

Appendix 1 (as supplied by authors): The 2009 ESC Guidelines Recommendations for Surgery in IE.

Indications for surgery	Timing ¹	Class of recommendation	Level of evidence
<i>(A) Heart failure</i>			
Aortic or mitral IE with severe acute regurgitation or valve obstruction causing refractory pulmonary edema or cardiogenic shock	Emergency	I	B
Aortic or mitral IE with fistula into a cardiac chamber or pericardium causing refractory pulmonary edema or shock	Emergency	I	B
Aortic or mitral IE with severe acute regurgitation or valve obstruction and persisting heart failure or echocardiographic signs of poor hemodynamic tolerance (early mitral closure or pulmonary hypertension)	Urgent	I	B
Aortic or mitral IE with severe regurgitation and no heart failure	Elective	IIa	B
<i>(B) Uncontrolled infection</i>			
Locally uncontrolled infection (abscess, false aneurysm, fistula, enlarging vegetation)	Urgent	I	B
Persisting fever and positive blood cultures >7-10 days	Urgent	I	B
Infection caused by fungi or multiresistant organisms	Urgent/elective	I	B
<i>(C) Prevention of embolism</i>			
Aortic or mitral IE with large vegetations (>10mm) following one or more embolic episodes despite appropriate antibiotic therapy	Urgent	I	B
Aortic or mitral IE with large vegetations (>10mm) and other predictors of complicated course (heart failure, persistent infection, abscess)	Urgent	I	C
Isolated very large vegetations (>15mm)	Urgent	IIb	C

¹Emergency surgery: within 24h; urgent surgery: within a few days; elective surgery: after at least 1 to 2 weeks of antibiotic therapy

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