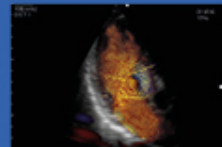


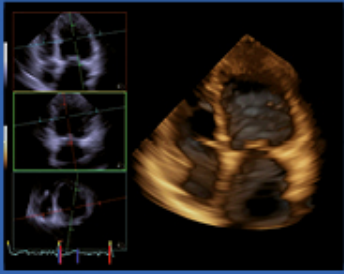
EuroValve

March 27 - 28, 2015

Staged approach in high risk patients
with severe AS: BAV then TAVI

Prof Mark J Monaghan
King's College Hospital
London, UK





EuroValve

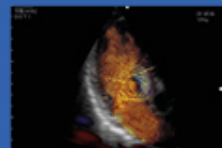
March 27 - 28, 2015

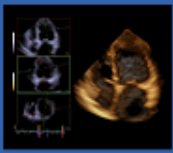
Faculty disclosure

Mark Monaghan

I disclose the following financial relationships:

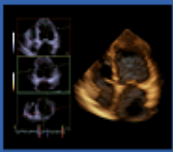
Paid speaker for Edwards Lifesciences, GE Medical and Philips Medical Systems





BAV as a bridge to TAVI

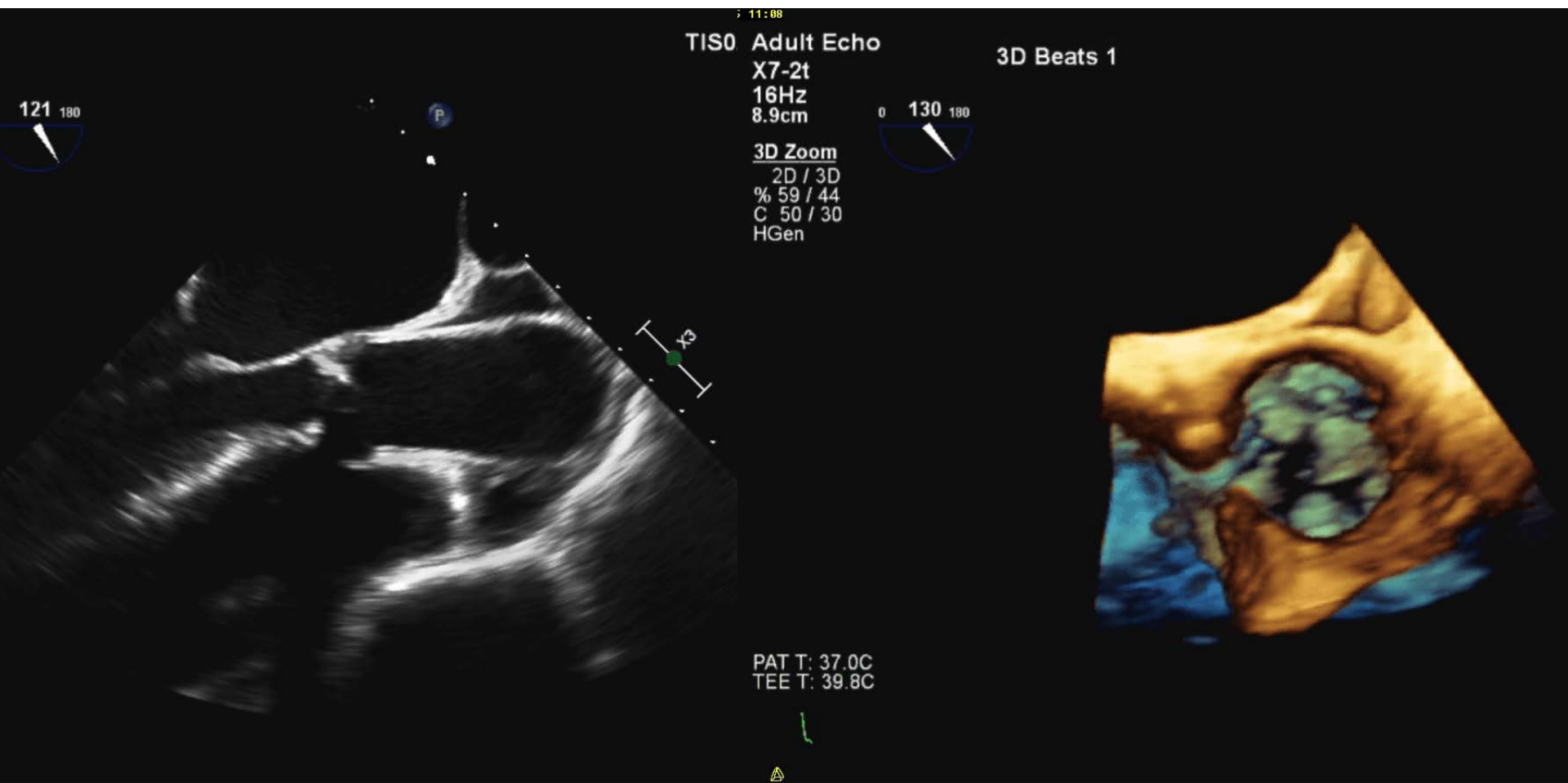
- Female, 83 years
- Admitted Jan 2015 with CCF
 - Worsening SOB/OE & reducing exercise tolerance
 - Severe AS (Mn 41mmHg, Pk 98mmHg, AVA = 0.7cms²)
 - LV EF = 34%, Moderate mitral regurgitation
 - COPD
 - Lung nodule on CT Chest

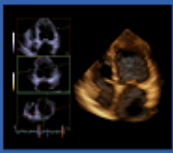


EuroValve



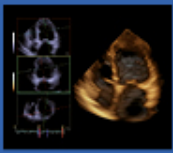
BAV as a bridge to TAVI





BAV as a bridge to TAVI

- Discussed at valve MDT (January 2015)
 - Although severe AS, some concern about contribution of poor LV, MR & COPD to symptoms
 - Concern about importance of lung nodule
- Immediate management with BAV
 - Holding procedure whilst lung nodule investigated
 - To see if symptomatic improvement was obtained

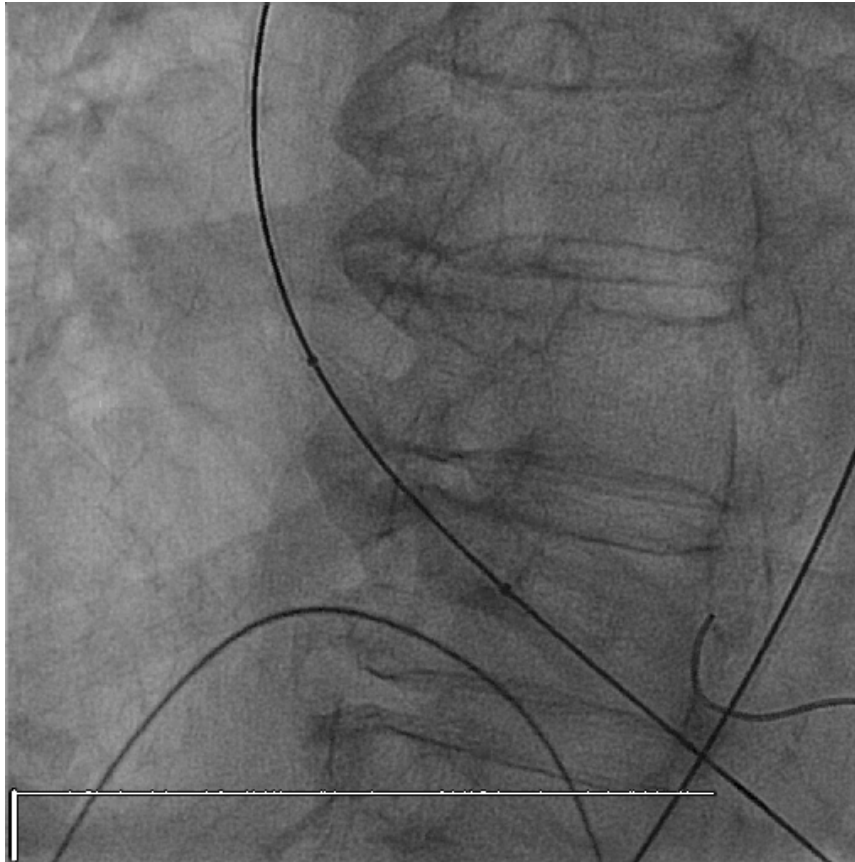


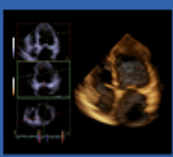
EuroValve



BAV as a bridge to TAVI

- BAV performed early February 2015
 - 22mm Osypka balloon (paced 200 b/min)

