CSC 2025
CORONARY AND STRUCTURAL CONGRESS
CONGRESO CORONARIO Y ESTRUCTURAL
MADRID

5, 6 y 7 NOVIEMBRE
HOTEL RIU PLAZA DE ESPAÑA

TAVI: Acceso alternativo transaxilar

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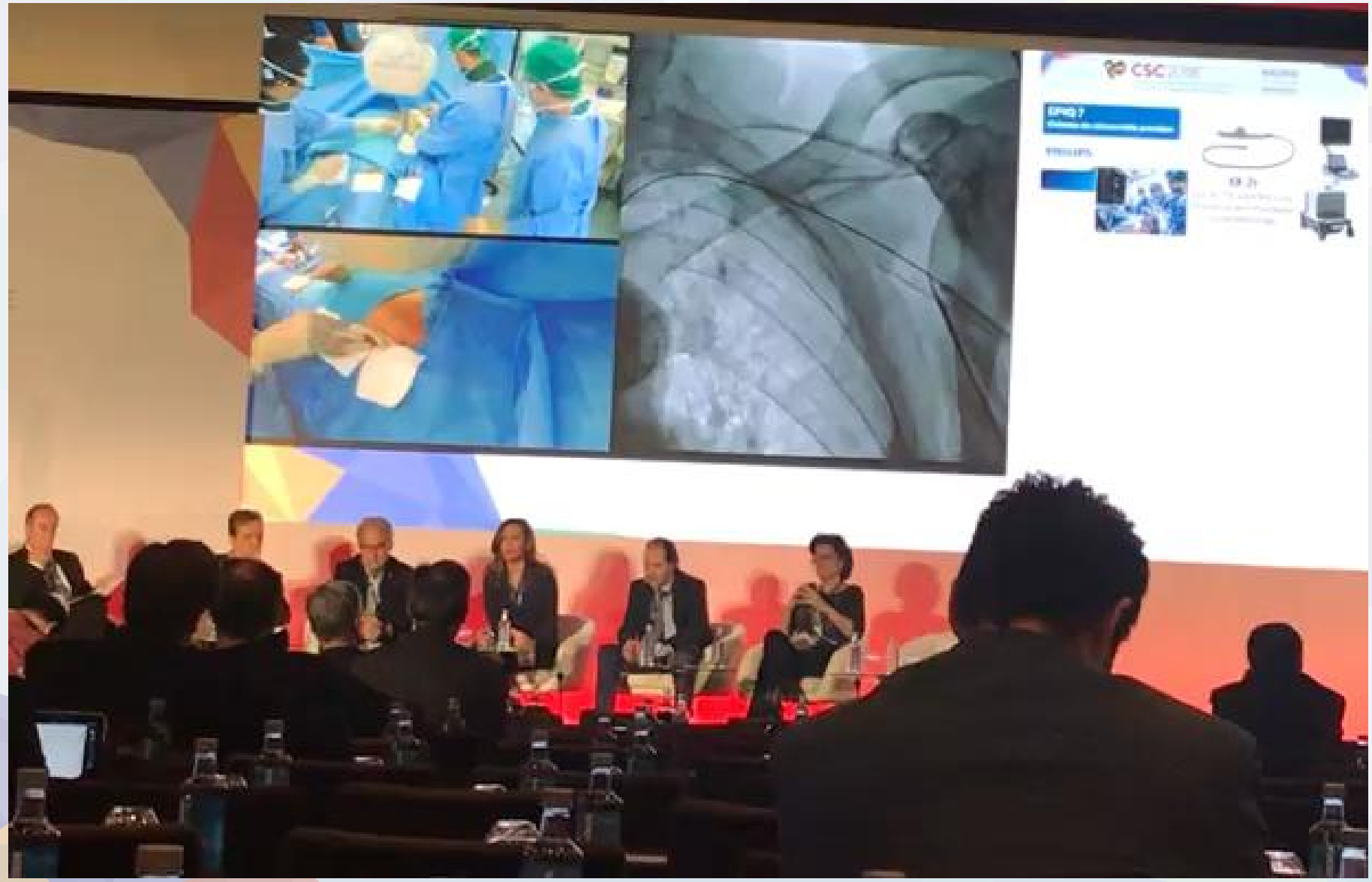
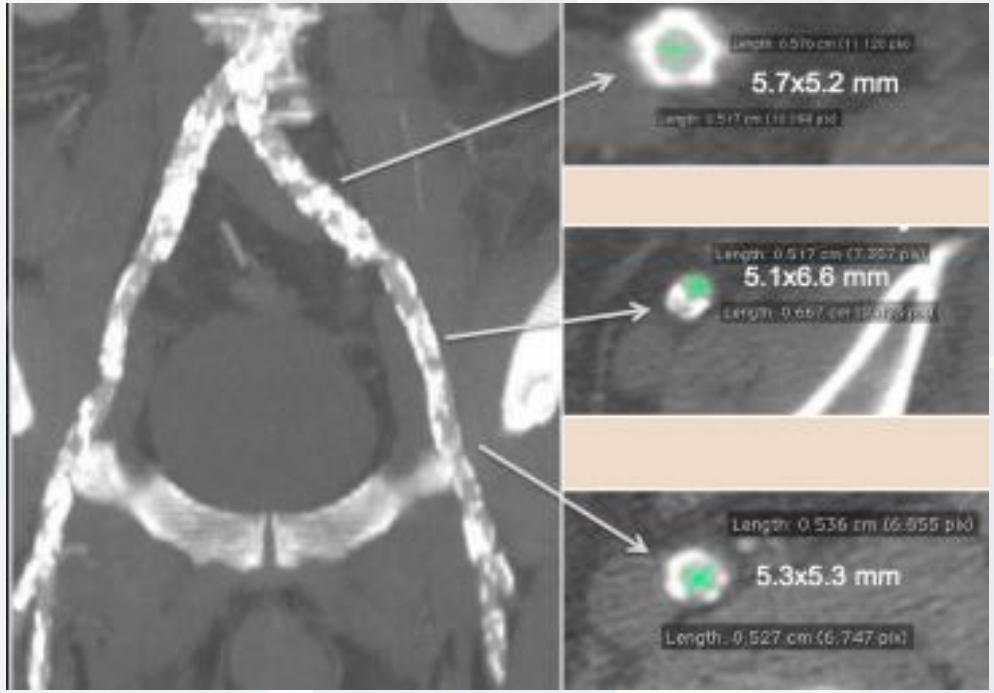
CSC 2018: Primera TAVI Transaxilar del CSC



TAVI AXILAR PERCUTANEA

- **Transfemoral**: primera elección en pacientes que se van a someter a una TAVI

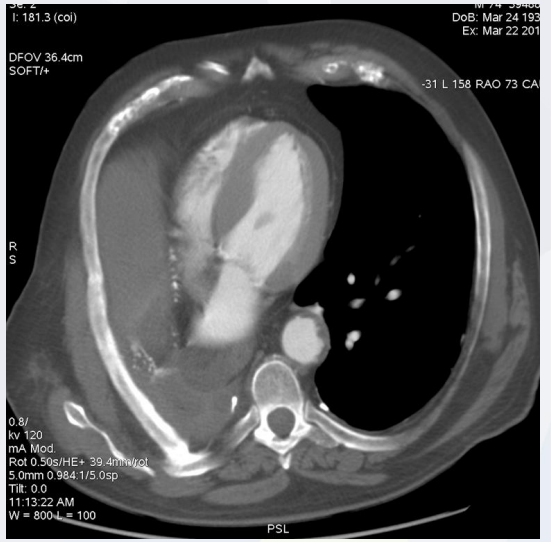
- Sin embargo, entre un 15% y un 30% de los pacientes no tienen un acceso femoral adecuado.



TAVI AXILAR PERCUTANEA

ACCESOS ALTERNATIVOS AL ACCESO TRANSFEMORAL:

- Acceso trans-apical.
- Acceso trans-aortico.
- Acceso trans-subclavio.
- Acceso trans-carotideo.
- Acceso trans-cavo-aórtico.



Outcomes Following Subclavian and Axillary Artery Access for Transcatheter Aortic Valve Replacement

Society of the Thoracic Surgeons/American College of Cardiology TVT Registry Report

Thom G. Dahle, MD,[a] Tsuyoshi Kaneko, MD,[b] James M. McCabe, MD[c]

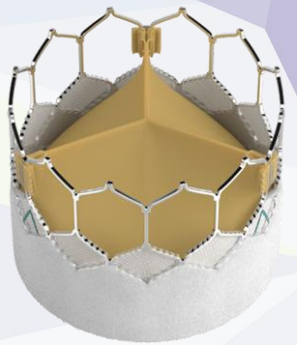


TABLE 5 30-Day Outcomes Among Propensity-Matched Transaxillary and Transapical or Transaortic Patients

	TAx (n = 1,180)	TA/Tao (n = 1,180)	p Value
All-cause mortality	58 (5.3)	94 (8.4)	0.005
All stroke	72 (6.3)	35 (3.1)	0.0002
New-onset atrial fibrillation	23 (2.0)	150 (13.0)	<0.0001
All readmissions	120 (11.6)	157 (15.1)	0.03
New requirement for dialysis	8 (0.7)	28 (2.5)	0.001
New pacemaker	133 (11.7)	115 (10.1)	0.14
Life-threatening bleeding	5 (0.5)	6 (0.6)	0.78
Major vascular complication	29 (2.5)	20 (1.7)	0.19
Change in KCCQ overall summary score from baseline to 30 days	25.9 ± 27.4	19.2 ± 30.6	<0.0001
NYHA functional class I/II	723/824 (87.8)	663/789 (84.0)	0.01
Length of index hospital stay (days)	3.0 (2.0-5.0)	6.0 (4.0-8.0)	<0.0001
Length of ICU stay (h)	26.3 (19.5-48.0)	47.0 (25.0-95.5)	<0.0001

Values are n (%), mean ± SD, n/N (%), or median (interquartile range).
ICU = intensive care unit; KCCQ = Kansas City Cardiomyopathy Questionnaire; other abbreviations as in Table 1.

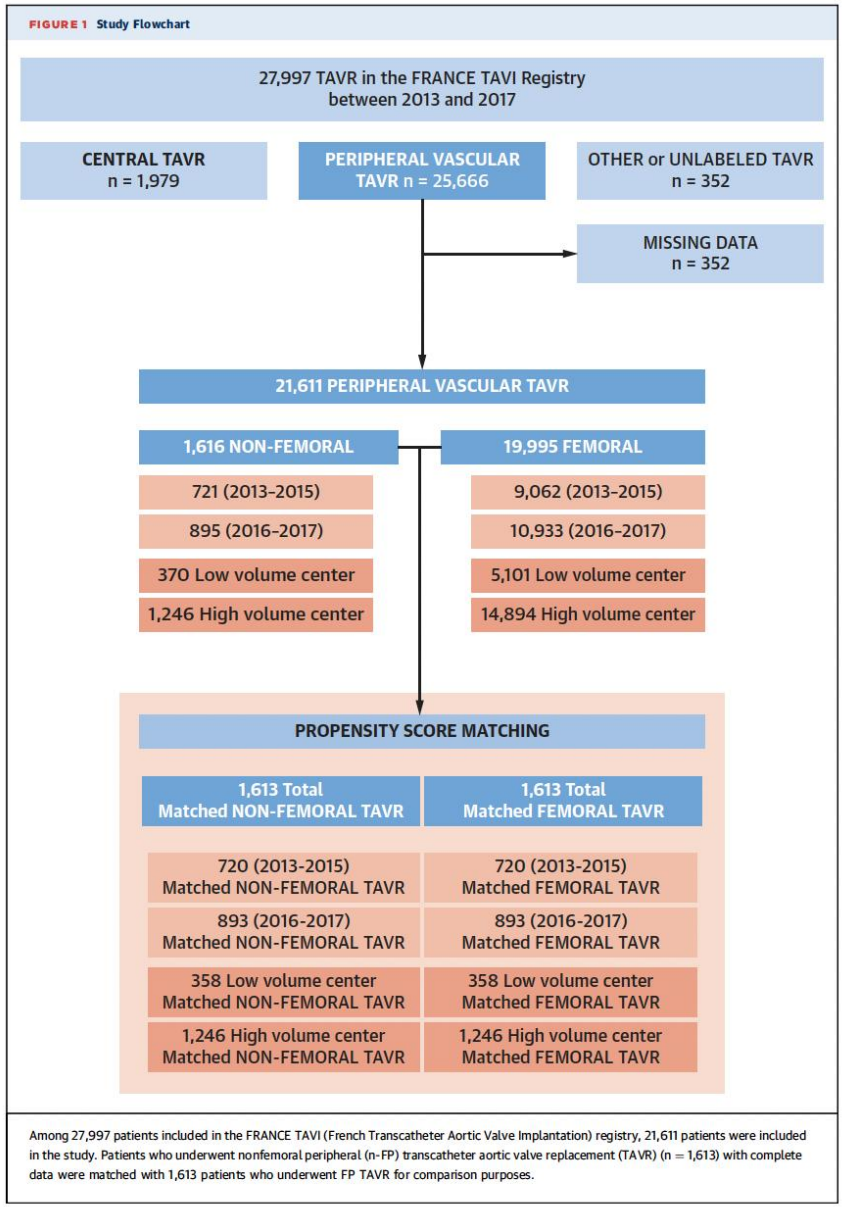
63,581 Sapien

Transfemoral (n = 57,889)	TAx (n = 1,249)	TA/TAo (n = 1,815)

Dahle TG, Kaneko T, McCabe JM. Outcomes Following Subclavian and Axillary Artery Access for Transcatheter Aortic Valve Replacement: Society of the Thoracic Surgeons/American College of Cardiology TVT Registry Report. JACC Cardiovasc Interv. 2019 Apr 8;12(7):662-669. doi: 10.1016/j.jcin.2019.01.219. PMID: 30947940.

Femoral Versus Nonfemoral Peripheral Access for Transcatheter Aortic Valve Replacement

Sylvain Beurtheret, MD,[a] Nicole Karam, MD, PhD,[b,c,d] Noemie Resseguier, MD,[e] Remi Houel, MD,[a] Thomas Modine, MD, PhD,[f] Thierry Folliguet, MD, PhD,[g] Chekrallah Chamandi, MD,[b,c,d] Olivier Com, MD,[h] Richard Gelisse, MD,[h] Jacques Bille, MD,[h] Patrick Joly, MD,[h] Nicolas Barra, MD,[h] Alain Tavildari, MD,[h] Philippe Commeau, MD,[i] Sebastien Armero, MD,[j] Mathieu Pankert, MD,[k] Michel Pansieri, MD,[k] Sabrina Siame,[a] René Koning, MD,[l] Marc Laskar, MD, PhD,[m] Yvan Le Dolley, MD,[a] Arnaud Maudiere, MD,[a] Bertrand Villette, MD,[a] Patrick Khanoyan, MD,[h] Julien Seitz, MD,[h] Didier Blanchard, MD,[b,c,d] Christian Spaulding, MD, PhD,[b,c,d] Thierry Lefevre, MD,[n] Eric Van Belle, MD, PhD,[o] Martine Gilard, MD, PhD,[p] Helene Eltchaninoff, MD, PhD,[q] Bernard Iung, MD, PhD,[r] Jean Philippe Verhoye, MD, PhD,[s] Ramzi Abi-Akar, MD,[t] Paul Achouh, MD, PhD,[t] Thomas Cuisset, MD, PhD,[u] Pascal Leprince, MD, PhD,[v] Eloi Marijon, MD, PhD,[b,c,d] Hervé Le Breton, MD, PhD,[w] Antoine Lafont, MD, PhD[b,c,d]



No-TF patients worst EuroScore (19.95 Vs 16,65).

Beurtheret, S, Karam, N, Resseguier, N. et al. Femoral Versus Nonfemoral Peripheral Access for Transcatheter Aortic Valve Replacement. JACC. 2019 Dec, 74 (22) 2728–2739.

TABLE 2 Impact of Access Type on Outcome of the Matched Population

	Nonfemoral Access (n = 1,613)	Femoral Access (n = 1,613)	Multivariate Analysis	
			OR* (95% CI)	p Value
Procedural mortality	64 (3.97)	47 (2.91)	1.29 (0.87–1.94)	0.211
STEMI	4 (0.25)	3 (0.19)	0.81 (0.19–3.87)	0.774
Stroke	54 (3.35)	35 (2.17)	1.38 (0.88–2.19)	0.156
Annulus rupture	0 (0.00)	3 (0.19)	0.14 (0.00–1.62)	0.126
Aortic dissection	4 (0.25)	2 (0.12)	1.63 (0.32–10.45)	0.564
Valve migration/embolization	16 (0.99)	11 (0.68)	1.09 (0.50–2.48)	0.833
Tamponade	24 (1.49)	18 (1.12)	1.38 (0.73–2.65)	0.321
Permanent pacemaker insertion	287 (17.79)	254 (15.75)	0.95 (0.78–1.16)	0.607
Pulmonary embolism	4 (0.25)	3 (0.19)	1.17 (0.27–5.57)	0.829
Renal failure	62 (3.84)	45 (2.79)	1.39 (0.92–2.11)	0.119
Renal dialysis	10 (0.62)	5 (0.31)	1.60 (0.54–5.34)	0.408
Major bleeding	138 (8.56)	121 (7.50)	1.06 (0.81–1.39)	0.676
Hemorrhagic shock	11 (0.68)	11 (0.68)	0.89 (0.37–2.14)	0.795
Unplanned vascular repairs	50 (3.10)	108 (6.70)	0.41 (0.29–0.59)	<0.001
Major vascular complications	11 (0.68)	22 (1.36)	0.45 (0.21–0.93)	0.032
Surgery under bypass	3 (0.19)	6 (0.37)	0.41 (0.09–1.52)	0.183
Infectious complication	72 (4.46)	67 (4.15)	0.97 (0.68–1.39)	0.861

Values are n (%) unless otherwise indicated. *Odds ratio (OR) expressing the excess of risk of complication for nonfemoral peripheral transcatheter aortic valve replacement after adjustment for prosthesis type and time period.

CI = confidence interval; STEMI = ST-segment elevation myocardial infarction.

Beurtheret, S, Karam, N, Resseguier, N. et al. Femoral Versus Nonfemoral Peripheral Access for Transcatheter Aortic Valve Replacement. JACC. 2019 Dec, 74 (22) 2728–2739.

Vascular Access in Patients With Peripheral Arterial Disease Undergoing TAVR

The Hostile Registry

Tullio Palmerini, MD,[a,b] Francesco Saia, MD, PhD,[a,b] Won-Keun Kim, MD,[c] Matthias Renker, MD,[c] Alessandro Iadanza, MD,[d] Massimo Fineschi, MD,[d] Antonio Giulio Bruno, MD,[a,b] Gabriele Ghetti, MD,[a,b] Maarten Vanhaverbeke, MD,[e] Lars Søndergaard, MD,[e] Ole De Backer, MD,[e] Enrico Romagnoli, MD,[f] Francesco Burzotta, MD,[f] Carlo Trani, MD,[f] Rik Adrichem, MD,[g] Nicolas M. Van Mieghem, MD,[g] Elena Nardi, MSTAT,[a] Francesco Chietera, MD,[a,b] Mateusz Orzalkiewicz, MD,[a,b] Daijiro Tomii, MD,[h] Thomas Pilgrim, MD, MSc,[h] Tiziana Claudia Aranzulla, MD, MSc,[i] Giuseppe Musumeci, MD,[i] Matti Adam, MD,[j] Max M. Meertens, MD,[j] Nevio Taglieri, MD,[a,b] Cinzia Marrozzini, MD,[a,b] Hector Alfonso Alvarez Covarrubias, MD,[k,l] Michael Joner, MD,[k] Giulia Nardi, MD,[m] Francesca Maria Di Muro, MD,[m] Carlo Di Mario, MD,[m] Lucca Loretz, MD,[n] Stefan Toggweiler, MD,[n] Enrico Gallitto, MD,[o] Mauro Gargiulo, MD,[o] Luca Testa, MD,[p] Francesco Bedogni, MD,[p] Sergio Berti, MD,[q] Marco B. Ancona, MD,[r] Matteo Montorfano, MD,[r] Alessandro Leone, MD,[s] Carlo Savini, MD,[s] Davide Pacini, MD,[s] Jonas Gmeiner, MD,[t] Daniel Braun, MD,[t] Roberto Nerla, MD,[u] Fausto Castriota, MD,[u] Marco De Carlo, MD,[v] Anna Sonia Petronio, MD,[v] Marco Barbanti, MD,[w] Giuliano Costa, MD,[w] Corrado Tamburino, MD,[w] Pier Pasquale Leone, MD,[x] Bernhard Reimers, MD,[x] Giulio Stefanini, MD,[x] Mitsumasa Sudo, MD,[y] Georg Nickenig, MD,[y] Tommaso Piva, MD,[z] Andrea Scotti, MD,[aa,bb] Azeem Latib, MD,[aa,bb] Matteo Vercellino, MD,[cc] Italo Porto, MD,[cc] Pablo Codner, MD,[dd] Ran Kornowski, MD,[dd] Antonio L. Bartorelli, MD,[ee,ff] Giuseppe Tarantini, MD,[gg] Chiara Fraccaro, MD,[gg] Mohamed Abdel-Wahab, MD,[hh] Eberhard Grube, MD,[y] Nazzareno Galié, MD,[a,b] Gregg W. Stone, MD[ii]

1,707 Patients

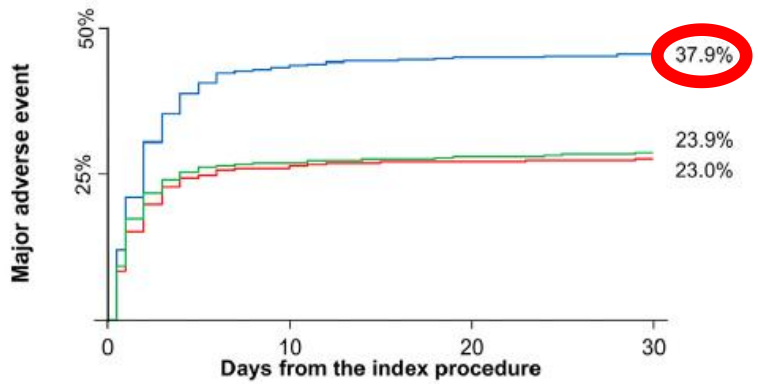
Facilitated Transfemoral access VS Transthoracic accesses vs Transalternative accesses.

Palmerini, T, Saia, F, Kim, W. et al. Vascular Access in Patients With Peripheral Arterial Disease Undergoing TAVR: The Hostile Registry. J Am Coll Cardiol Intv. 2023 Feb, 16 (4) 396–411.

TFA TAA TTA

A

TFA vs TTA: Adjusted HR=0.58 , 95% CI 0.45-0.75; p<0.0001
TAA vs TTA: Adjusted HR=0.60, 95% CI 0.47-0.78; p<0.0001
TFA vs TAA: Adjusted HR=0.96, 95% CI 0.71-1.31; p=0.81



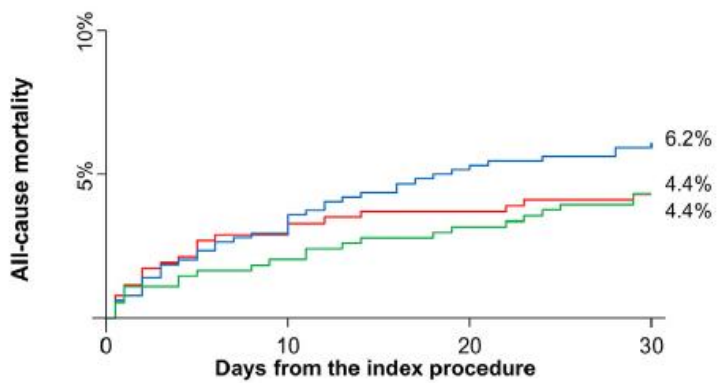
Patients at risk

TFA	516	394	384	378
TTA	642	406	395	390
TAA	545	411	405	400

TFA TAA TTA

B

TFA vs TTA: Adjusted HR= 0.79, 95% CI 0.41-1.49 ; p=0.46
TAA vs TTA: Adjusted HR=0.56, 95% CI 0.30-1.05; p=0.07
TFA vs TAA: Adjusted HR= 1.40, 95% CI 0.68-2.86; p=0.36



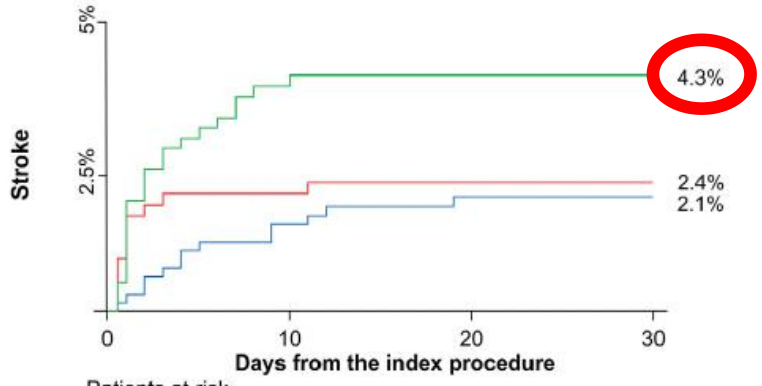
Patients at risk

TFA	516	484	467	459
TTA	641	615	597	587
TAA	545	512	502	493

TFA TAA TTA

C

TFA vs TTA: Adjusted HR=1.27, 95% CI 0.52-3.11; p=0.60
TAA vs TTA: Adjusted HR=2.09, 95% CI 0.92-4.79; p=0.08
TFA vs TAA: Adjusted HR=0.61, 95% CI 0.27-1.38; p=0.23



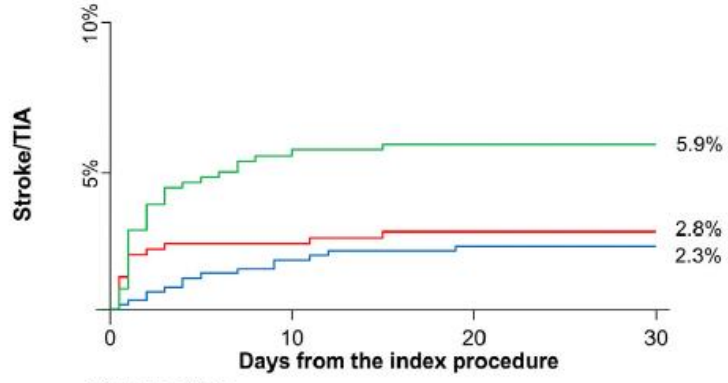
Patients at risk

TFA	516	472	453	446
TTA	641	603	584	575
TAA	545	494	486	479

TFA TAA TTA

D

TFA vs TTA: Adjusted HR=1.31, 95% CI 0.57-3.03; p=0.53
TAA vs TTA: Adjusted HR=2.62, 95% CI 1.24-5.52; p=0.01
TFA vs TAA: Adjusted HR=0.50, 95% CI 0.24-1.03; p=0.06



Patients at risk

TFA	516	471	454	447
TTA	641	604	585	576
TAA	545	486	477	470

Transubclavian approach: A competitive access for transcatheter aortic valve implantation as compared to transfemoral

Ignacio J. Amat-Santos, MD, PhD[1,2] | Paol Rojas, MD[2] | Hipólito Gutiérrez, MD[1,2] | Silvio Vera, MD[2] | Javier Castrodeza, MD[2] | Javier Tobar, MD[2] | L. Renier Goncalves-Ramirez, MD[2] | Manuel Carrasco, MSC[2] | Pablo Catala, MD[2] | José A. San Román, MD, PhD[1,2]

6 | CONCLUSION

In conclusion, our study suggests that TSc approach may be, not only an alternative route to TF approach for TAVI, but even a competitive approach in certain patients with increased risk of vascular injury.

Catheter Cardiovasc Interv. 2017;1–10.

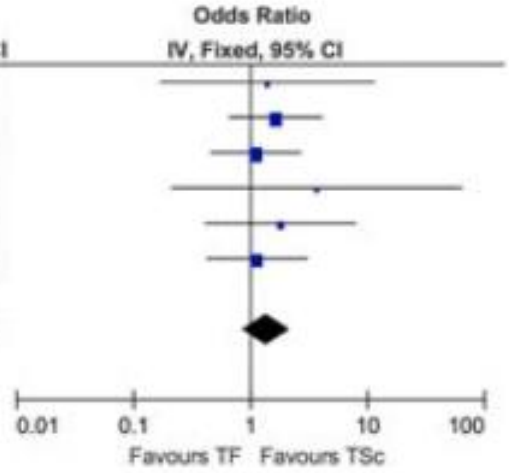
TAVI AXILAR PERCUTANEA

Variables	Nr. of patients	Global TAVR population	Transfermoral TAVR	Transubclavian TAVR	*P*-value
Main 30-day outcomes					
Stroke (%)	4,504	139/4,504 (3.1%)	116/3,886 (3%)	23/618 (3.7%)	0.15
Major vascular complications (%)	4,504	238/4,504 (5.3%)	198/3,886 (5.1%)	40/618 (6.5%)	0.36
Life-threatening bleeding (%)	686	63/686 (9.2%)	29/343 (8.4%)	34/343 (9.9%)	0.75
Major bleeding	3,639	133/3,639 (3.6%)	79/3,270 (2.4%)	54/369 (14.6%)	0.35
Renal faillure (AKI)	4,216	179/4,216 (4.2%)	143/3,633 (3.9%)	36/583 (6.2%)	0.25
New pacemaker	4,216	681/4,216 (16.5%)	554/3,633 (15.2%)	127/583 (21.8%)	0.73
Aortic regurgitation ≥3	3,357	274/3,357 (8.2%)	252/3,129 (8%)	22/228 (9.6%)	0.53
30-Day mortality	4,504	223/4,504 (4.9%)	197/3,886 (5.1%)	26/618 (4.2%)	0.20

30-day Mortality

Study or Subgroup	FEMORAL ACCESS Events	Total	SUBCLAVIAN ACCESS Events	Total	Weight	Odds Ratio IV, Fixed, 95% CI
Eltchaninoff EHJ2011	18	161	1	12	5.2%	1.38 [0.17, 11.36]
Frohlich Am J. Car 2015	121	2828	5	188	27.9%	1.64 [0.66, 4.05]
Gleason TCT 2016 (US Pivotal)	11	202	10	202	29.7%	1.11 [0.46, 2.66]
Moynagh JACC 2011	12	253	0	35	2.8%	3.67 [0.21, 63.44]
Muensterer. Clin Res Card 2013	26	301	2	40	10.5%	1.80 [0.41, 7.87]
Petronio. JACC 2012	9	141	8	141	23.8%	1.13 [0.42, 3.03]
Total (95% CI)		**3886**		**618**	**100.0%**	**1.37 [0.85, 2.21]**
Total events	197		26			

Heterogeneity: Chi² = 1.11, df = 5 (P = 0.95); I² = 0%
Test for overall effect: Z = 1.28 (P = 0.20)

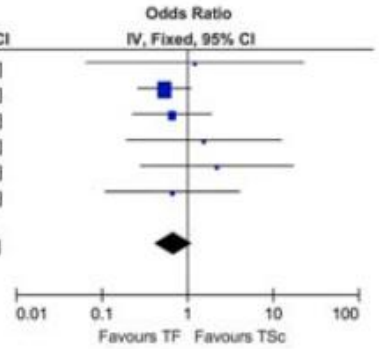


TAVI AXILAR PERCUTANEA

30-day Stroke

Study or Subgroup	FEMORAL ACCESS Events	Total	SUBCLAVIAN ACCESS Events	Total	Weight	Odds Ratio IV, Fixed, 95% CI
Eltchaninoff EHJ2011	7	161	0	12	3.1%	1.21 [0.07, 22.51]
Frohlich Am J. Car 2015	74	2828	9	188	52.6%	0.53 [0.26, 1.09]
Gleason TCT 2016 (US Pivotal)	6	202	9	202	23.8%	0.66 [0.23, 1.88]
Moynagh JACC 2011	11	253	1	35	6.1%	1.55 [0.19, 12.35]
Muensterer. Clin Res Card 2013	16	301	1	40	6.3%	2.19 [0.28, 16.97]
Petronio. JACC 2012	2	141	3	141	8.1%	0.66 [0.11, 4.02]
Total (95% CI)		**3886**		**618**	**100.0%**	**0.68 [0.41, 1.14]**
Total events	116		23			

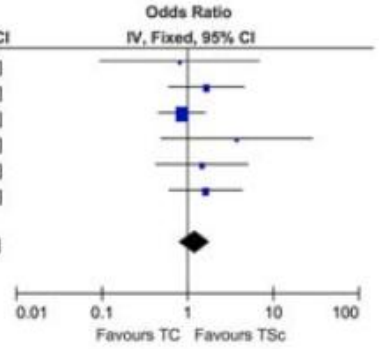
Heterogeneity: Chi² = 2.45, df = 5 (P = 0.78); I² = 0%
Test for overall effect: Z = 1.46 (P = 0.15)



30-day Major vascular complication

Study or Subgroup	FEMORAL ACCESS Events	Total	SUBCLAVIAN ACCESS Events	Total	Weight	Odds Ratio IV, Fixed, 95% CI
Eltchaninoff EHJ2011	11	161	1	12	3.8%	0.81 [0.10, 6.83]
Frohlich Am J. Car 2015	98	2828	4	188	17.1%	1.65 [0.60, 4.54]
Gleason TCT 2016 (US Pivotal)	21	202	24	202	45.2%	0.86 [0.46, 1.60]
Moynagh JACC 2011	25	253	1	35	4.2%	3.73 [0.49, 28.41]
Muensterer. Clin Res Card 2013	32	301	3	40	11.5%	1.47 [0.43, 5.03]
Petronio. JACC 2012	11	141	7	141	18.2%	1.62 [0.61, 4.31]
Total (95% CI)		**3886**		**618**	**100.0%**	**1.22 [0.80, 1.85]**
Total events	198		40			

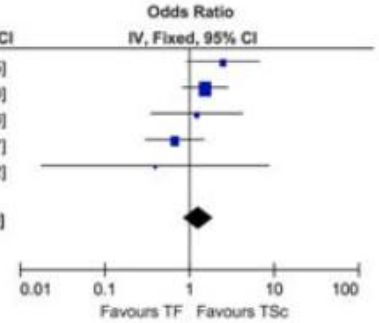
Heterogeneity: Chi² = 3.27, df = 5 (P = 0.66); I² = 0%
Test for overall effect: Z = 0.92 (P = 0.36)



