Discussion to: Septal myectomy for hypertrophic obstructive cardiomyopathy using PlasmaBlade

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Presenter: Dr Basar Sareyyupoglu

Unidentified Speaker 1. And the discussion will be opened up by Dr Takayama from Columbia, New York.

Dr Hiroo Takayama (New York, NY). I would like to thank the Society for allowing me to discuss this interesting paper, and I would like to congratulate Dr Sareyyupoglu on developing this very interesting technique. Also, thank you for sharing the manuscript this morning.

Dr Basar Sareyyupoglu (Jacksonville, Fla). I know.

Dr Takayama. The technique makes a lot of sense, and I might actually use them for the upcoming cases. Now, while minimum, there must be some tissue damage. One of the many advantages of septal myectomy over septal ablation is minimum tissue injury with sharp resection. Related to this, I have the following questions. Did you experience any benefit from tissue degeneration, like, say, it became easy to graft the cutting edge?

Dr Sareyyupoglu. The benefit was practicality always. And when I started this, I wasn’t like a 200-myectomy surgeon. Obviously, I was a fellow in Rochester for 2 years, helping Drs Dearani and Schaff. I think I can say I have seen a little bit more with Dr Dearani’s cases and minimum with Dr Schaff’s cases. It’s very difficult to see this surgery, to be honest with you. But Dr Schaff started using cameras, but I wasn’t in that era, right? Dr Schaff probably had somebody holding the camera. People can understand me. And in my experience, some patients are more difficult anatomically. They are more muscular. It’s difficult to manipulate. So, this gave me a little bit more pliable to, rather than the knife, digging slowly, and taking carefully and slowly those muscles. And in the long term, I think one of the things that, I don’t know, the scarring with this type of technology, does it help? Obviously, we don’t tell patients. They always ask, “Will this grow again?” Most of the time, I think Mayo Clinic data show if patients didn’t get enough myectomy initial surgery, they are the ones that come back.

Dr Takayama. Yeah. Certainly, scar formation is a big possible concern. Have you had any data on long-term loop recorder or Holter electrocardiogram monitoring or long-term magnetic resonance imaging?

Dr Sareyyupoglu. We didn’t look specifically, but I don’t remember anybody had a malignant arrhythmia that we got in trouble with.

Dr Takayama. Okay. And now, in the electrocautery, there is a cutting mode. In your understanding, is there any difference between PlasmaBlade and cutting mode of electrocautery?

Dr Sareyyupoglu. I think that slide that I showed you, still the transfer of the energy and the temperature, even using the cutting mode in both devices, there’s a huge difference in temperature. This has a close to body temperature, 40°C to 70°C, depending on what setting you want to put. Electrocautery can go, even with the cutting function, you can reach up to 300 centigrade temperatures.

Dr Takayama. Finally, you had 2 ventricular septal defects. Do you think that might be related to the use of this blade? And I would like to, again, thank the Society for this opportunity.

Dr Sareyyupoglu. Sure. I think the ventricular septal defects happened apically. We repaired the two ventricular septal defects from the right ventricular outflow tract. No, I don’t think it was the device. It was me. I think I was digging, and I wasn’t satisfied. And I was more superior. I shouldn’t be doing it and just, I learned my lesson. And it was in the first 5 patients, I remember.

Dr Takayama. Great. Thank you.
Unidentified Speaker 1. Thank you. Moving forward. Our next speaker.

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