

Equal and minimal stitching, even and adequate bites, and proper tightening of sutures can prevent tissue cutting.

When patients have a small sinotubular junction or small sinuses of Valsalva, the aortotomy should be extended toward the commissure between the left and noncoronary annuli or toward the noncoronary annulus, as the surgeon prefers. Traction sutures at each commissure enable a satisfactory surgical view so that continuous-suture AVR can be performed without trouble. Secure prosthesis placement is of utmost importance; however, if there is a choice of procedure, the one that minimizes cross-clamp time is best.

The use of sutureless valves might soon supersede surgical AVR; nevertheless, the continuous suture technique should remain valuable in various procedures, including aortic root replacement.

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References

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2. Doty DB. Aortic valve replacement. In: Brown M, Baxter S, editors. *Cardiac surgery: operative technique*. St. Louis: Mosby Inc.; 1997. p. 216-7.

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Erratum

In regard to Arora S, et al., *Transcatheter Aortic Valve Replacement: Comprehensive Review and Present Status*. *Tex Heart Inst J* 2017;44(1):29-38. On page 31, the word “equine” should be “bovine”: The Edwards SAPIEN aortic valve is a balloon-expandable, trileaflet, *bovine* pericardial valve attached to a stainless-steel framework.

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