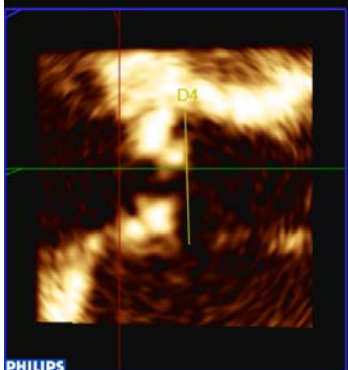
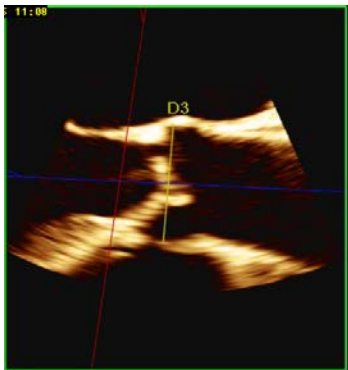
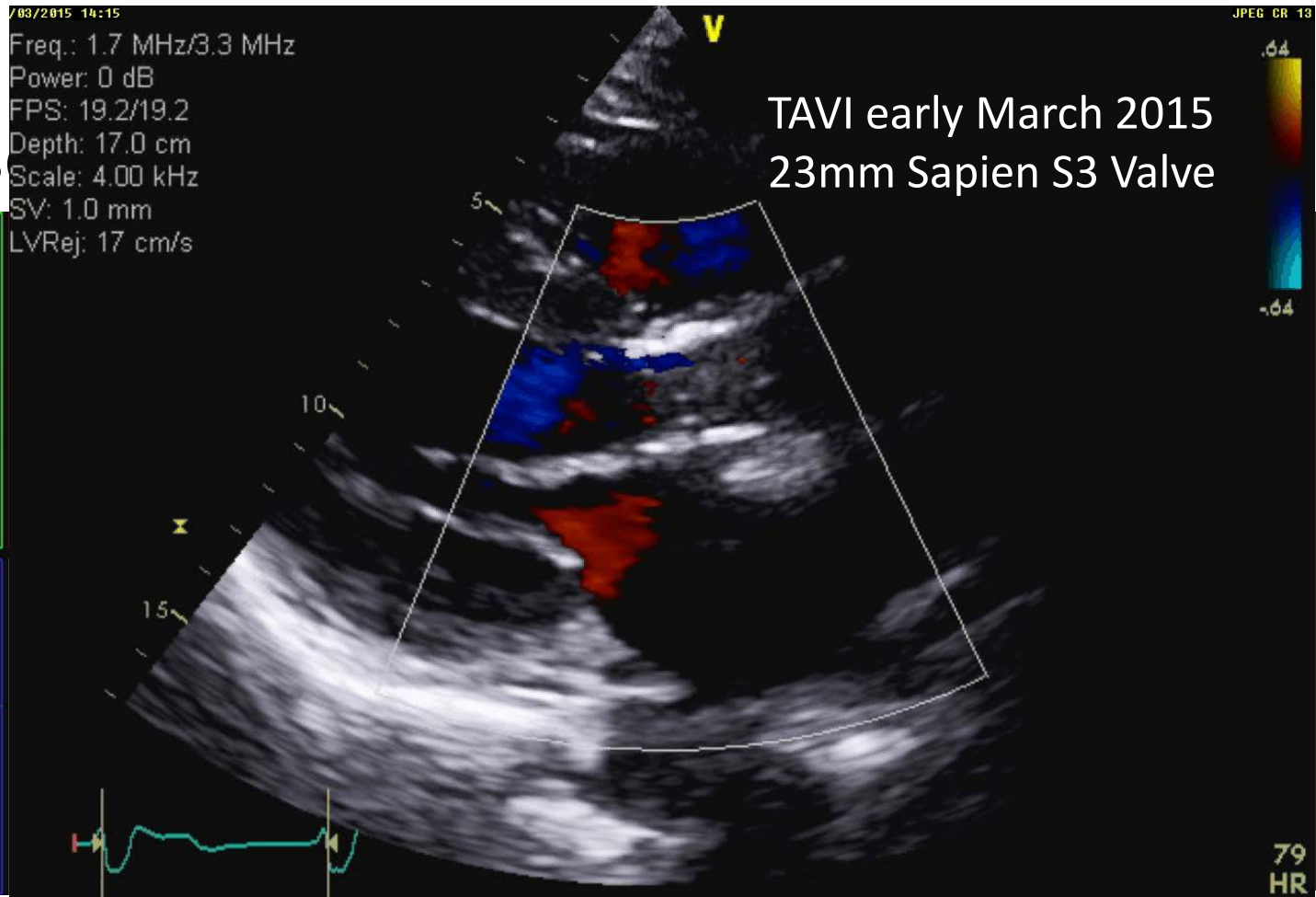


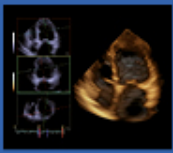


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BAV as a bridge to TAVI

- Patient symptomatically improved & lung nodule benign
- Discuss



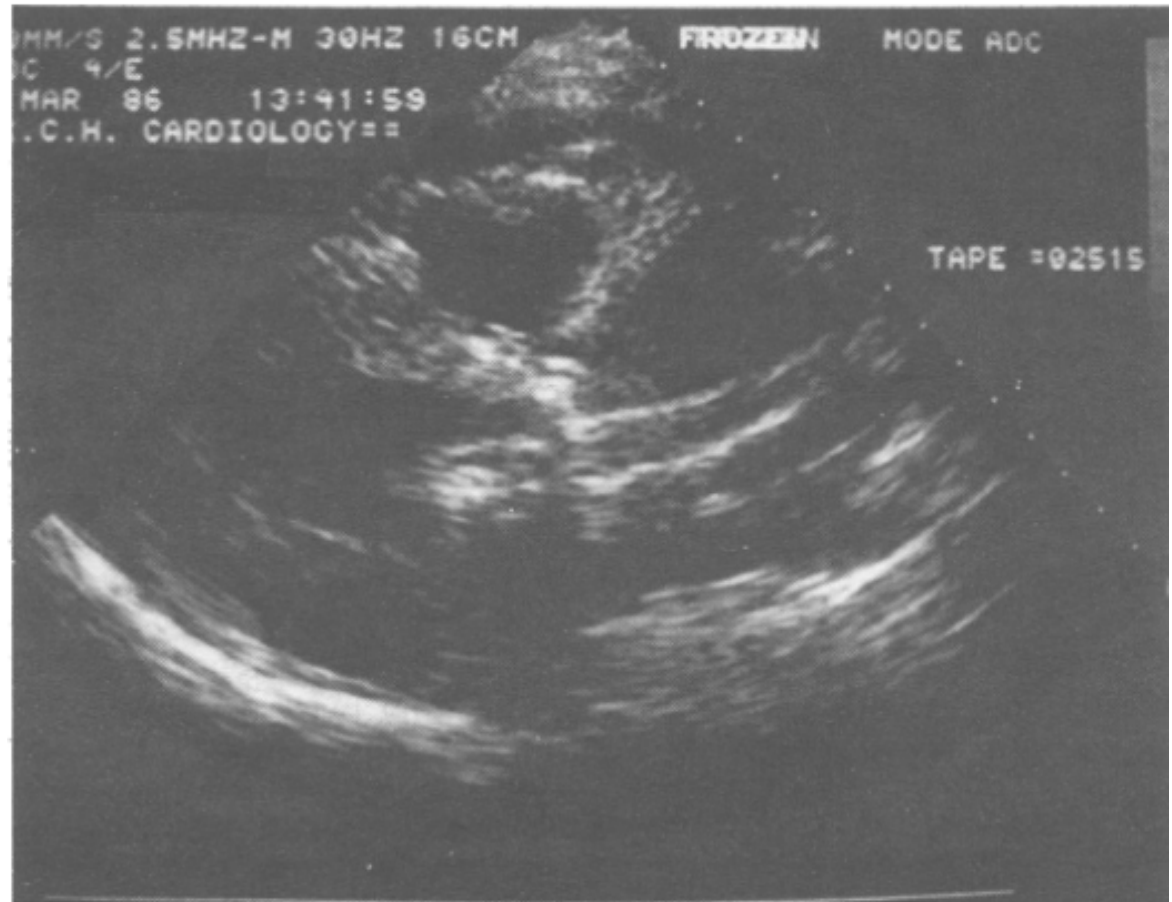


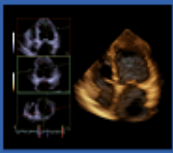
Inoperable aortic stenosis in the elderly: benefit from percutaneous transluminal valvuloplasty

