PERCEVAL® PLATFORM
Trusted evidence and clinical adoption

Clinical Articles List
Up to December 2018
2018


2. Povero M. et al. – Cost-utility of surgical sutureless bioprostheses vs TAVI in aortic valve replacement for patients at intermediate and high surgical risk – Clinica Economics and Outcomes Research Nov 2018; 30510436


10. Villa E. et al. – Sutureless aortic valve replacement in high risk patients neutralizes expected worse hospital outcome: A clinical and economic analysis – Cardioiol J. 2018 Sep 20; PMID: 30234906


38. Hanedan MO. et al. - Sutureless versus Conventional Aortic Valve Replacement: Outcomes in 70 High-Risk Patients Undergoing Concomitant Cardiac Procedures. - Tex Heart Inst J. 2018 Feb 1; PMID: 29556145


2017


2016


2015


3. Glauber M. et al. - Minimally invasive Aortic valve replacement and sutureless valve are the "really alternative" to transcatheter aortic valve implantation for high-risk patients - The Journal of Thoracic and Cardiovascular Surgery


23. Čanádyová J. et al. - Calcified aortic homograft and sutureless valves - Cor et Vasa (2015), http://dx.doi.org/10.1016/j.crvasa.2015.02.001


38. Shrestha M. et al. - European multicentre experience with the sutureless Perceval valve: clinical and haemodynamic outcomes up to 5 years in over 700 patients - Eur J Cardiothorac Surg. 2015 Mar 6


2014


2013

1. Carrel T. et al. - Recent developments for surgical aortic valve replacement: The concept of sutureless valve technology - Open Journal of Cardioiology: 4-1


11. Raja S. - Sutureless Aortic Valve Replacement Using Perceval S Valve - Recent Patents on Cardiovascular Drug Discovery; Vol.8, No.2


2012


11. Santarpino G. et al. - Sutureless aortic valve replacement Replacement to prevent PPM in the era of valve in valve implantation. - The Journal of Thoracic and Cardiovascular Surgery; Vol. 144, 1, letter to the editor

2011

3. Al-Attar N. - Next generation surgical aortic biological prostheses: "sutureless valves". - ESC Council for Cardiology Practice; Vol. 10 No. 14

2010


2009


2008

INDICATIONS
EUROPE: The Perceval prosthesis is indicated for the replacement of diseased native or a malfunctioning prosthetic aortic valve via open heart surgery. The prosthesis is indicated for use in adult patients who are diagnosed to have aortic valve stenosis or steno-insufficiency.
USA: The Perceval bioprosthesis is indicated for the replacement of diseased, damaged, or malfunctioning native or prosthetic aortic valves.
CANADA: The Perceval S bioprosthesis is intended for use in patients aged ≥ 65 years when the aortic valve pathology is in an advanced stage to require the replacement of the native or malfunctioning previously implanted prosthesis.
AUSTRALIA: Perceval S prosthesis is indicated for the replacement of a diseased native or a malfunctioning prosthetic aortic valve via open heart surgery. The prosthesis is indicated in patients who meet the following criteria: 1) subjects of age ≥ 65 years 2) subjects with aortic valve stenosis or steno-insufficiency.

KEY CONTRAINDICATIONS: Aneurysmal dilation or dissection of the ascending aortic wall; Known hypersensitivity to nickel or cobalt alloys; STJ/annulus diameter ratio greater than 1.3.

KEY WARNINGS: It is strongly recommended that the Perceval valve not be used in children, adolescents, or young adults, in patients with increased risk of accelerated valve tissue calcification. Do not under or oversize the prosthesis. The guiding sutures must not be tied. The decision to make a transcatheter aortic valve implantation in Perceval compared to other options should be done by the Heart team based on individual assessment of the patient’s conditions. Valve-in-Valve procedures in a Perceval valve should be performed according to indications provided by the transcatheter valve manufacturer.

TOP POTENTIAL SIDE EFFECTS: central and paravalvular leak, cardiac disorders, structural valve deterioration, thromboembolism, reoperation.

MRI conditional.

For professional use. Please contact us through our website to receive instructions for use containing full prescribing information, including indications, contraindications, warnings, precautions and adverse events. Not approved in all geographies. Consult your labeling.