AORTIC VALVE CRAFT

GLOBAL AORTA

MASTERCLASS 1 · LIVE ONLINE

Repair. Ross. Replace.

24 February 2027

Aortic valve repair and surgical decision-making

Wednesday · 09:00–16:00 UK time · Live online

7 h Live | **8** Lectures | **3** Short talks | **2** Clinical cases

Aortic regurgitation is a disorder of geometry.

Cusps, annulus, sinuses and sinotubular junction work as one unit. A durable repair restores their normal configuration. Measure the geometry, understand the mechanism, then decide whether the valve can be preserved.

PROGRAMME DIRECTOR

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COURSE DIRECTORS

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A repair you cannot measure is a repair you cannot teach.

PART 1 09:00–12:20 · 3 H 20 MIN

Repair

Preserve the valve.

09:00 to 09:10 LECTURE 1

Introduction: Why Repair?

Is repair always the best choice?

09:10 to 09:45 LECTURE 2

Aortic Valve Repair: A Geometric Concept

Mechanism, geometry and measurement. Why some repairs last for decades, and why others fail early.

09:45 to 10:20 LECTURE 3

Aortic Valve Reimplantation for Root Aneurysm

Technique, possibilities and limitations.

10:20–10:35 BREAK · 15 MIN

10:35 to 11:10 LECTURE 4

Root Remodelling Is a Valid Option

Technique, limitations and short- and long-term results in root aneurysm.

Restoring root geometry while preserving the native valve.

11:10 to 11:40 LECTURE 5

Aortic Valve Repair with Normal Aortic Dimensions

Which valves can be repaired? What are the long-term results?

Valve morphology, tissue quality and the limits of reconstruction.

11:40 to 11:50

The Aortic Graft and Valve Function

How graft size and configuration influence valve form and function.

11:50 to 12:20 CASE 1

Can This Valve Be Repaired?

Find the mechanism, measure the geometry, decide. The operation and outcome remain hidden until a plan is agreed.

12:20–12:50 LUNCH · 30 MIN

Measure the geometry. Understand the mechanism. Then decide.

Preserve when you can.

PART 2 12:50–14:50 · 2 H

If the Valve Is Not Repairable...

When the valve cannot be preserved.

12:50 to 13:15 LECTURE 1

PPM in Aortic Valve Replacement: Myth or Reality?

How can we avoid patient–prosthesis mismatch? What techniques should be in the surgeon's armamentarium?

13:15 to 13:35 LECTURE 2

Rediscovery of a Not-So-Young Concept

Why and when to consider stentless aortic valves?

Root anatomy, haemodynamics, implantation concepts and the limits of this option.

13:35 to 14:20 LECTURE 3

The Ross Procedure

When the native valve cannot be preserved. The pulmonary autograft, patient selection and consequences for a lifetime.

14:20 to 14:50 CASE 2

What If Repair Is Not Possible?

Repair, Ross or replacement? Judge the tissue, the anatomy and the patient. Commit to a strategy before the outcome.

14:50–15:10 BREAK · 20 MIN

PART 3 15:10–16:00 · 50 MIN

Perspectives in Complex Aortic Reconstruction

Beyond the valve.

15:10 to 15:20

Homograft Solutions

For thoracic and abdominal aortic reconstruction.

15:20 to 15:30

Controlling Abdominal Aortic Graft Infection

With silver-coated prostheses.

15:30 to 15:50

Panel Discussion

Surgical decision-making and technical considerations.

15:50 to 16:00

Conclusions and Closing Remarks

What must last for the patient's lifetime.

Replace when you must.

Clinical case discussions

2 cases · 30 min each

Real anonymised clinical cases. The operation and outcome stay hidden until faculty and audience have committed to a plan.

10 min
The valve
History, echocardiography, CT and measurements, in sequence.

10 min
The decision
Faculty and audience commit to a strategy, with reasons.

10 min
The expected outcome
What was done, what happened, and the principle it teaches.

EVERY CASE ANSWERS

01 Repair or replace?

02 What exactly needs correcting?

03 Valve, root, or both?

04 What is an acceptable result?

05 Would the outcome change the plan?

THE DAY AT A GLANCE

7 h	2	65 min	09:00–16:00
Live online	Clinical cases	Breaks	UK time

Who should attend

THE SURGICAL TEAM
- Consultant cardiac surgeons
- Surgical trainees and fellows
- Aortic valve surgeons
- Theatre and perfusion teams

THE HEART TEAM
- Cardiologists and valve clinics
- Echocardiographers
- Cardiac anaesthetists
- Cardiac radiologists
- Adult congenital cardiologists

BEYOND THEATRE
- Industry clinical specialists
- Researchers and academic fellows
- Service leads and commissioners
- Medical students

You will leave able to

1. Identify the mechanism of regurgitation before choosing a technique.
2. Apply the principles of durable repair, from cusp to annulus.
3. Judge when the valve cannot be preserved, and weigh Ross against stentless replacement.
4. Define an acceptable result, for the patient's lifetime.

Understand the mechanism. The repair follows.