Continuous Suture Technique for Freedom Stentless Valve: Reduced Crossclamp Time

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The Pericarbon Freedom stentless valve has shown excellent hemodynamics. A continuous suture technique at the inflow site may reduce cardiopulmonary bypass and crossclamp times and affect postoperative hemodynamics. In a prospective case-matched study, interrupted and continuous suture line techniques were used in 68 and 71 patients, respectively. Isolated valve replacement was performed in 70.4% of the continuous suture group and 67.6% of the interrupted suture group. Hemodynamic data were obtained by echocardiography (mean and peak gradients, regurgitation) at discharge and after 1 year. Overall mortality was 5.0% and due to non-valve-related causes. Bypass and crossclamp times were shorter by 22.4 and 20.6 min, respectively, in the continuous suture group. The suture technique at the inflow site did not result in significant differences in the mean (11.8 ± 6.3 vs. 12.5 ± 6.2 mm Hg) or peak gradients (21.0 ± 9.6 vs. 22.0 ± 10.9 mm Hg), or degree of regurgitation. Follow-up showed a further decrease in the gradients.

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