GRAHAM JACKSON, STEPHEN THOMAS, MARK MONAGHAN, ANDREW FORSYTH,
DAVID JEWITT

King's College Hospital,
London, UK

BMJ 1987;294:83-86



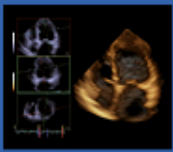


EuroValve

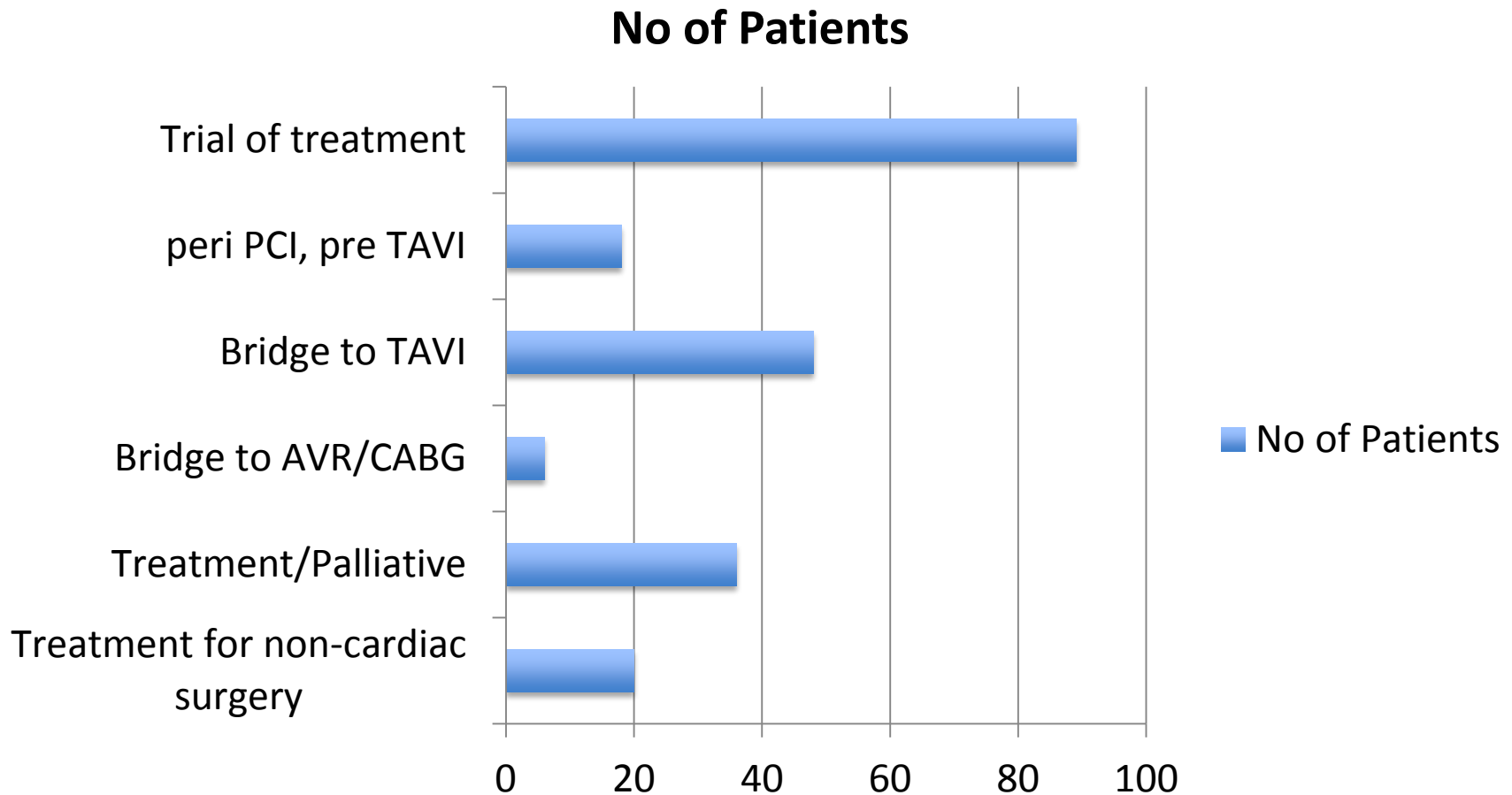


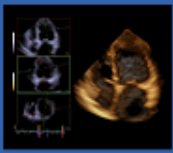
Balloon Aortic Valvuloplasty

- First clinical cases by Cribier in 1986
 - Dissapointing medium and long term results
 - Relatively high complication rate
 - No mortality benefit
- Recent improvements in balloon technology
 - Rapid pacing during BAV
- Now performed as a ‘Trial’ of treatment
- As a bridge to TAVI/Conventional Surgery
- As a palliative procedure
- To understand risky aortic anatomy



King's College Hospital BAV Experience (214 Patients)



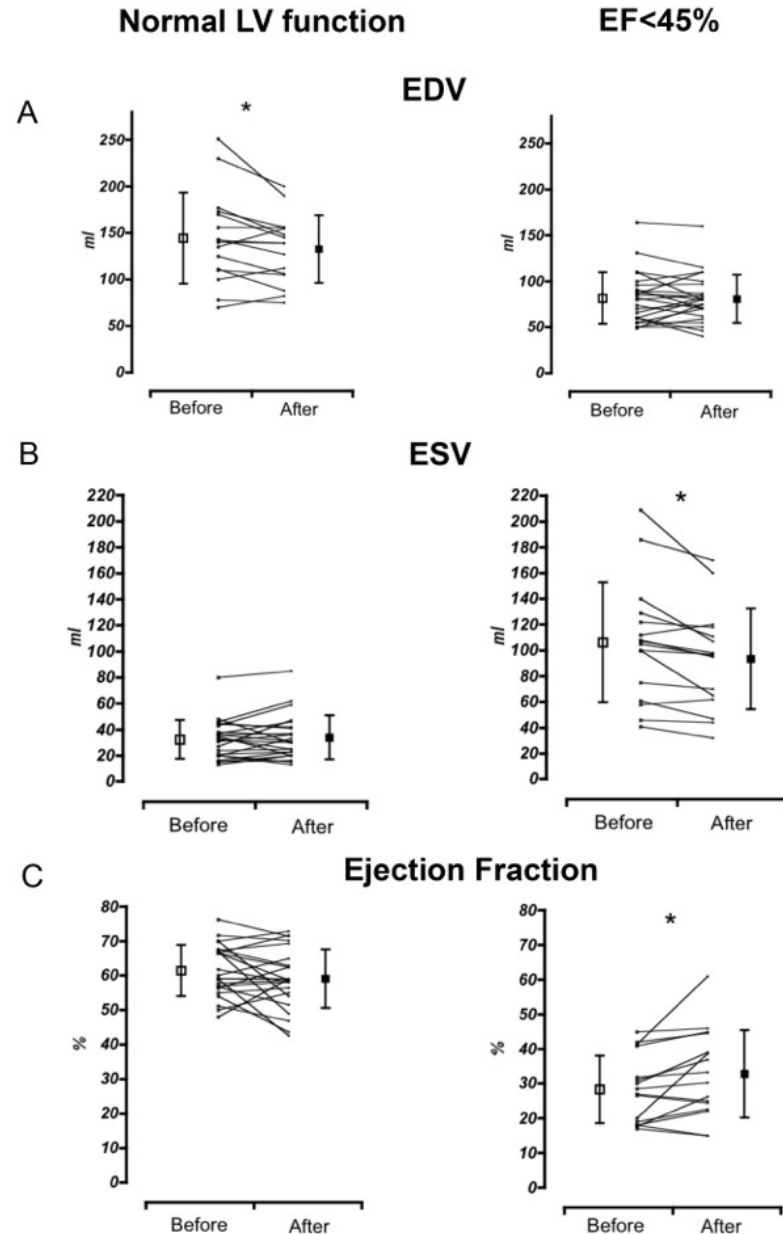


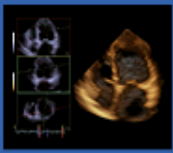
EuroValve



Effectiveness of Balloon Aortic Valvuloplasty is greater in patients with Impaired Left Ventricular Function

R.Dworakowski, A.Bhan*, B.Brickham, M.Monaghan, P.MacCarthy. King's College Hospital, London, UK. IJC 2011*