30-day Acute kidney injury

Study or Subgroup	FEMORAL ACCESS Events	Total	SUBCLAVIAN ACCESS Events	Total	Weight	Odds Ratio IV, Fixed, 95% CI
Petronio. JACC 2012	14	141	6	141	16.8%	2.48 [0.92, 6.65]
Gleason TCT 2016 (US Pivotal)	29	202	20	202	44.6%	1.53 [0.83, 2.80]
Muensterer. Clin Res Card 2013	27	301	3	40	10.6%	1.22 [0.35, 4.20]
Frohlich Am J. Car 2015	71	2828	7	188	26.2%	0.67 [0.30, 1.47]
Eltchaninoff EHJ2011	2	161	0	12	1.7%	0.39 [0.02, 8.62]
Total (95% CI)		**3633**		**583**	**100.0%**	**1.27 [0.85, 1.90]**
Total events	143		36			

Heterogeneity: Chi² = 5.24, df = 4 (P = 0.26); I² = 24%
Test for overall effect: Z = 1.16 (P = 0.25)



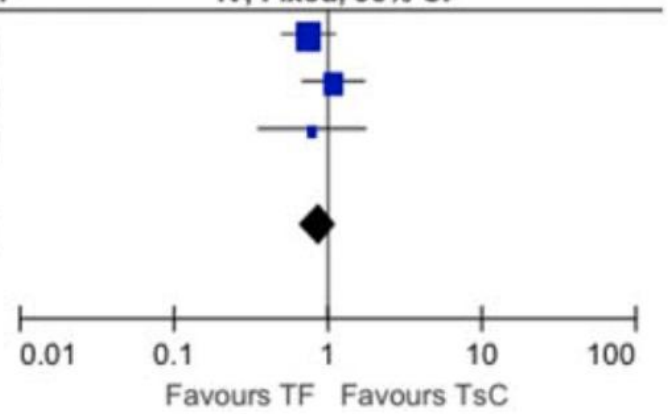
TAVI AXILAR PERCUTANEA

Variables	Nr. of patients	Global TAVR population	Transfermoral TAVR	Transubclavian TAVR	*P*-value
Main 1-year outcomes					
1-Year mortality	3,761	583/3,761 (15.5%)	494/3,331 (14.8%)	89/430 (20.7%)	0.30

1-YEAR mortality

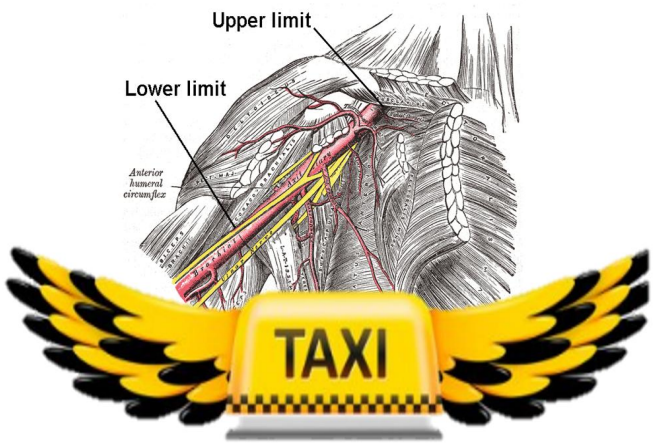
	FEMORAL ACCESS		SUBCLAVIAN ACCESS			Odds Ratio
Study or Subgroup	Events	Total	Events	Total	Weight	IV, Fixed, 95% CI
Frohlich Am J. Car 2015	388	2828	33	188	50.7%	0.75 [0.51, 1.10]
Gleason TCT 2016 (US Pivotal)	50	202	47	202	37.1%	1.08 [0.69, 1.71]
Muensterer. Clin Res Card 2013	56	301	9	40	12.2%	0.79 [0.35, 1.75]
Total (95% CI)		**3331**		**430**	**100.0%**	**0.86 [0.65, 1.14]**
Total events	494		89			

Heterogeneity: Chi² = 1.54, df = 2 (P = 0.46); I² = 0%
Test for overall effect: Z = 1.03 (P = 0.30)



TAVI AXILAR PERCUTANEA

Trans-AXillary Intervention



Same MACCEs as with subclavian access (OR=0.60 [0.26; 1.38], p=0.230)

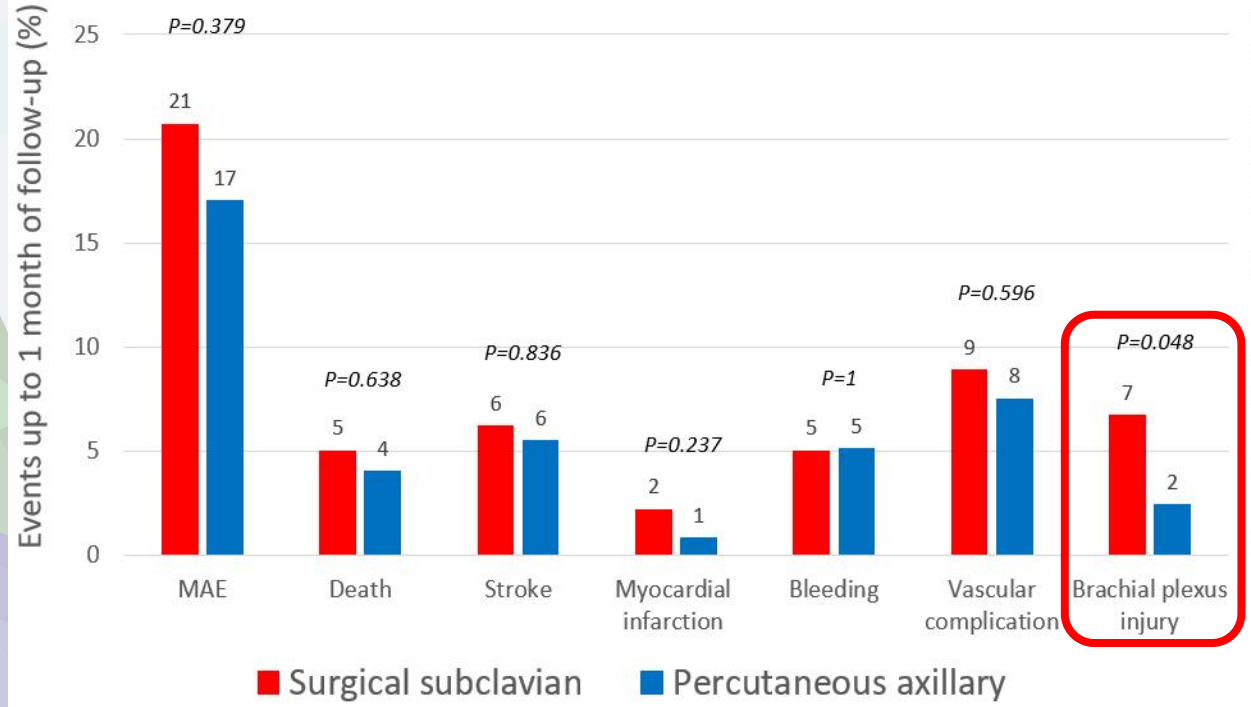
Fewer brachial plexus impairments (OR=0.16 [0.03; 0.71], p=0.016)

Shorter hospital stays than subclavian access (RC=-2.9 [-5.3; -0.4], p=0.021)

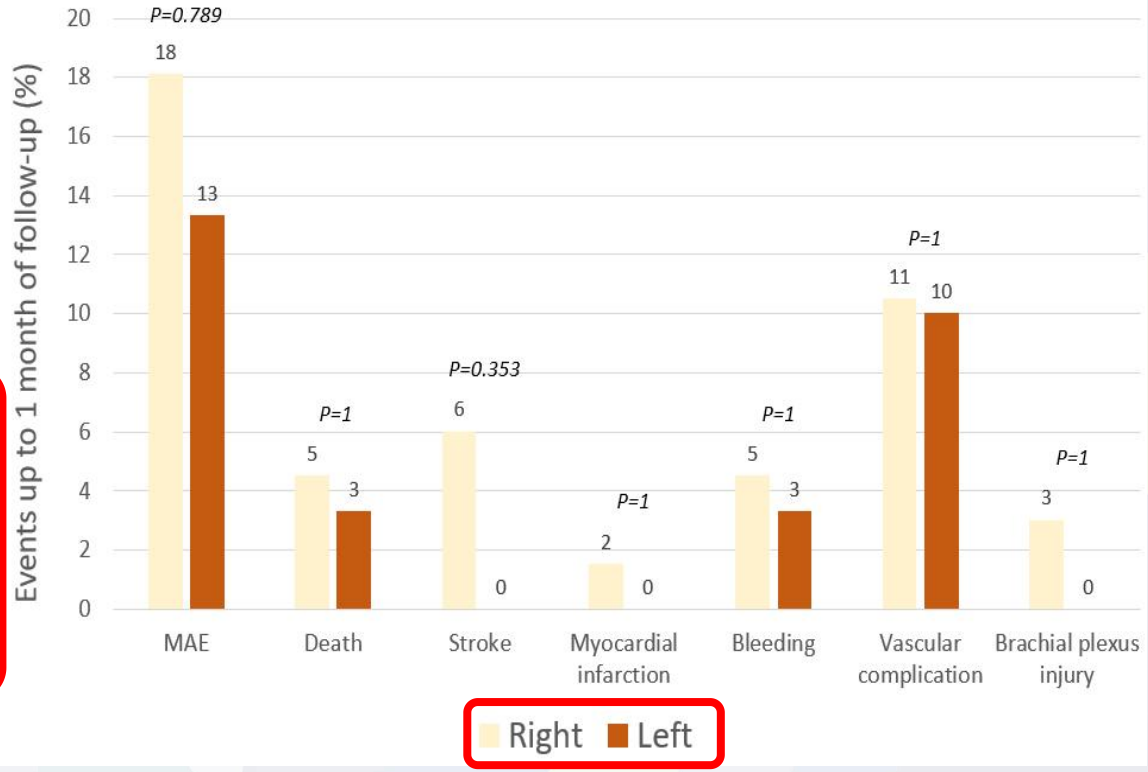
Feature	Surgical subclavian access	Percutaneous axillary access
Patients	179	253

TAVI AXILAR PERCUTANEA

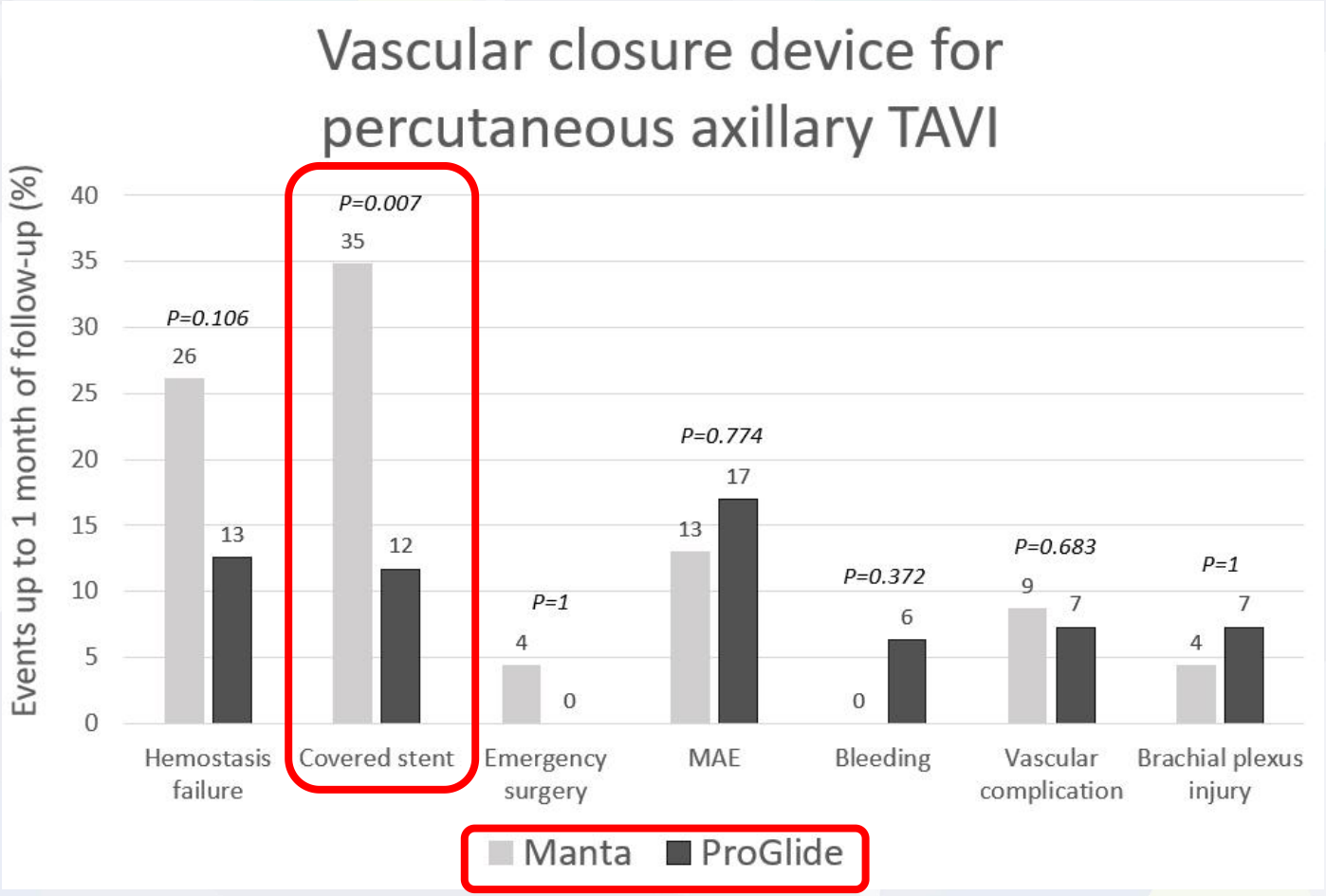
Surgical subclavian vs percutaneous axillary TAVI



Right vs left percutaneous axillary access



TAVI AXILAR PERCUTANEA

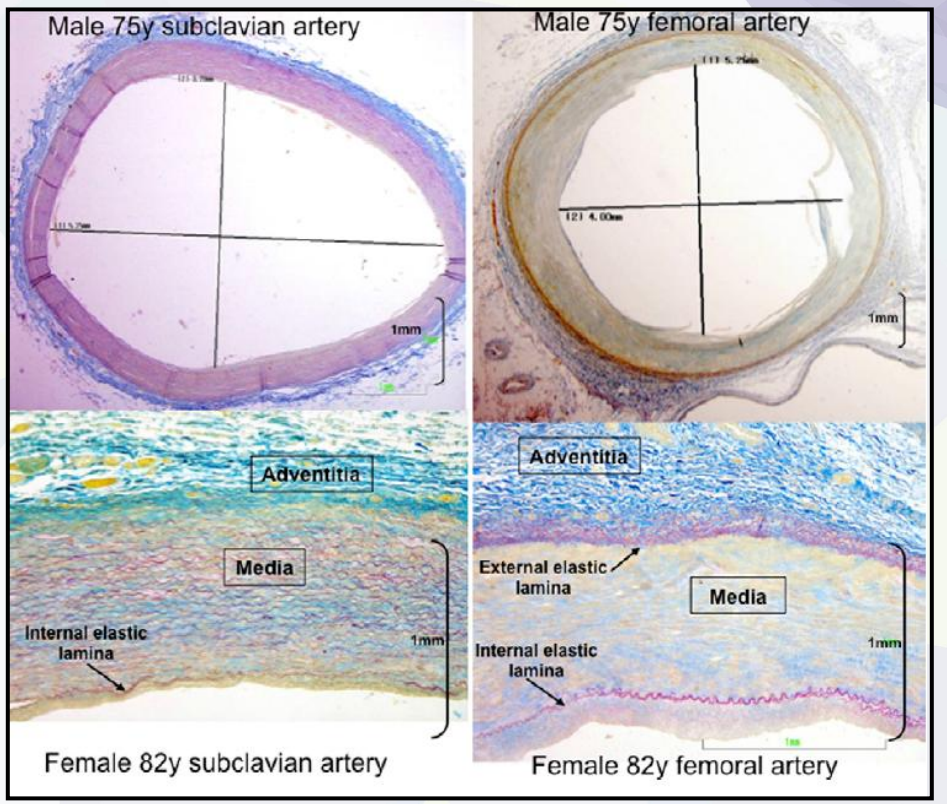


TAVI AXILAR PERCUTANEA

VENTAJAS DEL IMPLANTE PERCUTÁNEO:

- Independencia y autonomía.
- Menor duración del procedimiento.
- Menor agresividad: menor RIS.
- Posibilidad de hacerlo con anestesia local.

- Menor riesgo de complicaciones.
- Recuperación mas rápida.
- Menor mortalidad.

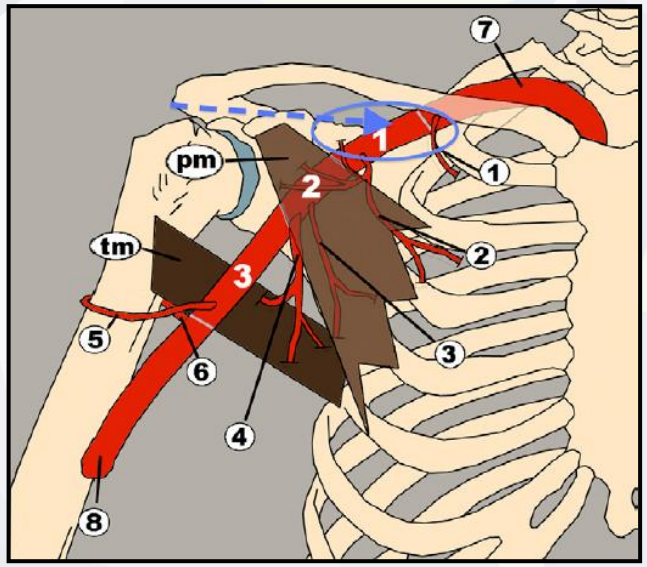


TAVI AXILAR PERCUTANEA

Direct Percutaneous Access Technique for Transaxillary Transcatheter Aortic Valve Implantation

"The Hamburg Sankt Georg Approach"

Ulrich Schäfer, MD,* Yen Ho, MD,† Christian Frerker, MD,* Dimitry Schewel, MD,* Damian Sanchez-Quintana, MD,‡ Joachim Schofer, MD,§ Klaudija Bijuklic, MD,§ Felix Meincke, MD,* Thomas Thielsen, MD,* Felix Kreidel, MD,* Karl-Heinz Kuck, MD*



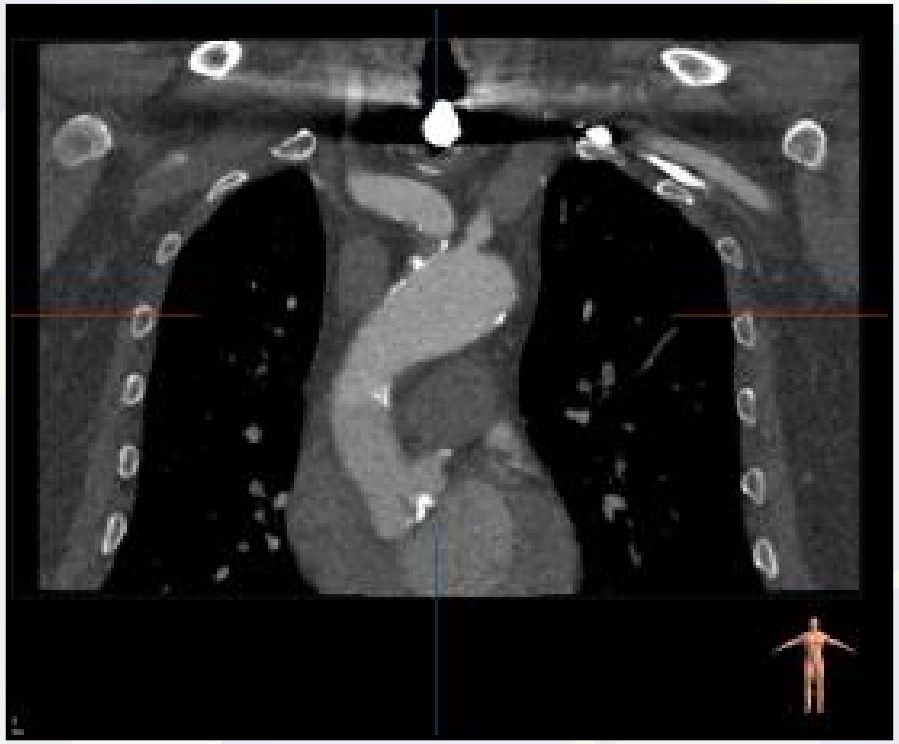
JACC: CARDIOVASCULAR INTERVENTIONS, VOL. 5, NO. 5, 2012
MAY 2012:477–86

ASPECTOS TÉCNICOS

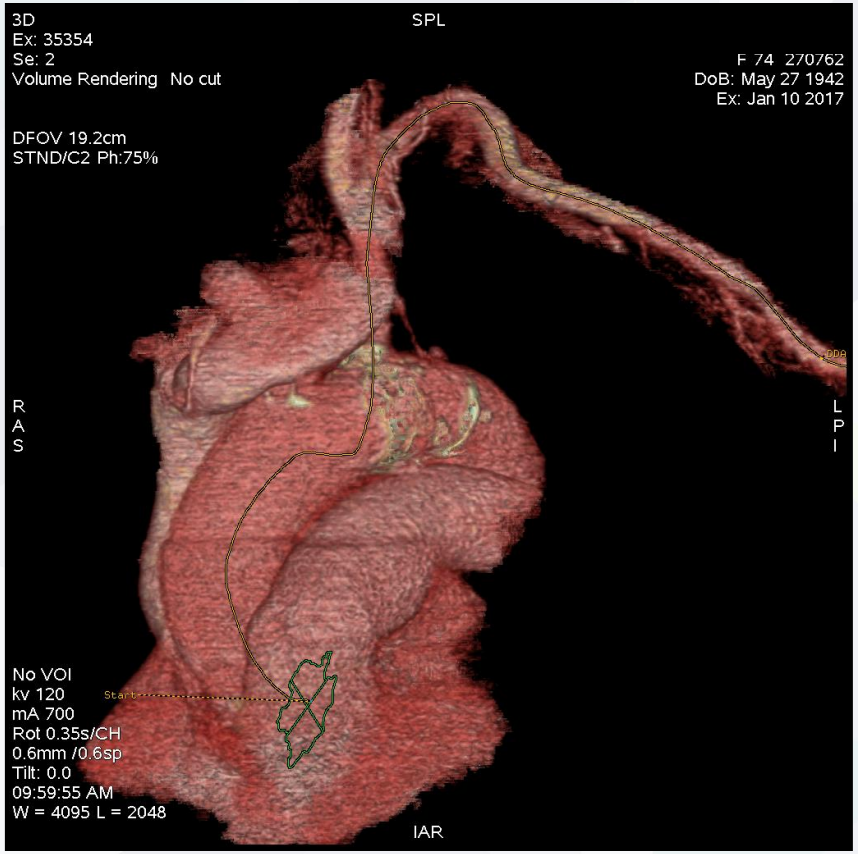
TAVI AXILAR PERCUTANEA

Estudio del acceso subclavia mediante TAC:

TAVI AXILAR PERCUTANEA



TAC SUBCLAVIO



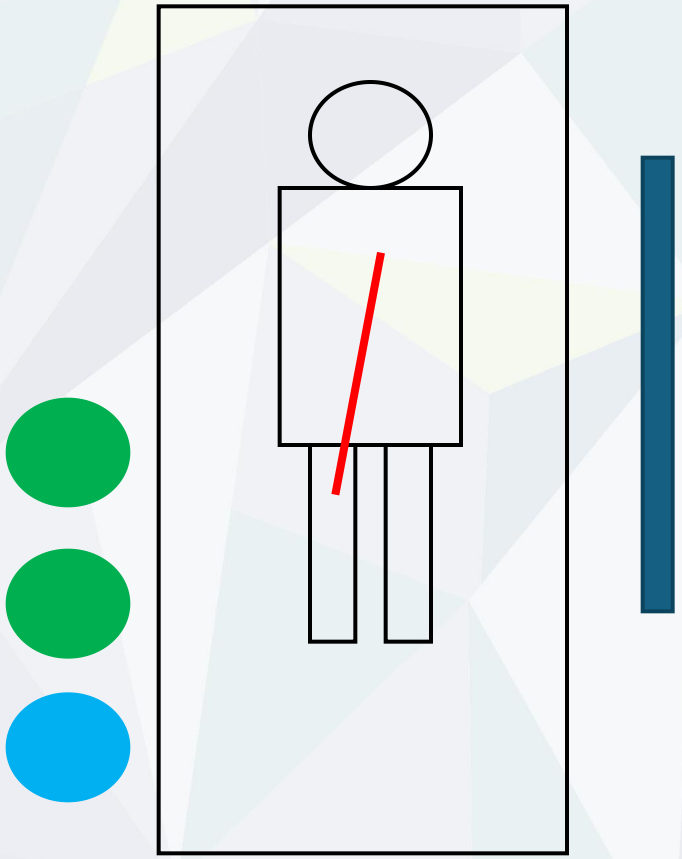
Arteria suclavia:

- Proximal: 7.3 x 7.8mm
- Zona de punción **6.5 x 6.7** mm

TAVI AXILAR PERCUTANEA

TAVI AXILAR PERCUTANEA

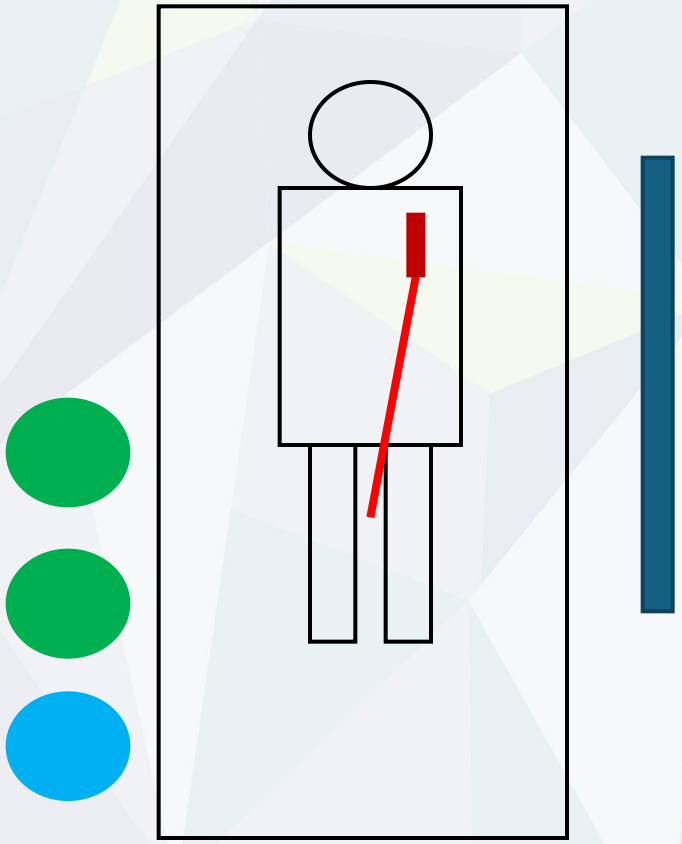
Ubicación del operador en la sala de hemodinámica:



FEMORAL

TAVI AXILAR PERCUTANEA

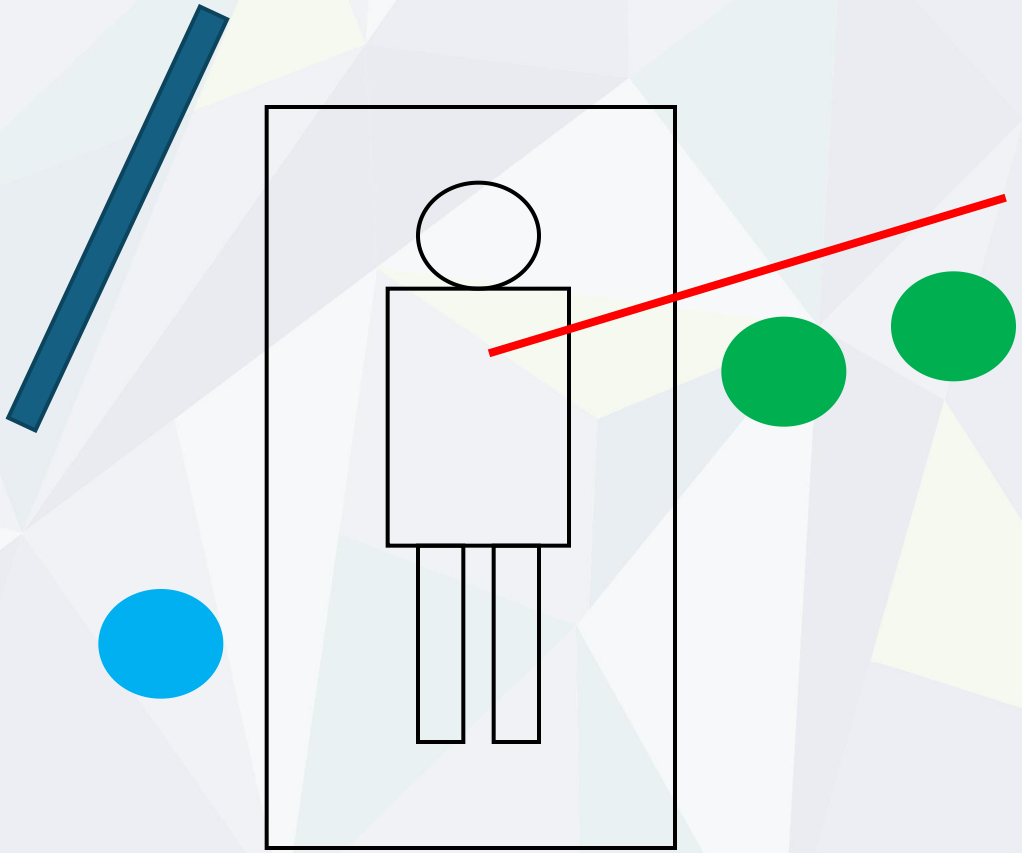
Ubicación del operador en la sala de hemodinámica:



AXILAR QUIRÚRGICA

TAVI AXILAR PERCUTANEA

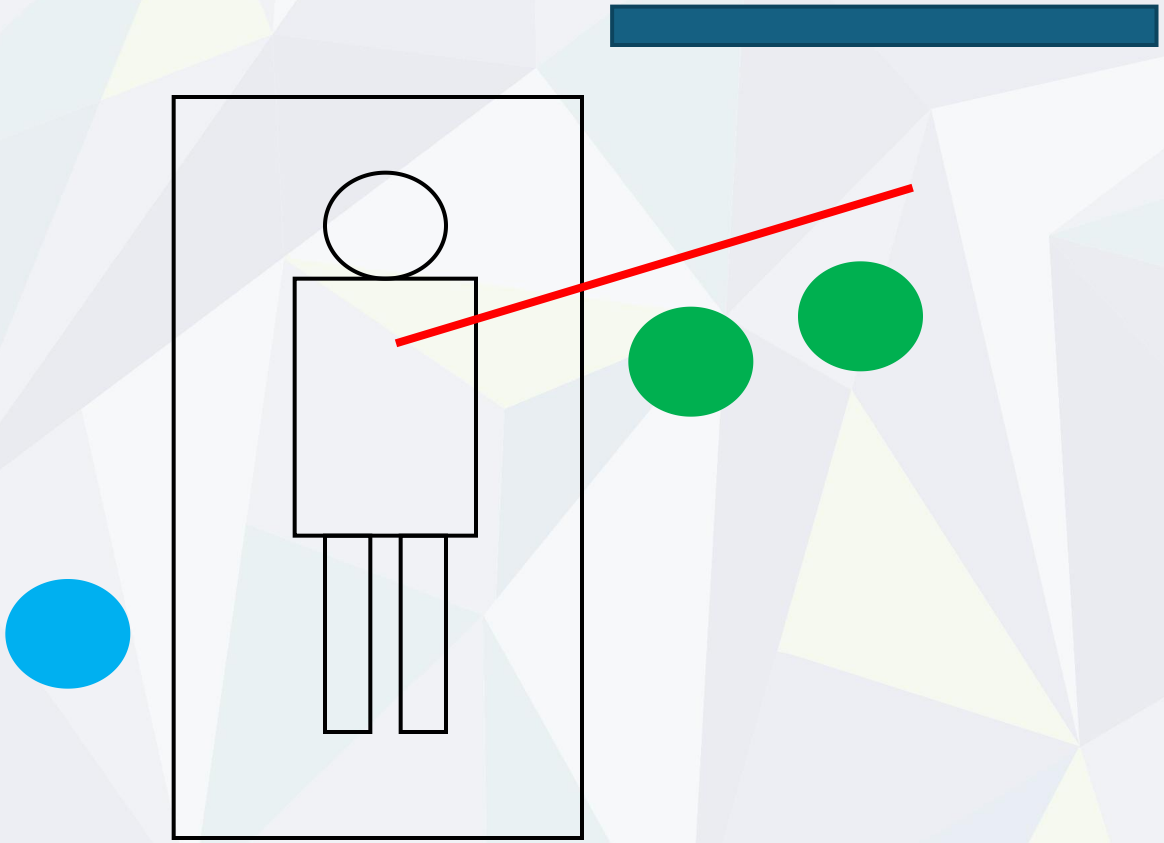
Ubicación del operador en la sala de hemodinámica:



AXILAR PERCUTÁNEA

TAVI AXILAR PERCUTANEA

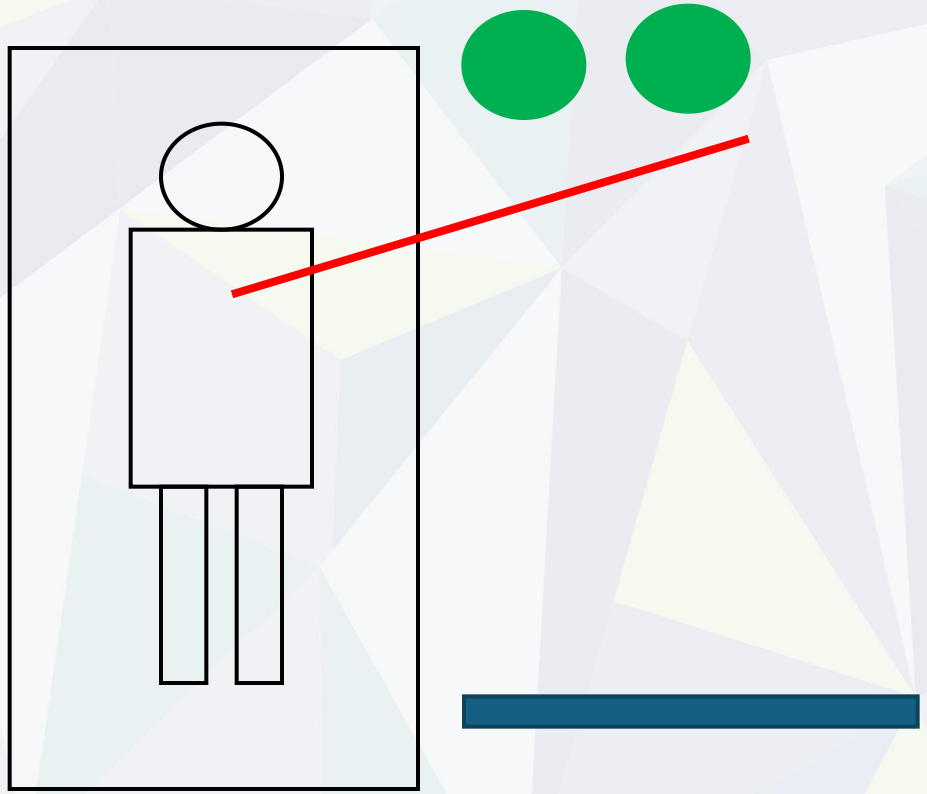
Ubicación del operador en la sala de hemodinámica:



AXILAR PERCUTÁNEA

TAVI AXILAR PERCUTANEA

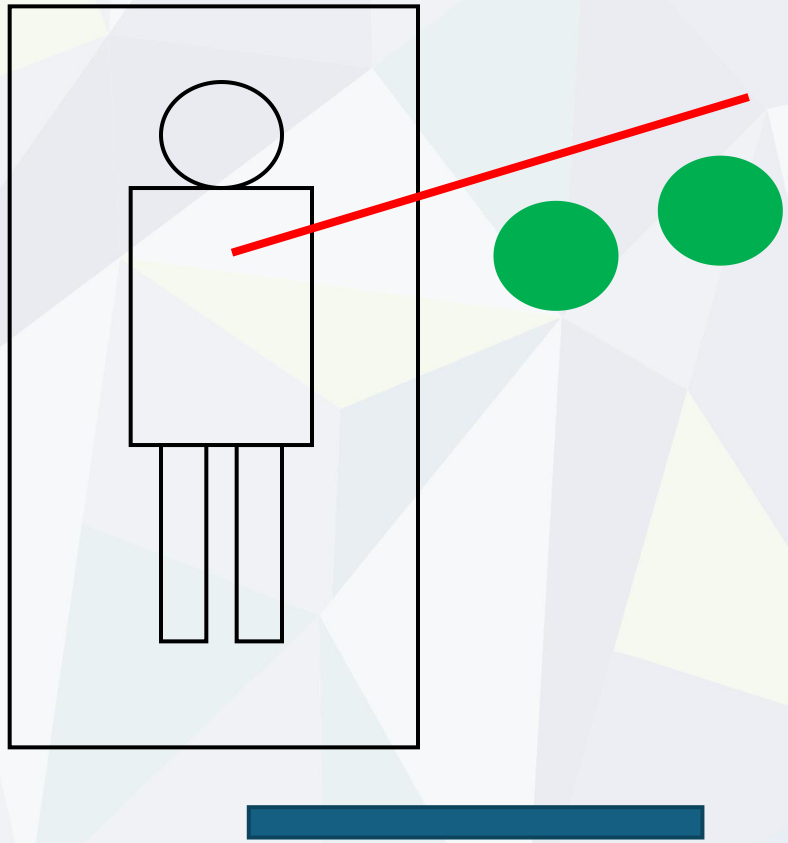
Ubicación del operador en la sala de hemodinámica:



AXILAR PERCUTÁNEA

TAVI AXILAR PERCUTANEA

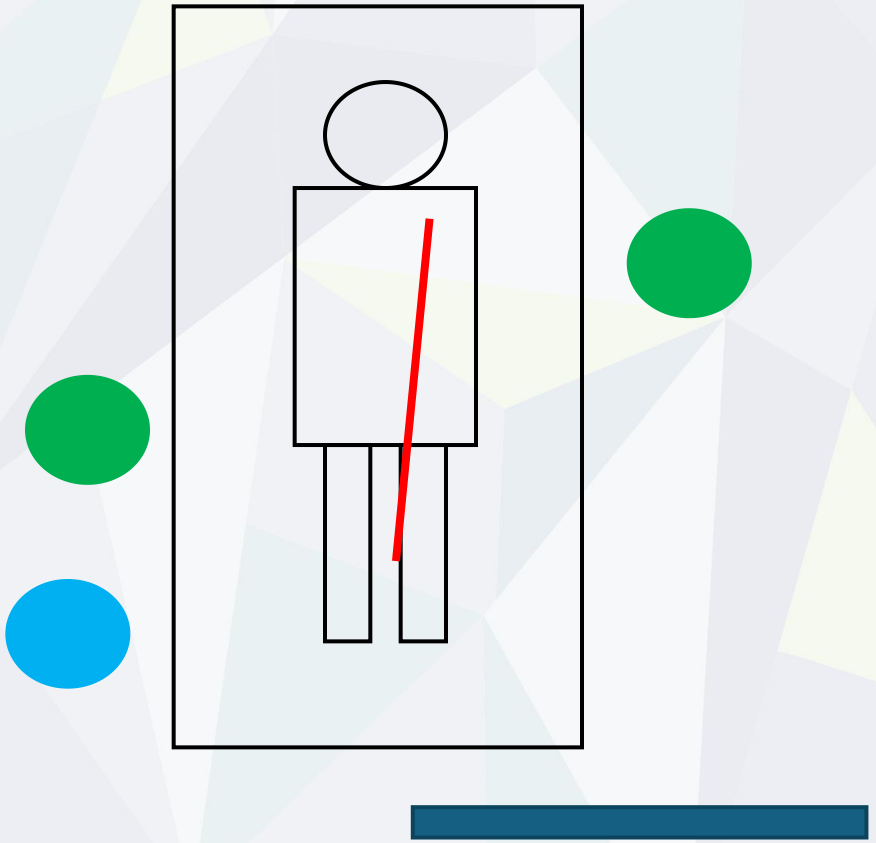
Ubicación del operador en la sala de hemodinámica:



AXILAR PERCUTÁNEA

TAVI AXILAR PERCUTANEA

Ubicación del operador en la sala de hemodinámica:



AXILAR PERCUTÁNEA

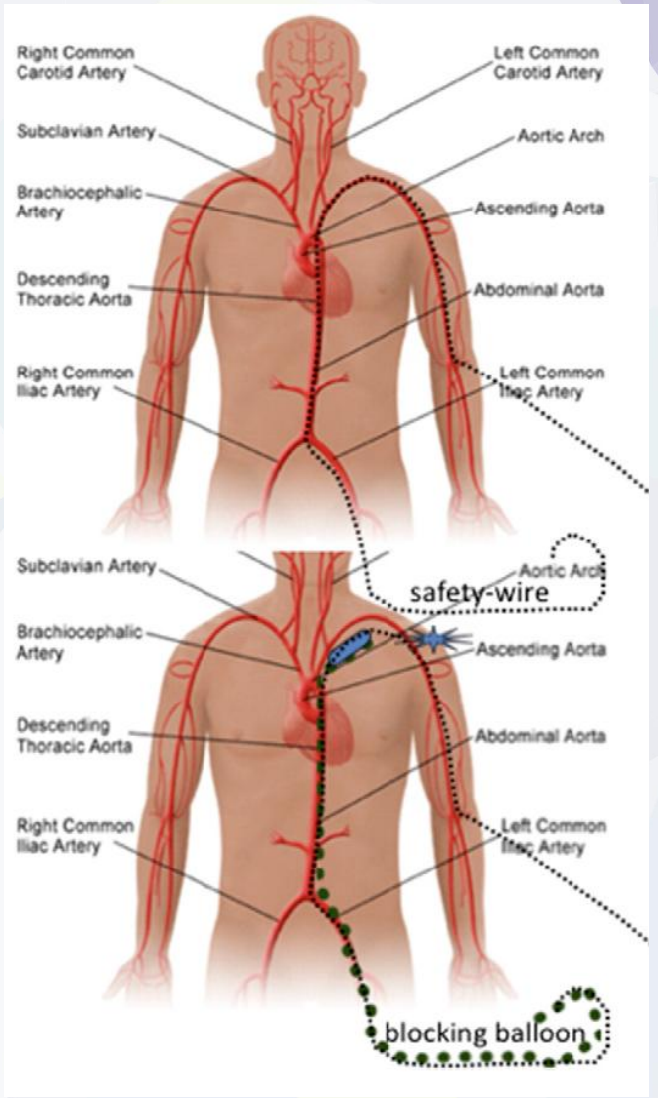
TAVI AXILAR PERCUTANEA

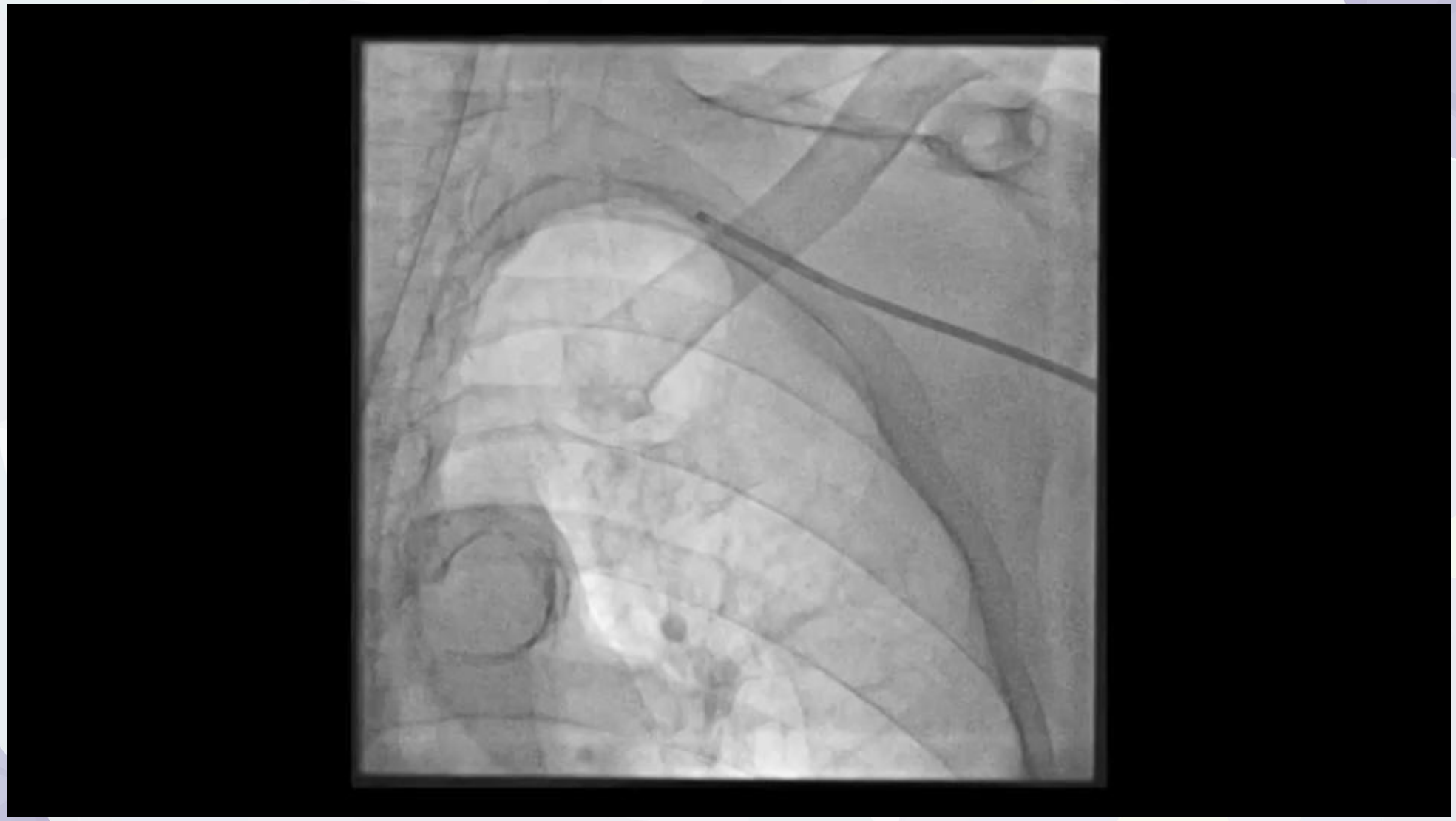
Dificultad para comprimir la arteria subclavia.

Establecimiento de un circuito de seguridad:

- Arteria femoral
- Arteria radial/humeral ipsilateral a la subclavia de implante.
- Guía Terumo Superstiff 400 cm.
- Balón de vascular periférico en subclavia proximal: Diametro 1:1 respecto a la subclavia y 20 mm de longitud.

- Una vez colocado el introductor para la válvula, se puede introducir el pigtail por el mismo introductor femoral manteniendo la guía Superstiff (usar introductor 1-2 French mayor que el Pigtail)

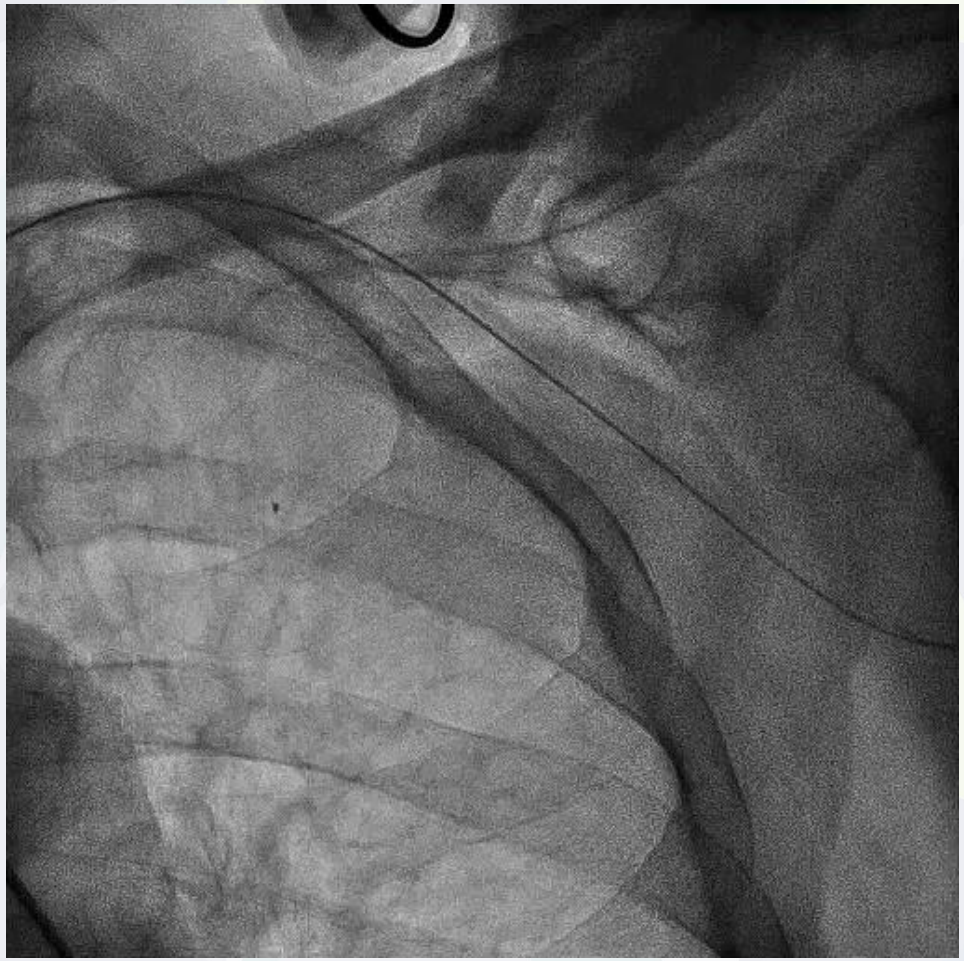




TAVI AXILAR PERCUTANEA

Técnica de punción de la arteria axilar:

TAVI AXILAR PERCUTANEA



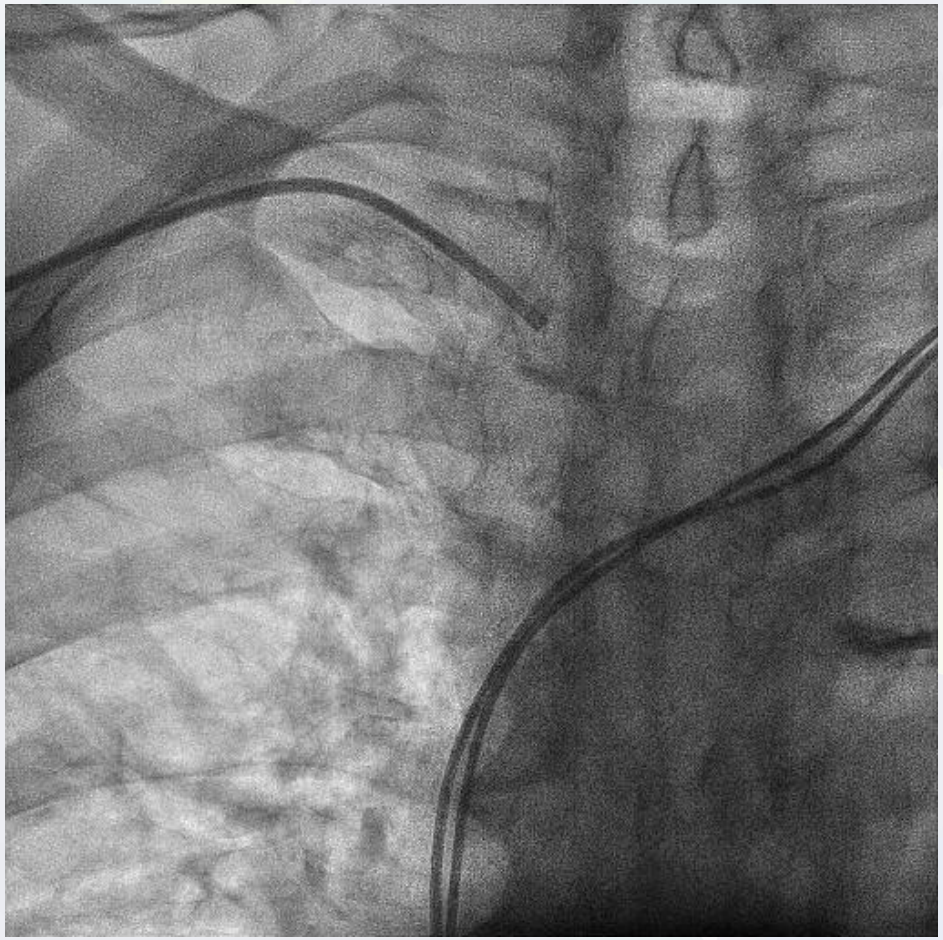
TAVI AXILAR PERCUTANEA

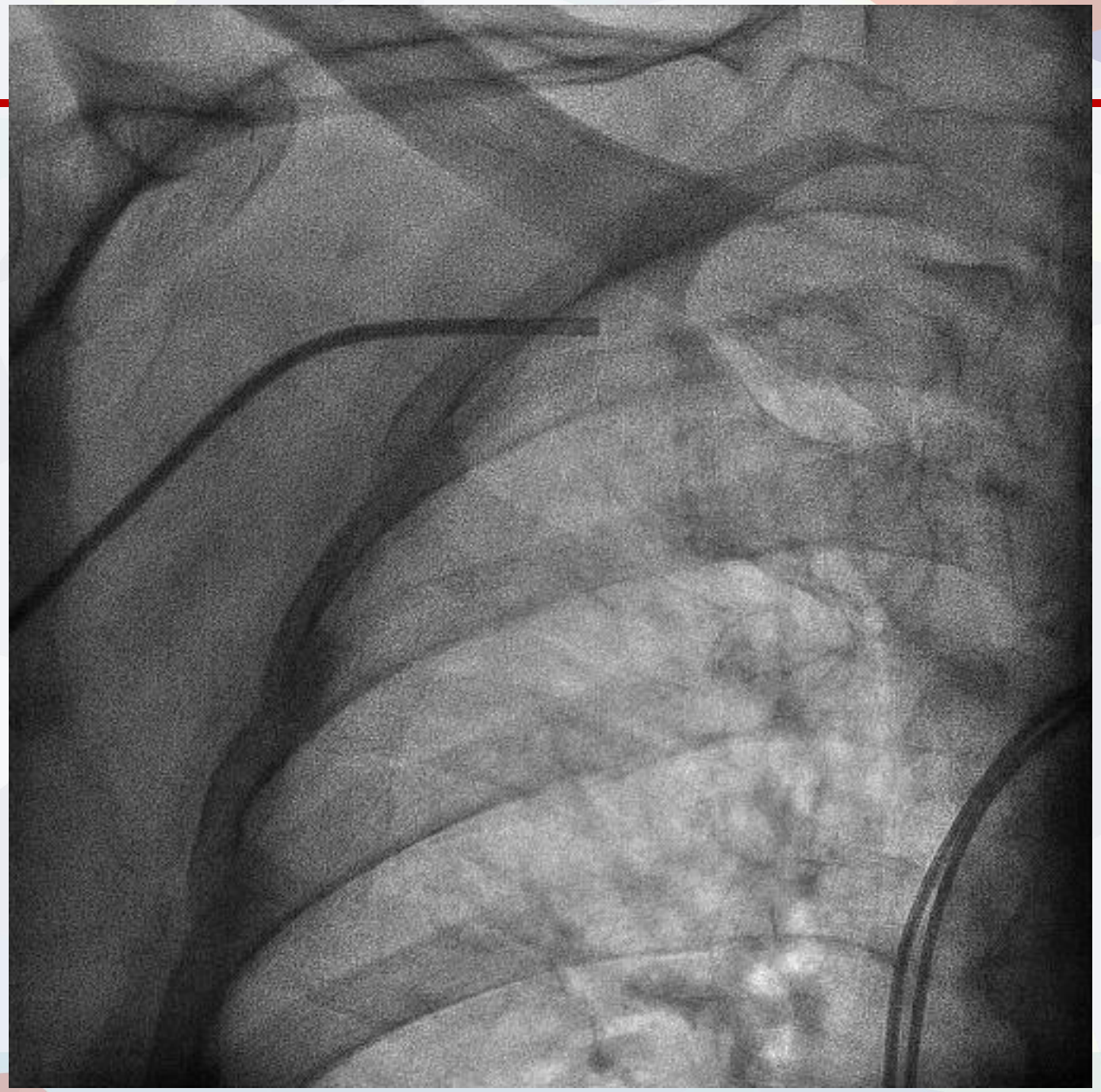
Técnica de punción de la arteria axilar:

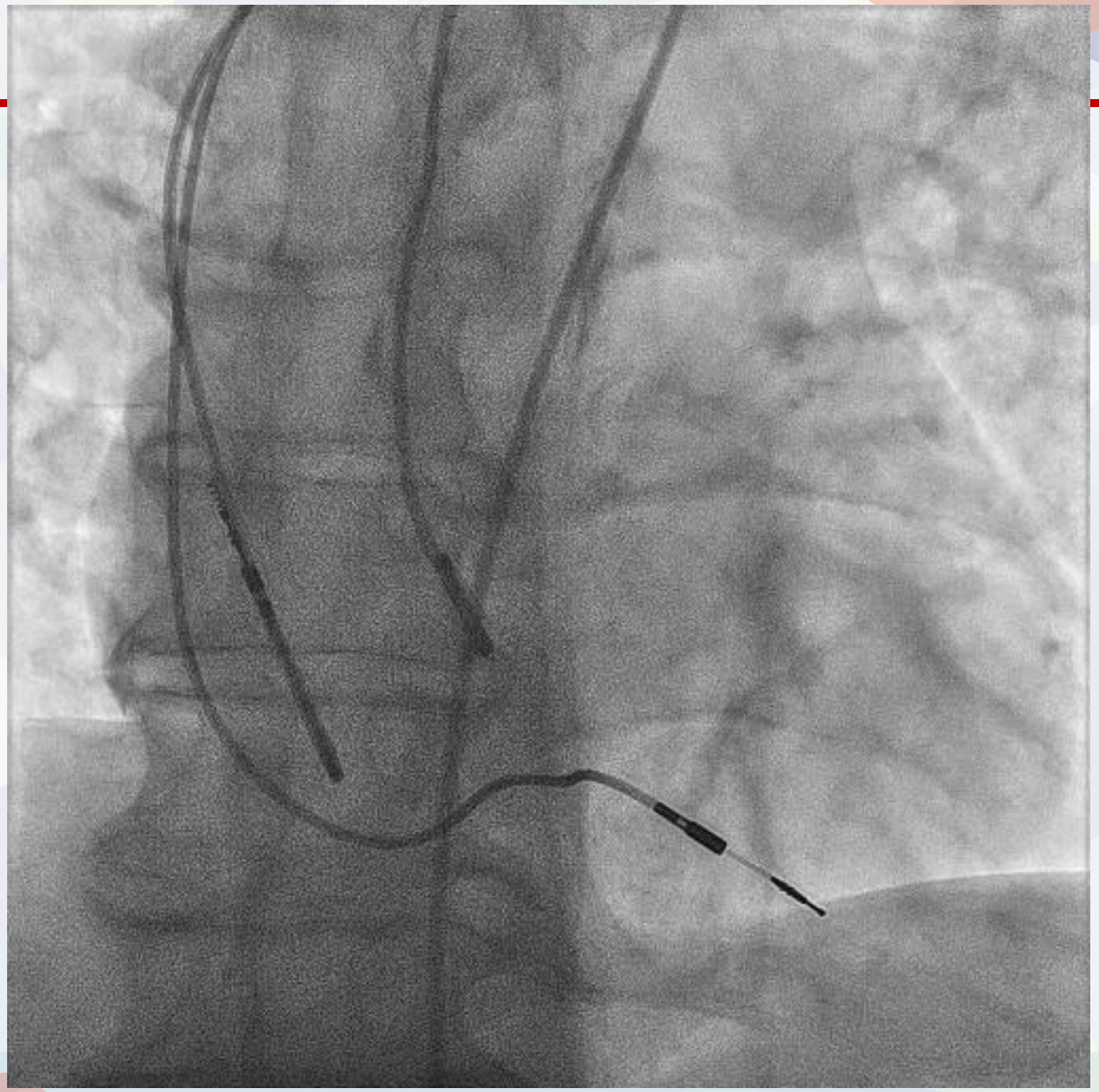
TAVI AXILAR PERCUTANEA

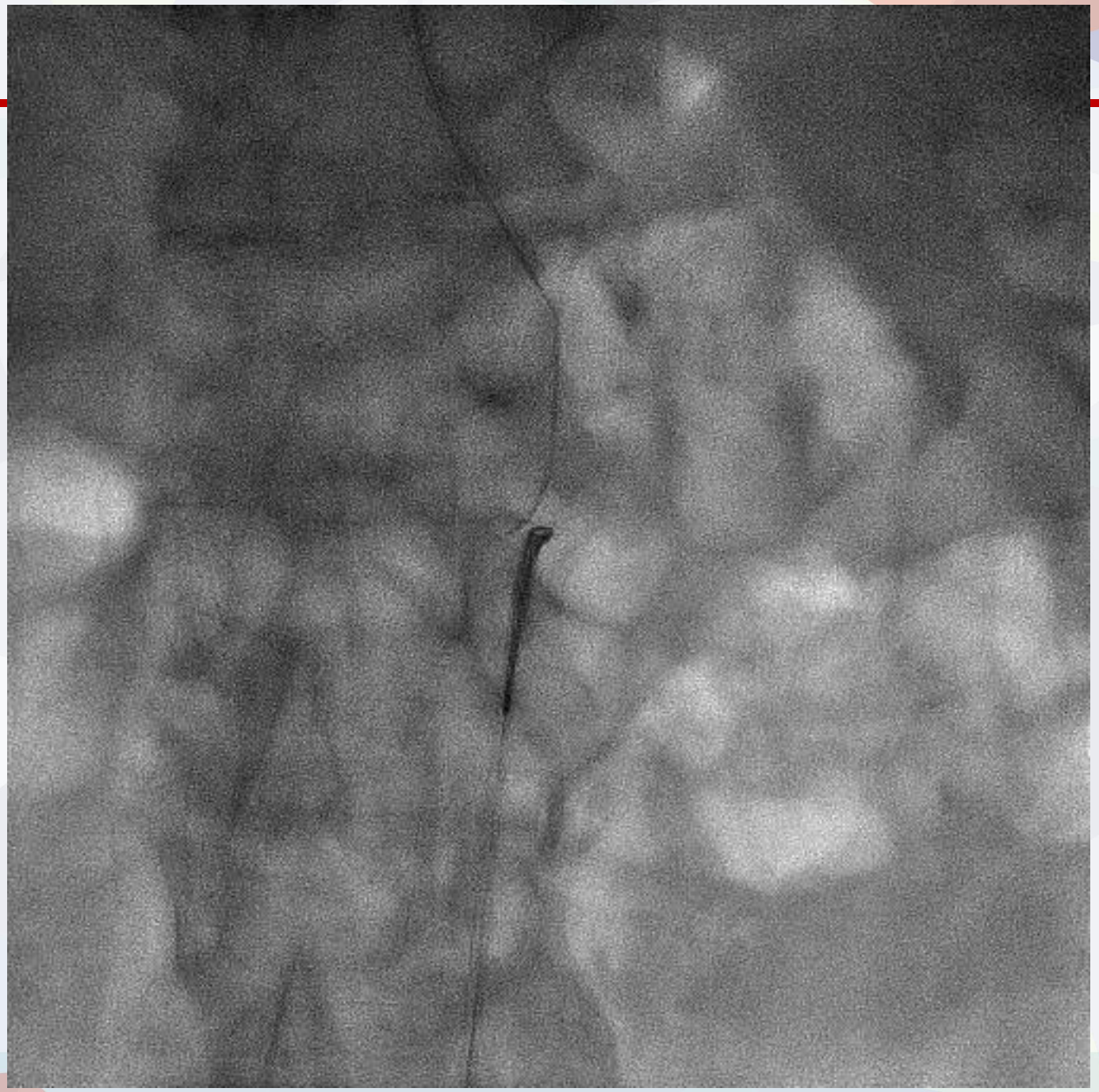
Otros aspectos técnicos:

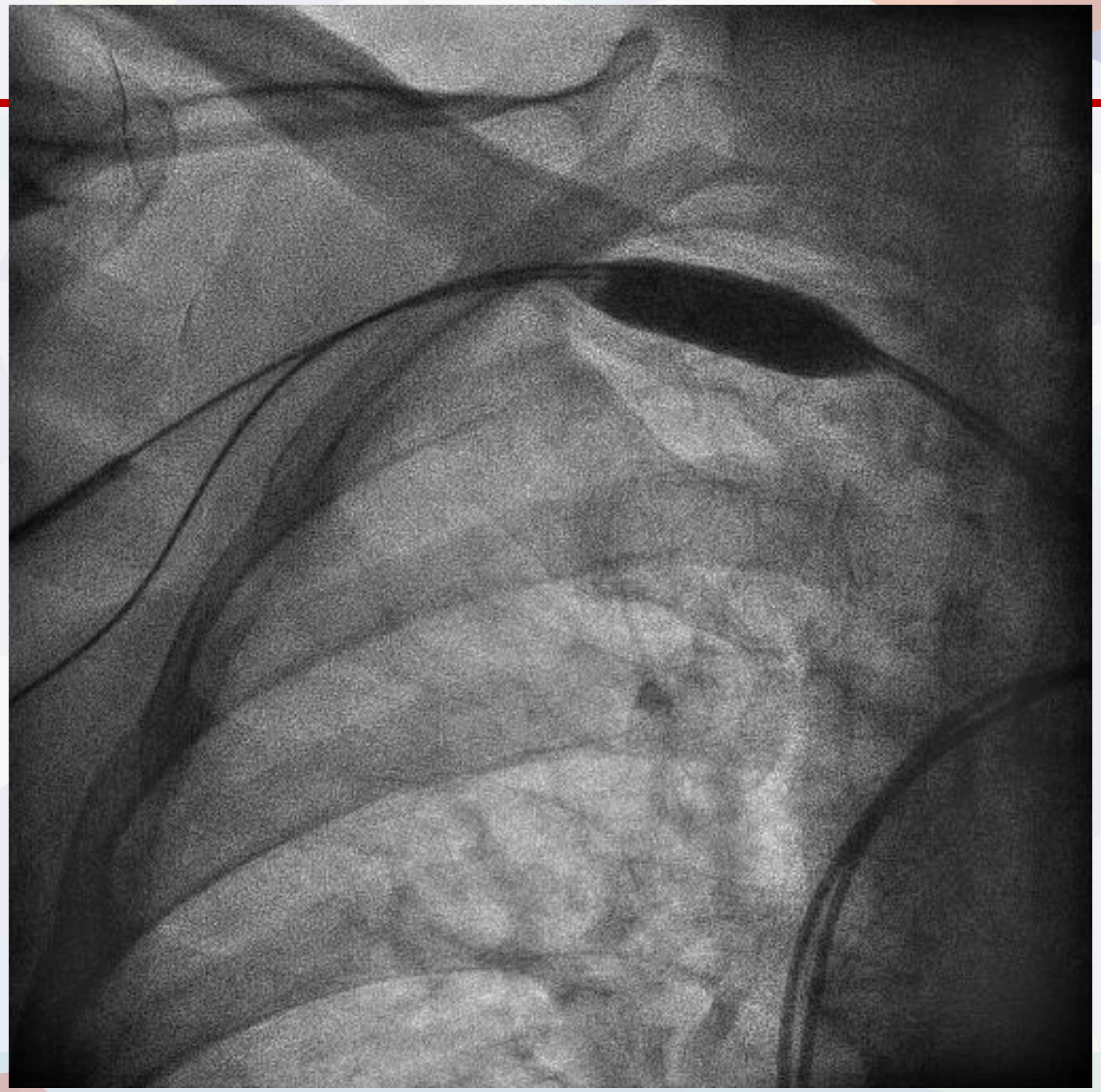
- Mejor acceso desde subclavia izquierda.

