PCR webinars

How can I minimize the risk of conduction abnormalities for my TAVI patients?

Prof. Helge Möllmann – Dortmund, Germany

Dr. Luis Nombela-Franco – Madrid, Spain

Dr. Stefan Toggweiler – Luzern, Switzerland

Question 1: Do you consider any case for prophylactic PM?

First of all, the guidelines give a prophylactic PM a class III indication and therefore, it is not recommended. Second, there is no reimbursement for prophylactic PMs in many coutries. However, a prophylactic PM may still have some merits, but we need more data. A prophylactic PM may be implanted in a study setting in patients with a RBBB and at least one additional high-risk criterion such as a left anterior hemiblock, a first degree AVB, a wide QRS or a short membranous septum.

Question 2: Do you have any suggestions about the future stent design to avoid CDs? A stent for supra-annular anchoring?

In terms of radial force, there is always a balance between CDs and PVL. In terms of implantation depth, there is a balance between avoiding CDs and risking pop outs. Ideally, a stent anchors at the level of the annulus with only very minimal protrusion in the LVOT. The ability of repositioning certainly helps to achieve high implantations with confidence. Supra-annular anchoring (e.g. Jena Valve) may be associated with a lot interaction between calcification and the stent. In addition, such a stent may need to be implanted orthotopic (with commissural alignment).

PCR

PCRonline.com