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Reply to the Editor:

We thank Drs Panos, Myers, and Kalangos for interest in our article on the running annuloplasty technique for robotic mitral valve repair.¹

The main objective of minimally invasive approaches for mitral valve repair is to minimize trauma of the surgery, while providing similar quality and safety as traditional surgery through median sternotomy. The increased technical complexity of minimally invasive and robotic mitral valve repair approaches has resulted in prolonged operative times, which slowed wider adoption of these techniques. Our article described a simplified robotically assisted annuloplasty using running sutures, which resulted in significant reduction of operative time needed for mitral valve repair. Dr Myers and coworkers suggest that implantation of a biodegradable ring (Bioring SA, Lonay, Switzerland) could result in further reduction of operative time because of its ease of implantation.

We do not have any experience with this device, because it has not been approved for clinical use in the United States, and cannot comment on its performance characteristics or its ease of implantation. The small observational clinical study using this product for tricuspid valve repair in adults has reported aortic occlusion times similar to those observed in our cohort of robotic patients operated on with run-

ning annuloplasty technique.² We are therefore not certain that potential use of this device would cause significant decrease in operative times. Although we see a potential need for absorbable annuloplasty devices for valve repairs in the pediatric population, this need is unclear in adult patients in whom standard non-absorbable annuloplasty rings have an established history of excellent long-term outcomes.³

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