**Supplemental Table 9:** Expert recommendations on minimally-invasive SU-AVR (adapted from Gersak et al.94)

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| Recommendation |
| 1. Use of sutureless AVR with minimally invasive approaches in patients requiring biological valve replacement and not serving as candidates for TAVI |
| 1. Use of sutureless AVR are recommended in order to reduce CC and CPB times |
| 1. Suitable annular sizes (after decalcification) of 19-27mm |
| 1. Oversizing with sutureless valves is not beneficial and can have negative impact |
| 1. Contraindication for annular abscess or destruction due to infective endocarditis |
| 1. Contraindication for bicuspid valve type 0 |
| 1. Contraindication for bicuspid valves type 1 and 2 if coronary ostia do not have 180-degree position, round annulus or uniform height of the commissures (type 2) |
| 1. Use of sutureless AVR reduces early complications as prolonged ventilation, blood transfusions, atrial fibrillation, pleural effusions, paravalvular leakages and aortic regurgitation, and renal replacement therapy |
| 1. Use of sutureless AVR results in reduced ICU and hospital stay |
| 1. Use of sutureless AVR will lead to a higher adoption rate of minimally invasive approaches in SAVR |
| 1. Take respect to necessary, brief learning curves for both sutureless and minimally invasive programs |