Medline <1966 to July Week 4 2000>

Results of your search: **from 4 [1 and 2 and 3] keep 1-3**
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Citation 1.
Unique Identifier
98414735
Authors
Wernly JA. Crawford MH.
Institution
Division of Thoracic and Cardiovascular Surgery, University of New Mexico School of Medicine, Albuquerque, USA.
Title
Choosing a prosthetic heart valve. [Review] [59 refs]
Source
Cardiology Clinics. 16(3):491-504, 1998 Aug.
Abstract
Although most of the available prosthetic heart valves function remarkably well, the variety of available choices attests to the inability of any single one to fulfill the requirements of the ideal valve substitute. The mechanical prostheses include the caged-ball, tilting-disc, and bileaflet valves. Tissue valves available in the United States are the Carpentier-Edwards and Hancock porcine heterograft valves and the Carpentier-Edwards pericardial valve. Review of several large comparative studies on valve performance reveals that the overall results with tissue and mechanical valves are about equal at the end of 10 years. The characteristics of each type of valve substitute dictate the selection of one prosthesis in preference to others for a particular patient. Mechanical prostheses are recommended for patients without contraindications for anticoagulants. Tissue valves are reserved for patients over 65 years of age or for patients in whom anticoagulation is contraindicated. Multiple other patient-related factors need to be considered in selecting the appropriate valve, including the psychosocial situation and patient preference. [References: 59]

Citation 2.
Unique Identifier
98339145
Authors
Hirai S. Fukunaga S. Sueshiro M. Watari M. Sueda T. Matsuura Y.
Institution
First Department of Surgery, Hiroshima Unviersity School of Medicine, Japan.
Title
Assessment of a new silicone tri-leaflet valve seamlessly assembled with blood chamber for a low-cost ventricular assist device.
Source
Hiroshima Journal of Medical Sciences. 47(2):47-55, 1998 Jun.
Abstract
We have developed a practical, low-cost ventricular assist device (VAD) comprising a newly designed blood chamber with a silicone lenticular sac and two silicone tri-leaflet valves (STV), made en bloc. This new VAD is seamless, can be made cost-effectively and assembled with the blood chamber and valve as one body. This novel design should reduce the incident of thrombus formation because of the absence of a junction at the connecting ring and because of the use of flexible silicone materials wh
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