

ğiştirmek için en az bir re-operasyon planlanmalıdır. Progresif stenoz ve konduiti kapakçığının işlev bozukluğuna bağlı konduiti yetmezliğini geciktirmek için kapaksız konduiti implantasyonu gibi alternatif cerrahi seçenekler göz önünde bulundurulmalıdır. Literatürde bulunan veriler, orta vadede kapaksız konduiti kullanımının sağ ventrikül çıkış yolu darlığı için yeniden operasyon ihtiyacını azaltabileceğini ve Trunkus arteriozus gibi seçilmiş konjenital kalp kusurlarında pulmoner arterlerin yeterli büyümesini sağlayabileceğini göstermektedir. Homogreftleri tercih eden cerrahlar, küçük boyutlu homogreft üretmek için yetişkin boyutlu homogreftlerin biküspidalizasyon tekniğini kullanmışlardır. Homogreftler altın standart gibi görülmele birlikte, özellikle küçük çocuklarda kullanımında erken dejenerasyon gelişmesi, kalsifiye olması ve elde edilebilirliğinin zor olması nedeniyle kullanımı sınırlanmıştır, bu nedenle diğer biyolojik kapaklı konduitler daha sık kullanılmaktadır. Tüm alternatiflerin değeri ve sınırlamaları dikkate alınmalı ve cerrahi ekibin mevcudiyeti, uygunluğu ve deneyimine göre her hasta için ayrı cerrahi strateji tasarlanmalıdır. Gelecekteki araştırmalar hastayla birlikte büyüyecek bu özelliklere sahip bir konduiti sağlayamaya yönelik olmalıdır.

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