

Introducing the MITRIS RESILIA mitral valve



The MITRIS RESILIA valve is the latest addition to Edwards Lifesciences' expanding portfolio of RESILIA tissue valves and is an evolution from its predecessor the Carpentier-Edwards PERIMOUNT Magna Mitral Ease valve.¹



RESILIA tissue is bovine pericardial tissue treated with a special integrity preservation technology that effectively mitigates free aldehydes while protecting and preserving tissue.^{1,2} Building on the success of the INSPIRIS RESILIA aortic valve,³ RESILIA tissue is now available for mitral procedures.



We are excited to announce the MITRIS RESILIA valve has now received its CE mark in Europe and the first implantations have already taken place. We spoke to some prominent cardiac surgeons about their experience of implanting the MITRIS RESILIA valve for the first time, read on to discover their thoughts.



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First implantation experiences of the MITRIS RESILIA valve



Professor Gummert
Director of the Clinic of Cardiovascular and Thoracic Surgery, Bad Oeynhausen, Germany

How did you go about patient selection?

"The patient I chose for this surgery is a young patient, 59 years old, and he was repaired many years ago for Barlow's disease. Now he has a huge mitral insufficiency and the valve is beyond repair based on echo data. It was clear that only a valve replacement is possible. The patient wanted a biological valve because Coumadin was no option for him."

Why was the MITRIS RESILIA valve a good fit?

"Patients like to have biological valves because they do not like to take Coumadin forever. The MITRIS [RESILIA] valve was chosen for this patient because this valve has the potential benefit of delayed onset of structural valve deterioration (SVD). Especially younger patients may benefit from this prosthesis, because it is more likely that they experience SVD during [their] lifetime."

How did you find the implantation experience?

"There are some features which are helpful for implantation, especially in a less invasive setting. The ring is soft and it is easy to stitch. The struts are fixed during the implant procedure to the centre, so it's much easier in cases where you have a narrow mitral ring or where you have chords in your way."

Learn more about the key features of the MITRIS RESILIA valve





Alexander Weymann

Deputy Director of Hanover Medical School and the director of minimally invasive surgery

How did you go about patient selection?

"We had a patient who was a young patient. He refused from the beginning to receive any kind of mechanical valve, and he was in a condition of severe aortic valve stenosis, insufficiency and also degenerative mitral valve disease."

Why was the MITRIS RESILIA valve a good fit?

"I think it was the right patient because [we could] offer him both [the] INSPIRIS [RESILIA valve for the aortic position] and [the] MITRIS [RESILIA] valve in the mitral position. We have [biological] valves with very rapid degeneration profiles and when you can offer patients [biological] valves with special conservation procedures,² I think it's an advantage. He was very happy because he doesn't want to take any kind of warfarin besides aspirin of course and moreover, in the future lifetime management, we can also do transcatheter techniques."

How did you find the implantation experience?

"It was a very straightforward procedure. We also know the other products from Edwards [Lifesciences] so it was like there's nothing new to me or anything challenging. It was very nice to handle.... Sometimes it's very tricky to do double valve replacement... because of the profile height and also [because] of the aortic mitral valve curtain. Here, I expected no difficulty because the profile of the MITRIS [RESILIA valve] is very low and also we have the marking on the anterior side. It is not possible to obstruct the LVOT."

See how the MITRIS RESILIA valve works



Toufan Bahrami

Consultant cardiac surgeon, leading the minimally invasive and endoscopic cardiac surgery service at the Royal Brompton and Harefield hospitals

How did you go about patient selection?

"The patient wanted [a] tissue valve. He had learnt about the MITRIS [RESILIA valve] because it was already out in the US and Asia. The patient was fully assessed for endoscopic surgery and it was clear that he required a mitral valve surgery with replacement."

Why was the MITRIS RESILIA valve a good fit?

"This patient was one of those who was waiting for some time, over a year and a half, for having the mitral valve. He refused to have a mechanical valve. He wanted a tissue valve... This patient was fully assessed for endoscopic [surgery]. He required mitral valve surgery with replacement... The valve wasn't repairable. That's what we decided in the mitral multidisciplinary meeting."

How did you find the implantation experience?

"I think it was quite [a] straightforward procedure because technically replacement would be easier than repair, even endoscopically. The advantage with the MITRIS [RESILIA valve] during this [endoscopic] operation [was] when I disconnected [the valve] from the handle, the posts were still retracted."

Learn more about the data backing the use of RESILIA tissue



Abbreviations

AV, atrioventricular; LVOT, left ventricular outflow tract.

References

1. Edwards Lifesciences. MITRIS RESILIA Mitral Valve, Model 11400M, Instructions for use. DOF-S-11265.
2. Flameng W, et al. J Thorac Cardiovasc Surg. 2015;149:340–45.
3. Edwards Lifesciences. INSPIRIS RESILIA aortic valve, Model 11500A, DOF-S-20278.

No clinical data are available that evaluate the long-term impact of RESILIA tissue in patients. Additional clinical data for up to 10 years of follow-up are being collected to monitor the long-term safety and performance of RESILIA tissue.

Medical device for professional use. For a listing of indications, contraindications, precautions, warnings, and potential adverse events, please refer to the Instructions for Use (consult eifu.edwards.com where applicable). CE 0344

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