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SAFETY AND FEASIBILITY OF TRANSCAVAL APPROACH FOR TRANSCATHETER AORTIC VALVE REPLACEMENTS

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Interventional and Structural

SAFETY AND FEASIBILITY OF TRANSCAVAL APPROACH FOR TRANSCATHETER AORTIC VALVE REPLACEMENTS

Moderated Poster Contributions
Interventional and Structural Moderated Poster Theater 2_Hall C
Monday, April 4, 2022, 12:45 p.m.-12:55 p.m.

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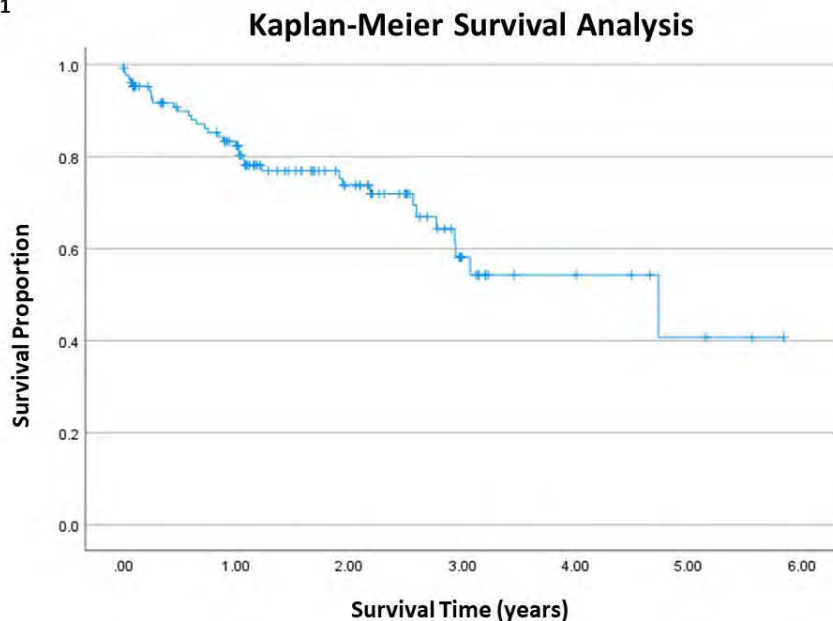
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Background: Alternative access is used in a minority of transcatheter aortic valve replacement (TAVR) cases and include transcarotid, transaxillary, transthoracic and transcaval access. Transcaval data has been limited and not performed with contemporary valve platforms. We present single center transcaval cases done with low profile TAVR platforms.

Methods: This single center retrospective study analyzed 127 consecutive patients undergoing transcaval TAVR between September 2015 and April 2020. Demographic, clinical & procedural outcome variables were reported as interquartile ranges and the data was analyzed using SPSS v28. Kaplan Meier method was used to estimate survival.

Results: Within the cohort of 127 patients, 48.8% were male. The average age was 77.3 years [70.7-84.7]. Mean baseline aortic gradient was 35.5 mmHg [24.9-46]. TAVR was successful in all patients and 97.6% survived to hospital discharge. The rate of VARC-3 major bleeding was 22% with 3.9% developing major vascular complications. Covered stent implantation occurred in 7.9% of patients. No annular dissection or cardiac perforation was encountered. Median follow up time was 1.2 years [0.6, 2.5] with a mean survival of 3.8 years [3.2-4.3] (Figure 1).

FIGURE 1



Conclusion: TAVR from transcaval access demonstrated a long mean survival time in successful cases. There was a low rate of VARC-3 major vascular complications despite elevated major bleeding rates. Prospective comparative studies in alternative access are warranted.