The search for innovative solutions to achieve better outcomes for patients with aortic stenosis still continues in the setting of aortic valve replacement performed under cardiopulmonary bypass and aortic crossclamping (XCL). In their report on the TRANSFORM (Multicenter Experience With Rapid Deployment Edwards INTUITY Valve System for Aortic Valve Replacement) trial, Barnhart and colleagues noted that the trial evaluated the performance of the INTUITY rapid-deployment system (Edwards Life Sciences Corporation, Irvine, Calif) out to 1-year follow-up. Barnhart and colleagues emphasized the importance of the meaningful reductions in cardiopulmonary bypass and XCL obtained with the INTUITY valve, although no control group was available for comparison of clinical outcomes (cerebral microembolism, paravalvular leak, etc). Surgical times, however, were reported to compare favorably with those of the Society of Thoracic Surgeons database; in other words, trained surgeons with expertise in the INTUITY valve system were compared with the rest of the US surgeons, including residents. Moreover, as a further indirect comparison term, implantation times (XCL time of 49 minutes for full sternotomy) were more than double those with the Perceval sutureless aortic valve (LivaNova PLC, London, United Kingdom), which had an XCL time of 18 minutes.

It would have been interesting to have information on the explantation technique; it could be challenging. At our institution, explantation of the INTUITY valve resulted in a tear at the base of the anterior mitral leaflet in 1 patient. This necessitated transaortic aortomitr

References

http://dx.doi.org/10.1016/j.jtcvs.2017.03.087