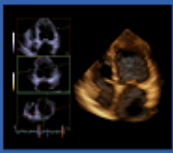


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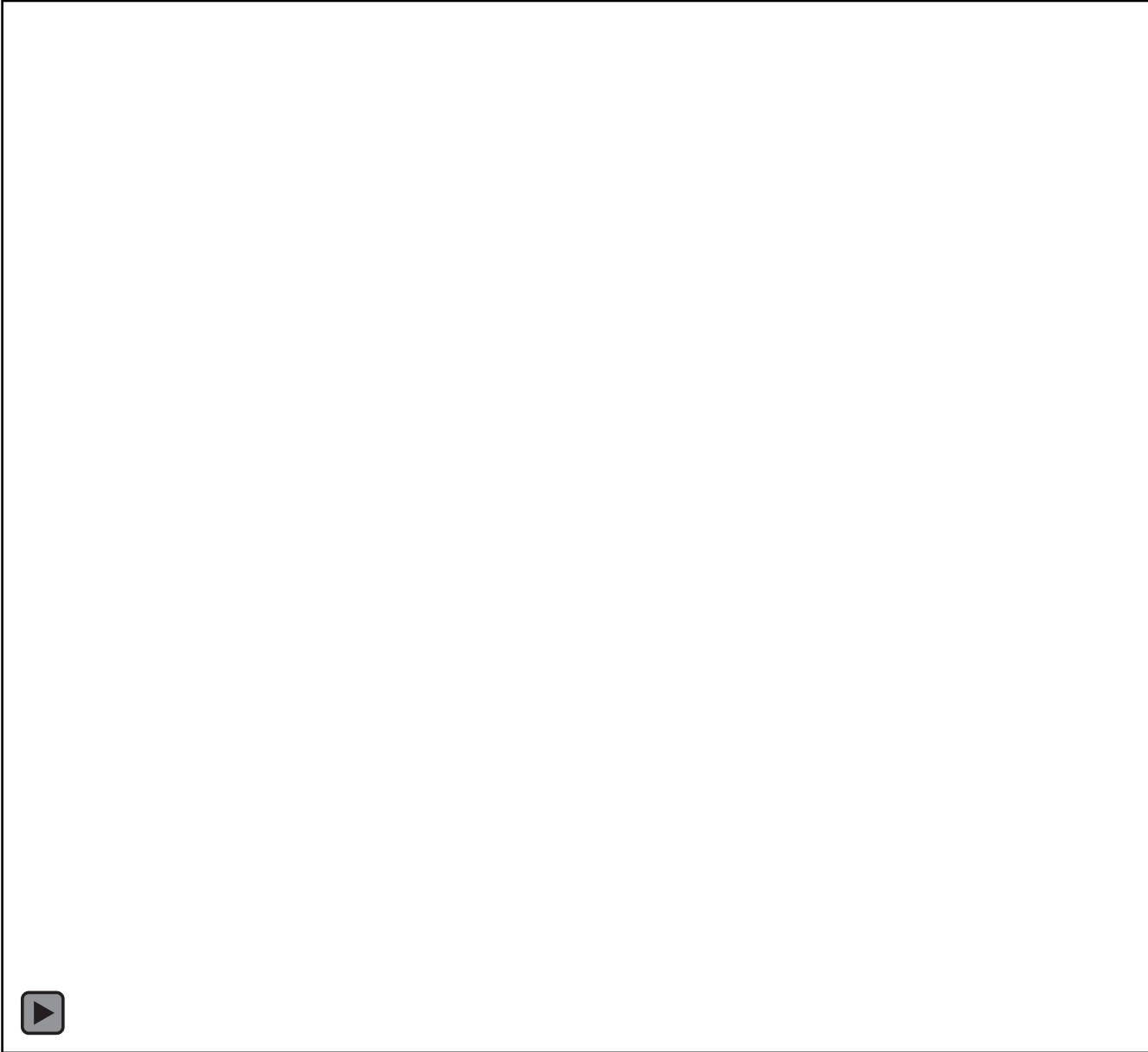


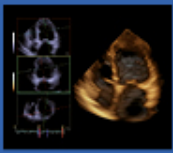
Balloon Aortic Valvuloplasty



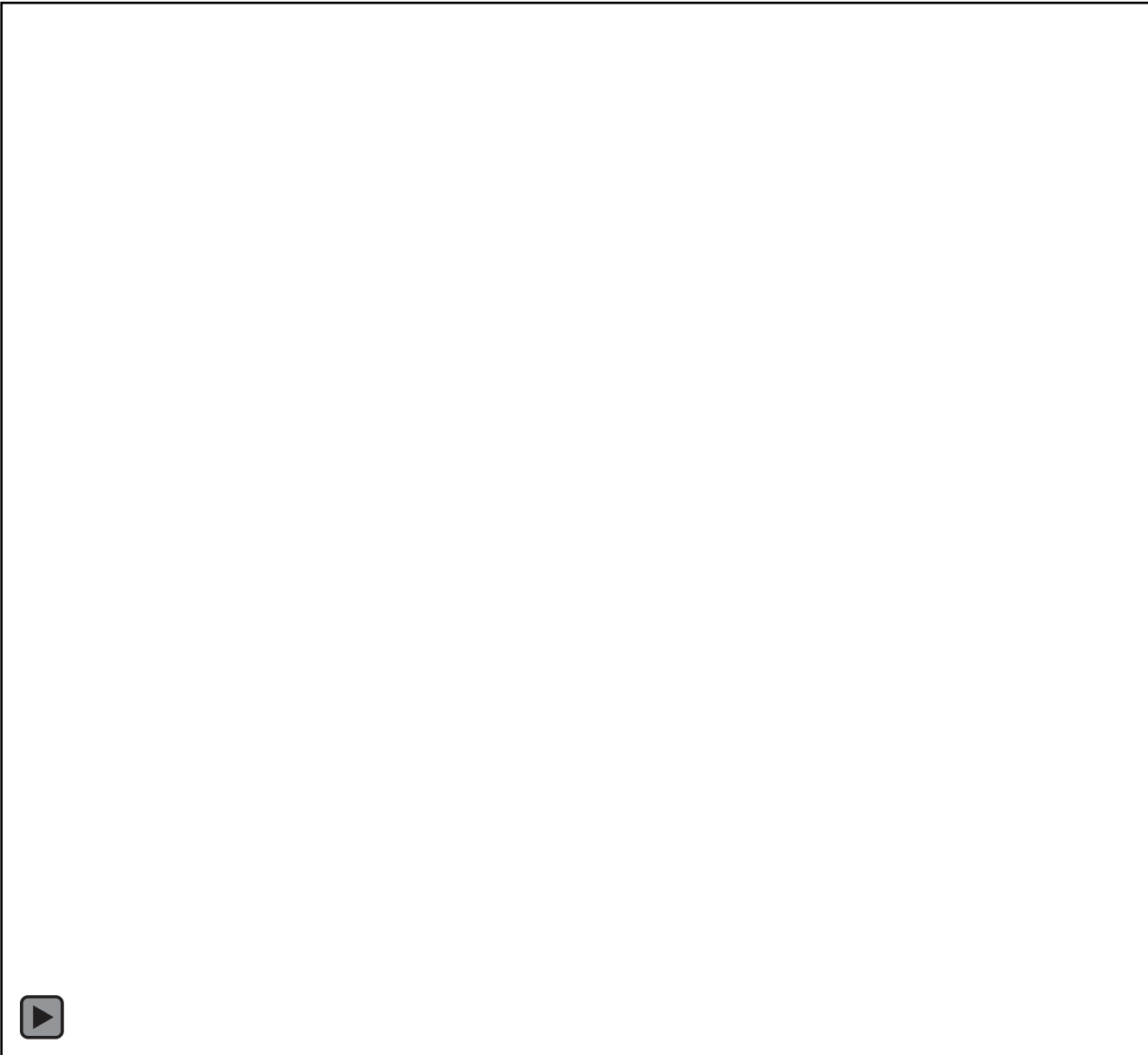


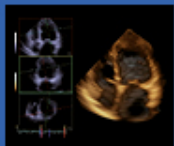
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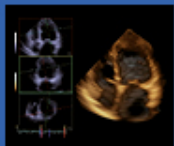
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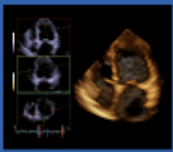
EuroValve





EuroValve





EuroValve



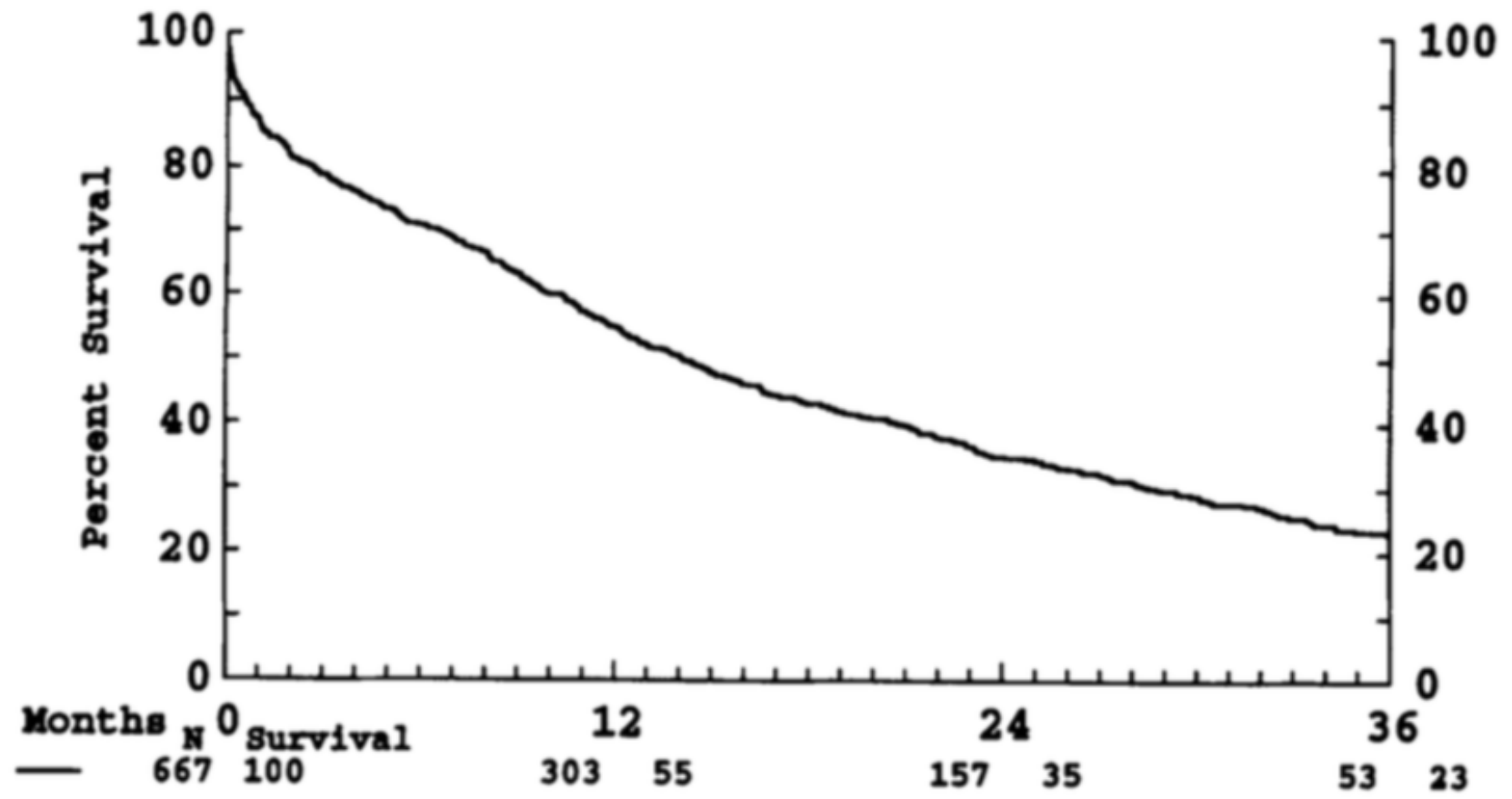
Circulation.1994;89:642-650.

