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.

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"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 thrombosis\(^3\) or leaflet tears\(^4\)) 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.\(^3\)

References:

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

— Jamieson WR, et al.