**EARLY OUTCOMES AFTER THE COMMANDO PROCEDURE: DOUBLE VALVE REPLACEMENT AND RECONSTRUCTION OF INTERVALVULAR FIBROSA**

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*Objective:*To characterize resource utilization and outcomes in patients undergoing the Commando procedure.

*Background:*Endocarditis and degenerative calcification adversely impacts valvular function and can compromise the integrity of the intervalvular fibrous body (IFB). Once the IFB is damaged, a double valve replacement alone will not suffice. The Commando procedure involves replacement of the aortic and mitral valve with patch reconstruction of the IFB. This complex operation is performed at select institutions and few prior studies have reported associated outcomes.

*Methods:*Retrospective analysis of patients undergoing the Commando procedure between 2013 and 2015 at a single institution was performed. Primary endpoints examined were 30-day mortality, need for re-operation, hospital length of stay (LOS), duration of cardiopulmonary bypass (CPB), blood product utilization and postoperative organ dysfunction.

*Results:*A total of 14 patients were identified (mean age 56±17, 64% female). Indications for surgery were endocarditis (43%, n=6) or extensive calcification involving the IFB (57%, n=8). Concomitant procedures, including coronary artery bypass, tricuspid valve repair, Maze procedure, or myectomy were required in 36% of patients (n=5). Mean CPB time was 175±54 minutes. Mean aortic cross-clamp time was 142±43 minutes. Blood products transfused intraoperatively included red blood cells (5±4), fresh frozen plasma (4±4), platelets (3±2) and cryoprecipitate (1±1). Postoperative complications identified were heart block requiring permanent pacemaker (21%), hemodialysis (7%), cerebral ischemia (7%), and re-operation due to bleeding (14%). No patients developed respiratory failure in this series. The mean hospital LOS was 10 days. 30-day mortality was 14% (n=2).

*Conclusions:* The Commando procedure can be safely performed with moderate rates of morbidity and mortality in the early postoperative setting. Improvements in screening practices and earlier surgical intervention (prior to involvement of the IFB) may improve clinical outcomes.