

Sheath Insertion

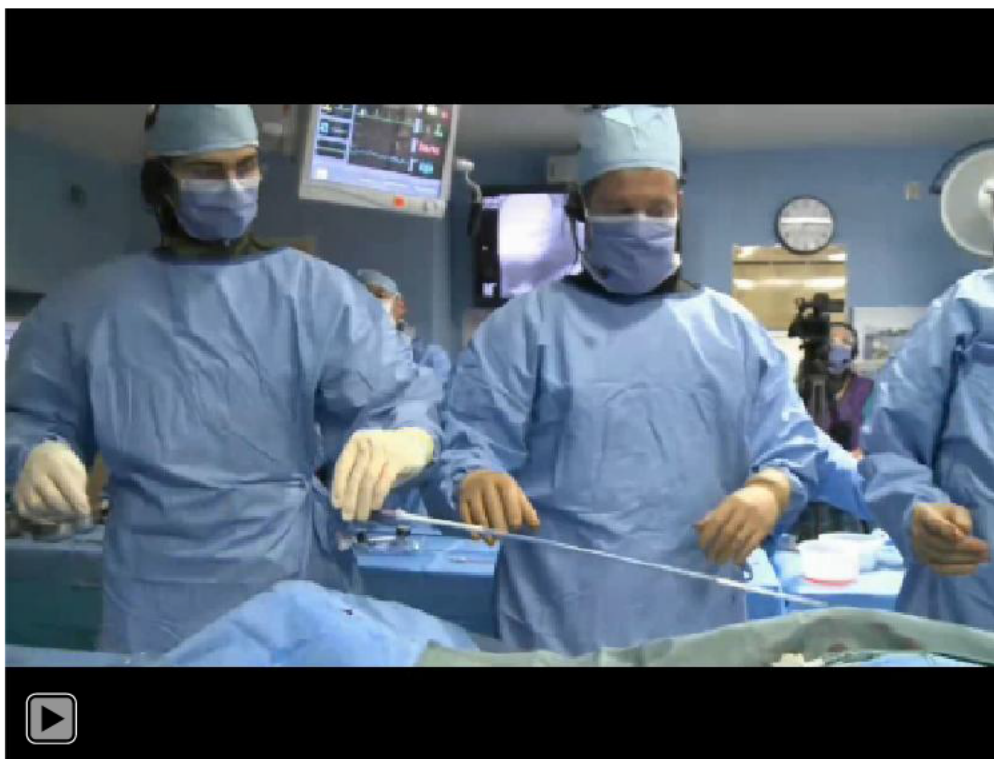
Additional Considerations

- Know position of sheath tip in the aorta
- Perform contrast injection if:
 - Angulated aorta
 - Aneurysms
 - Significant aortic atherosclerosis
- Push force can vary due to angle of insertion, vessel diameter, tortuosity and degree of calcification
- Do not force sheath
- Once inserted, suture the sheath in place



