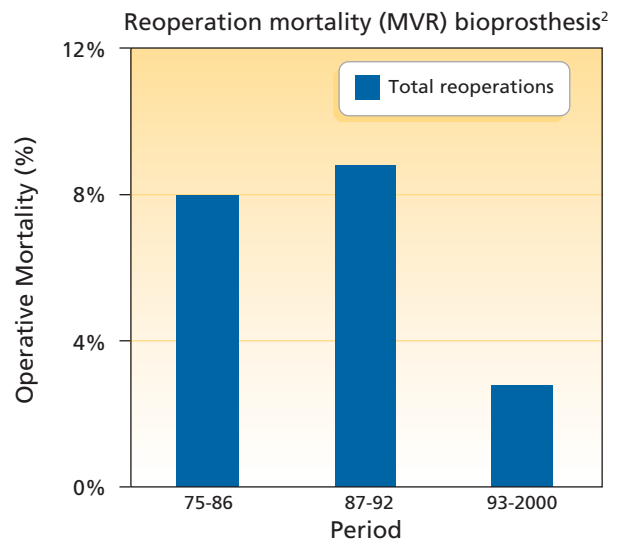
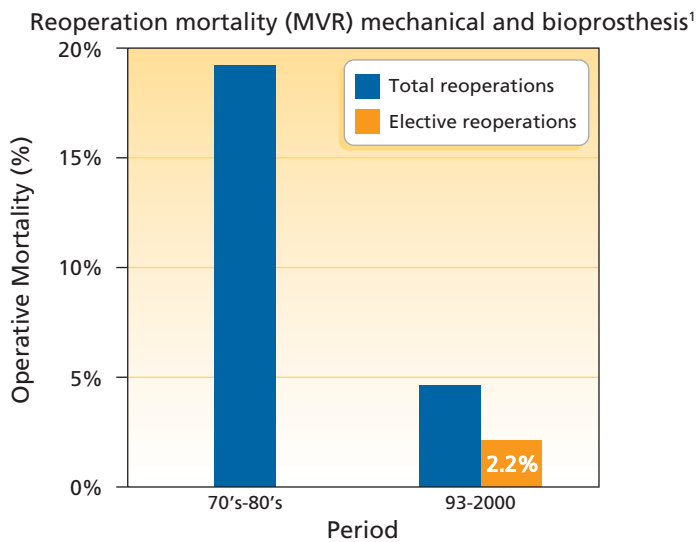


Elective reoperation yields a low risk for most patients.^{1,2}

Operative mortality has dramatically decreased.^{1,2}

Contemporary risk of operative mortality for repeat heart valve surgery is low and should be compared to cumulative risks of lifelong anticoagulation.

Repeat mitral valve replacement operative mortality



“The risk of repeat mitral valve replacement was low suggesting that there should be less reluctance to recommend patients choose a bioprosthesis over a mechanical prosthesis.”¹

— Potter D, et al.

“Bioprosthetic mitral reoperative mortality can be lowered by reoperations on an elective/urgent basis in low- to medium-NYHA functional class.”²

— Jamieson WR, et al.

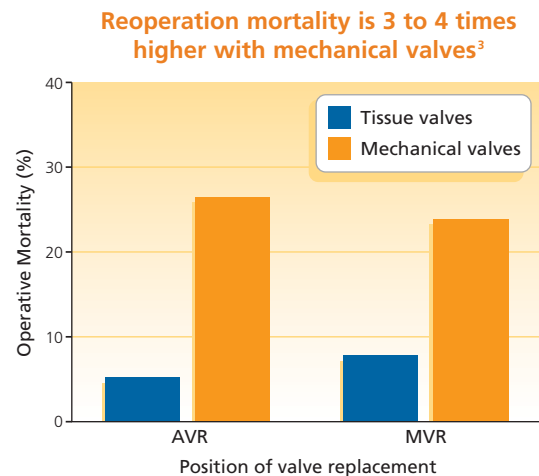
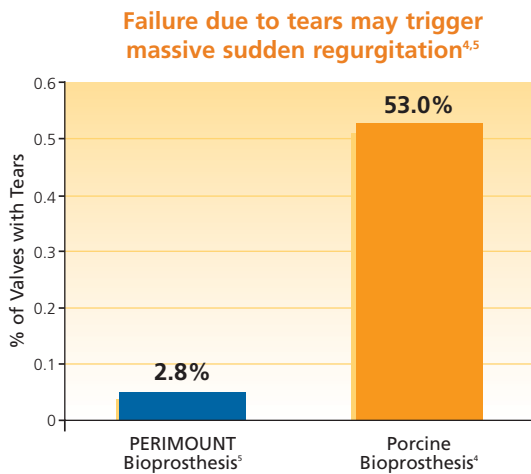


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Why compromise with emergent reoperation?

Emergent reoperation carries a high mortality.

Abrupt failure is the main cause of emergent reoperation. Both mechanical and porcine valves are more likely to fail abruptly (through thrombosis³ or leaflet tears⁴) and to require emergent reoperation. In contrast, the Carpentier-Edwards PERIMOUNT valves' slow mode of failure allows for clinical detection and, in many cases, an elective low-risk reoperation.³



“The routine evaluation of patients can achieve earlier low-risk reoperative surgery.”²

— Jamieson WR, et al.

References:

1. Potter D, et al. Risk of repeat mitral valve replacement for failed mitral valve prostheses. *Ann Thorac Surg* 2004;78(1):67-72.
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3. Jones TM, et al. Repeat heart valve surgery: Risk factors for operative mortality. *J Thorac Cardiovasc Surg* 2001;122:913-8.
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5. Carpentier-Edwards PERIMOUNT Aortic Pericardial Bioprosthesis 20-year Results. Data on file at Edwards Lifesciences, 2003.

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