

**Mitral Valve Repair-Is Post operative Anticoagulation Really Indicated?**

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In order to prevent post operative thromboembolism, the current European and ACC/AHA task forces recommendation is to administer oral warfarin anticoagulation for three months following mitral valve repair operation. The aim of this study is to assess the validity of this practice. Between 1.1998 and 8.2009, 250 consecutive patients underwent mitral valve repair operation in a single institution. Of them, 240 were discharged alive. The decision to administer warfarin was based on surgeon's preference. One hundred and thirty four patients who did not receive warfarin were compared to 106 who did. The primary study endpoint was survival and the incidence of thromboembolism.

The baseline patients' profile of the study groups was similar. The survival was similar between the patients who received warfarin and those who did not ( $5.6 \pm 2.5$  years vs.  $4.5 \pm 1.3$  years respectively  $p=NS$ ). During the follow-up period, 10 patients in the warfarin group (9.4%) experienced thromboembolic complications in comparison to 14 patients (10.4%) in the group who did not receive warfarin ( $p=0.87$ ). During the first three months following the operation, none of the patients who were treated with warfarin experienced thromboembolic complications comparing to four patients (2.9%) who were not treated with warfarin ( $p=NS$ ).

In our study, the incidence of post mitral valve repair thromboembolic complications was not significantly different whether patients were treated with oral warfarin or not. A prospective randomized trial is indicated.