**Supplemental Table 8:** Expert recommendations on sutureless AVR (adapted from Glauber et al17)

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| --- | --- | --- |
| Recommendation | Level of Evidence | Strength of Recommendation |
| 1. Proctoring and education are necessary for the introduction of sutureless AVR on an institutional basis as well as for the individual training of surgeons | C | I |
| 1. Consider sutureless AVR as an alternative to stented valves in patients requiring SAVR with a biological valve, especially for redo or delicate aortic wall conditions as calcified root, porcelain aorta or prior implantation of aortic homografts of stentless valves | C | IIa |
| 1. Consider sutureless AVR as the valve prosthesis of first choice in cases requiring concomitant procedures and in case of small aortic annulus to reduce CC time | B | IIa |
| 1. Preoperative CT recommended | C | I |
| 1. Intraoperative TEE recommended | C | I |
| 1. Suitable annular sizes (after decalcification) 19-27mm | C | I |
| 1. Oversizing with sutureless valves is not beneficial and can have a negative impact | C | I |
| 1. Contraindication for bicuspid valves type 1 and 2 if coronary ostia do not have 180-degree position, annulus round or uniform height of the commissures (type 2) | C | IIa |
| 1. Contraindication for annular abscess or destruction due to infective endocarditis | C | III |
| 1. Careful but not complete decalcification of the aortic root is recommended to avoid paravalvular leakage; extensive decalcification should be avoided not to create annular defect | C | I |
| 1. Recommendation of proximal anastomoses of concomitant CABG during single aortic CC period | C | I |