

# **Outcome of bioprosthetic valves in pulmonary position implanted for reconstruction of the right ventricular outflow tract in adult congenital heart disease**

**Poruban R.<sup>1</sup>, Gebauer R.<sup>1,2</sup>, Popelová J.<sup>2</sup>, Timko F.<sup>2</sup>, Slezáková D.<sup>1</sup>, Skalský I.<sup>2</sup>, Janoušek J.<sup>1</sup>**

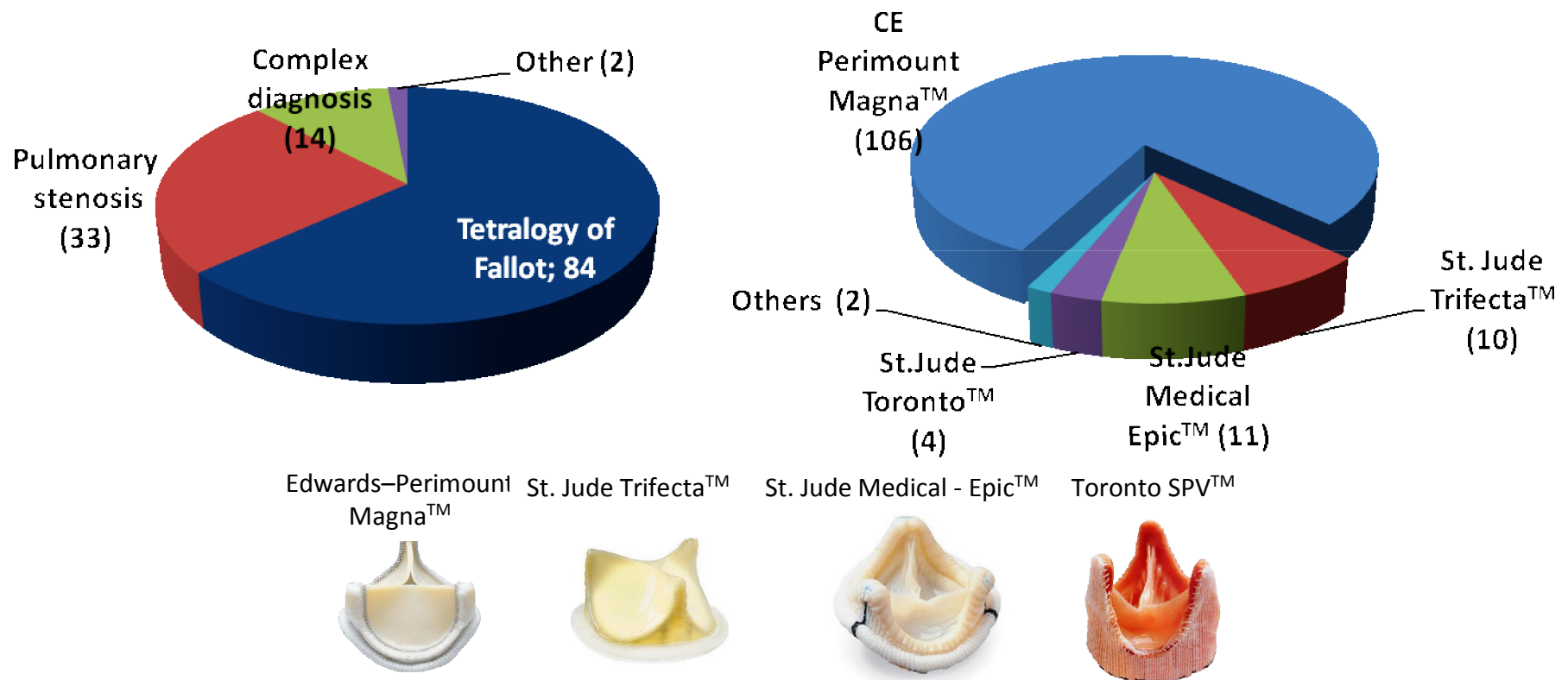
**Children's Heart Centre, 2nd Faculty of medicine and Motol University hospital, Prague, Czech Republic<sup>1</sup>**

**Department of Cardiac Surgery, Na Homolce Hospital, Prague, Czech republic<sup>2</sup>**

# Methods

- “ Retrospective study on 133 adult patients with ACHD from Jun 2005 to April 2015
- “ Age at surgery 34.5 years (18.4 – 70.4)
- “ Follow up 4.34 years (0.08-10.97)

