



# CardioGRAFT®

## Aortic Valve

**Clinical Overview** A human aortic valve for aortic valve replacement

**Applications**

- Aortic Valve Replacement

**Why Use**

- Allograft tissue most closely resembles the patient's native tissue
- The use of human tissue alleviates the need for anticoagulants
- Effective orifice area closely approximates the native valve
- Anterior mitral leaflet retained for use in endocarditis/abscess reconstruction
- Availability in various sizes to best fit the patient's anatomy
- **Safety:** Allografts offer a high resistance to infection

**References**

1. Hopkins. Cardiac Reconstructions with Allograft Tissues. Springer, NY, NY. 2005
2. Fukushima, Tesar, et al. Long-term clinical outcomes after aortic valve replacement using cryopreserved aortic allograft. Journal of Thoracic and Cardiovascular Surgery, 2014; 148, 1: 65-72.
3. Lytle, Petterson, et al. Reoperative cryopreserved root and ascending aorta replacement for acute aortic prosthetic valve endocarditis. The Annals of Thoracic Surgery, 2002; 74: 1754-1757.
4. Petterson, Coselli, et al. 2016 The American Association for Thoracic Surgery (AATS) consensus guidelines: Surgical treatment of infective endocarditis. Journal of Thoracic and Cardiovascular Surgery, 2017; 153: 1241-1258.

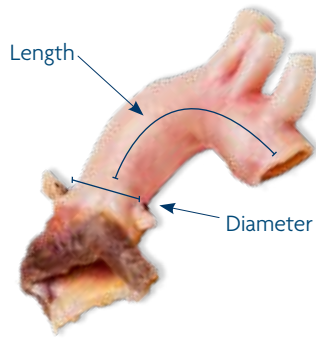


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## Aortic Valve

Storage: -120°C and below (Cryopreserved)

Description	Diameter	Order Code
Small	16 mm and Less	HVA-S
Medium	17 to 21 mm	HVA-M
Large	22 mm and Greater	HVA-L

68-60-151 .00

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