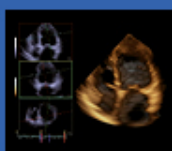
Three-Year Outcome After Balloon Aortic Valvuloplasty

Insights Into Prognosis of Valvular Aortic Stenosis

Catherine M. Otto, MD; Mary C. Mickel, MS; J. Ward Kennedy, MD; Edwin L. Alderman, MD;

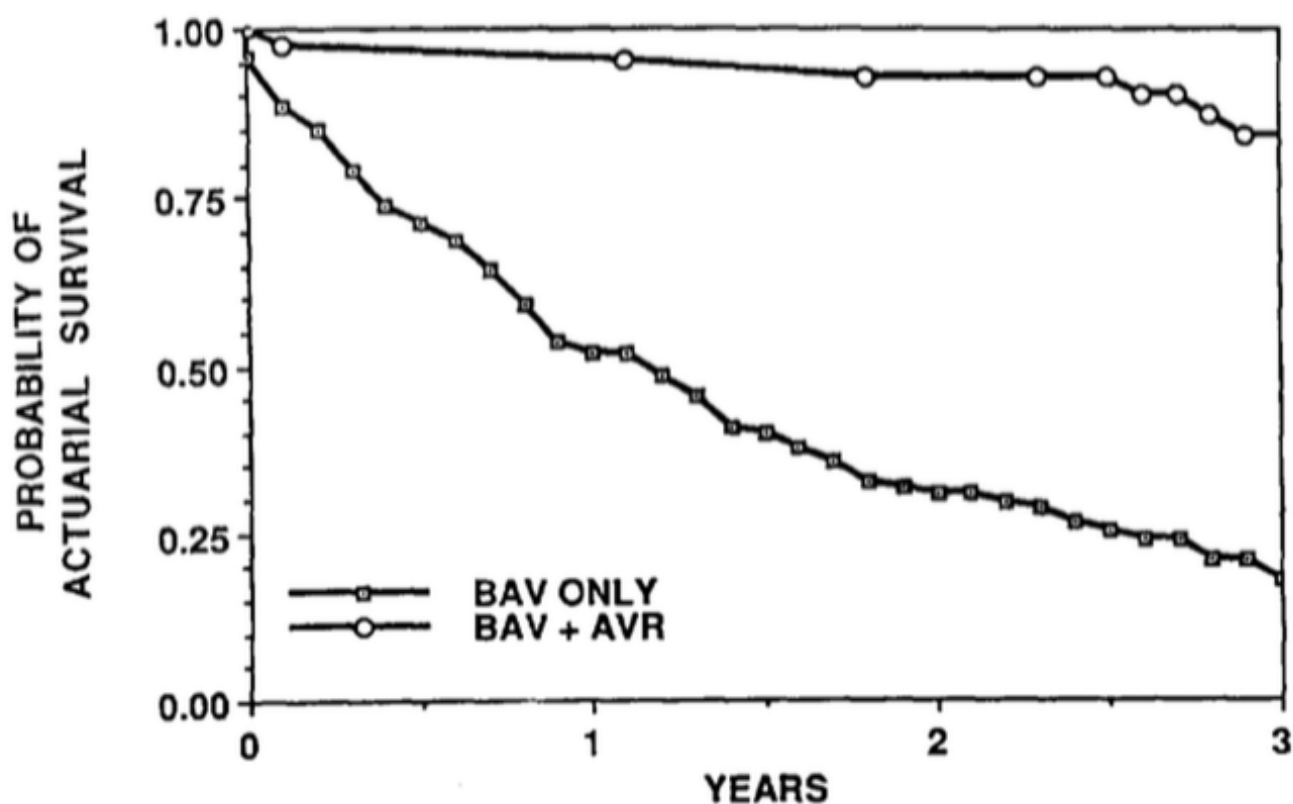
SURVIVAL FOLLOWING BALLOON AORTIC VALVULOPLASTY





Balloon Aortic Valvuloplasty in Adults: Failure of Procedure to Improve

ERIC B. ...
JAMES B ...
GORDON ...
J. KEVIN ...



n = 123

60

31

14

BAV Only

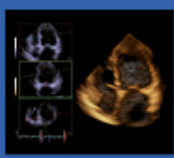
n = 42

35

30

18

BAV + AVR



EuroValve

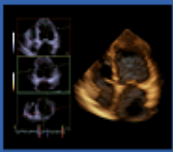


Hemodynamic Outcomes of Transcatheter Aortic Valve Replacement and Medical Management in Severe, Inoperable Aortic Stenosis: A Longitudinal Echocardiographic Study of Cohort B of the PARTNER Trial

