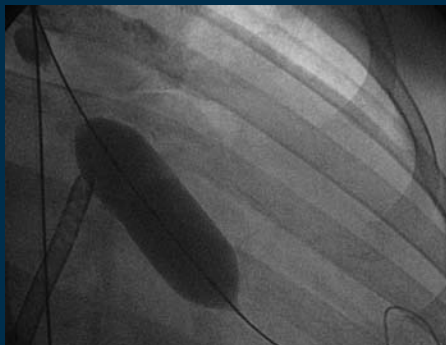
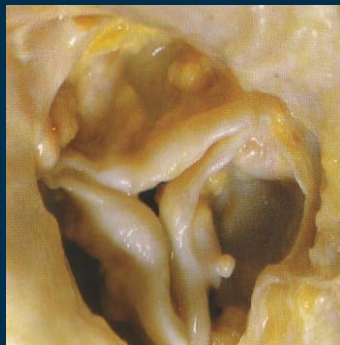


TAVR: It's a Career, Not Just a Procedure!

Jeffrey A Southard, MD
Cardiology
May 5, 2012



Transcatheter Aortic Valve Replacement

- T- eam
- A- pproach to
- V- alve
- R- eplacement



UCDMC Team

- Administration
- Cardiology
- CT Surgery
- Anesthesia
- Nurses
- Cath Lab Techs
- Perfusionists
- Echo staff



Before You Start

- Do you have a hybrid OR?
- Do you have the necessary equipment?
- Do you have the necessary staff?
- Are you sure you want to do this?
- Novelty wears off very fast!
- These patients are very old, very needy and have lots of concerned family!



Aortic Stenosis

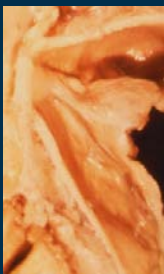
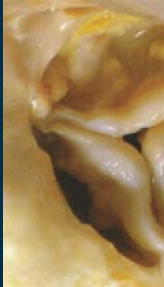
- **Symptomatic Aortic Stenosis - Surgical Aortic Valve Replacement is the standard of care**
- **Surgical Aortic Valve Replacement - Mortality Risk**
 - **Isolated AVR - 3.3 to 5.7%**
 - **AVR with CABG - 6.8 to 7.3%**
- **Percutaneous Aortic Valve Implantation in high risk aortic stenosis patients - feasible and safe**



Aortic Stenosis

– Etiology

- **Calcific degenerative**
 - Degenerative process with proliferative & inflammatory changes, lipid accumulation, up regulation ACE, infiltration with macrophages & T lymphocytes . Bone formation (vascular calcification)
- **Congenital - Bicuspid**
 - Turbulent flow - traumatizes leaflet fibrosis, rigidity, calcification & narrowed orifice
- **Rheumatic**
 - Adhesion & fusion of commissures & cusps retraction & stiffening cusps borders.
 - Calcific nodules both surfaces - small round or triangular opening



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