

A roadmap for valve repair surgery

It is well established that mitral valve repair has better outcomes than mitral valve replacement surgery. In the Western world, degenerative mitral valve pathology leading to severe mitral valve regurgitation is the most frequent disease affecting the mitral valve and this pathology is particularly accessible for valve repair. Hence, mitral valve repair is increasingly performed world-wide. However, obstacles may still arise in more complex lesions or minimally invasive approaches.

We are particularly pleased that the current issue of the *Journal of Visualized Surgery* is partly devoted to these 'more difficult' situations. We found leaders in the field willing to contribute their knowledge and experience to the readers. More particularly, several contributions are devoted to enhance the applicability of minimally invasive mitral valve surgery and techniques. In addition, a specific paper is attributed to more complex repair lesions and their repair approach. Finally, one paper provides an overview of the currently available transcatheter mitral valve repair techniques. This is a field that is only at its start and will likely evolve the coming years.

Unlike the mitral valve, aortic valve regurgitation is much less frequent than aortic valve stenosis. This is probably the reason why aortic valve repair is worldwide still uncommonly performed. Only a few dedicated centers worldwide perform this procedure on a routine basis. We are happy that the second half of this issue could be devoted to aortic valve repair surgery. Several leaders in the field explain us in a very didactic way their approach. All variable situations are covered: patient selection is of course crucial but techniques also vary in tricuspid versus bicuspid aortic valves. Multiple tips and tricks are proposed and also in this field minimally invasive approaches start to emerge.

The *Journal of Visualized Surgery* aims to present you these interesting topics supplemented by adequate pictures and video sequences in order to optimally transmit the message of the authors to the readers.

We are particularly hopeful that the contributions will enhance your knowledge in this field and improve the outcomes and frequencies of valve repair surgery.

We hope you will enjoy this Special issue that is meant to be highly didactic.

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