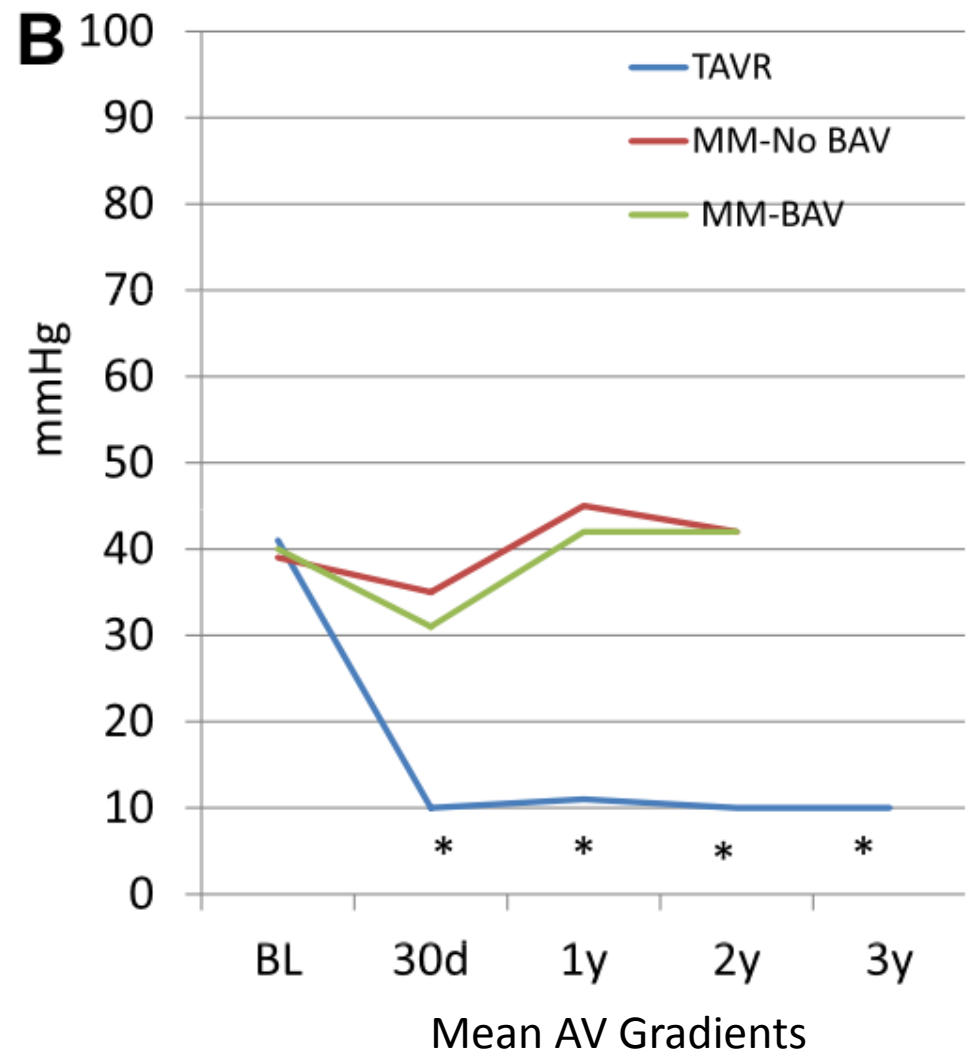
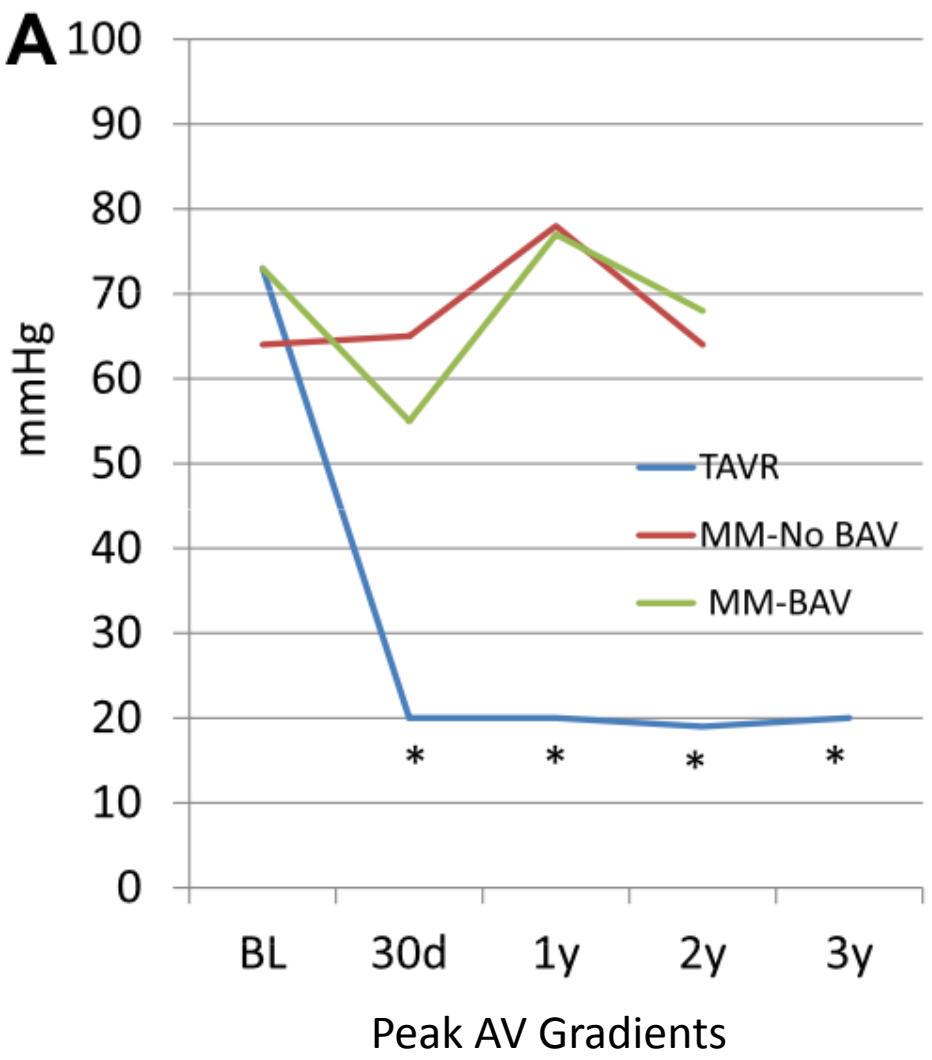
J Am Soc Echocardiogr 2015;28:210-17

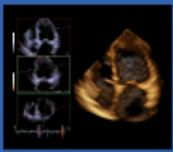
Pamela S. Douglas, MD, Rebecca T. Hahn, MD, Philippe Pibarot, DVM, PhD, Neil J. Weissman, MD, William J. Stewart, MD, Ke Xu, PhD, Zuyue Wang, MD, Stamatios Lerakis, MD, Robert Siegel, MD, Christopher Thompson, MD, Deepika Gopal, MD, Martin G. Keane, MD, Lars G. Svensson, PhD,

E. Murat Tuzcu, MD, Craig R. Smith, MD, and Martin B. Leon, MD, *Durham, North Carolina; New York, New York; Quebec, Quebec, and Vancouver, British Columbia, Canada; Washington, District of Columbia; Cleveland, Ohio; Atlanta, Georgia; Los Angeles, California; Plano, Texas; and Philadelphia, Pennsylvania*

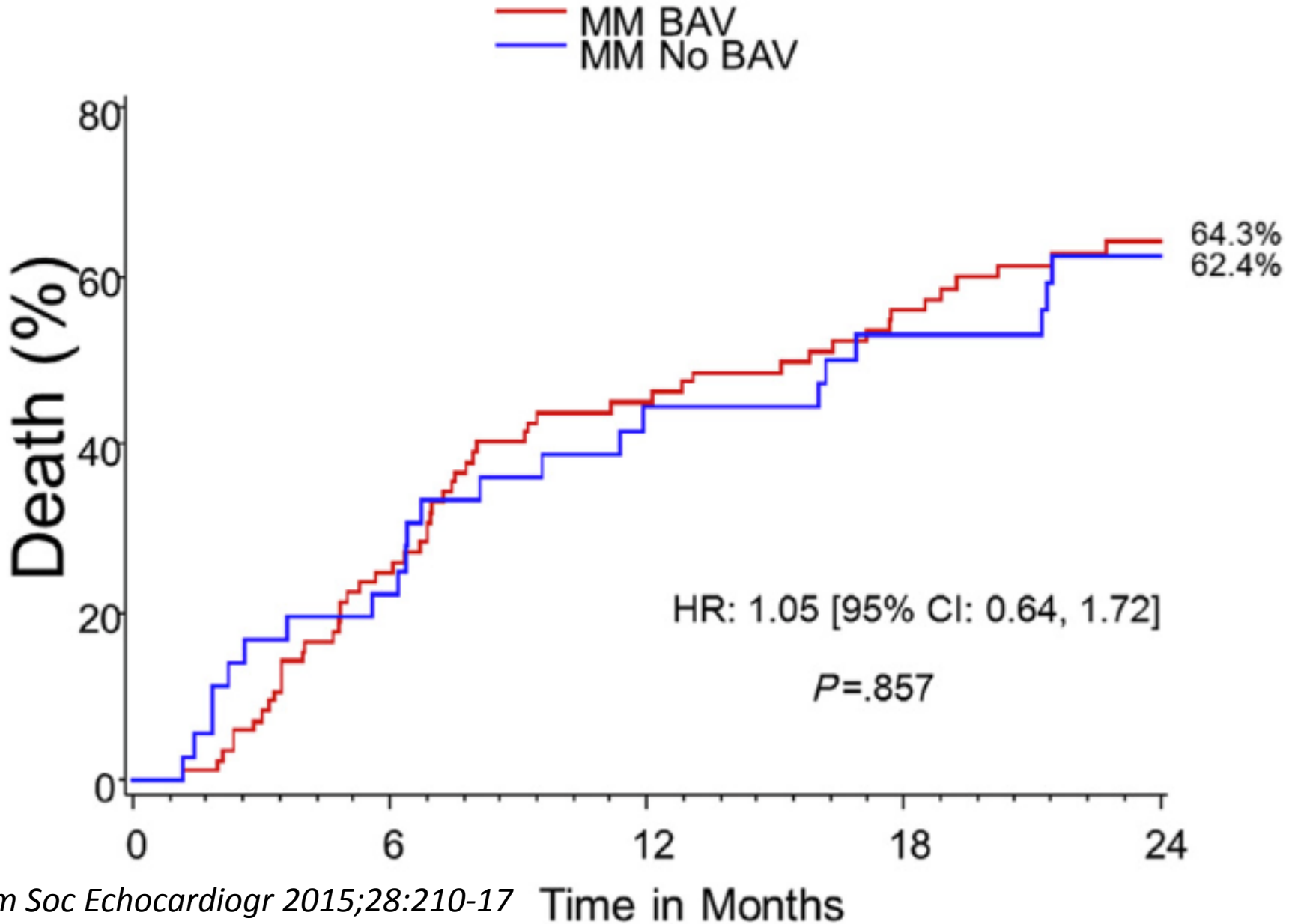


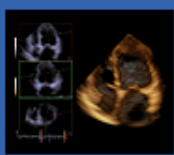
EuroValve





EuroValve





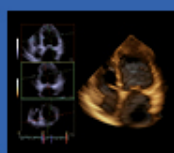
2014 AHA/ACC Guideline for the Management of Patients With Valvular Heart Disease

A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines

Developed in Collaboration With the American Association for Thoracic Surgery, American Society of Echocardiography, Society for Cardiovascular Angiography and Interventions, Society of Cardiovascular Anesthesiologists, and Society of Thoracic Surgeons

CLASS IIb

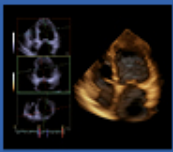
- 1. Percutaneous aortic balloon dilation may be considered as a bridge to surgical AVR or TAVR in patients with severe symptomatic AS. (Level of Evidence: C)**