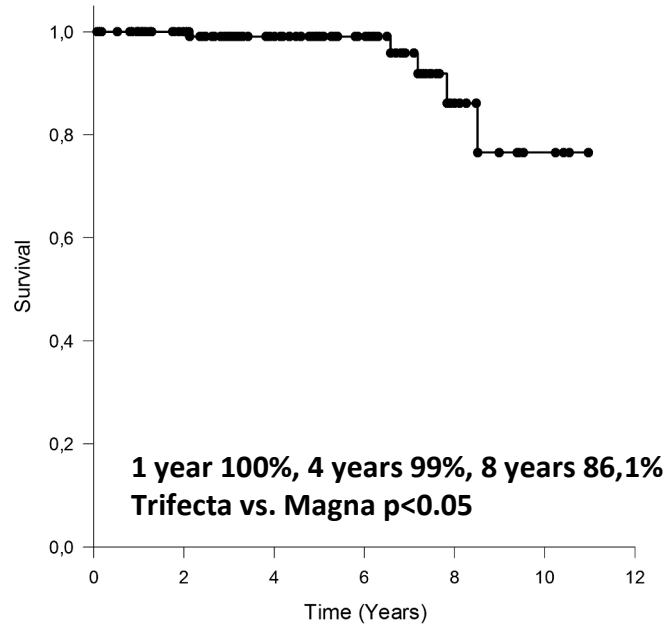
## Patients characteristic



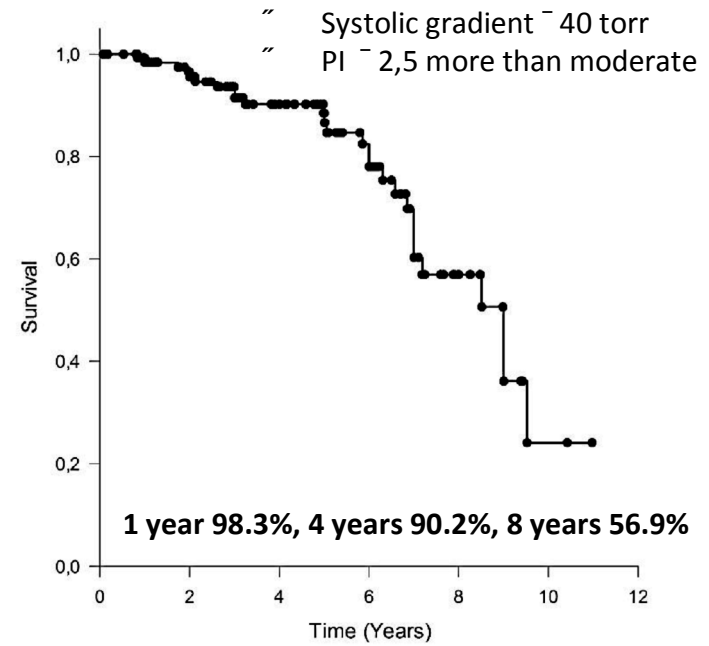
# Results

There were no perioperative deaths, and 1 (0.8%) late death.

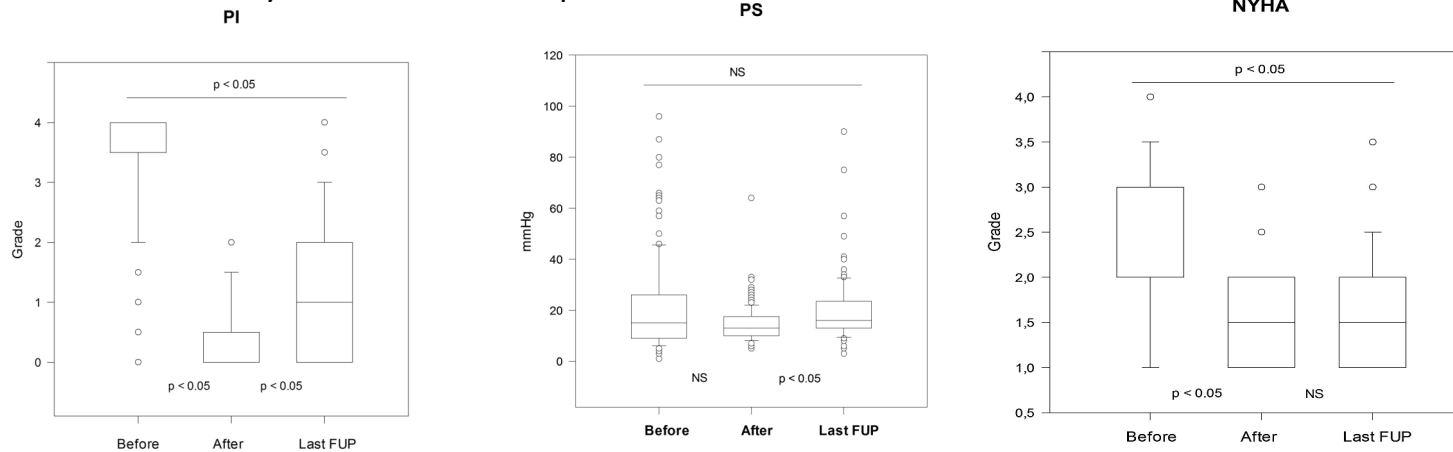
**Freedom from reoperation**



**Freedom from PS/PI**



## Improvement of hemodynamic and clinical parameters



# Conclusion

“ PVR using bioprosthetic valves has a low mortality and carries lasting improvement in functional status and right ventricular function in ACHD patients. Freedom from re-operation and valve dysfunction is acceptable. Further studies are needed to compare long-term performance of different valves types in the pulmonary position.