the systolic phase, however, the leaflet easily tends to touch suture remnants, such as overknotted sutures or suture tails that are too long. Overknotted sutures should be avoided, and suture tails should be cut as short as possible, especially when implanting an externally mounted bioprosthesis.

This report was approved by the institutional ethics committee of Nagoya Heart Center. Written, informed consent was obtained from the patient.

References

EDITORIAL COMMENTARY

The tail wagging the dog: Attention to detail in valvular surgery

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Successful valve surgery requires exquisite attention to detail at all phases of the operation. In aortic valve surgery, careful debridement of the calcified annulus and appropriate sizing of the aortic root are basic techniques taught to all cardiovascular surgical trainees. Careful placement of annular sutures is then demonstrated to avoid paravalvular leaks. Attention to the aortotomy is important while seating the valve to avoid tearing of the often-friable aorta. Next, appropriate tension while tying the annular sutures will avoid “pulling” through the native tissue while at the same time avoiding suture breakage or worse, a loose knot leading to an insecure valve. In this issue of the Journal, Dr Tamaki and colleagues turn our attention to an often-looked component of the operation: suture cutting.

The very convincing figures and the early failure of a Trifecta (St. Jude Medical, Minneapolis, Minn) bioprosthesis point to repetitive trauma from an adjacent suture tail. A careful review of Figure 1 in the article of Tamaki and colleagues turn our attention to an often-looked component of the operation: suture cutting.

The authors also allude to the fact that externally mounted bioprosthesis such as the Trifecta or the Mitroflow (LivaNova; London, United Kingdom) are more prone to this form of injury as the cusps open wider during systole and are therefore more likely to come into contact with annular...
sutures. Although I agree with their assertion, we should be aware that any valve including mechanical prostheses can be affected by an inappropriately long suture tail. I commend the authors for their forthright reporting of this rare, but likely underreported, complication and for their detailed accompanying figures. It is a sobering reminder that even when you leave the operating room with a successful outcome, a technical error can lead to early failure.

Reference