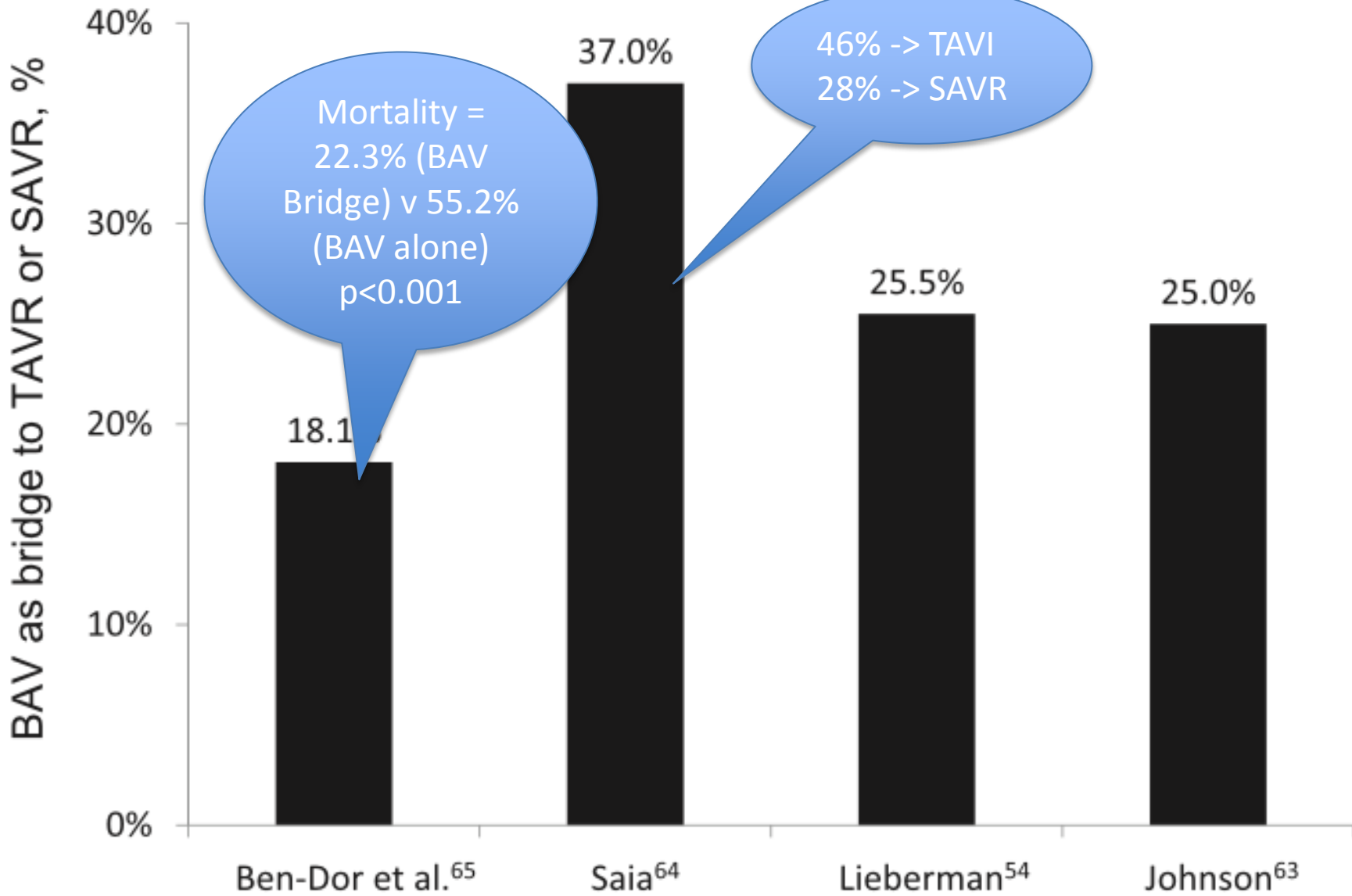
Guidelines on the management of valvular heart disease (version 2012)

5.4.2 Indications for balloon valvuloplasty

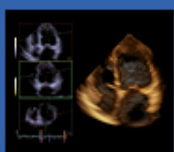
Balloon valvuloplasty may be considered as a bridge to surgery or TAVI in haemodynamically unstable patients who are at high risk for surgery, or in patients with symptomatic severe AS who require urgent major non-cardiac surgery (recommendation class IIb, level of evidence C). Balloon valvuloplasty may also be considered as a palliative measure in selected individual cases when surgery is contraindicated because of severe comorbidities and TAVI is not an option.



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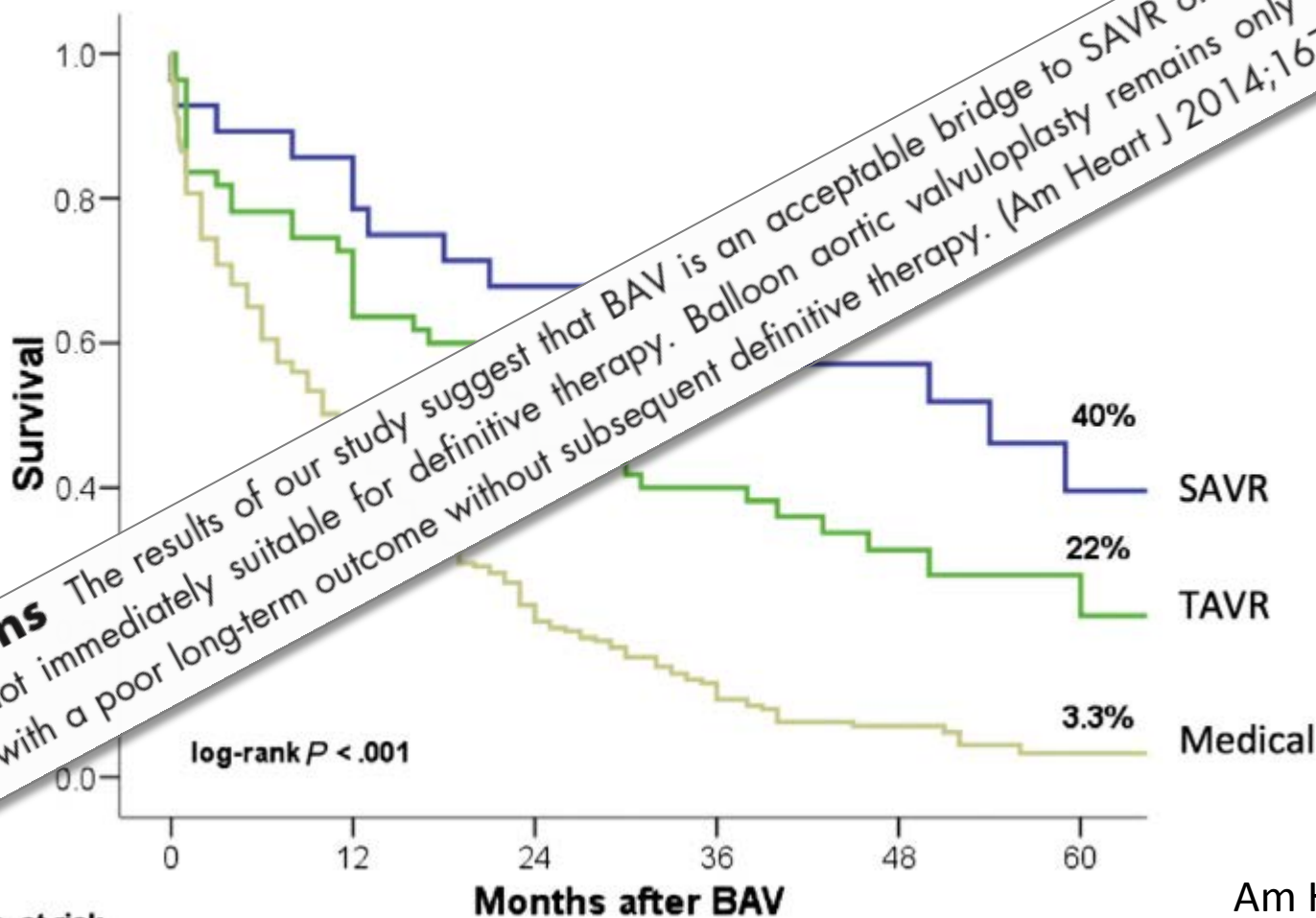
Proportion of BAV procedures performed as bridge to TAVR or SAVR in selected registries.



EuroValve

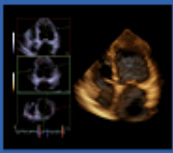
Balloon aortic valvuloplasty in the era of transcatheter aortic valve replacement: Acute and long-term outcomes

Hélène Eltchanoff
Alexandre Carasso
Rahul Sakhuja



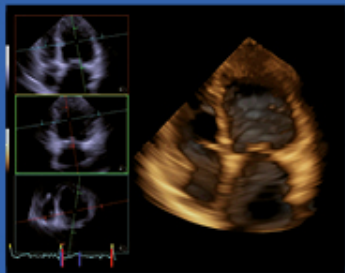
Conclusions The results of our study suggest that BAV is an acceptable bridge to SAVR or TAVR in a very high-risk population not immediately suitable for definitive therapy. Balloon aortic valvuloplasty remains only a brief temporizing procedure with a poor long-term outcome without subsequent definitive therapy. (Am Heart J 2014;167:235-40.)

