWJ with Dr. Lee. "The operation is essentially the same as the traditional approach only it's done through a much smaller chest incision," he explains. Dr. Lee went between the ribs – without breaking or removing them – to access her aortic valve. As it was replaced, Angelina was connected to a heart/lung machine, through a small incision in her groin, to support her during surgery.

"The care was excellent! In the Open Heart Recovery Room. 'Buky' [Olubukola Osunoyomi, RN] was a sweetheart, working a double shift to stay with me," Angelina says, then points to her pillow. Buky's parting words: "I love you and your spirit. You will be fine. God bless!"

Ms. Correnti stayed in the hospital for five days after the operation. Three weeks later, she was driving, four weeks later she returned to work and even got Christmas shopping done with twin daughters Maryann Small and Joanne Cameron. "It was important to me to get back on my feet quickly," the 72-year-old said, "and I have a lot of energy now."

Visit www.rwjh.edu/heart or call 1-888-MD-RWJUH.

Shown: Angelina "Jean" Correnti, has returned to work and her favorite activities, after undergoing minimally invasive aortic valve surgery at RWJ to replace her diseased heart valve.

