**REVERSE-U-AORTOTOMY (KIRALI INCISION) IS SAFE FOR AORTIC VALVE REPLACEMENT**

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**Objective:** Our new technique for aortotomy makes any kind of intervention to aortic valvular and subvalvular pathology safer, more reliable, and simpler in primary operations, whereas the prevention of proximal anastomoses is the most reliable advantage during reoperations.

**Methods:** This technique was preferred in 46 patients, 80,4% were male with a mean age of 54,82±17,6 years. Of these patients 23,9% (n=11) had undergone reoperation, whereas three patients had previous isolated CABG, two patients had isolated aortic valve procedure, six patients had concomittant valve and CABG procedure. The incision was initiated approximately 3-5 cm above sino-tubular junction depending on surgery and continued down (towards LCC-RCC-commissure and middle of NCC) forming a reverse ‘U’ shape.

**Results:**All patients have aortic valve interventions, 16 patients have additional procedures (2 have LVAD impl.). Thirty-day mortality was three (6,5%) and mortality rate at the end of follow up was 23,9%. Procedural and incisional complications (stretching, tearing, rupture, prosthetic valve replacement failure, bleeding, inability to closure) were not observed.

**Conclusion:**Reverse-U-aortotomy allows the largest and excellent exposure for the aortic valve, especially in patients with previous CABG. This approach can be used easily during standard or minimal invasive aortic valve interventions.

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