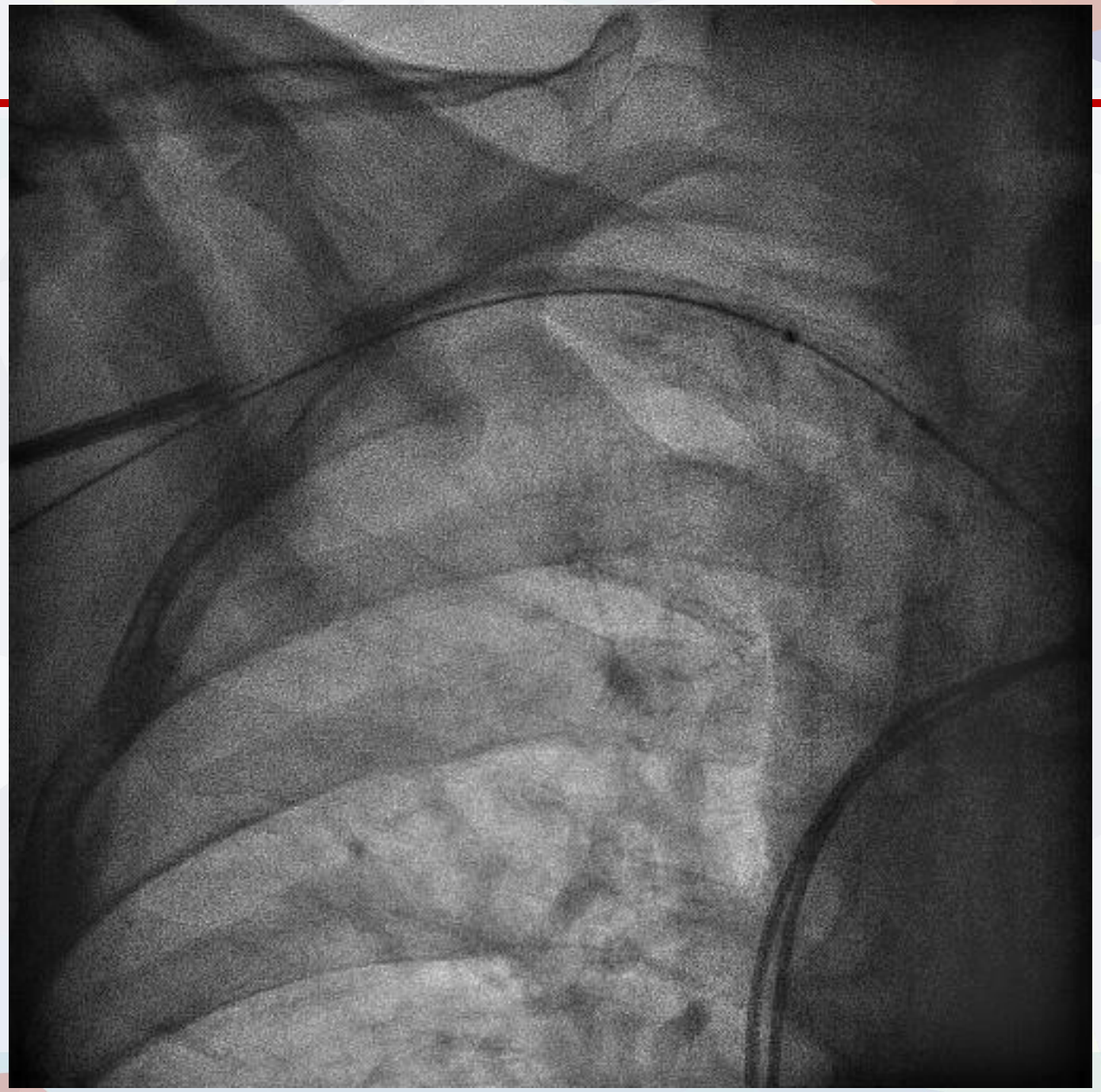


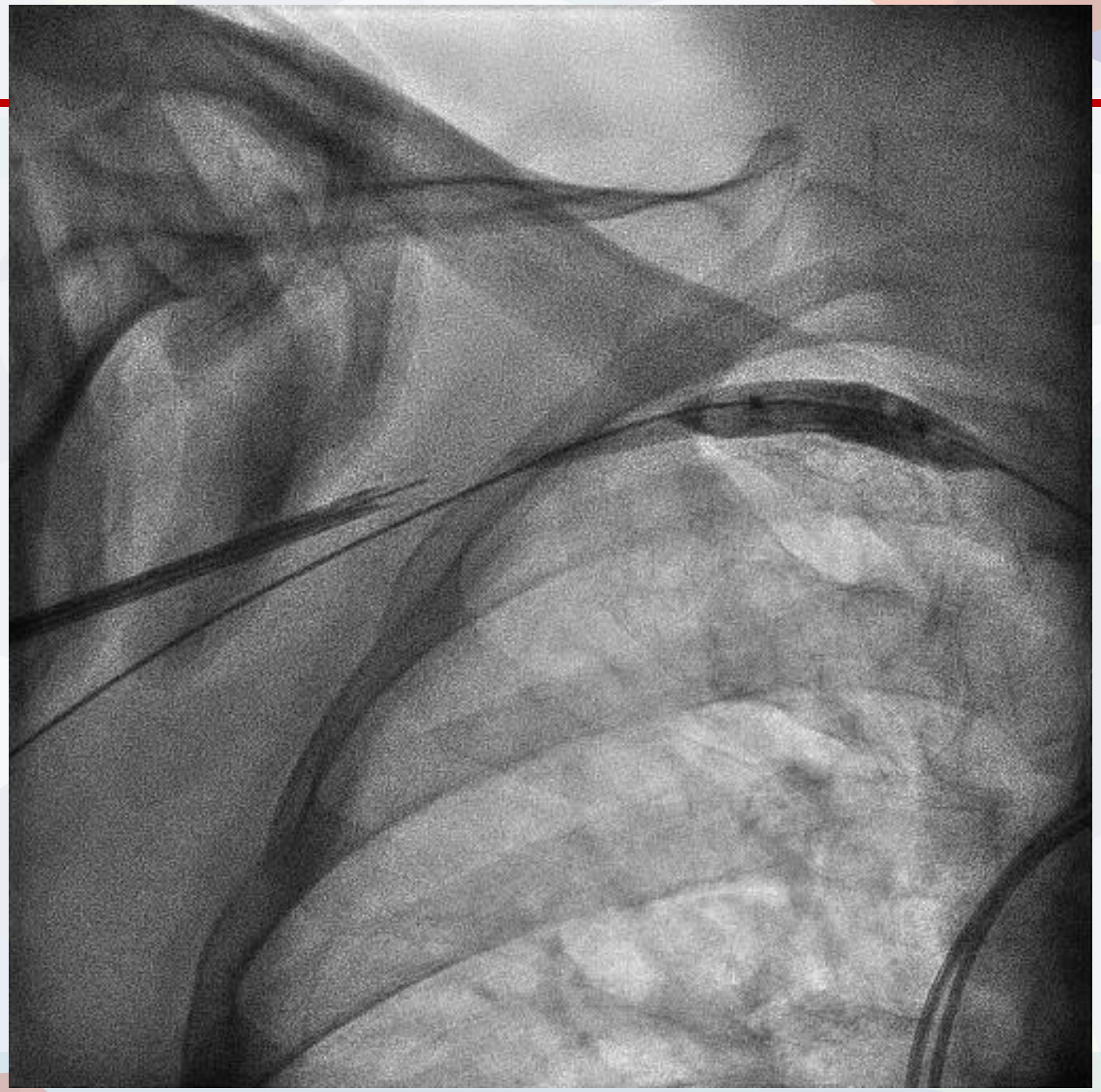


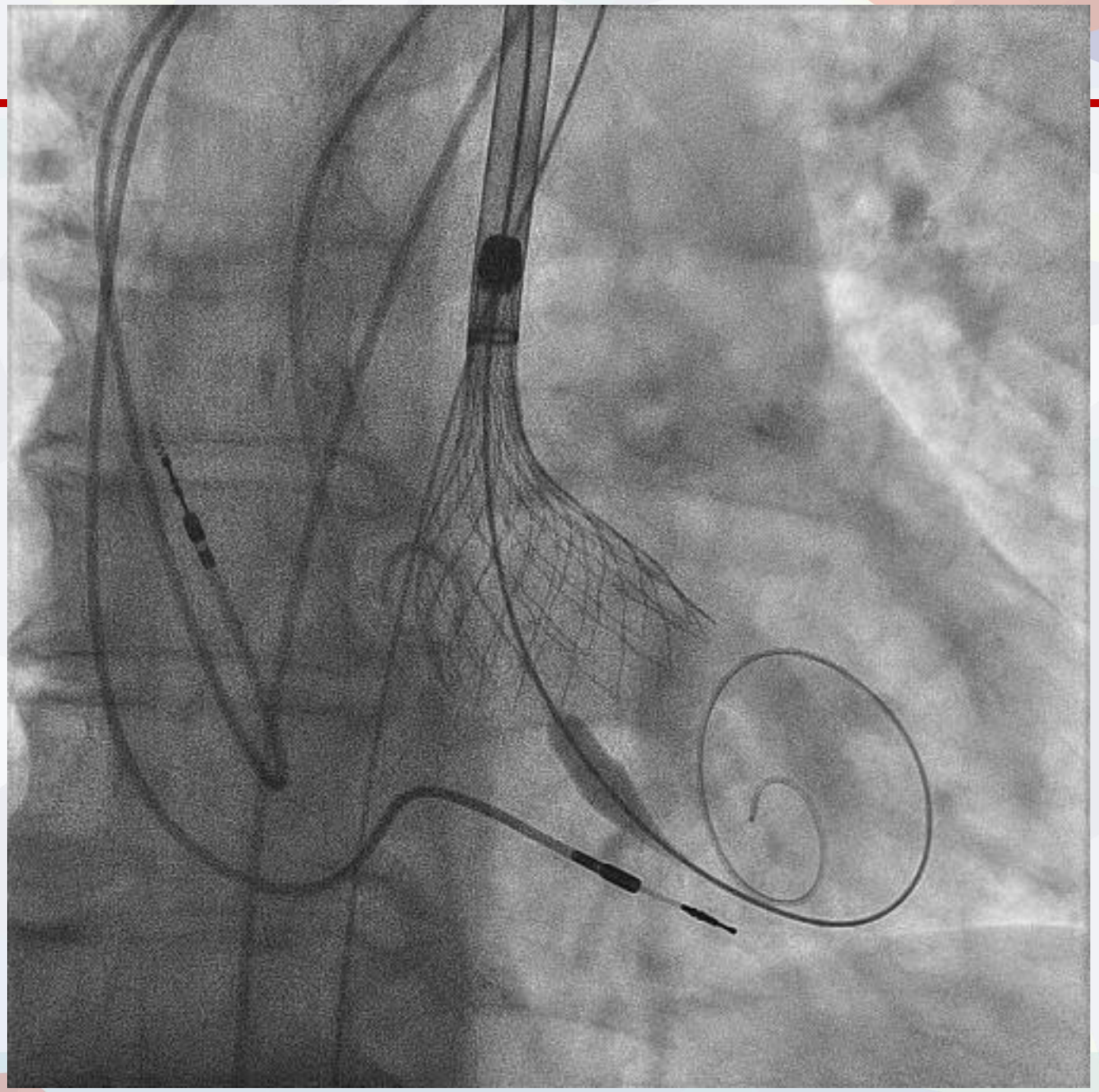


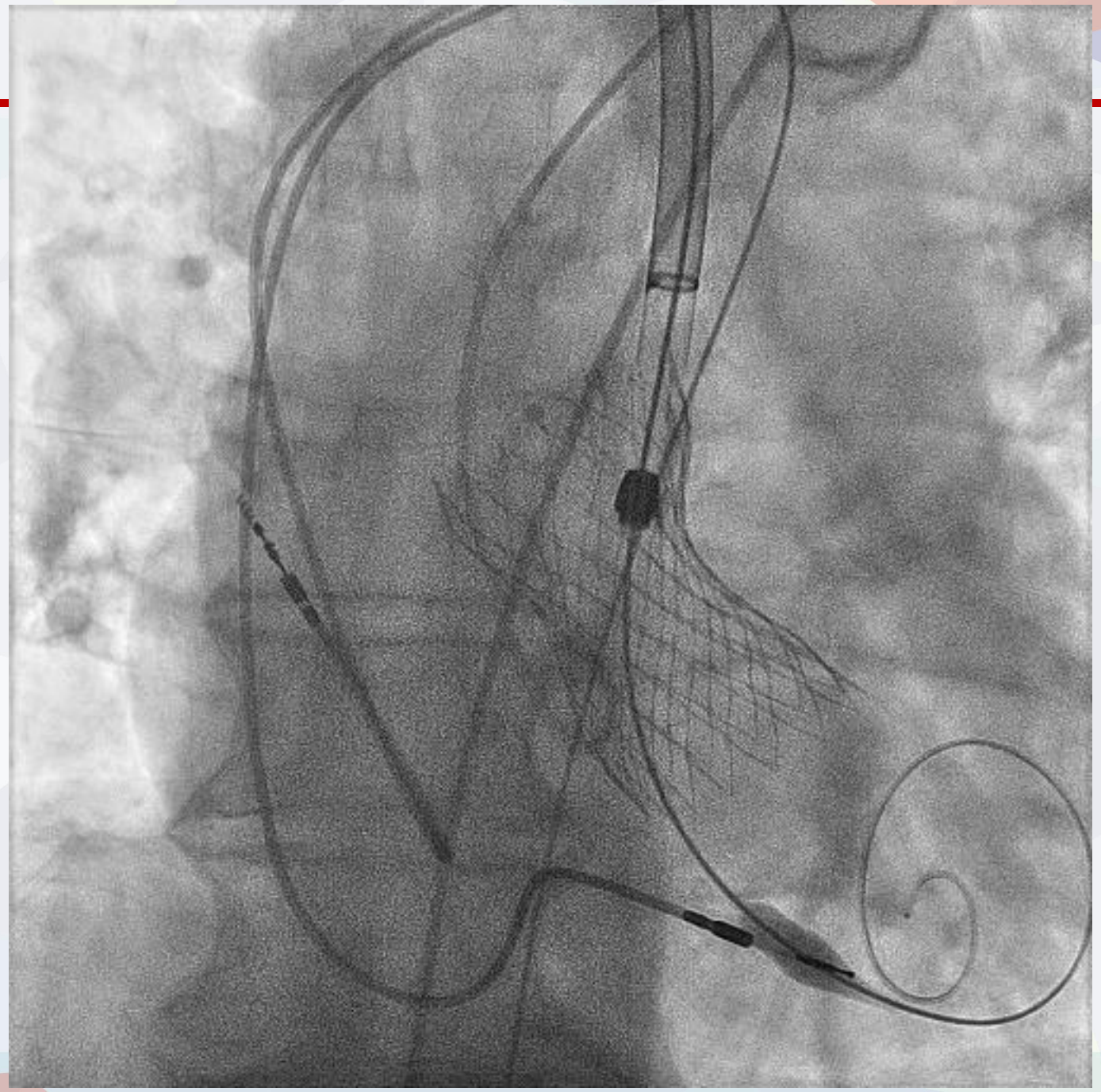


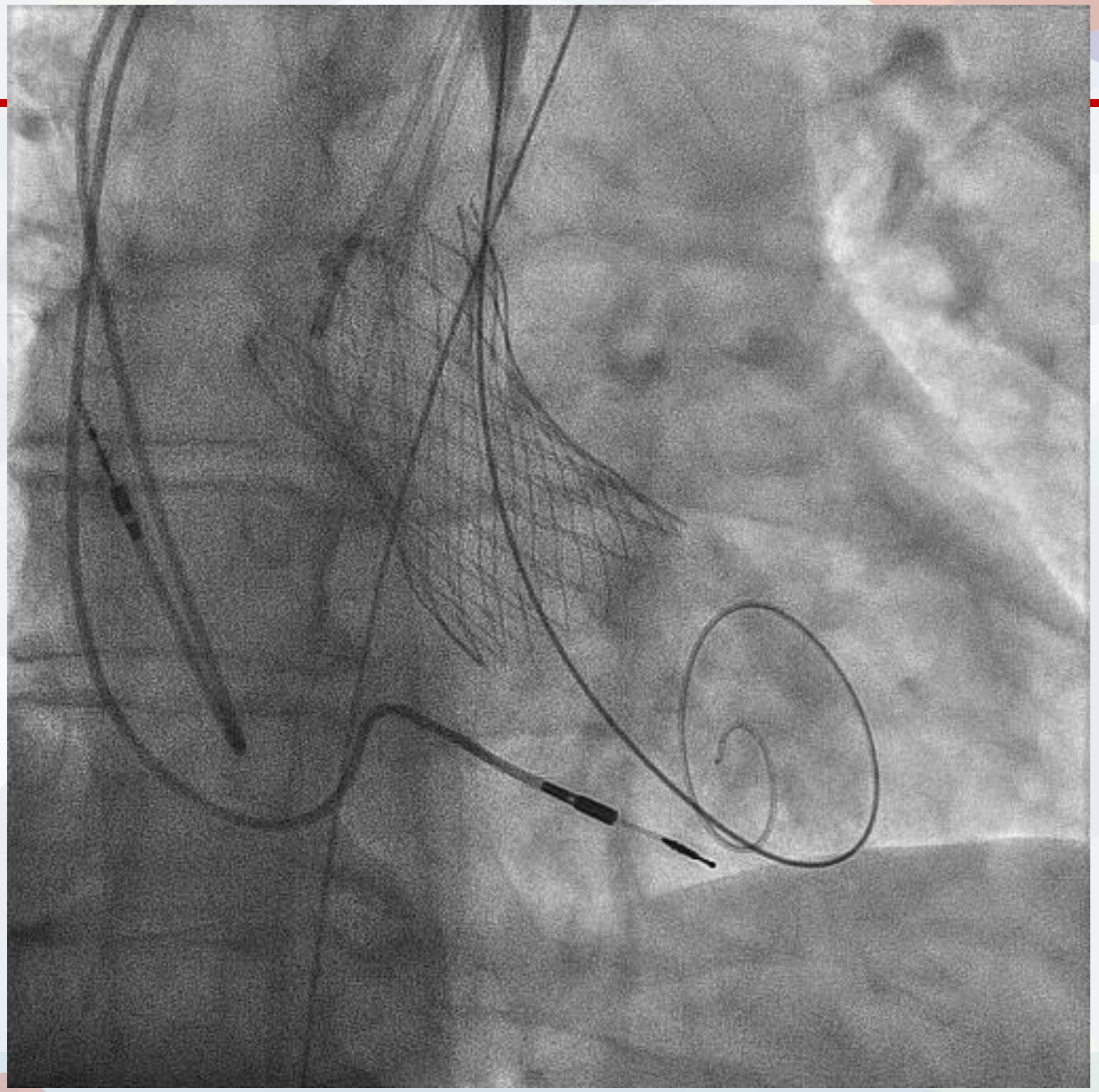


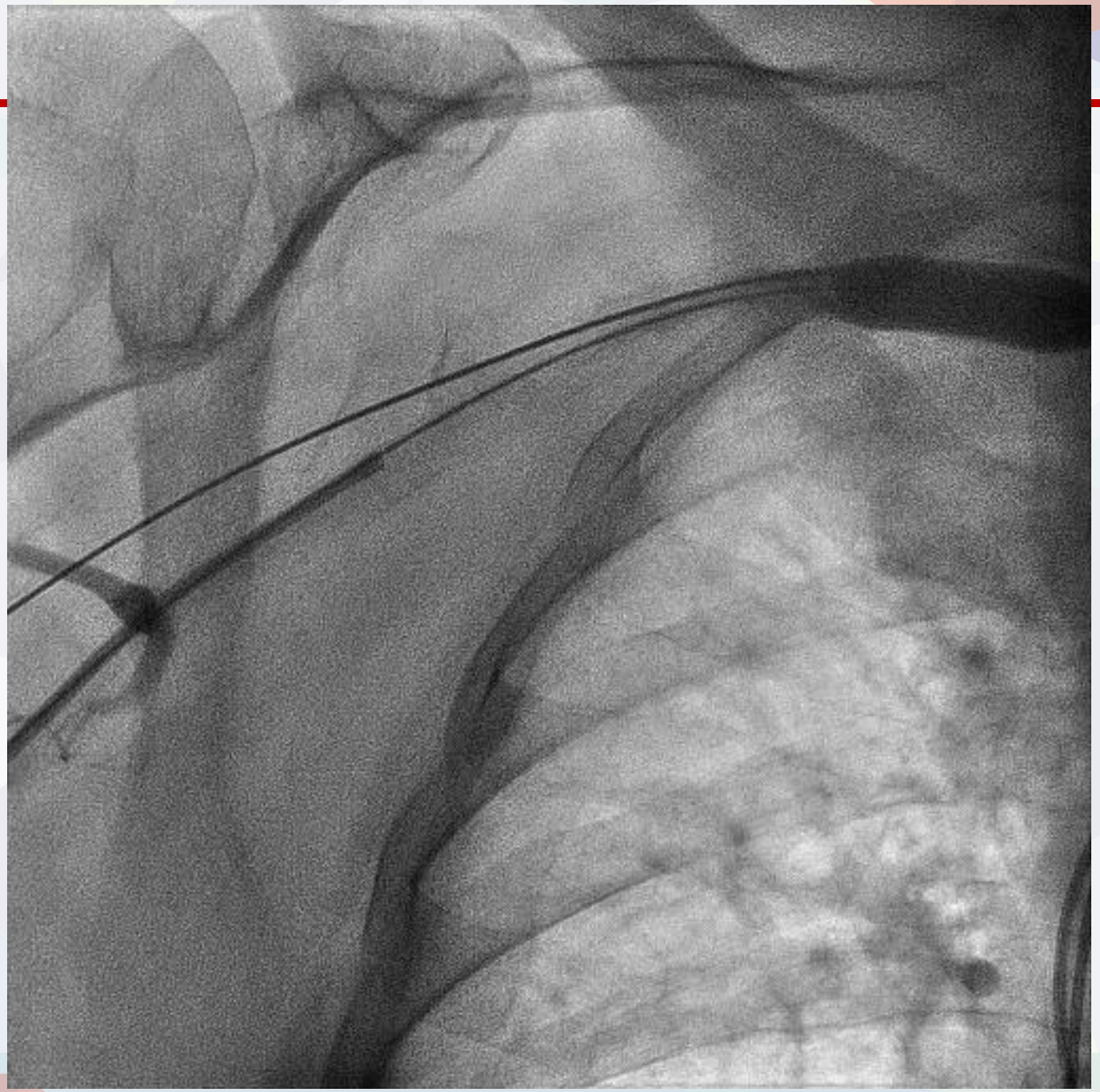


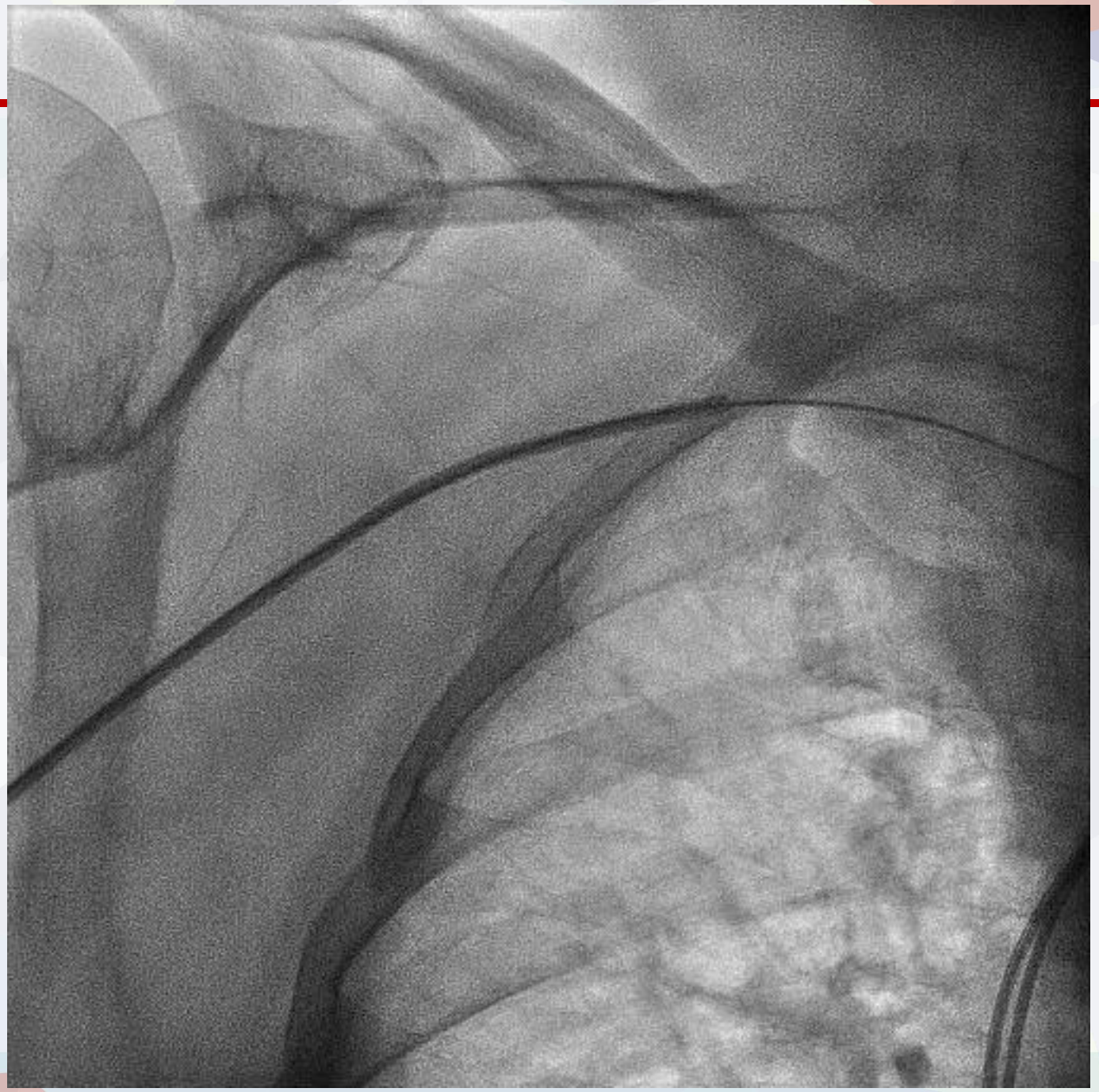










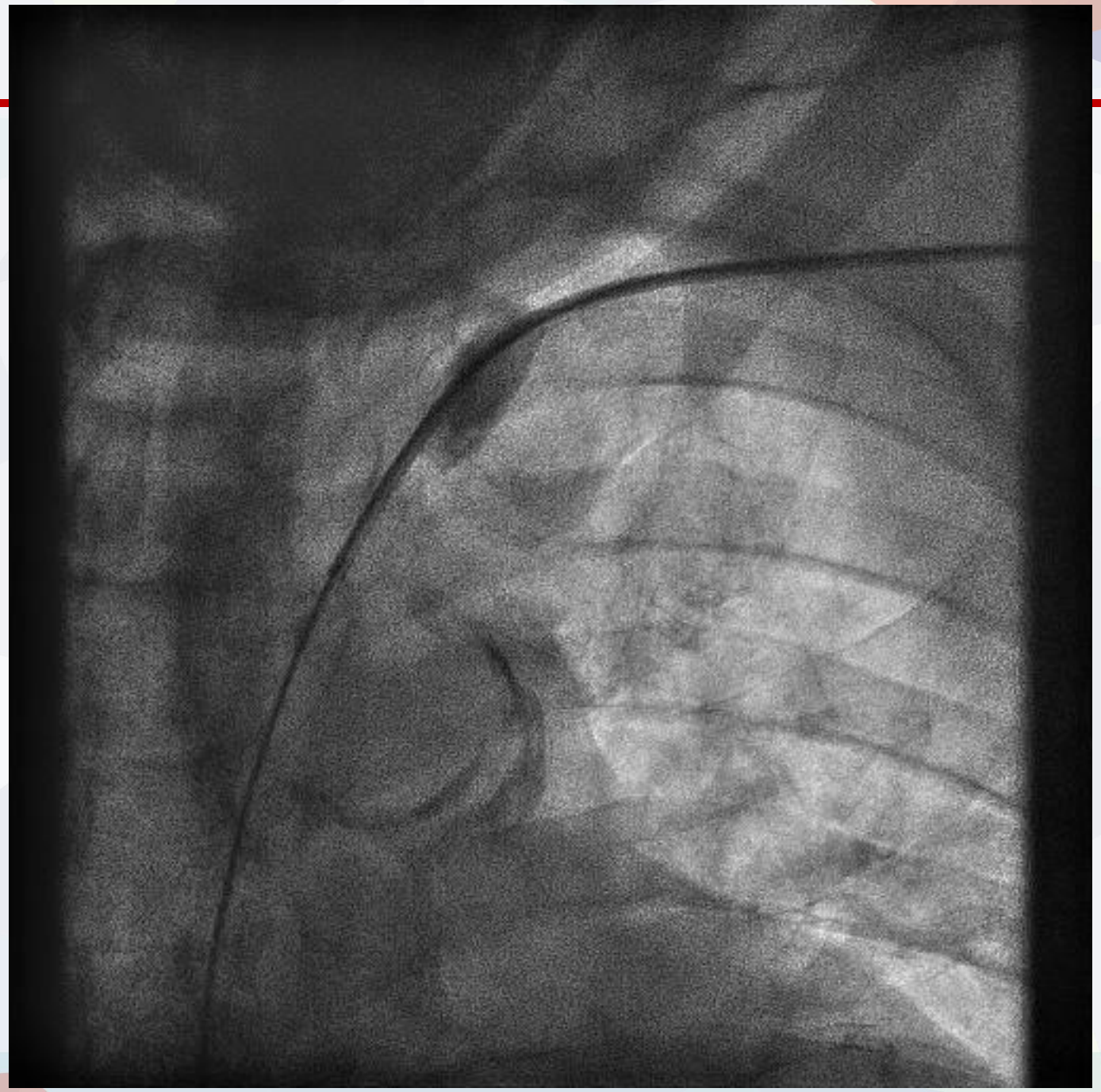


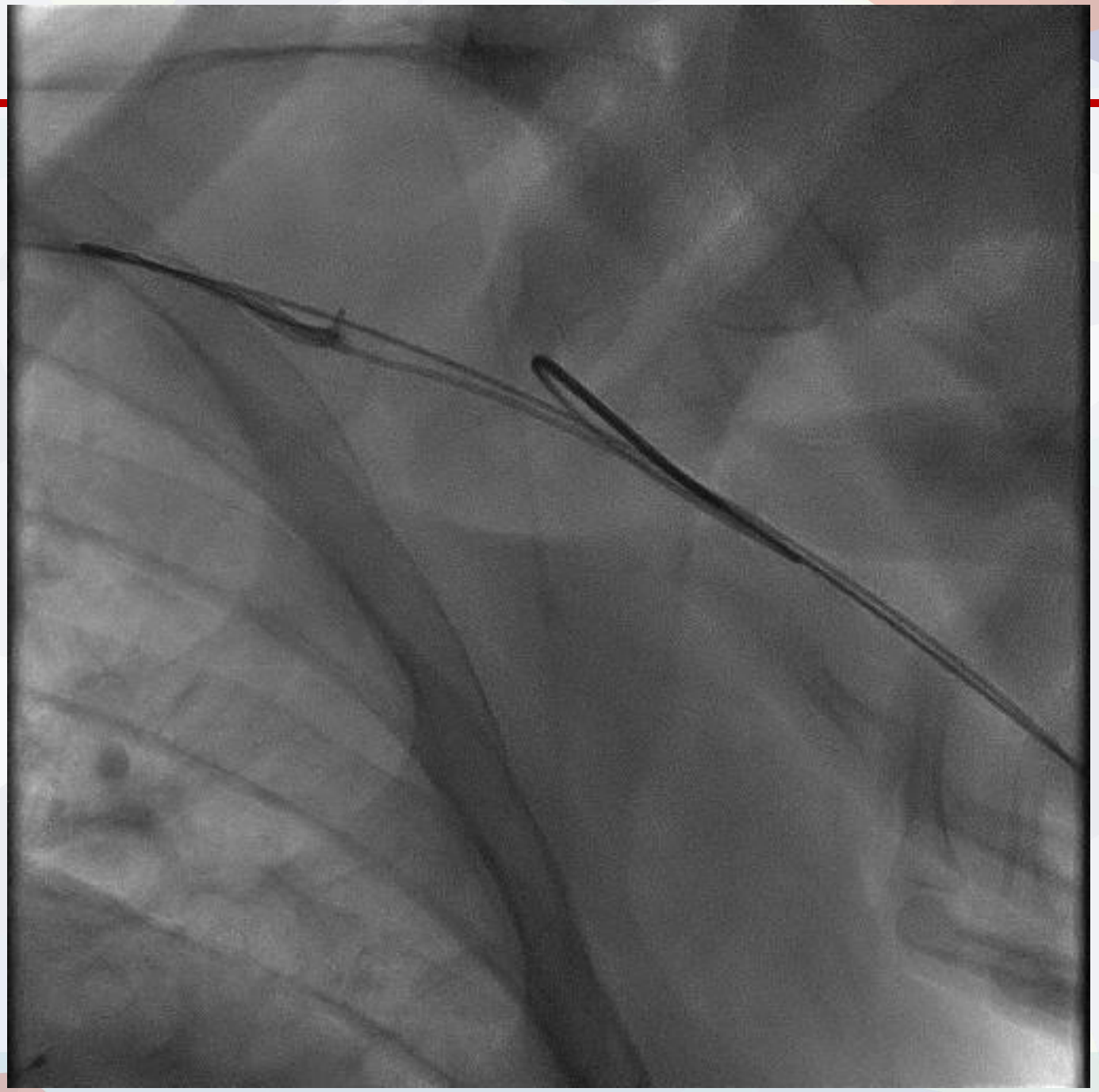
TAVI AXILAR PERCUTANEA

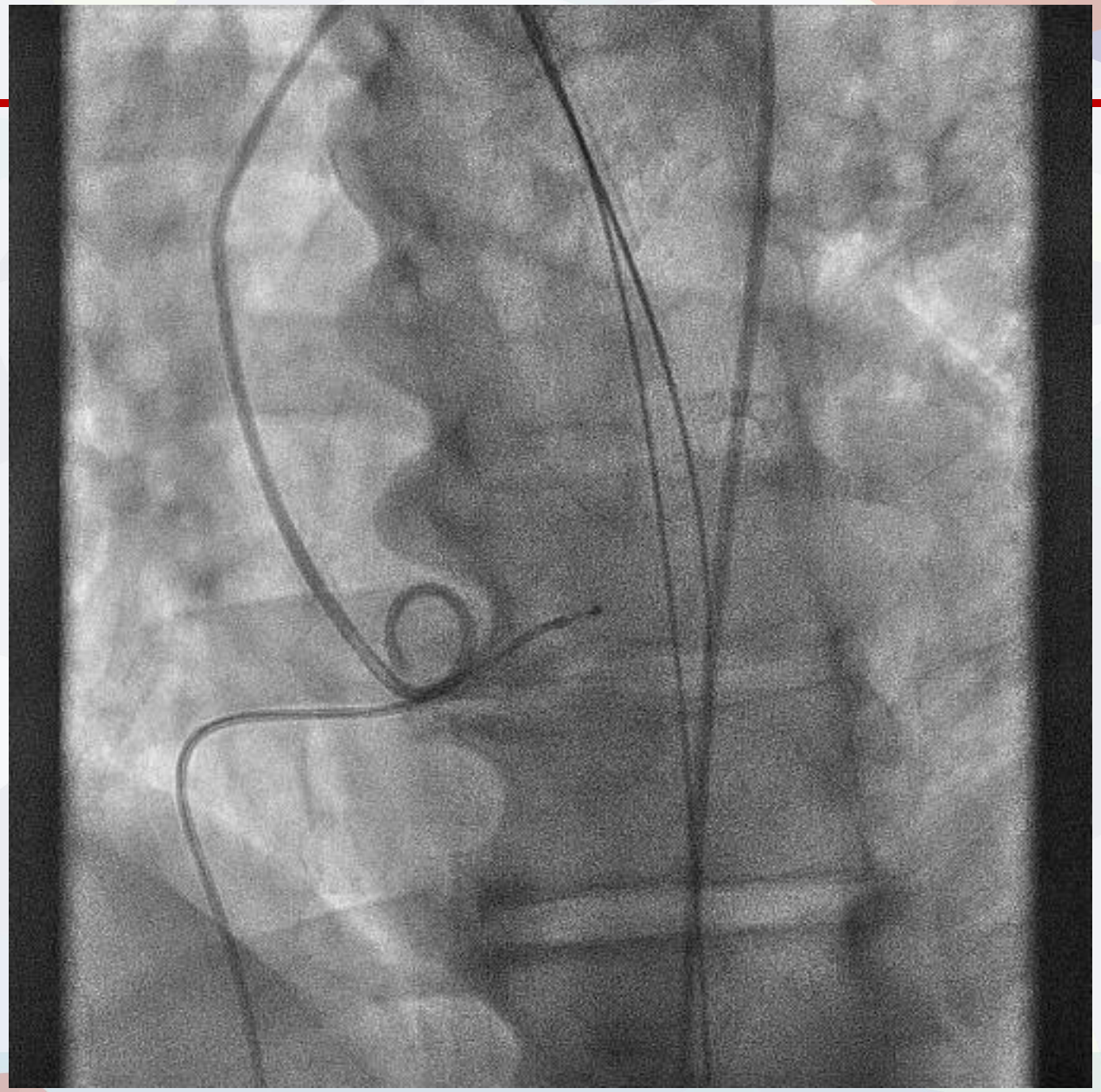
TAVI AXILAR PERCUTANEA

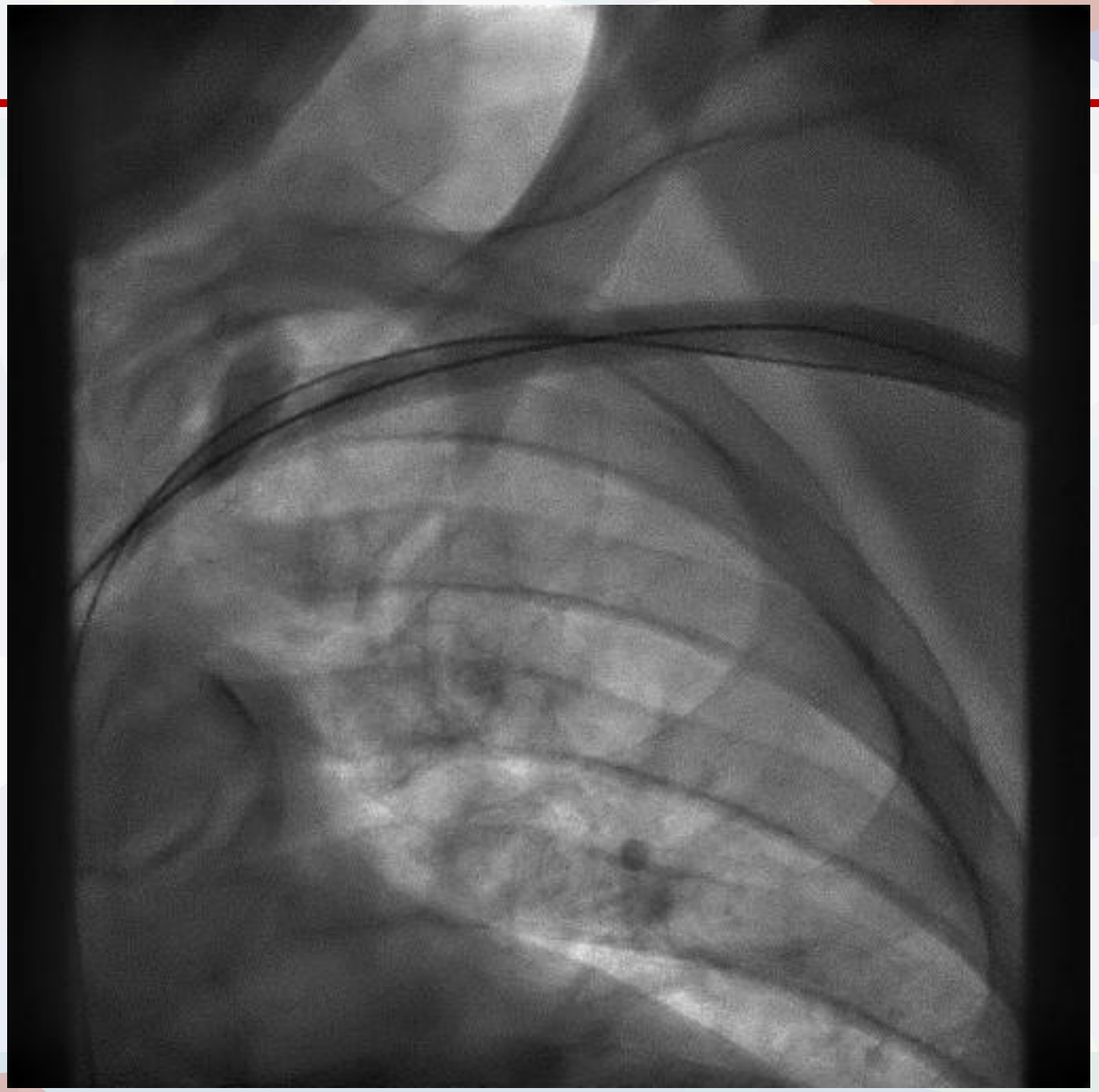
Otros aspectos técnicos:

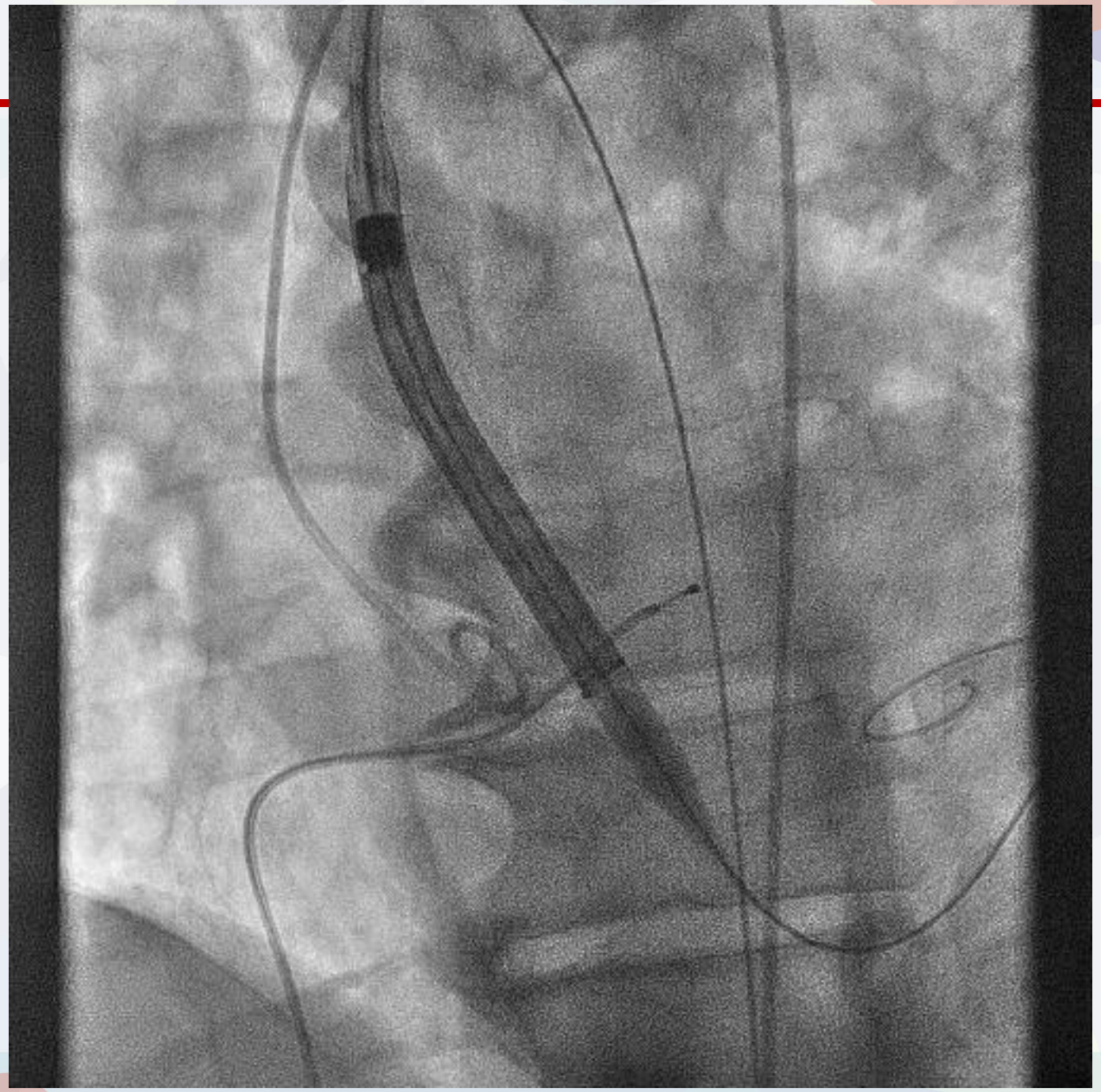
- Mejor acceso desde subclavia izquierda.
- Anticoagular desde que se empiezan a hacer inflados oclusivos de la arteria subclavia.
- Intentar acceso directo
- En caso de intentar acceso directo con valvula poner un introductor 9-11 F tras los Proglides.
- Dilatar progresivamente hasta el diámetro de la valvula.
- Realizar cierre axilar “en seco”.
- Umbral bajo para tratar las posibles complicaciones vasculares.
- No poner el manguito de presión en ese brazo después.

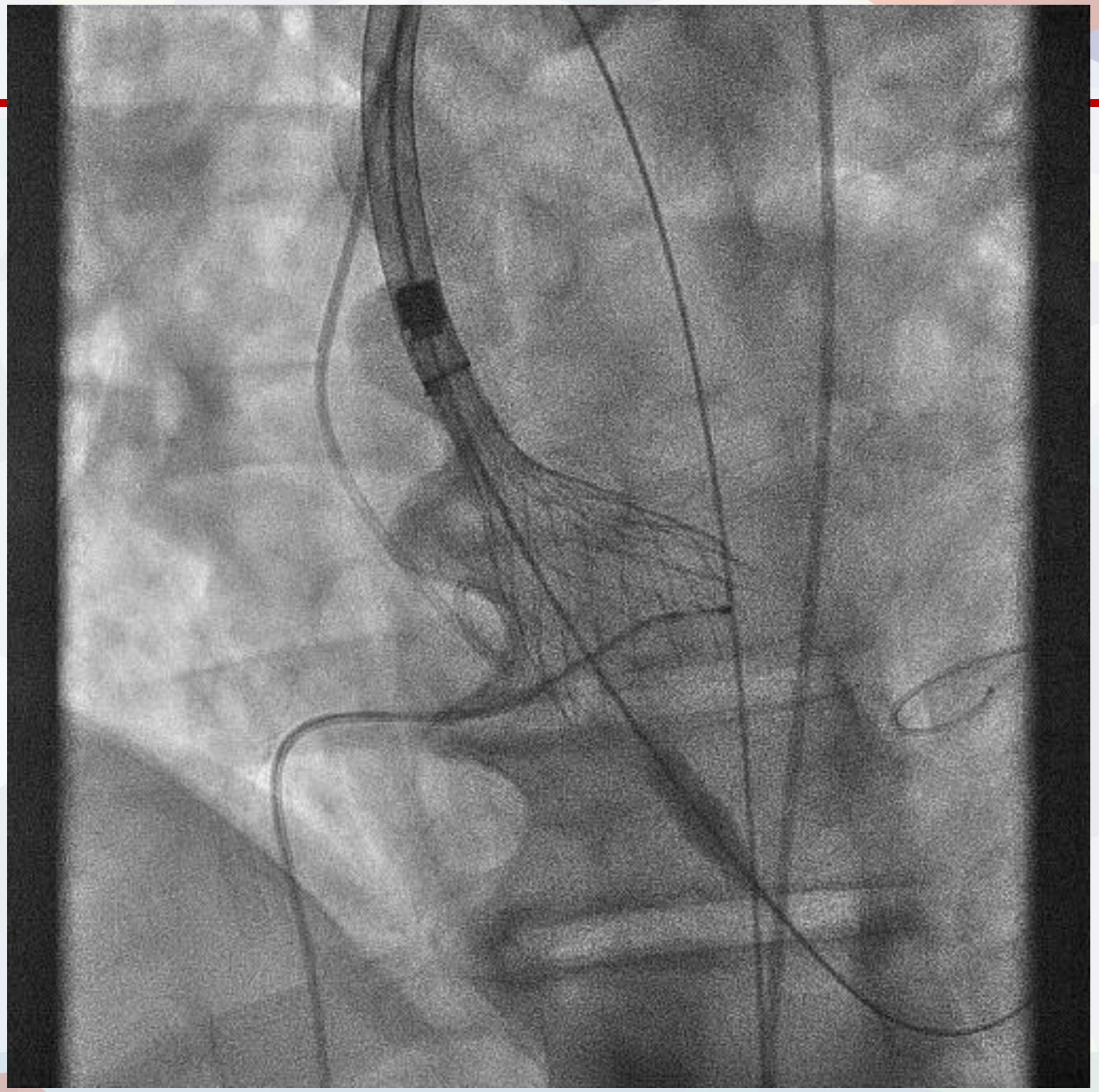


