# Article information:

Isolated Tricuspid Operations: The Society of Thoracic Surgeons Adult Cardiac Surgery Database Analysis - ScienceDirect  
<https://www.sciencedirect.com/science/article/pii/S000349752300019X>

# Article summary:

1. Tricuspid valve operations historically have higher morbidity and mortality rates than other valve operations.

2. Isolated tricuspid operations make up only 14-20% of all tricuspid operations, and existing guidelines for these operations are generally conservative.

3. The Society of Thoracic Surgeons Adult Cardiac Surgery Database was used to evaluate contemporary patient characteristics, operative approaches, and clinical outcomes of isolated tricuspid operations, with a focus on patients with nonendocarditis-related tricuspid regurgitation.

# Article rating:

Appears moderately imbalanced: The article provides some useful information, but is missing several important points or pieces of evidence that would be required to present the discussed topics in a balanced and reliable way. You are encouraged to seek a more balanced perspective on the presented issues by exploring the provided research topics and looking at different information sources.

# Article analysis:

The article titled "Isolated Tricuspid Operations: The Society of Thoracic Surgeons Adult Cardiac Surgery Database Analysis" provides an analysis of contemporary patient characteristics, operative approaches, and clinical outcomes of isolated tricuspid operations. The study is based on data from the STS-ACSD, a repository for more than 7 million records encompassing data from 1030 participant groups.

The article highlights that tricuspid valve operation is historically associated with higher morbidity and mortality than mitral and aortic valve operations. Despite the increased procedural volume, outcomes have not significantly changed over the last decade. Most tricuspid operations are performed with concomitant left-sided valve operations, and isolated tricuspid operations make up only 14% to 20%. Patients with isolated tricuspid disease represent a heterogeneous population, and perioperative mortality for those undergoing operations has ranged from 3% to 11%.

The study excludes patients with endocarditis, tricuspid stenosis, emergent/emergent salvage status, history of previous heart transplants, and missing tricuspid operation type. The primary endpoint was operative mortality (death during the same hospitalization as operation or after discharge but within 30 days of operation). Secondary endpoints were composite major complications.

The article provides detailed statistical analysis of the data collected from the STS-ACSD. However, it does not provide any information about potential biases in the data or limitations of the study design. It also does not explore counterarguments or alternative explanations for its findings.

One limitation of this study is that it only includes patients who underwent isolated tricuspid operations without concomitant coronary artery bypass grafting or other heart valve operations. This exclusion criterion may limit the generalizability of the findings to patients who require multiple procedures.

Another limitation is that the study relies on administrative claims data rather than clinical data. Administrative claims data may be subject to coding errors and may not capture all relevant clinical information.

The article does not provide any information about potential risks associated with isolated tricuspid operations or the potential benefits of alternative treatment options. It also does not present both sides equally, as it only focuses on the outcomes of isolated tricuspid operations without considering alternative treatment options.

Overall, while the article provides valuable insights into contemporary patient characteristics, operative approaches, and clinical outcomes of isolated tricuspid operations, it is important to consider its limitations and potential biases in interpreting its findings.

# Topics for further research:

* Risks and benefits of alternative treatment options for tricuspid valve disease
* Long-term outcomes of isolated tricuspid operations
* Factors affecting perioperative mortality in isolated tricuspid operations
* Comparison of outcomes between isolated tricuspid operations and concomitant valve surgeries
* Advances in surgical techniques for tricuspid valve repair or replacement
* Patient selection criteria for isolated tricuspid operations

# Report location:

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