



# SCTS

Society for Cardiothoracic Surgery  
in Great Britain and Ireland

[www.scts.org](http://www.scts.org)

Society for Cardiothoracic Surgery  
in Great Britain & Ireland (SCTS)  
35-43 Lincoln's Inn Fields  
London  
WC2A 3PE

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**Dear Editor,**

Your article, "Hundreds of patients with a deadly heart valve condition dying while waiting for NHS treatment" (The Guardian, 18 May 2025), highlights a tragic reality faced by many patients with severe aortic valve disease. This condition is life-threatening, with outcomes worse than many cancers if left untreated. It is therefore crucial that patients can access the right treatment promptly.

However, the solution is not just about faster access to one procedure. There are two main treatments for this condition: Transcatheter Aortic Valve Implantation (TAVI) and Surgical Aortic Valve Replacement (SAVR). TAVI is a minimally invasive procedure suitable for patients at higher surgical risk. By contrast, SAVR is a surgical procedure that replaces the diseased valve entirely, offering better long-term outcomes, particularly for younger, healthier patients and those with complex valve disease.

Both procedures are safe when performed by experienced teams, but they serve different patient groups. This is why we advocate that the decision should always be made by an expert Heart Multidisciplinary Team (MDT), involving cardiologists, cardiothoracic surgeons, and other specialists. Such a team can assess each patient's unique health, needs, and preferences to recommend the most appropriate treatment.

It is vital that patients and their families understand that there may be more than one option. For some, SAVR may be the better choice, providing a durable solution with superior long-term outcomes, for others TAVI may be better.

Expanding access to both TAVI and SAVR and ensuring timely decision-making through specialist Heart MDTs is the best way to prevent unnecessary suffering and loss of life.

Yours sincerely,



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Aman Coonar  
**SCTS President**  
Consultant Thoracic Surgeon

Enoch Akowuah  
**SCTS President Elect**  
Consultant Cardiac Surgeon

Rana Sayeed  
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