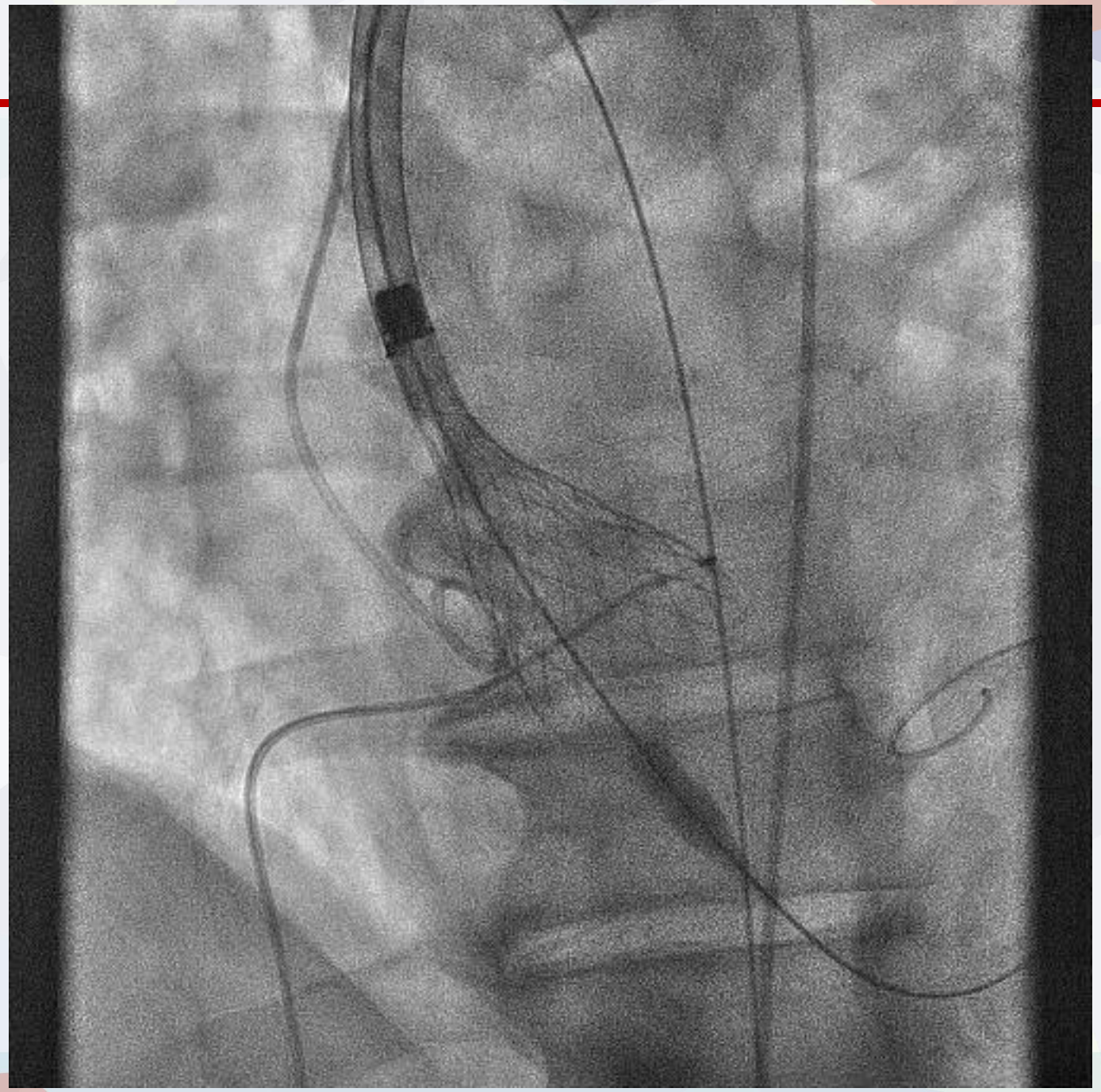


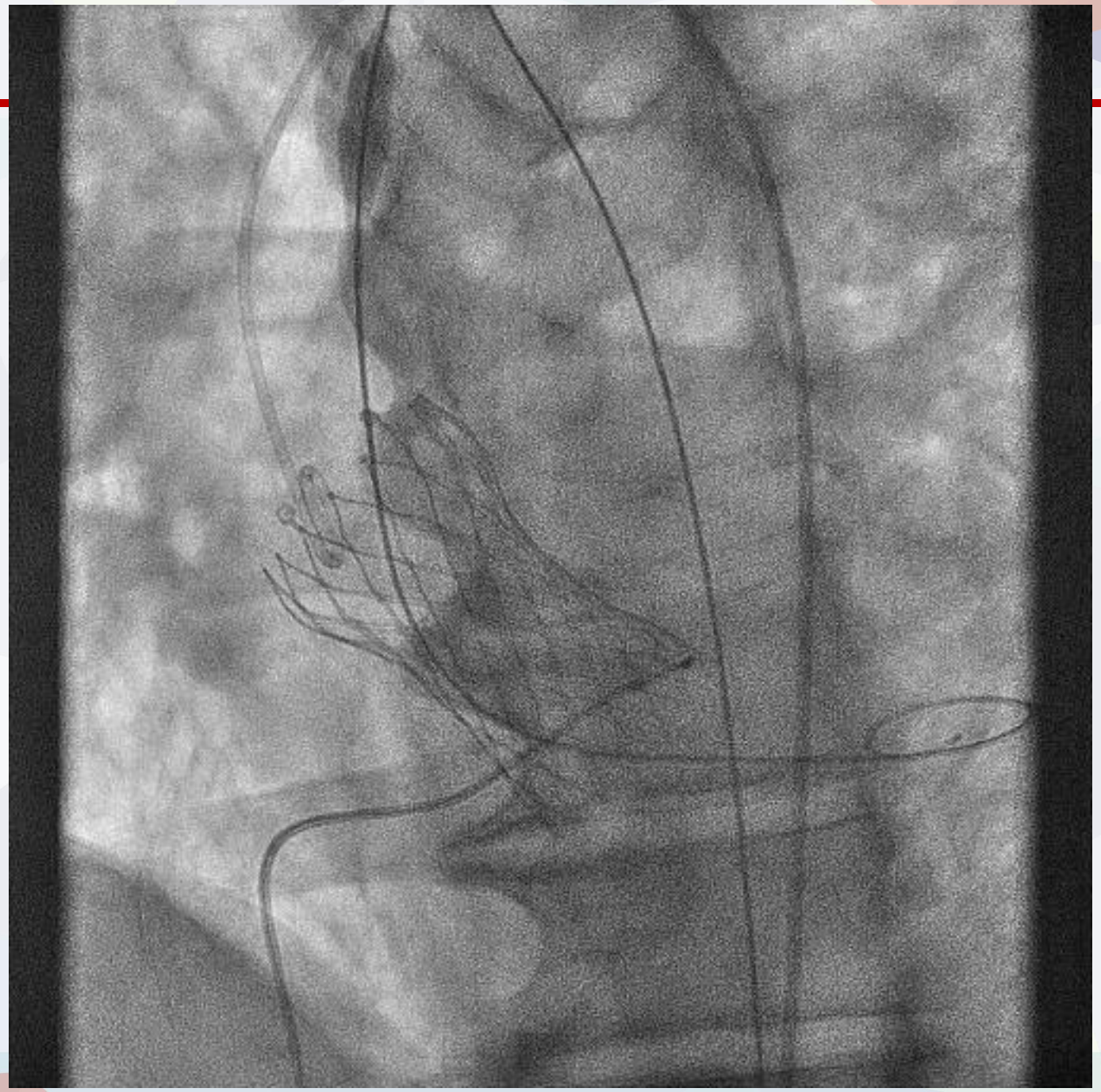












Características basales

CLÍNICA

165 pacientes
77,9 años
77 varones
92 art.perif. severa
12 ictus previos
Hb 10.4

STS 3
ES-II 2.8

ECO

FEVI 53.5%
AVA 0.7
G.Máx 68
G.Medio 43

TAC

Bicúspide 15
Porcelana 14
Diám.mínimo femoral D 3,8mm

Resultados del procedimiento

PROCEDIMIENTO

Predilat 117

Evolut
84
Portico/Navitor 22
Acurate neo 25
Myval
18
Vitaflow 3
Otras
13

Rotura de anillo
0
Taponamiento

INTRA-HOSPITALARIO

Estancia 3
d
PPM
25
Ictus
1
In-hospital death 6
Sangrado mayor
5
- 11 stents
- 1 cirugía (humeral)

ECO

FEVI
53,6%
AVA 1,9
G.Máx 17
G.Medio 9

AOREG:
- III/IV 7

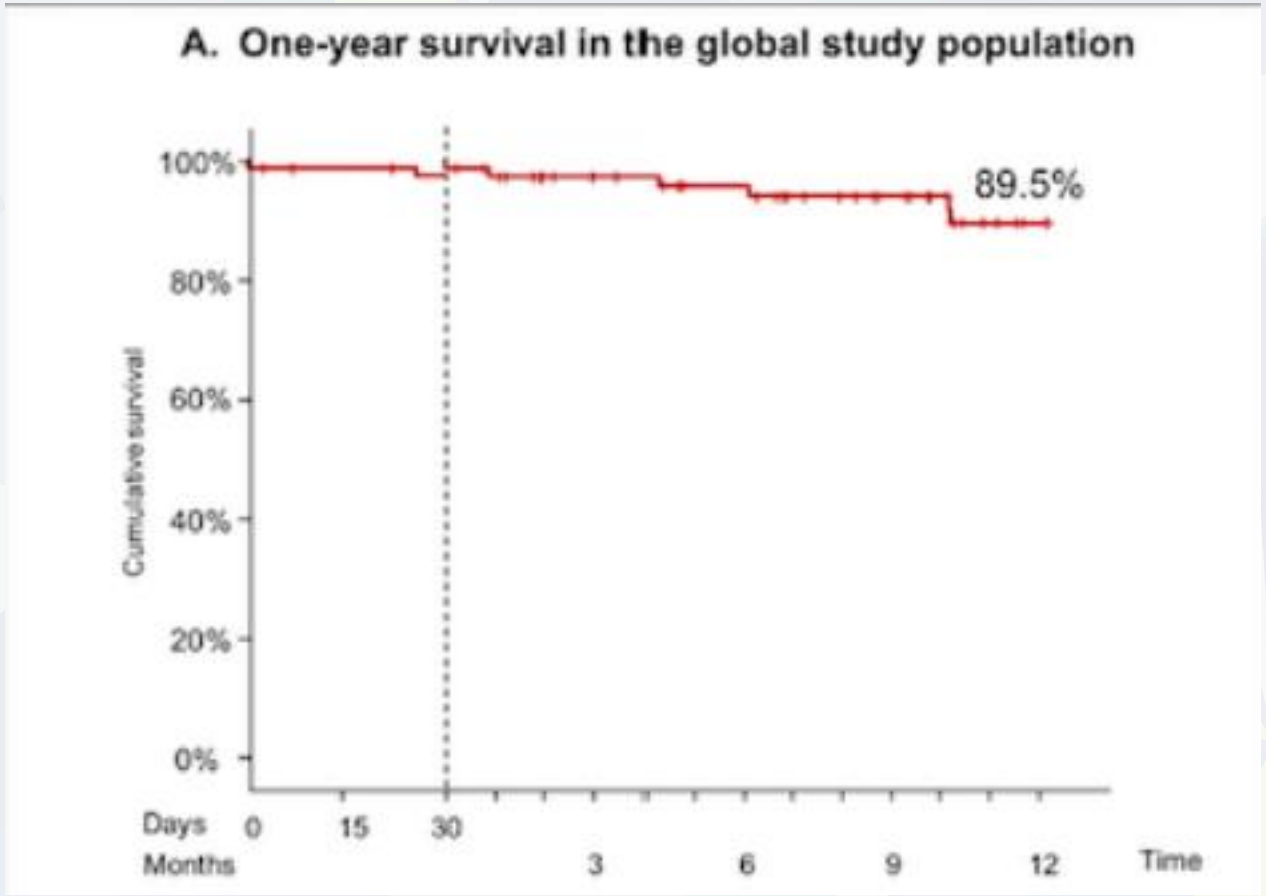
Resultados en el seguimiento (12 meses)

Ninguna complicación vascular o neurológica tardía

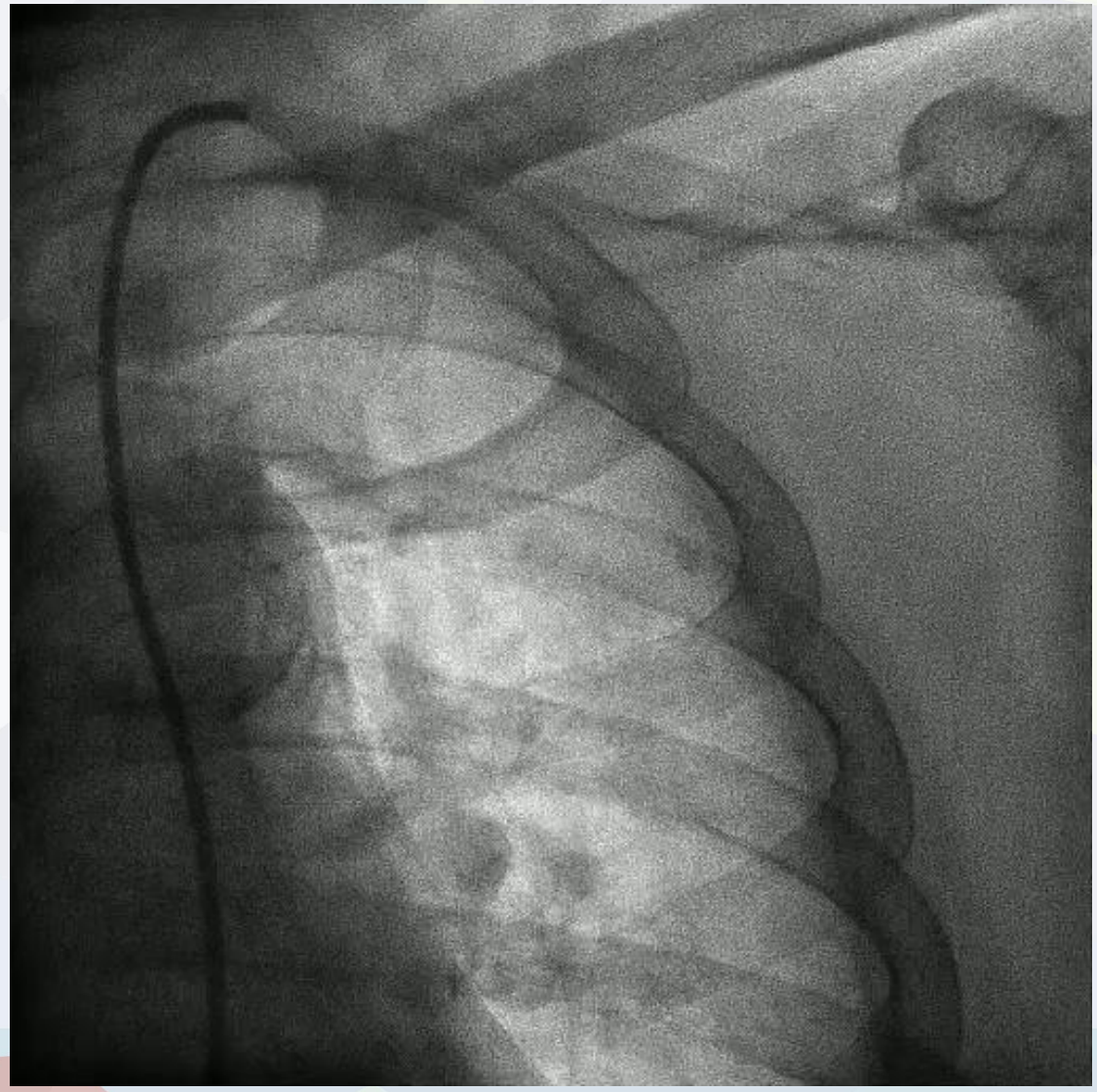
ACURATE NEO / NEO2

Catheterization & Cardiovascular Interventions
SCAI Society for Cardiovascular Angiography & Interventions

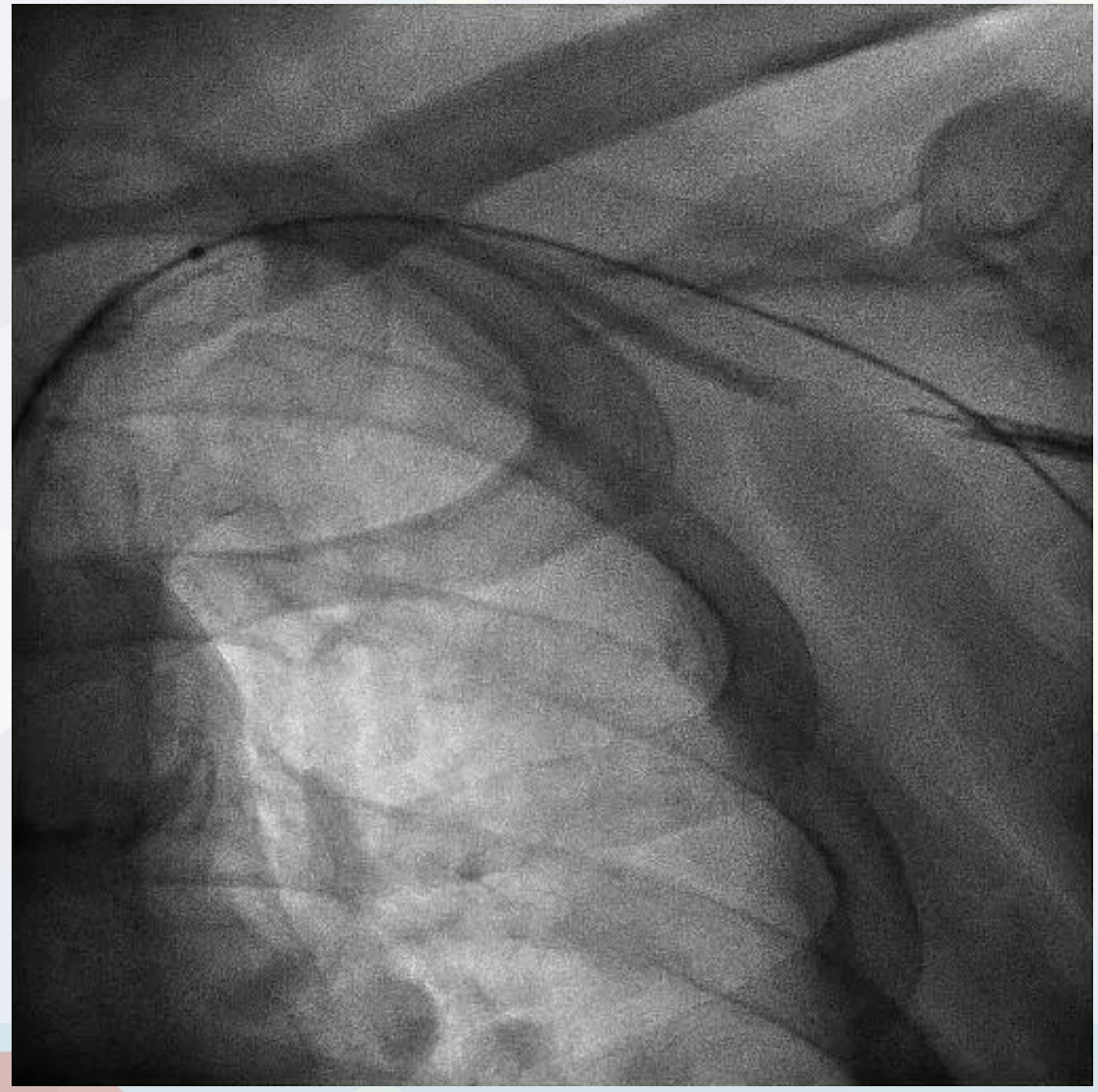
Transaxillary transcatheter ACURATE neo aortic valve implantation – The TRANSAX Multicenter Study.