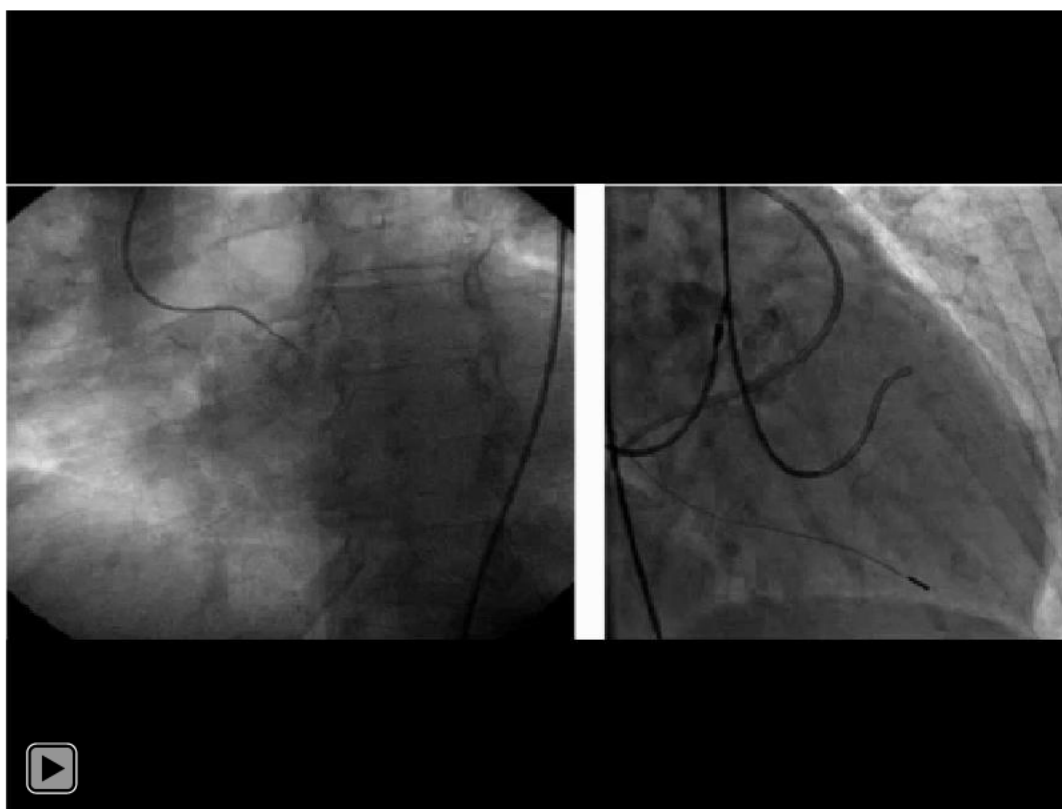
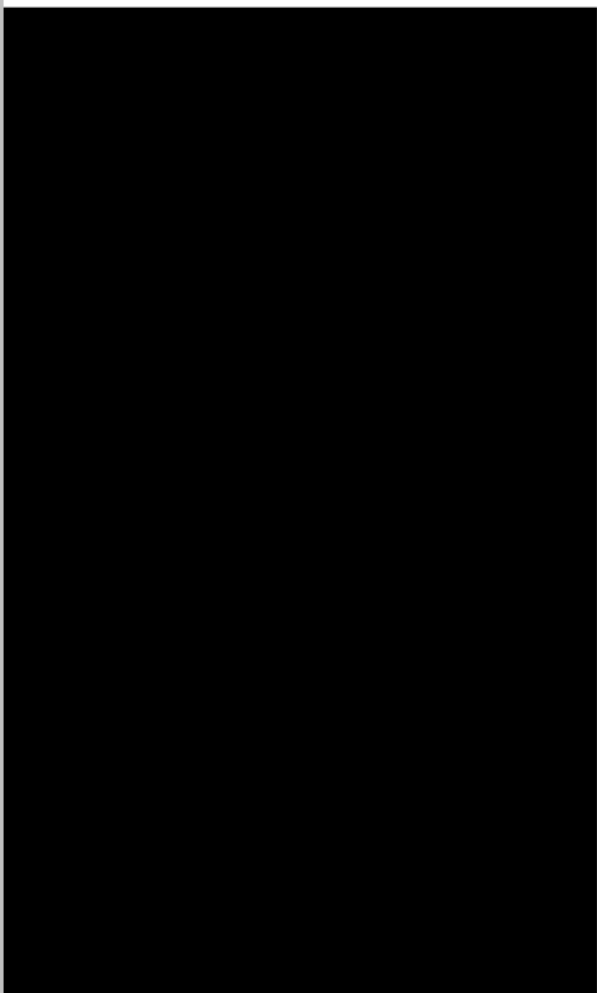
Sheath Insertion: Summary

- Ensure sheath is wet before inserting
- **Ensure adequate vessel access.** Do not use with tortuous or calcified vessels that would prevent safe entry of the introducer sheath
- Insert sheath with **Edwards logo facing upward** until the sheath tip passes the aortic bifurcation
- Suture sheath in place and remove the dilator
- Intermittently flush sheath with heparinized saline per standard technique