Eltchanoff, MD, a
Carasso, MD, a
Sakhuja, MD, a



Balloon Aortic Valvuloplasty in the TAVI Era

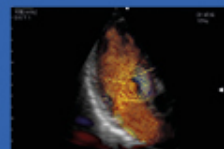
- BAV has existed for 30 years
- Poor medium & long term outcomes
- Has experienced a renaissance since TAVI
 - *Part of the procedure in many cases*
 - *Used for sizing & anatomy considerations*
 - *Provides a predictor of procedural success*
- Important role as a Bridge to TAVI
 - *Correct valve size/type not currently available*
 - *Patients requiring temporary stabilization or palliation*
- **Not a medium or long term alternative to TAVI/SAVR**

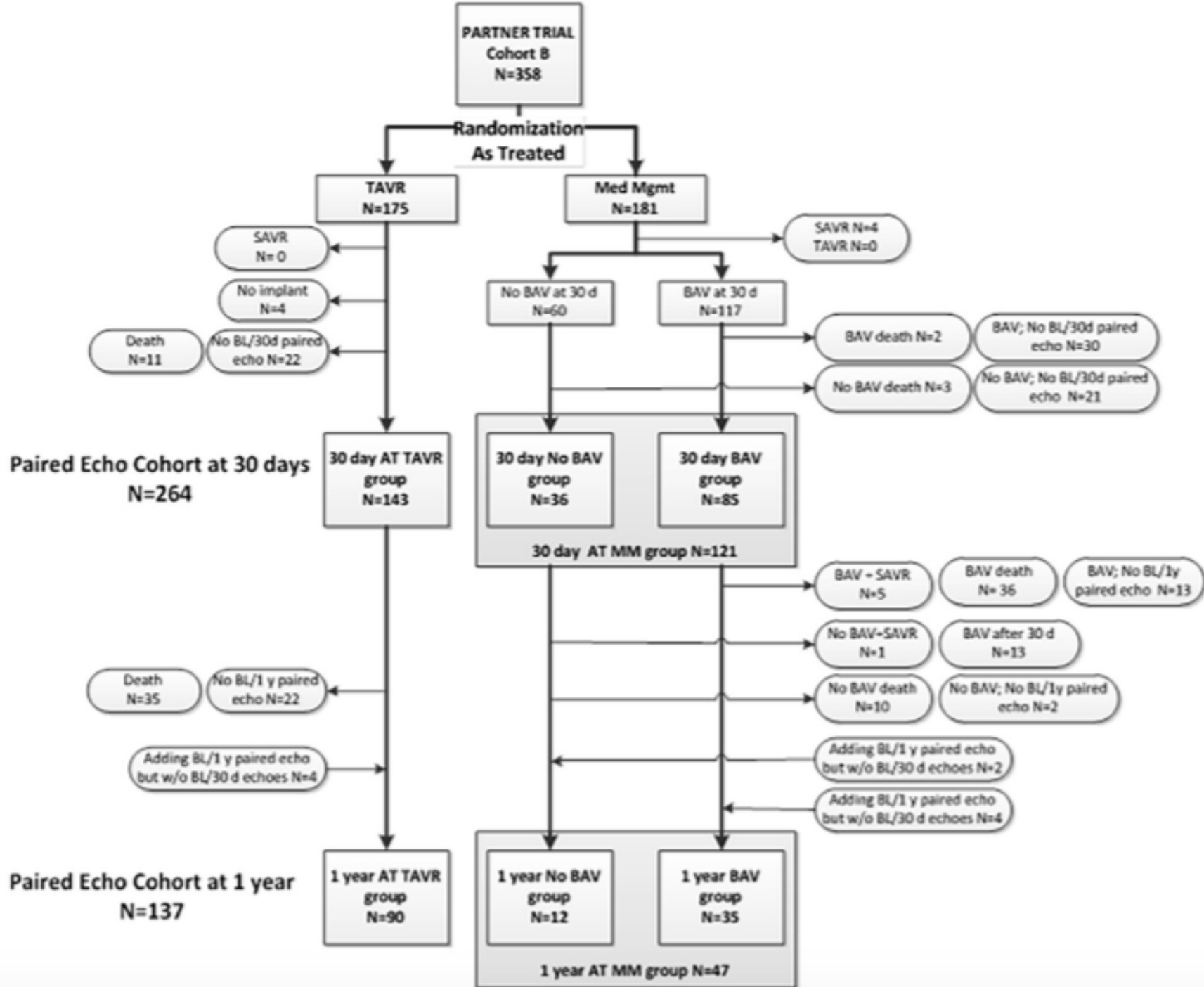


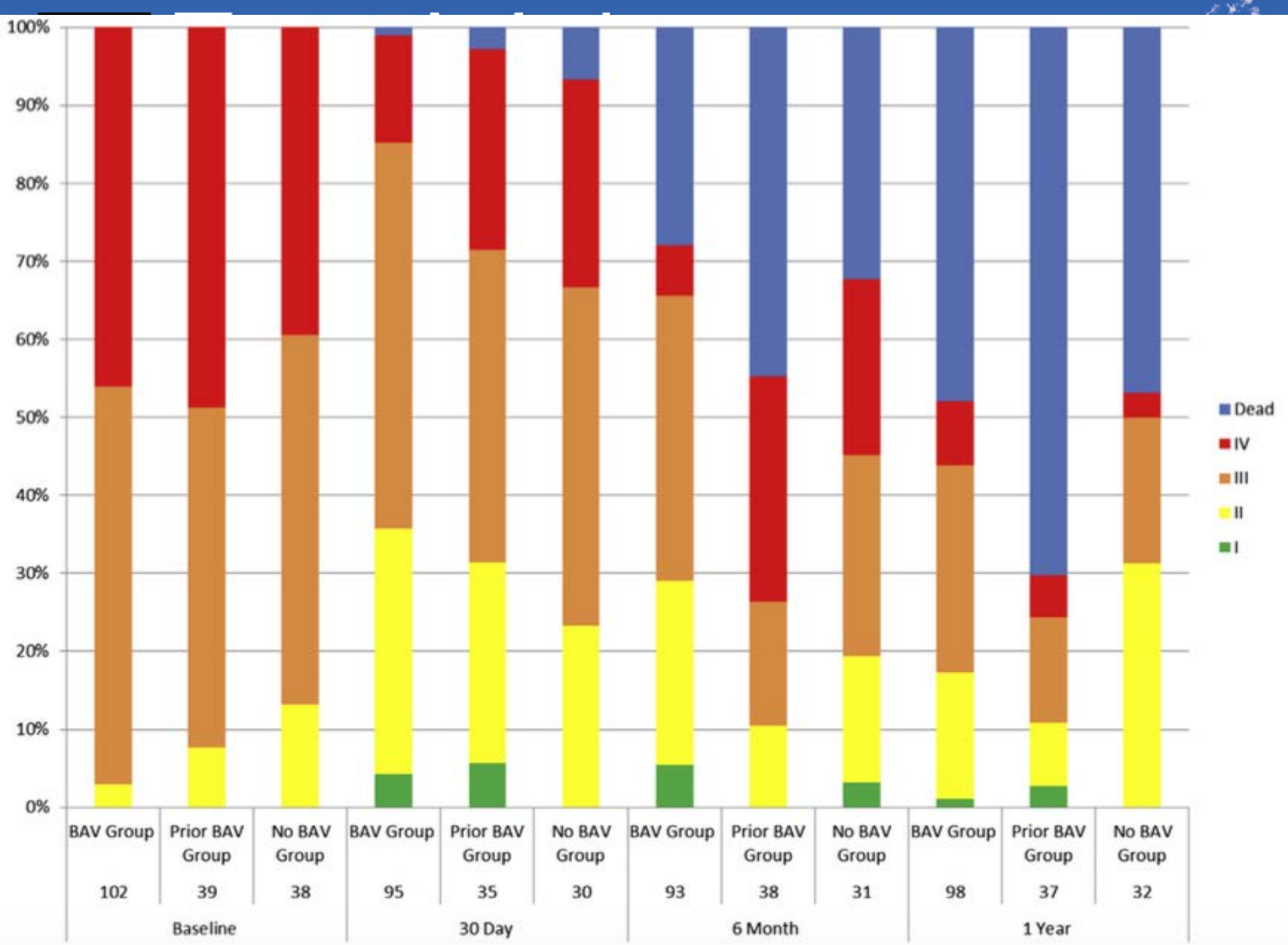
EuroValve

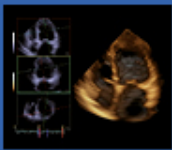
March 27 - 28, 2015

Thank You!









EuroValve



2012/09/25 01:25:07PM

Kings College Hospital

2012/09/25 02:00:43PM

Kings College Hospital

VR 18Hz 0 130 180
9cm



Live 3D
3D 47%
3D 40dB