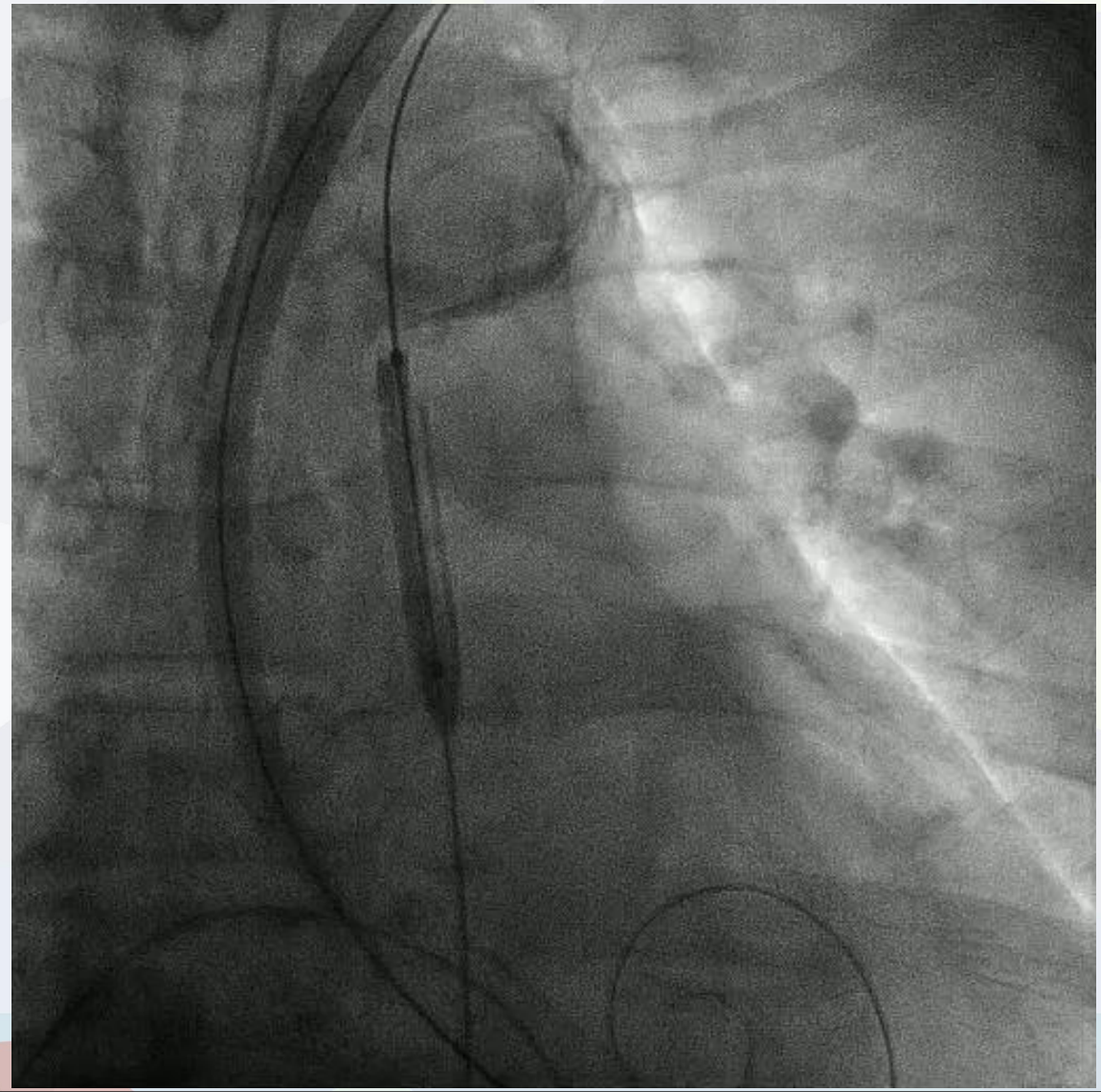


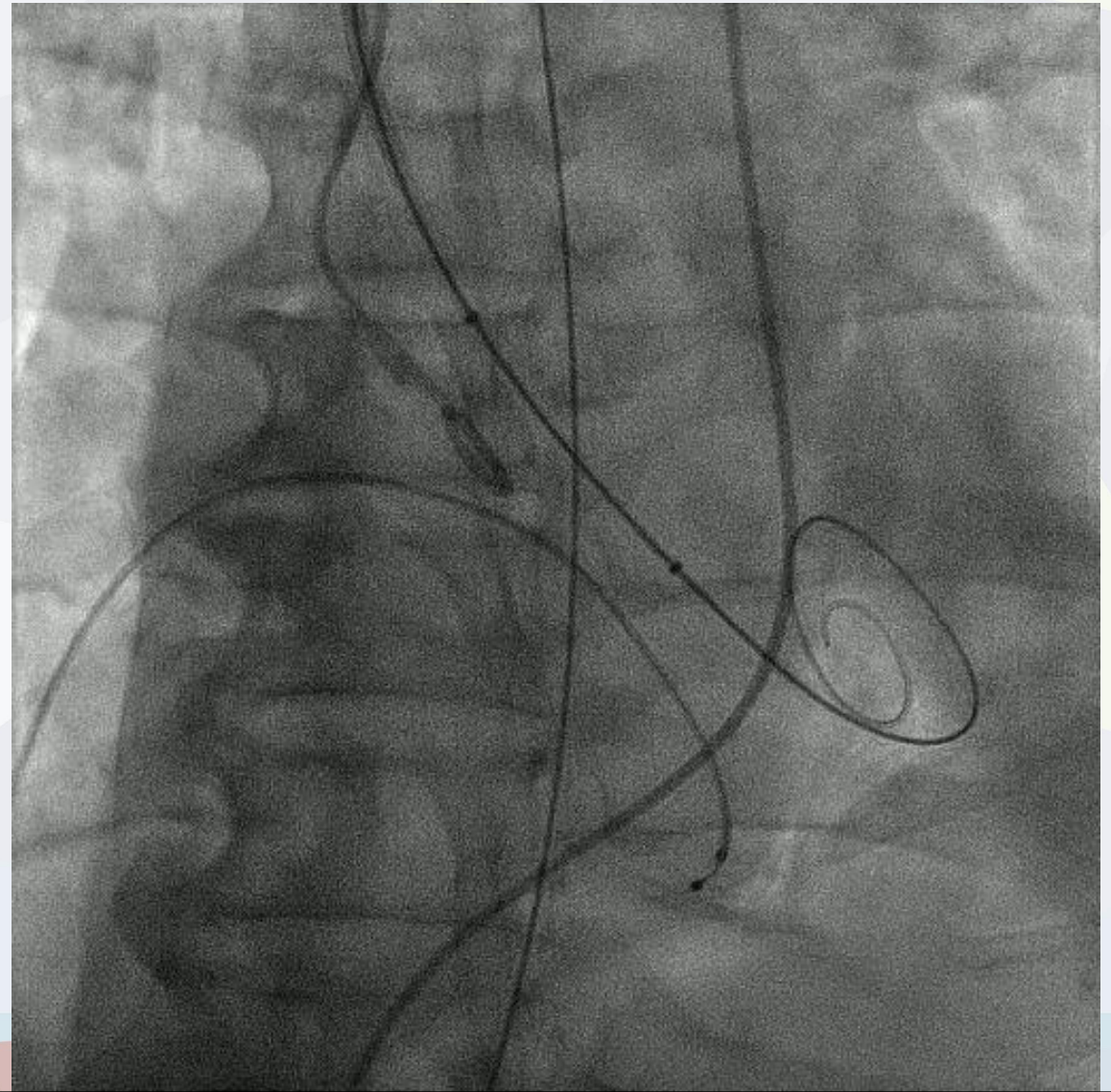
Amat-Santos CCI 2021

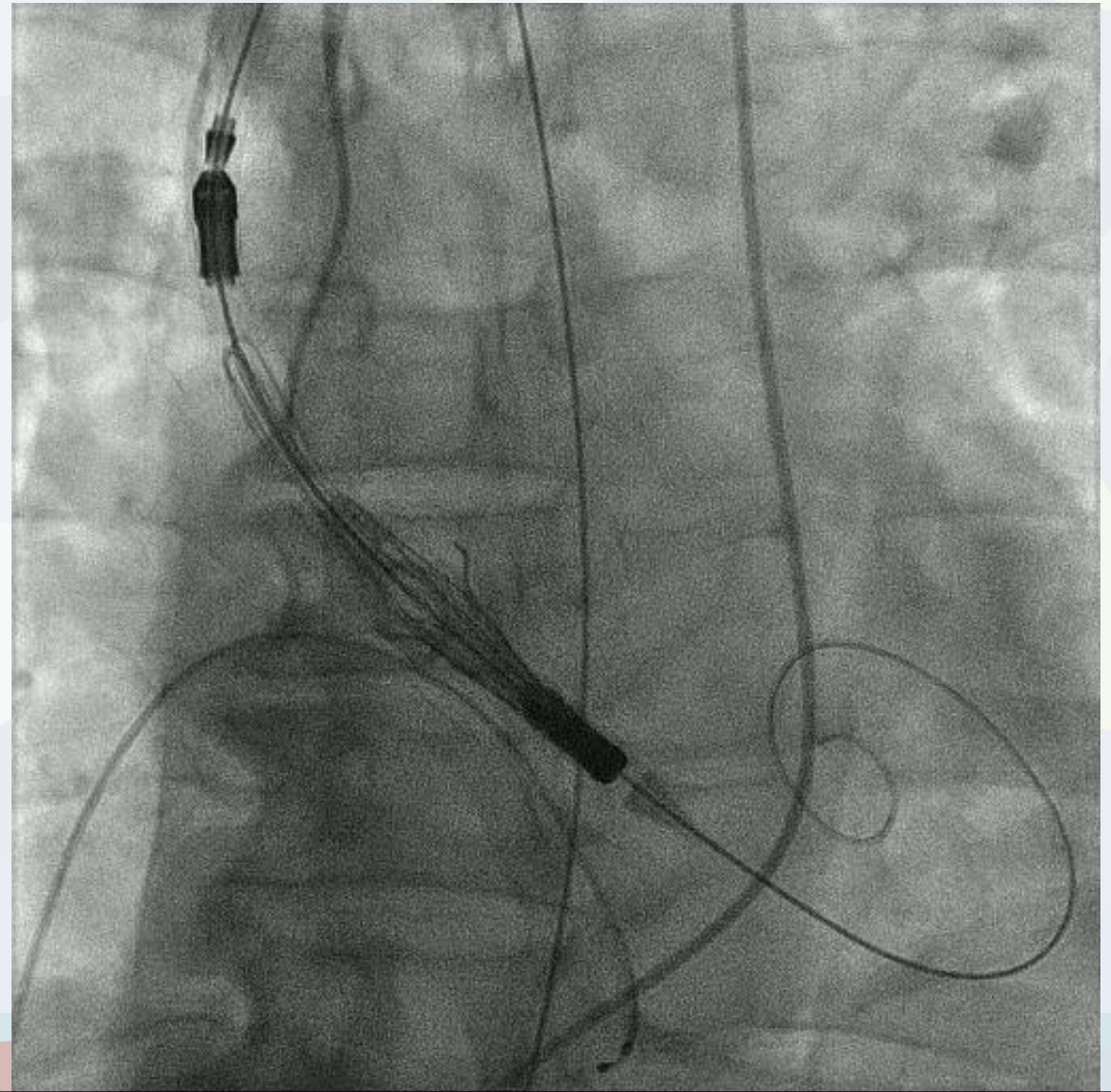


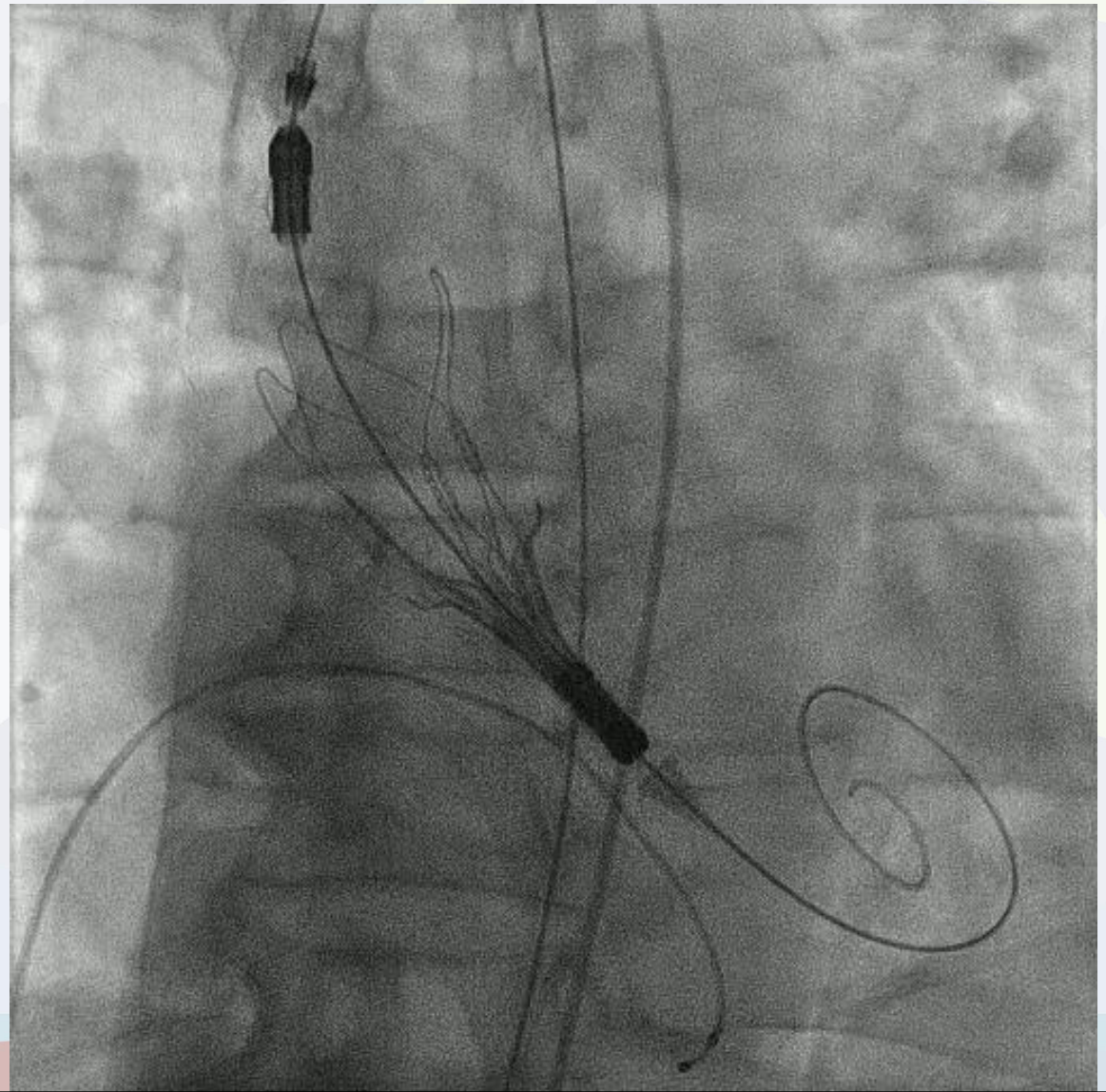
ACURATE neo
CASO 1

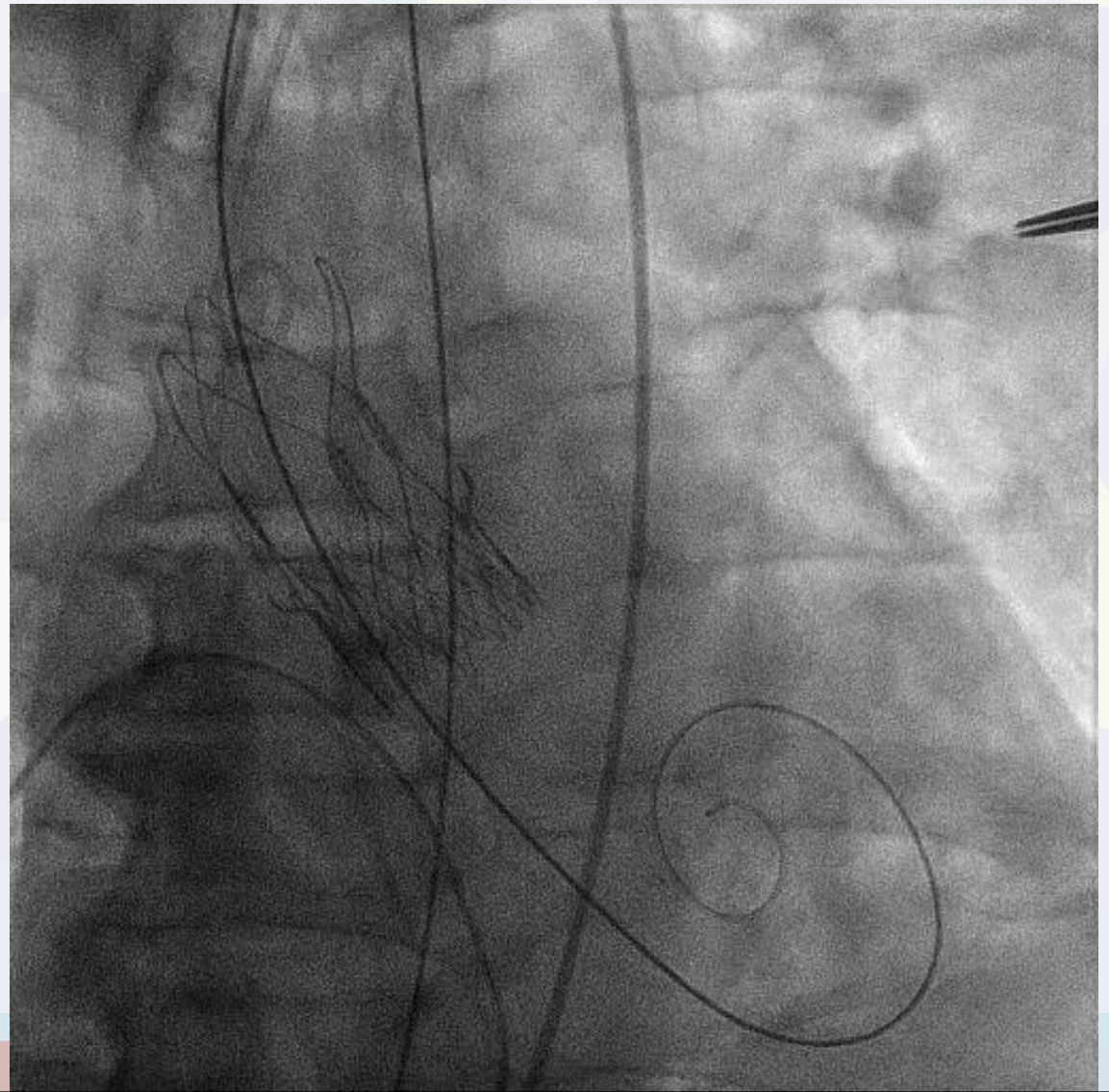


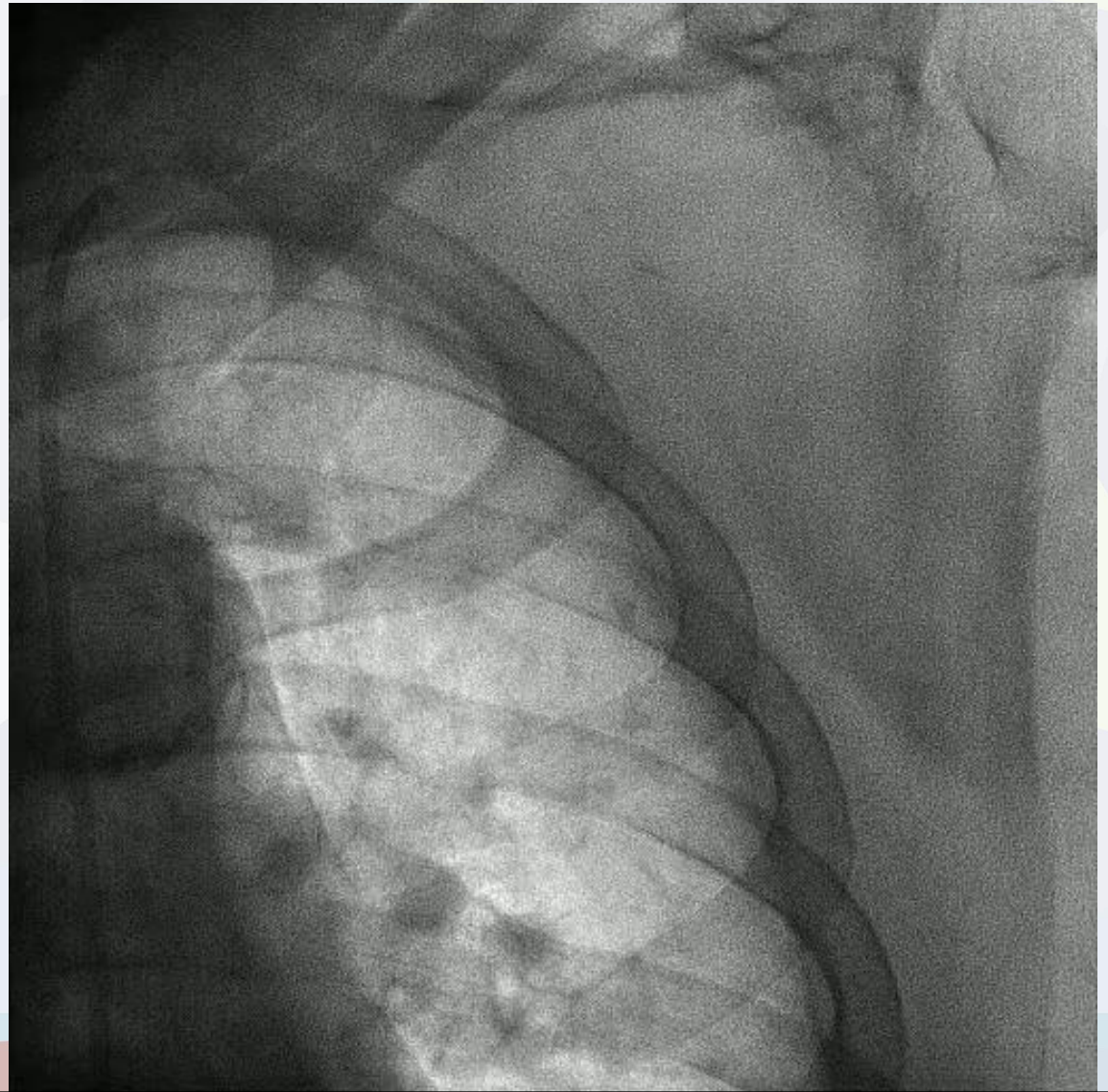


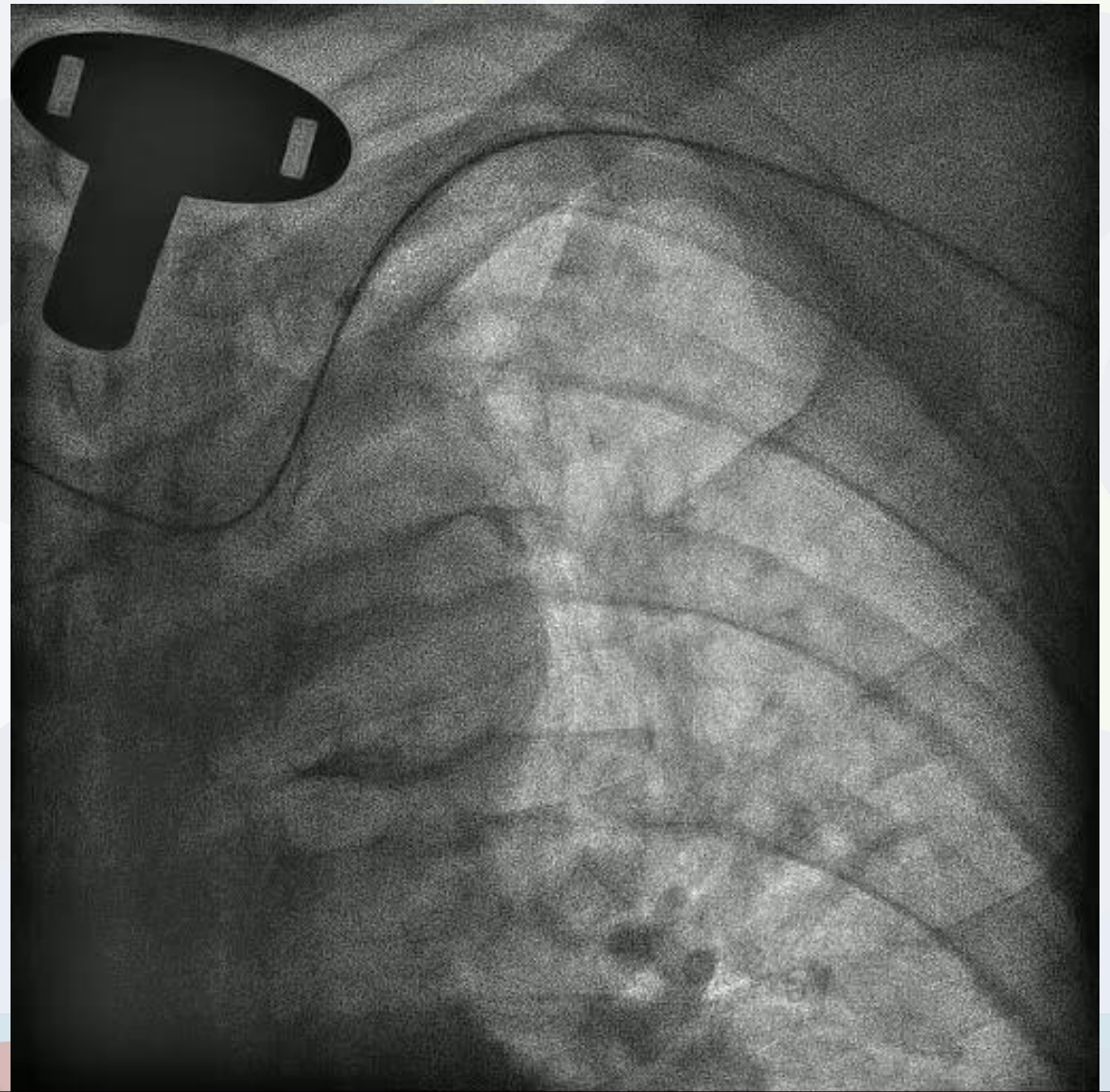




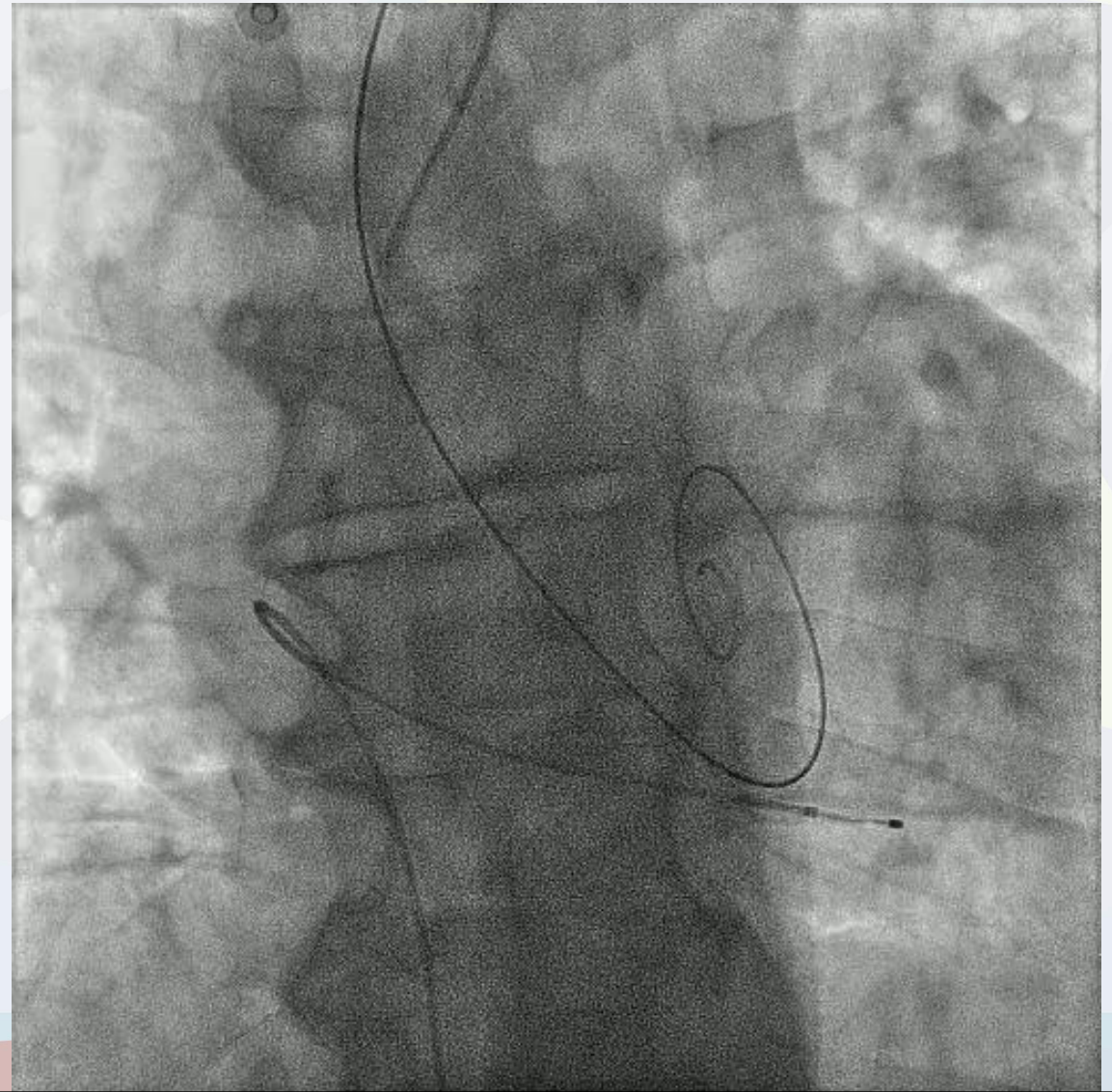


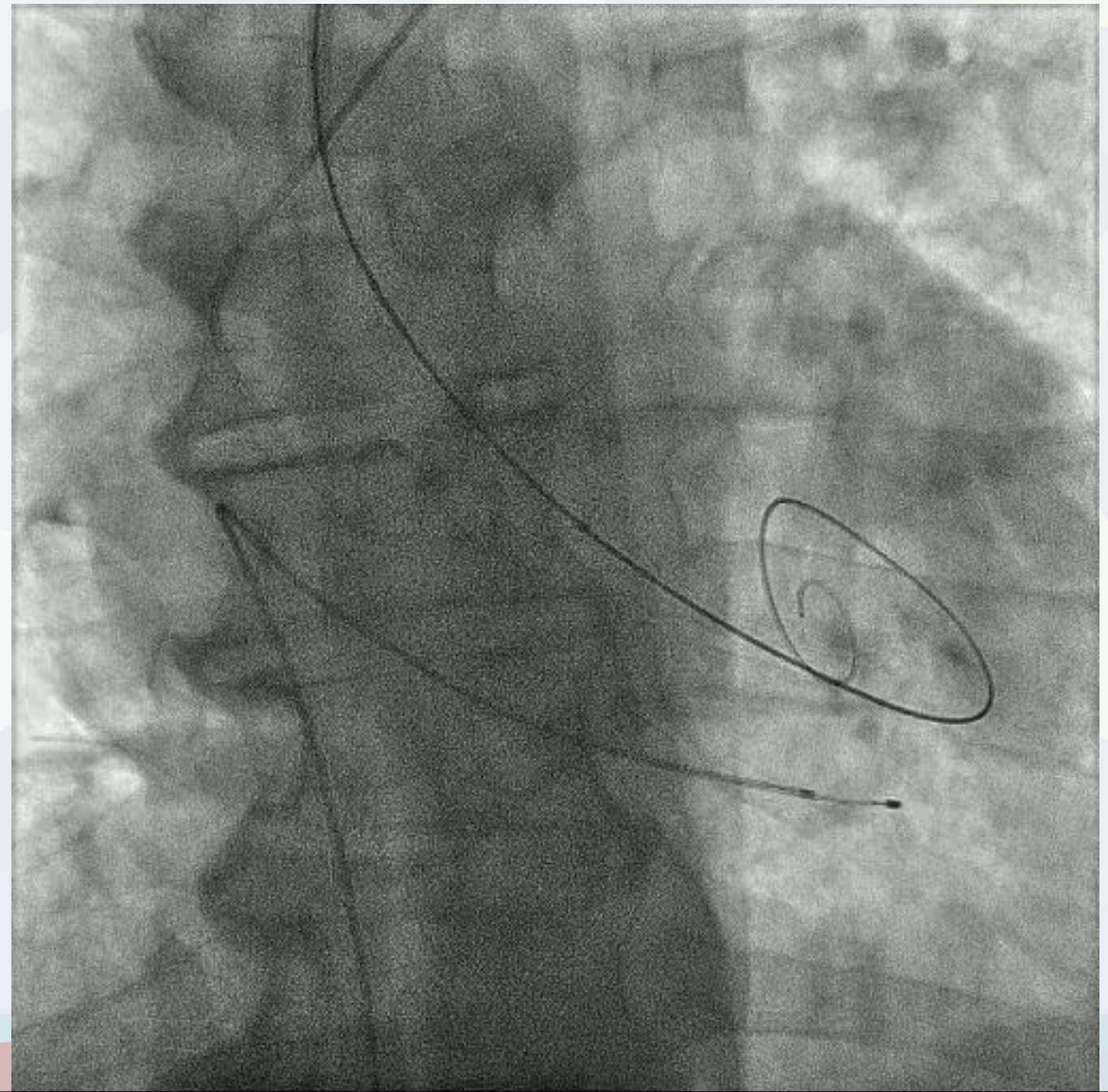


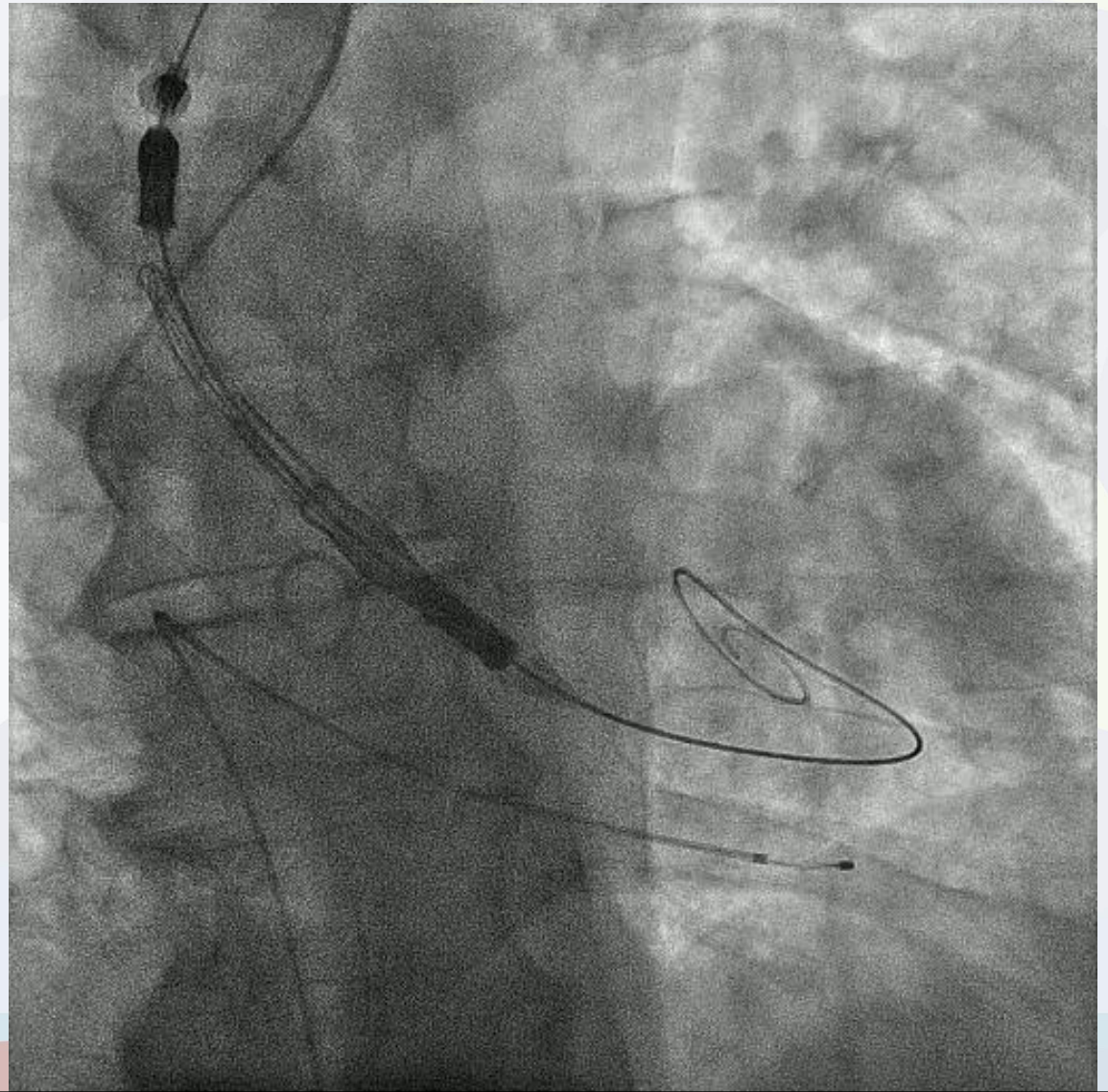


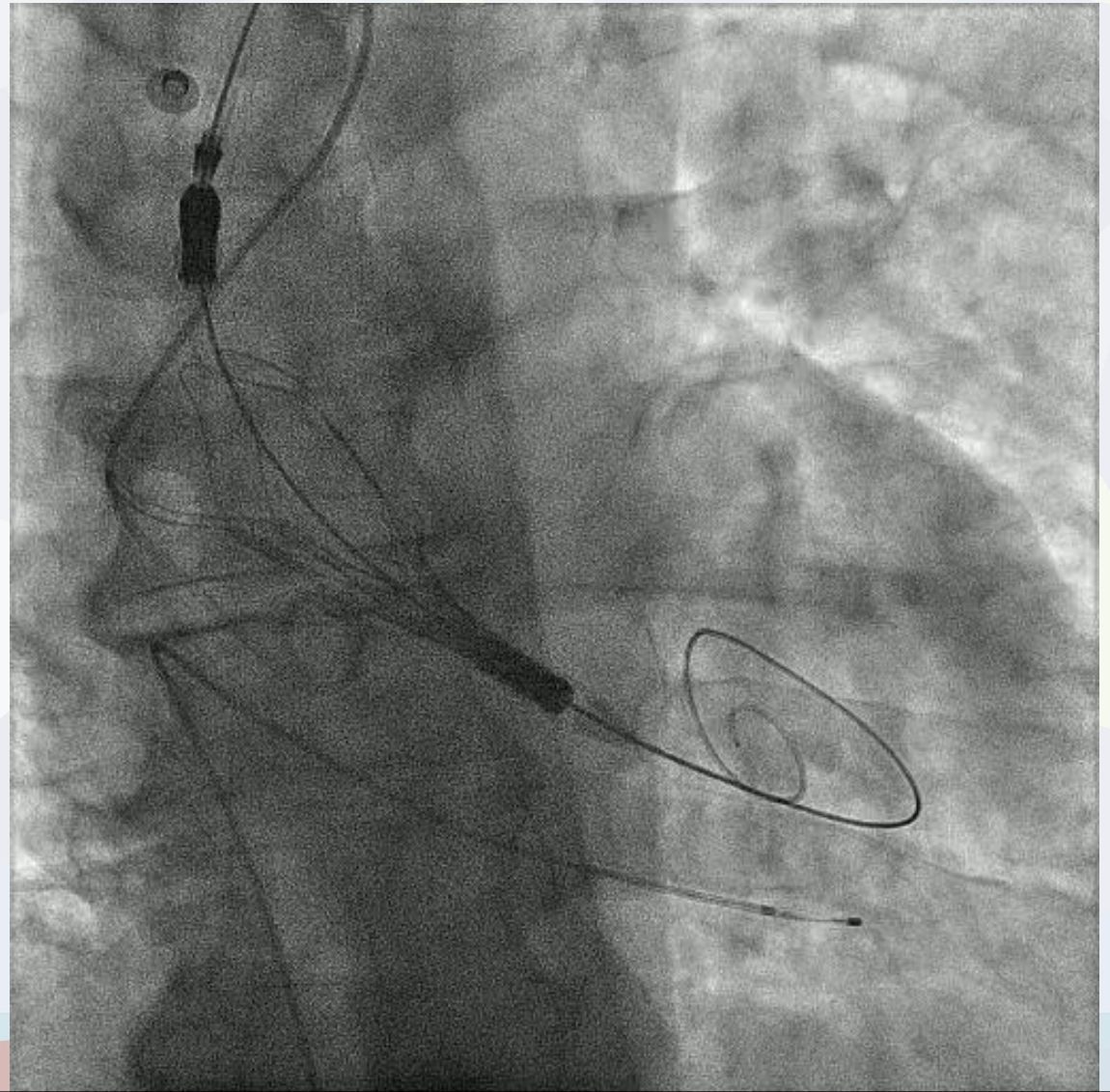


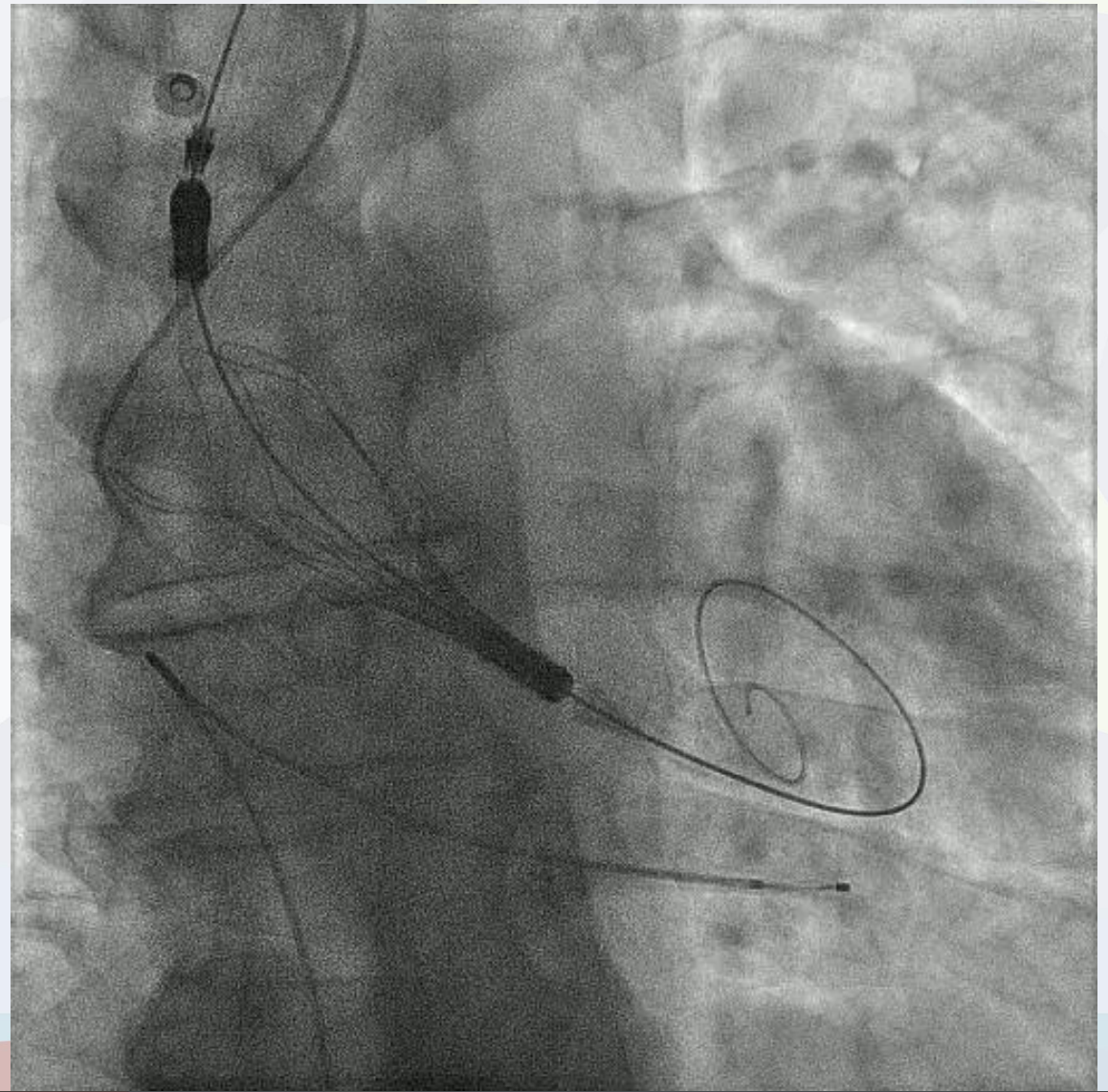
