Late mortality
Follow mean EACTS: 7,5

Hospital mortality
 defect.
 mainly consisted in closing a residual pulmonary

Surgical techniques employed
 Preoperative functional class III (range: 0-13 years (range: 18,75-74), 56,5% women.

Main heart disease:
 Mean age: 41±13 years (range: 18,75-74), 56,5% women.

Results
 Interval between primary reparative surgery and actual procedure was 28 ± 8,7 years (range: 0-42,5)

Preoperative functional class III-58,5% and IV-12,2%, history of arrhythmia in 66,7%.

Principal indications for surgery related to valve incompetence: pulmonary-80%, mitral-13%, aortic-7%.

valve surgery, 11% 3 valve surgery, 12,2%, history of arrhythmia in 66,7%.

Multivalve disease in GUCH patients is a challenge with high risk.

The number of GUCH patients needing multivalve surgery is increasing over time.

We operate these patients in our GUCH unit with good results (low mortality and improvement of clinical status), in low and medium-time follow-up.

Conclusion
 Multivalve disease in GUCH patients is a challenge with high risk.
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 We operate these patients in our GUCH unit with good results (low mortality and improvement of clinical status), in low and medium-time follow-up.