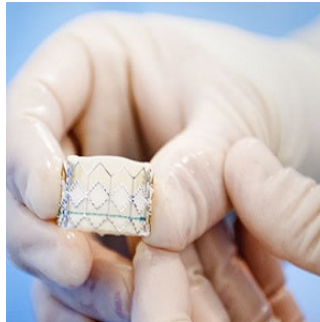

TAVR Successful at Centres Without On-site Surgical Backup



New data shows that rates of major complications and in-hospital mortality are similar when patients undergo TAVR at hospitals with or without on-site cardiac surgical backup. Close cooperation in the heart team is the key for a successful TAVI programme.

Despite concerns that the TAVR indication would be applied too liberally, patients treated at hospitals without cardiac surgery (CS) departments were older, had more comorbidities, and were at higher operative risk. TAVR procedures also declined 19% over the study period at non-CS hospitals, while increasing 41% at hospitals with on-site CS departments.

The present analysis looked at the complete 2013 and 2014 data sets (17919 patients) in the German Quality Assurance Registry on Aortic Valve Replacement (AQUA), including 1332 patients treated at 22 hospitals without a CS department and 16,587 patients treated at 75 hospitals with on-site CS. All hospitals had heart teams, and non-CS hospitals had internal cardiologists and access to an external CS team.

Findings show that procedures took longer in hospitals without cardiac surgical backup than those with CS. Rates of major intraprocedural complications were very low and similar at hospitals with and without CS departments, with the exception of aortic regurgitation grade 2 or higher, which occurred more often at non-CS hospitals. The rate of in-hospital death was 3.8% for patients undergoing TAVR at hospitals without CS and 4.2% for those at hospitals with CS.

The absence of an on-site CS department and heart team is an absolute contraindication in the 2012 European Society of Cardiology (ESC) guidelines and has sparked discussions across Germany as TAVR has become increasingly safe and more mainstream.

Source: [Medscape](#)

Image Credit: Cleveland Clinic

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