ACURATE neo
CASO 2

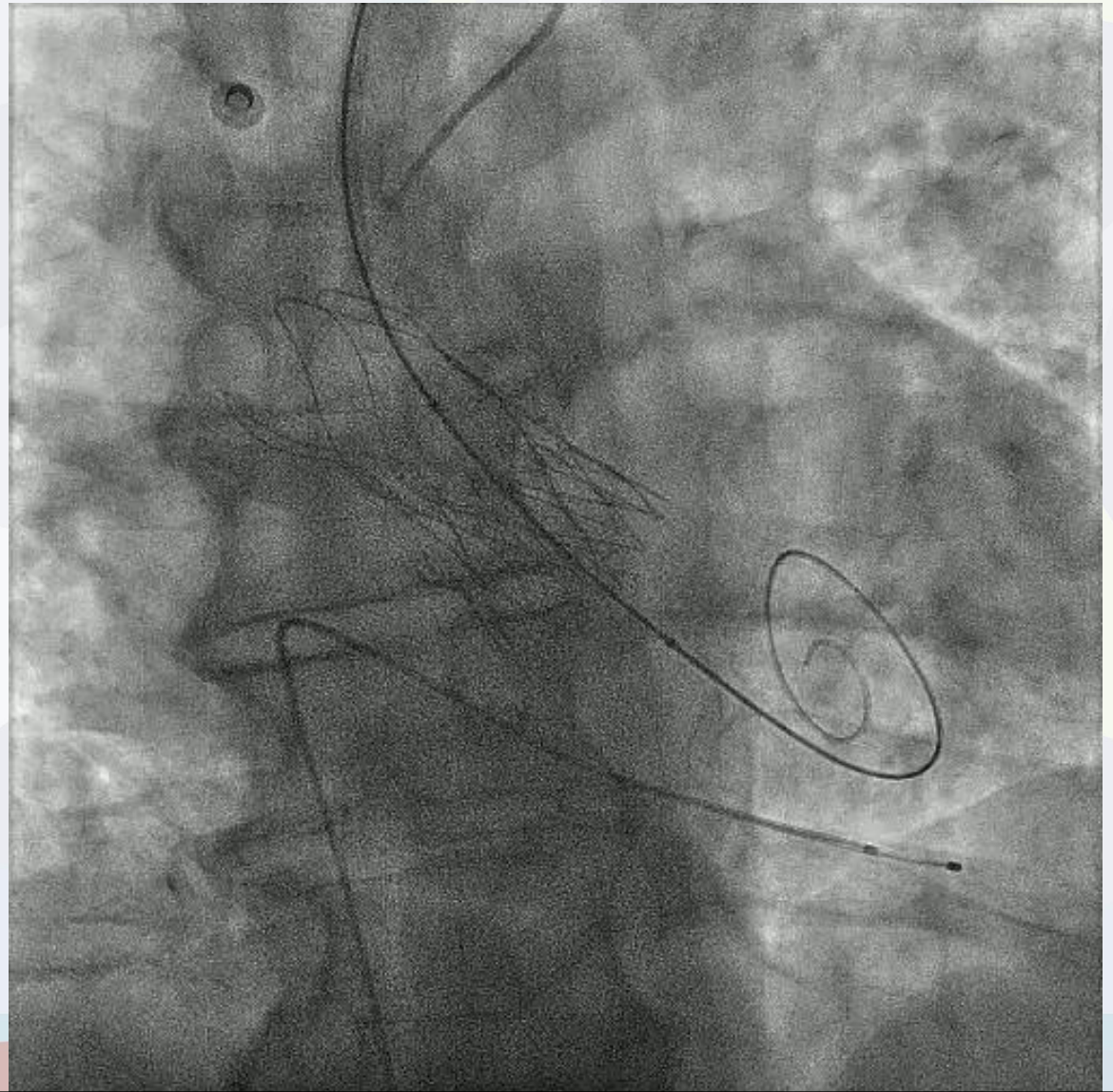


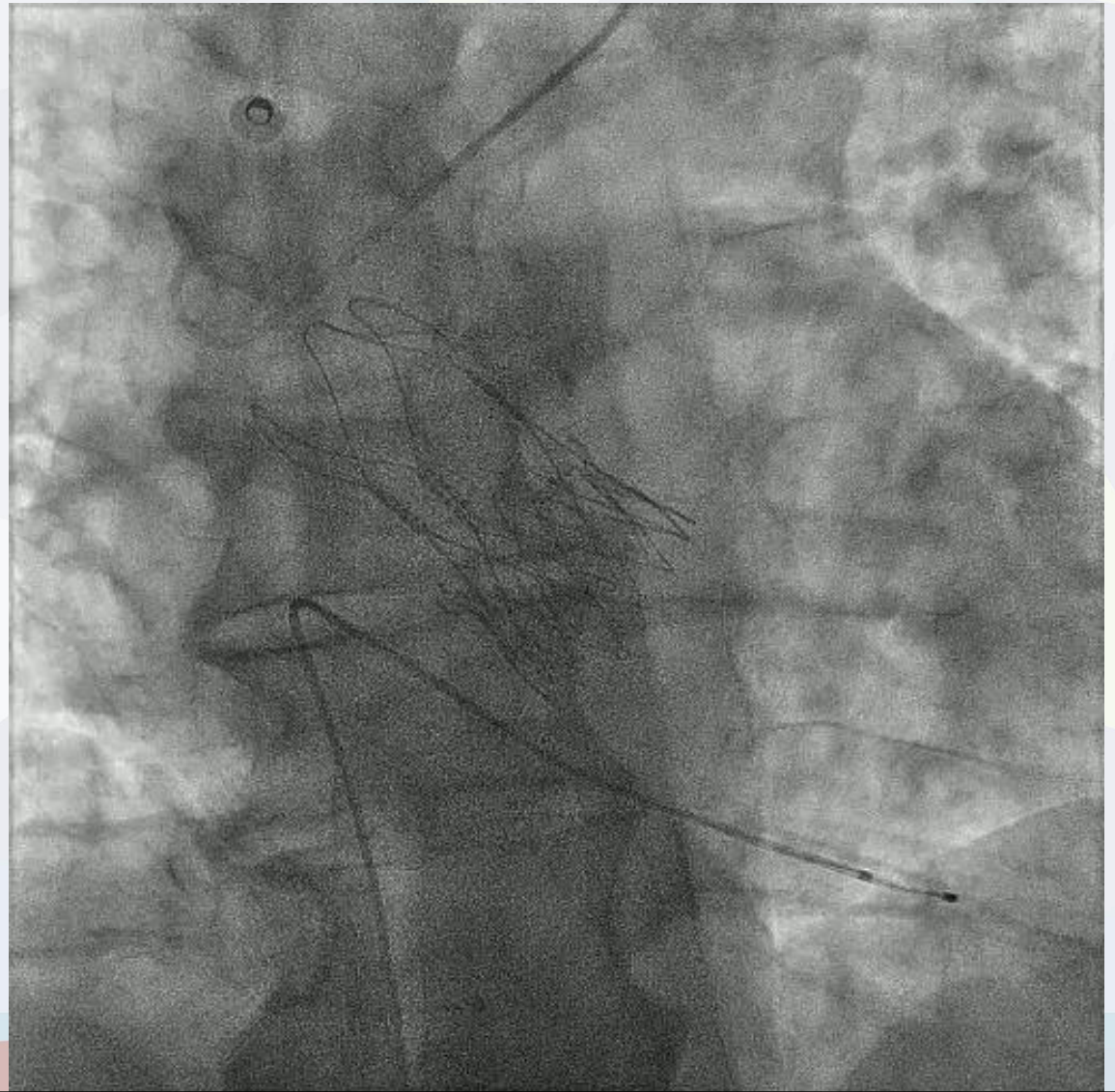


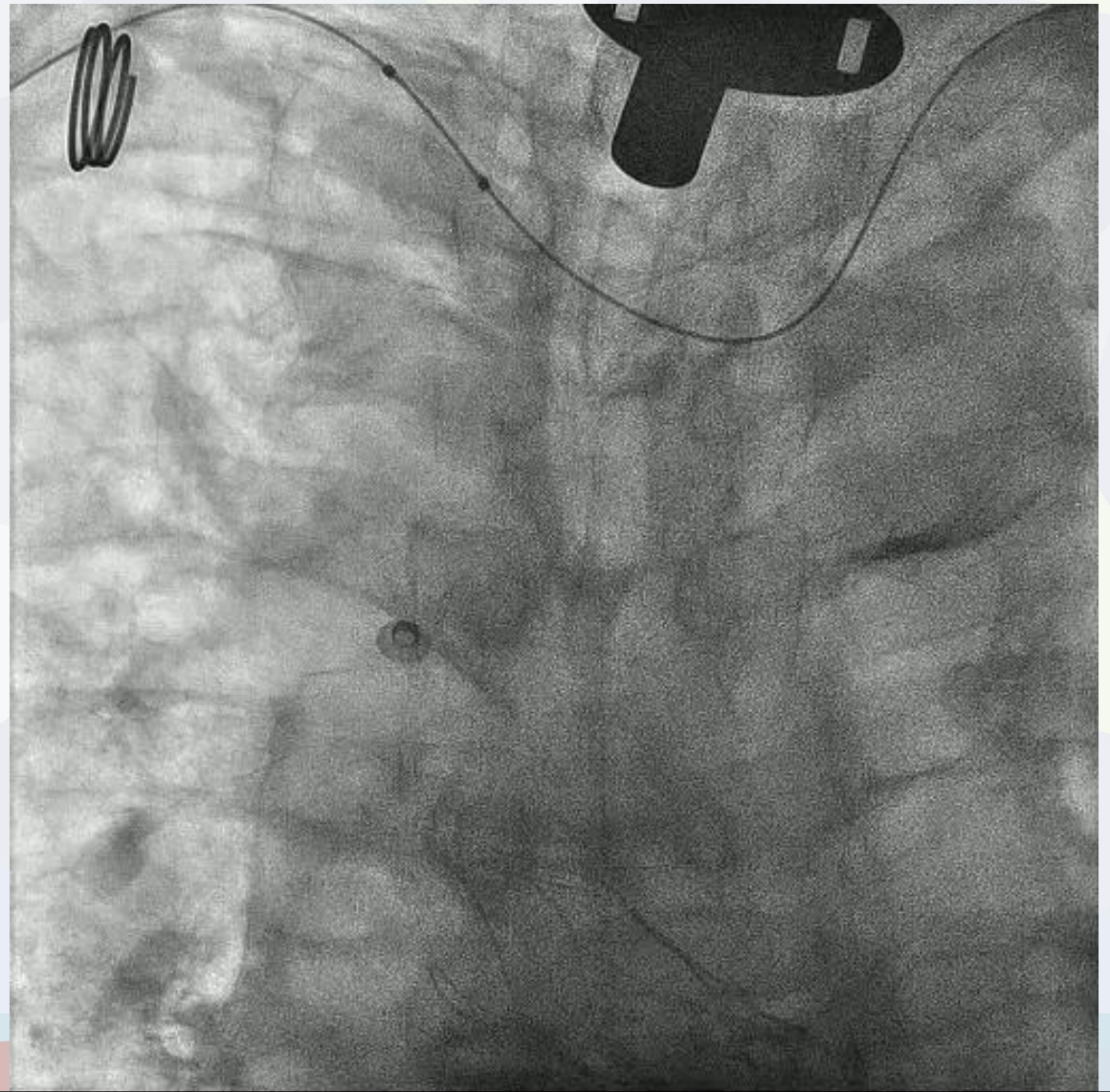


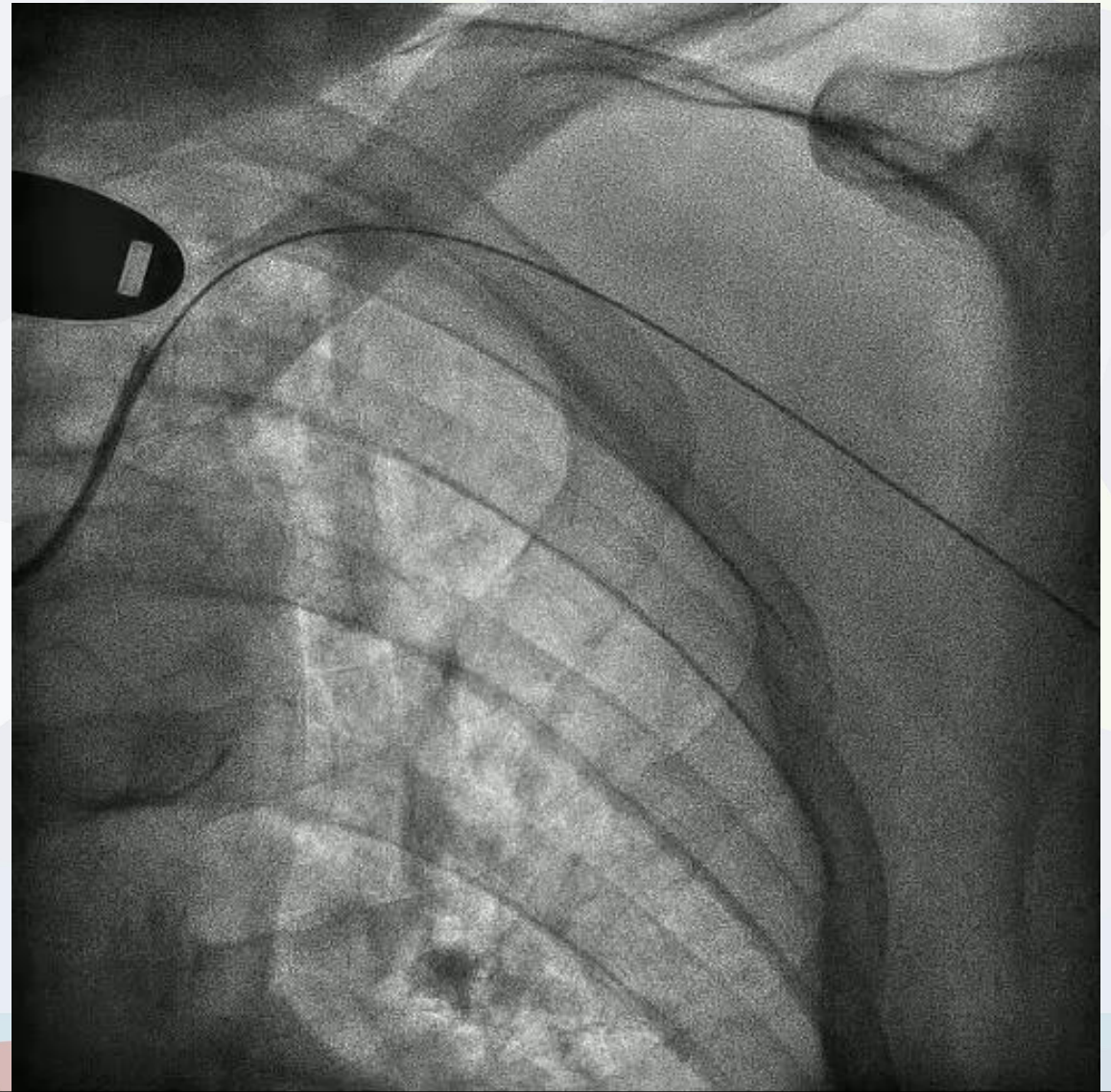


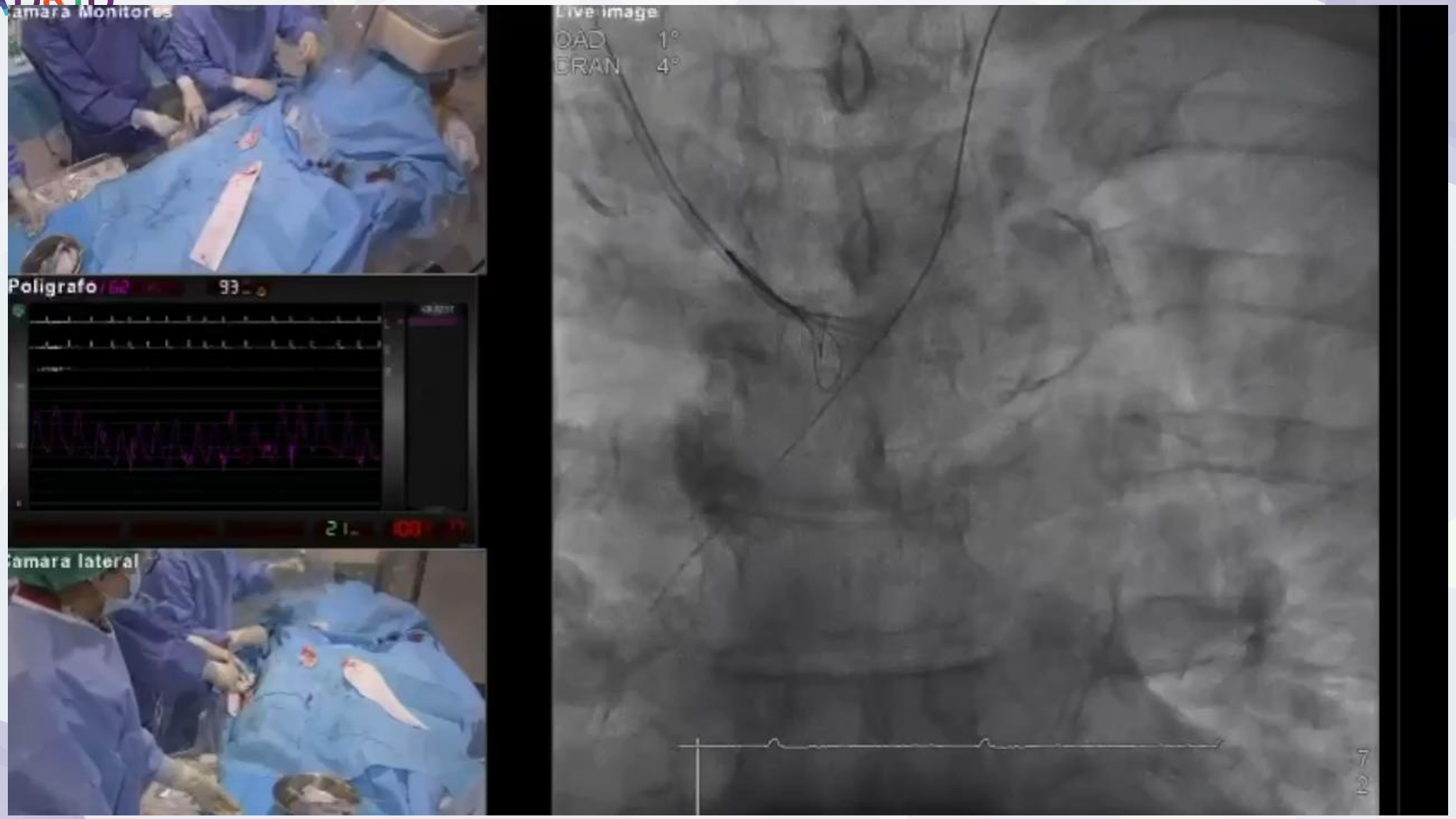


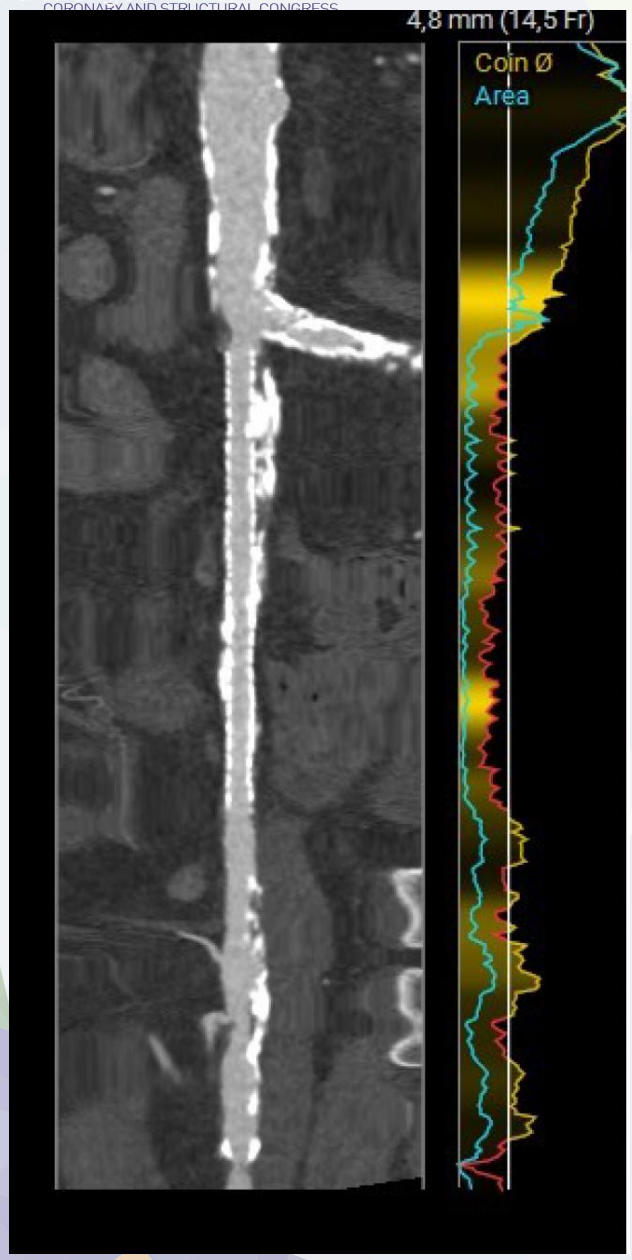


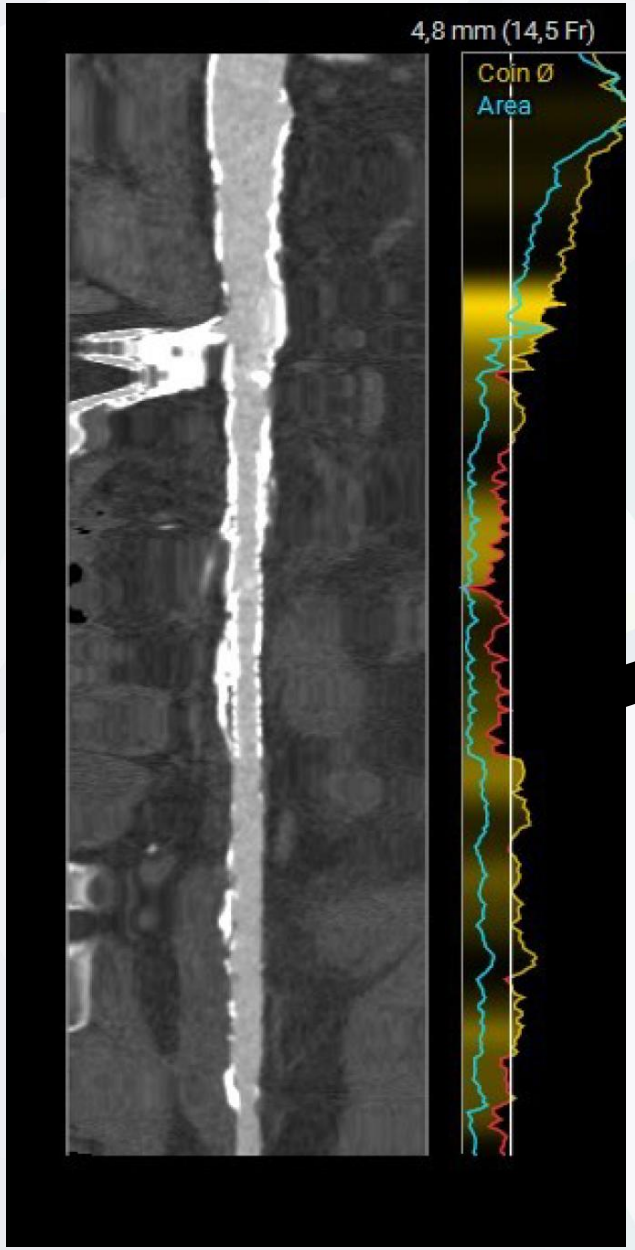







Cámara Monitores
Poligrafo
93
Cámara lateral
Live image
OAD 1°
CRAN 4°

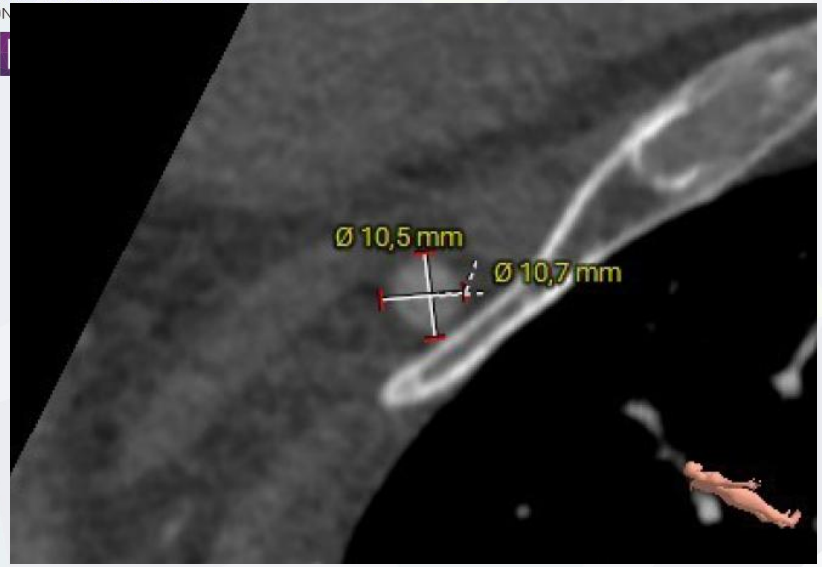


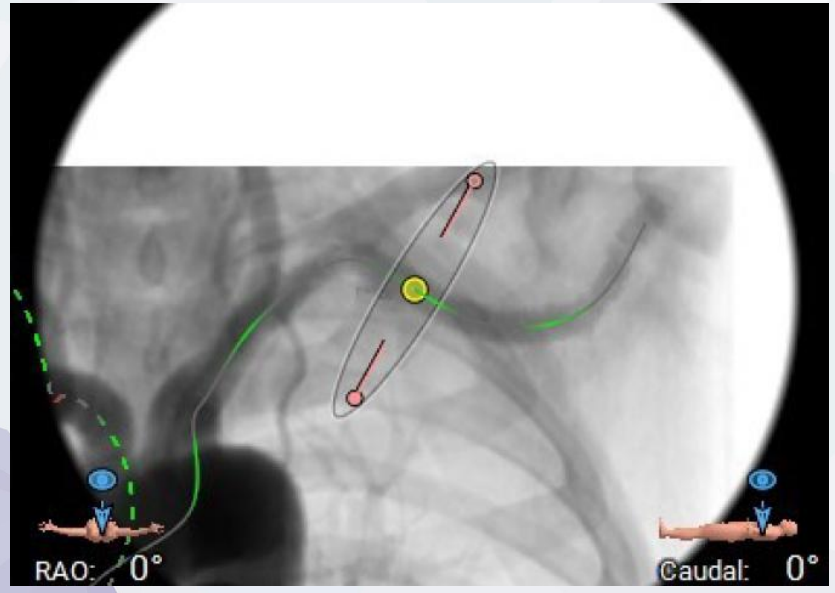


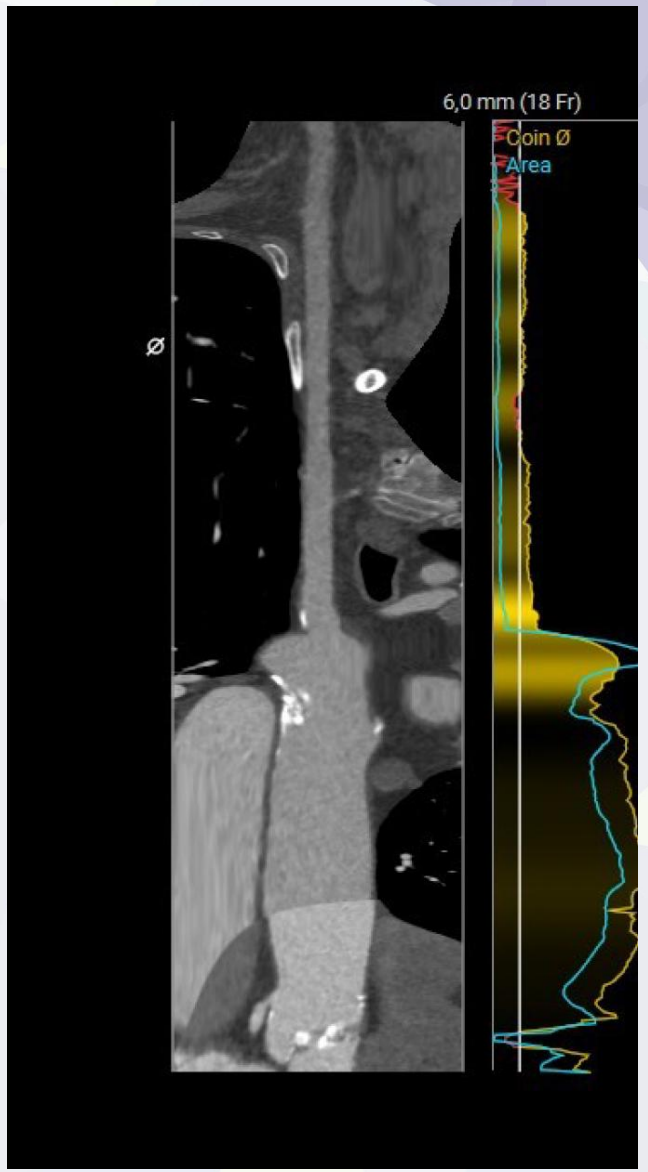
Femoral Access not feasible.