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With Audio

Valve Crossing and Wire Exchange



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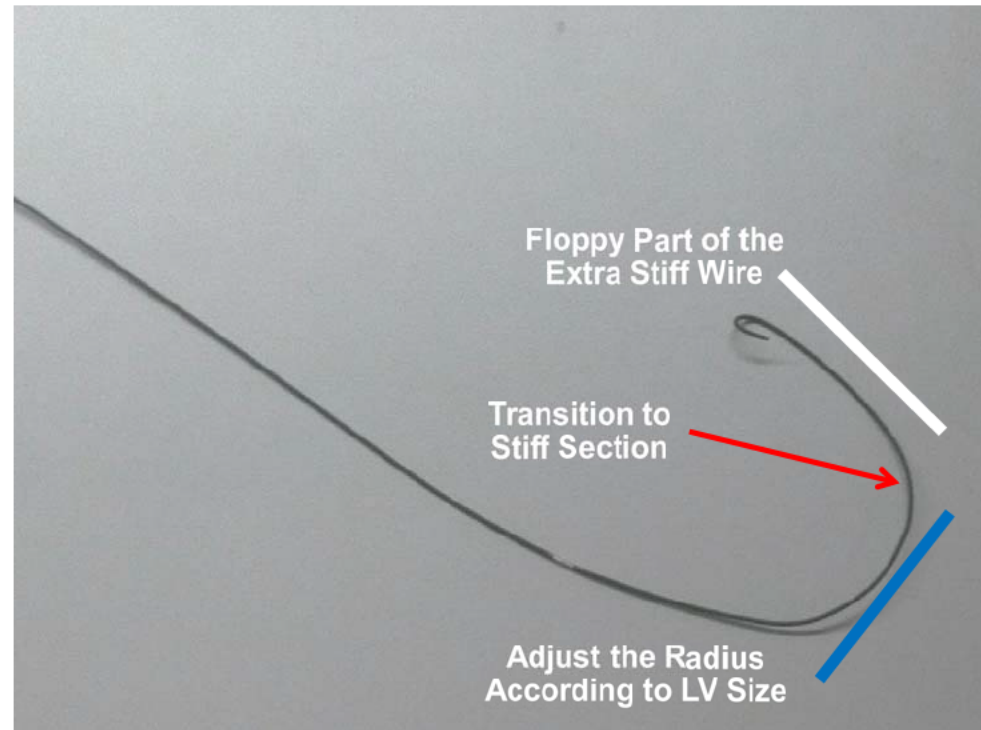
Valve Crossing and Wire Exchange

Additional Considerations

- Using extra stiff wire with J-tip may help prevent ventricular perforation
- Incorporate the stiff section of the wire in the curvature
- Adjust the radius according to LV size

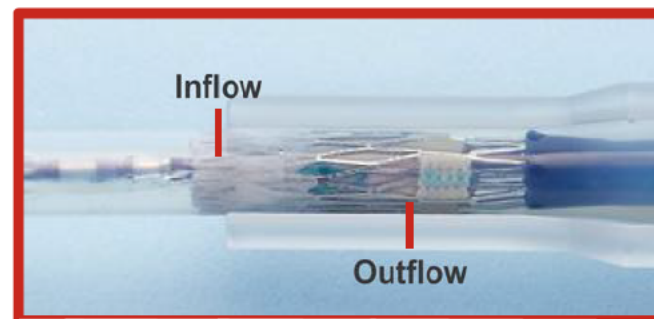
NOTE:

Once the delivery system is inserted, the stiff portion of the guidewire should extend beyond the distal end of the delivery system at all times to protect the apex



Verify THV Orientation and Correct Volume

- Verify THV orientation with the inflow (outer sealing skirt) towards the tapered tip

**CAUTION:**

To prevent possible leaflet damage, the THV should not remain fully crimped and/or in the loader for over 15 minutes

NOTE:

The proximal end of the loader may be brown in color

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