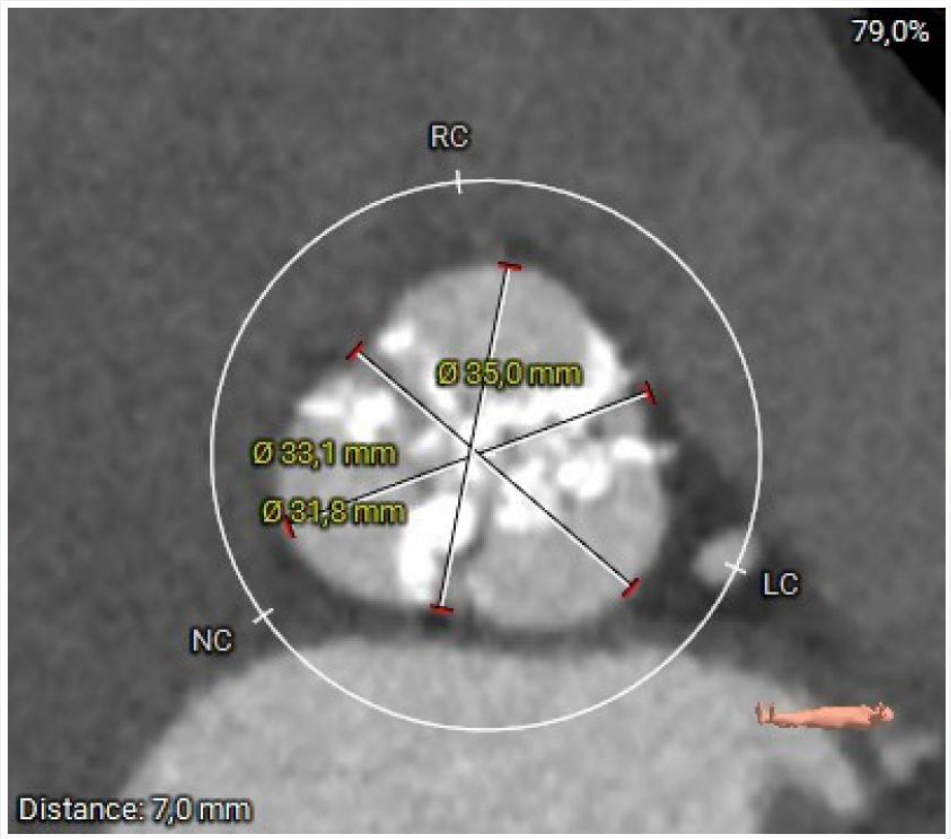

32,0%
RC
Min. Ø: 19,6 mm
Max. Ø: 28,8 mm
Avg. Ø: 24,2 mm
Area derived Ø: 24,1
Perimeter derived Ø
Area: 457,0 mm²
Perimeter: 77,9 mm
Std. Deviation: 79,2
LC
NC

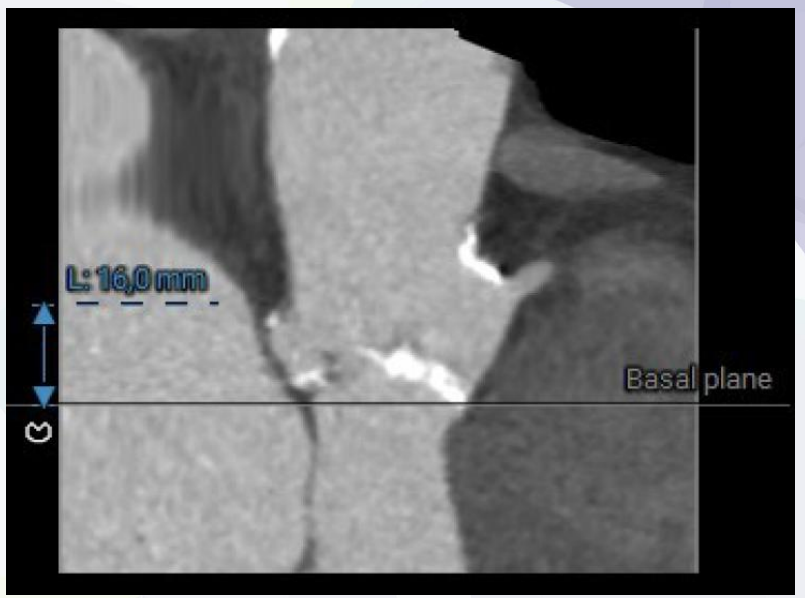

MicroPort™
27 mm

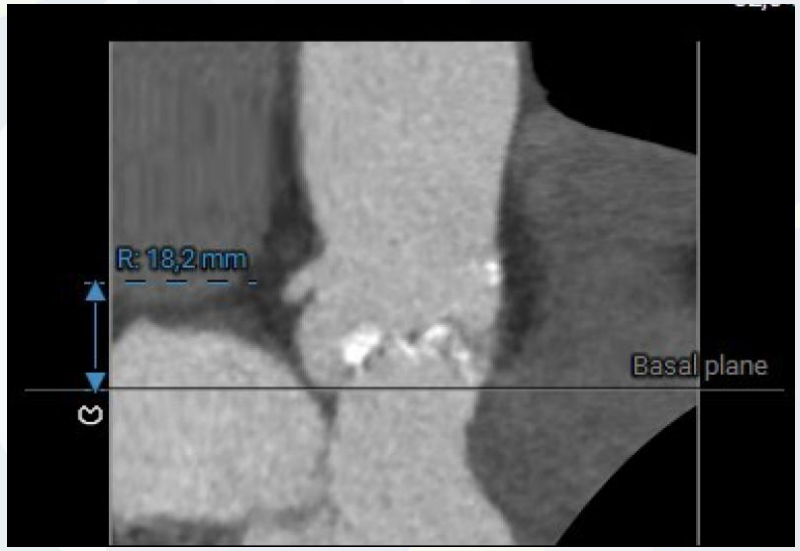

Ø 10,5 mm
Ø 10,7 mm


RAO: 0°
Caudal: 0°

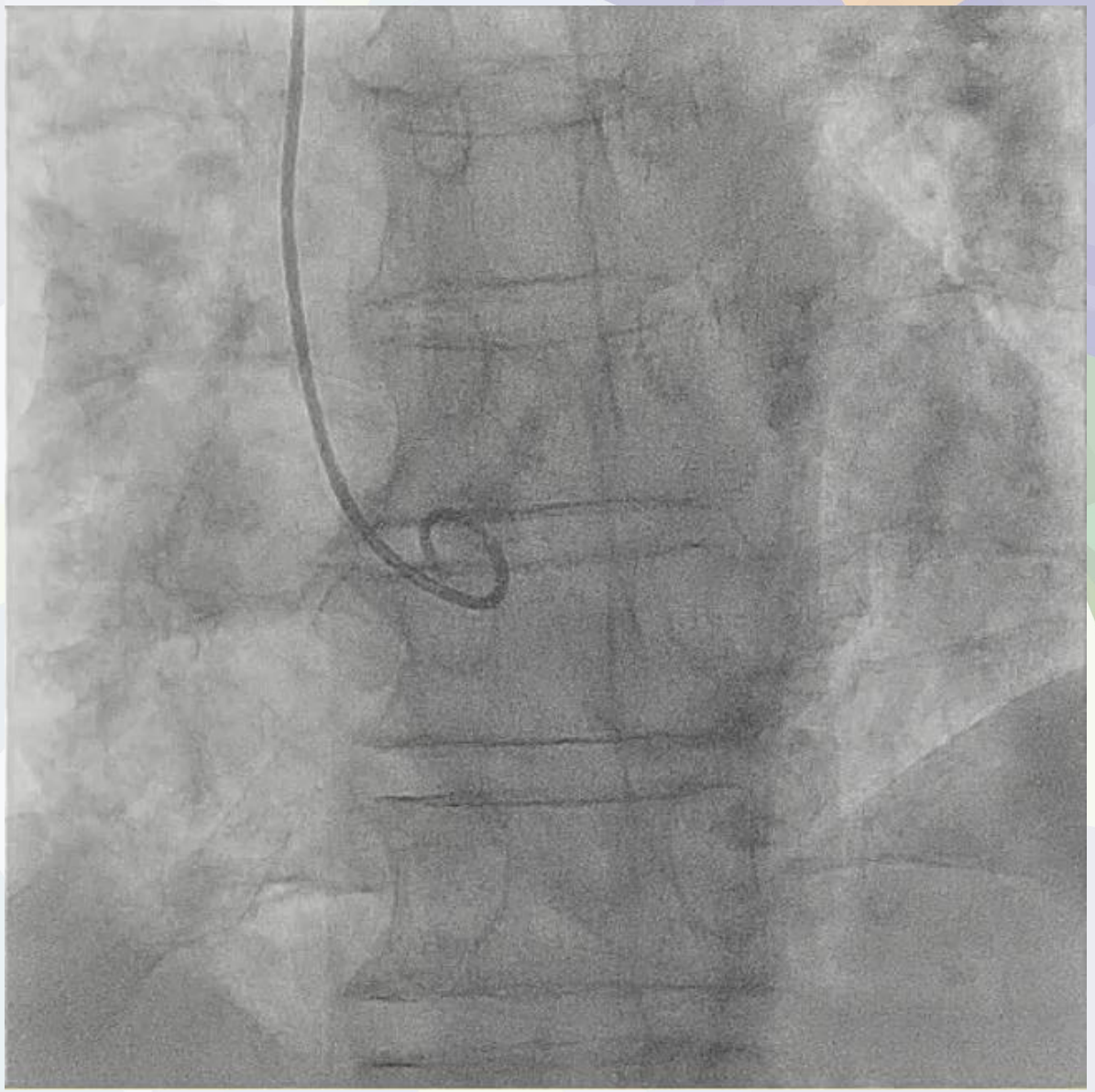

6,0 mm (18 Fr)
Coin Ø
Area

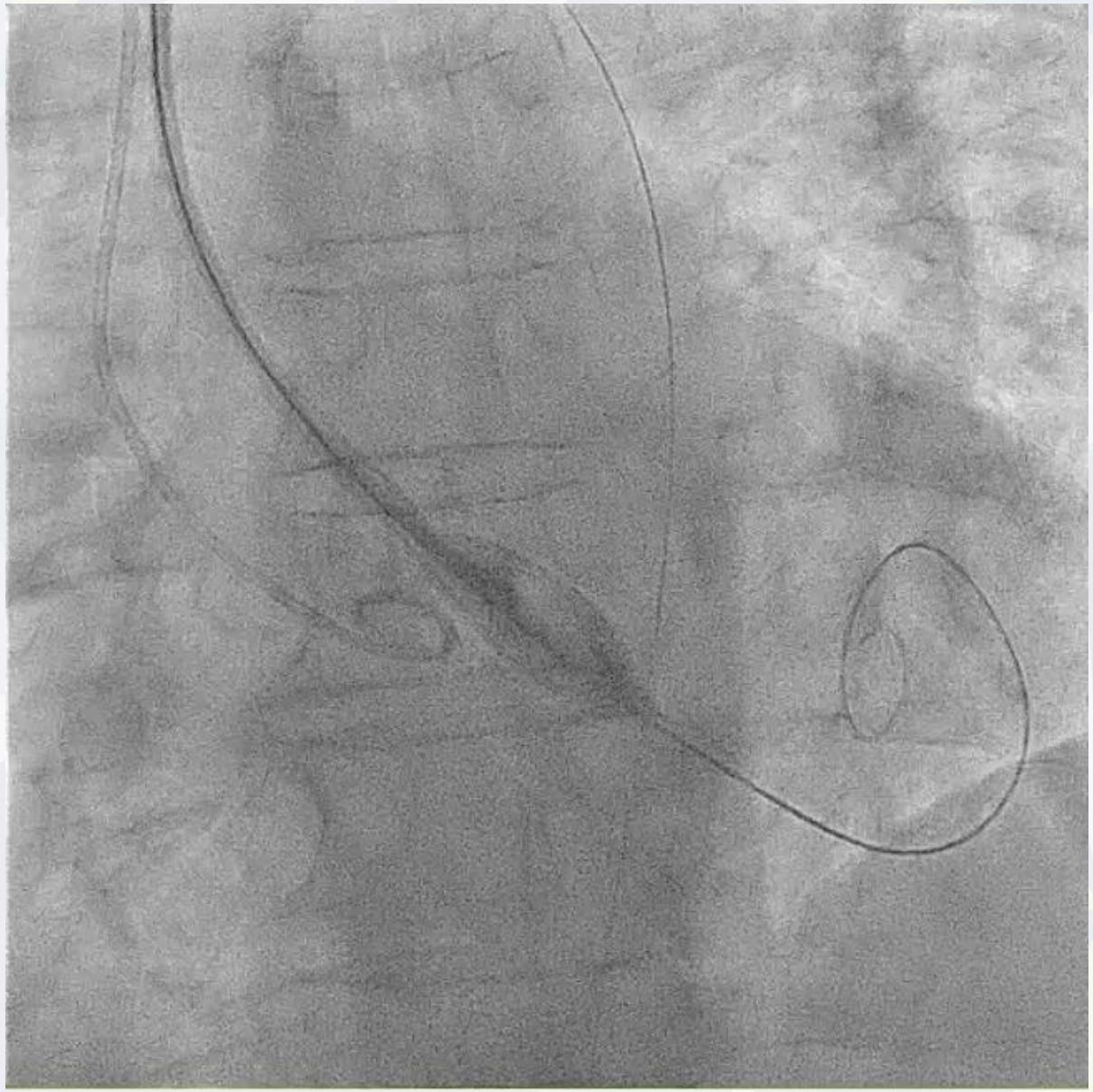


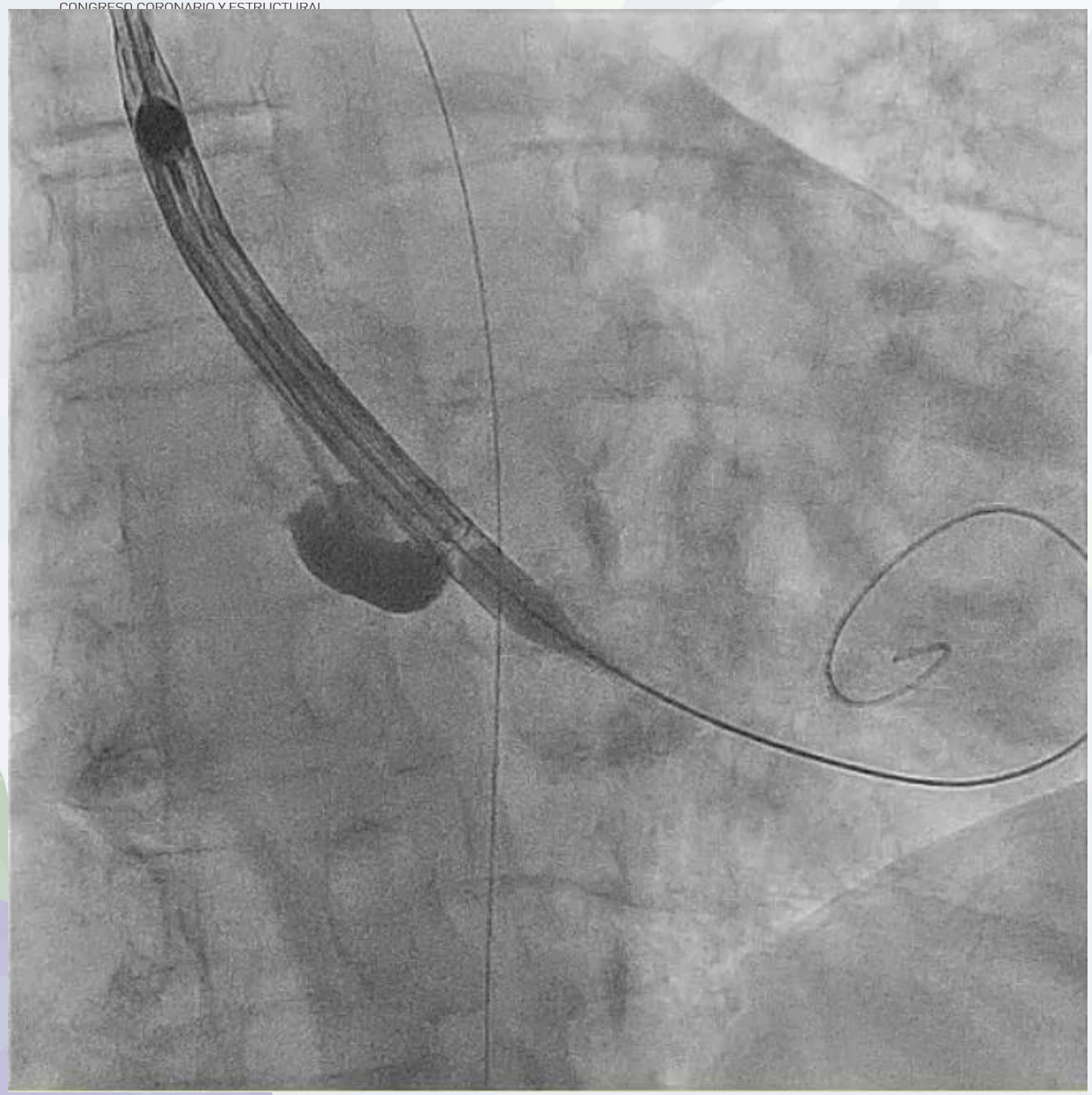


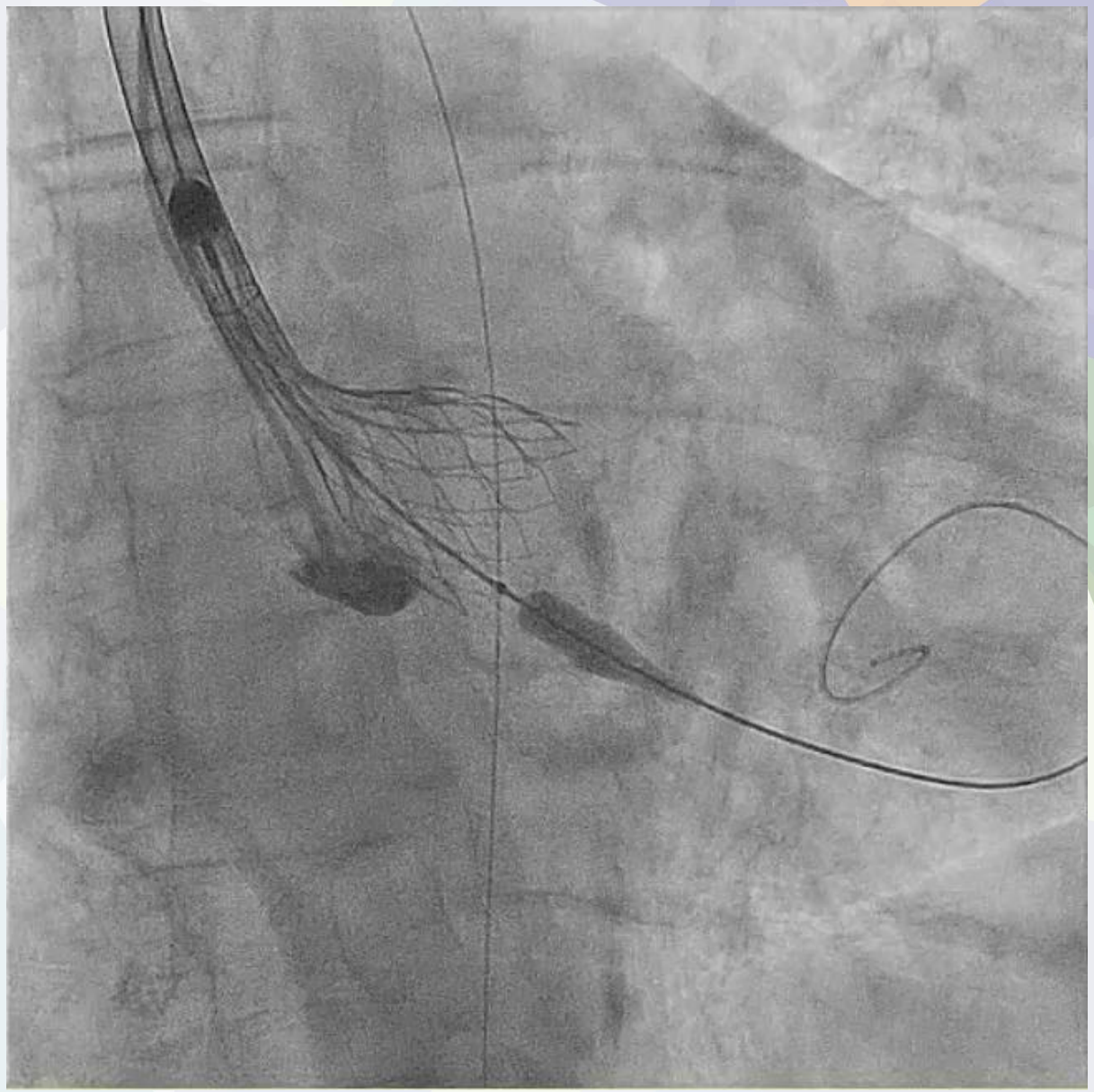


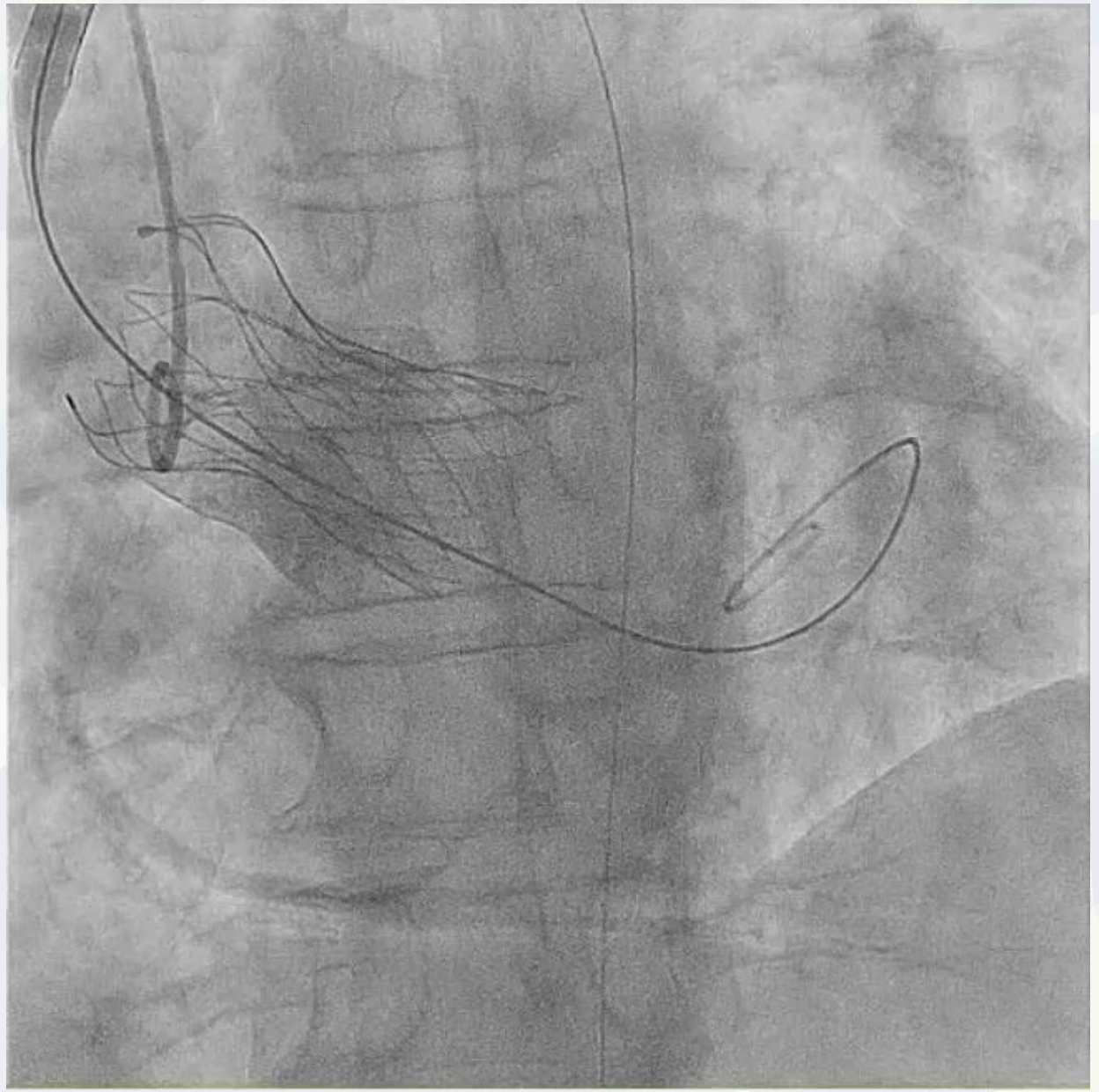
Low coronary occlusion risk

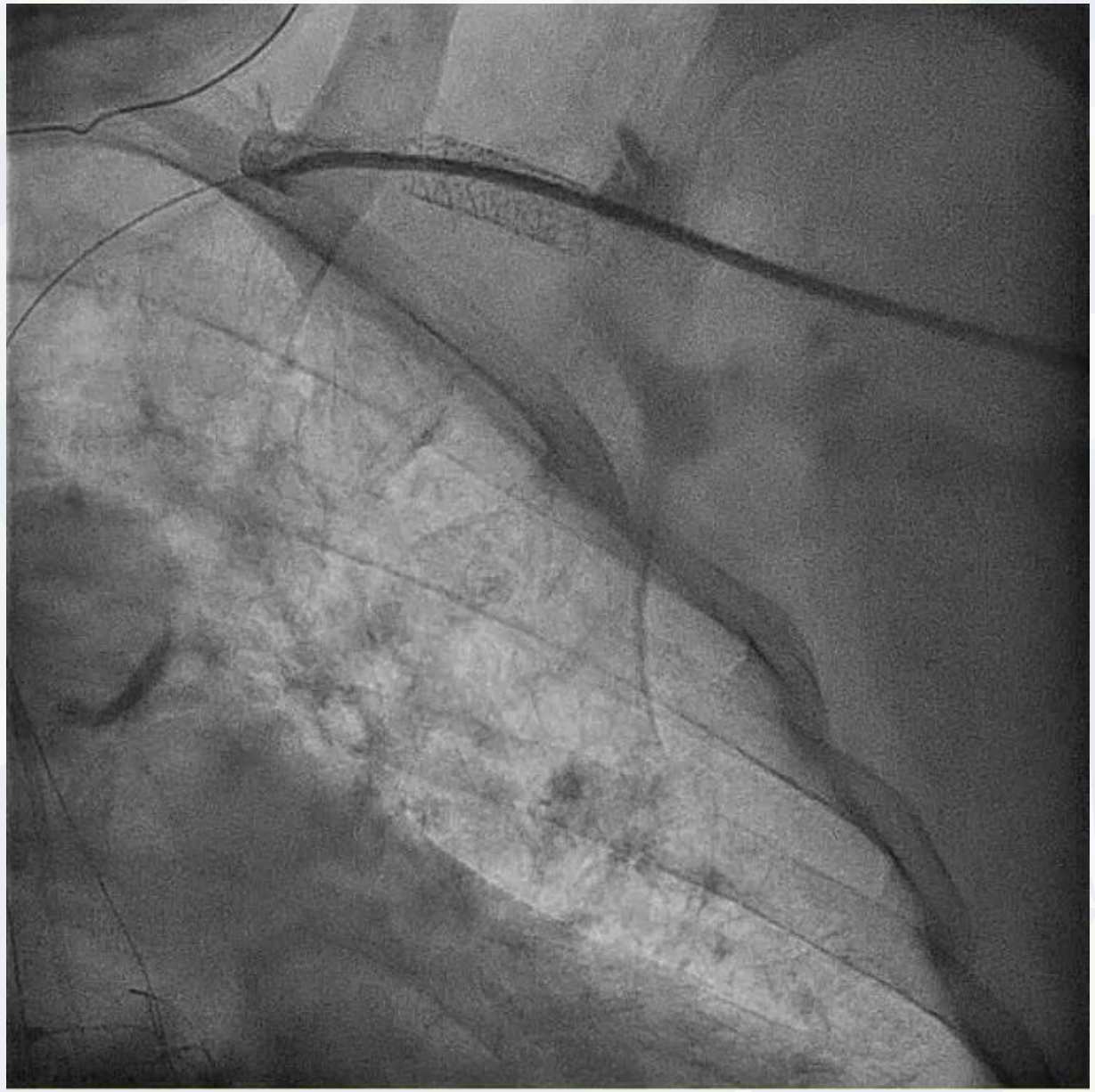






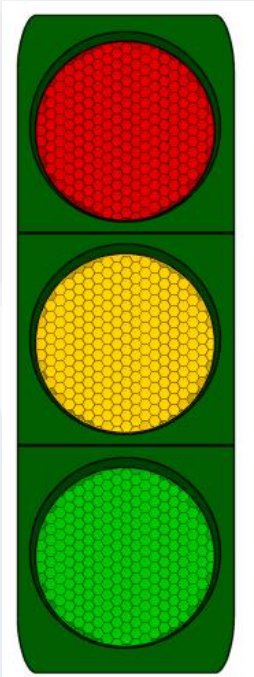






FINAL COMMENTS – Fully-percutaneosu TAVR

COMPARABLE results to TF…



Technically a bit different

Potential alternative to TF even if good femorals in:

Morbid obesity, Need for early walking

Best alternative when TF not feasible

Hospital Clínico Universitario VALLADOLID

icicor