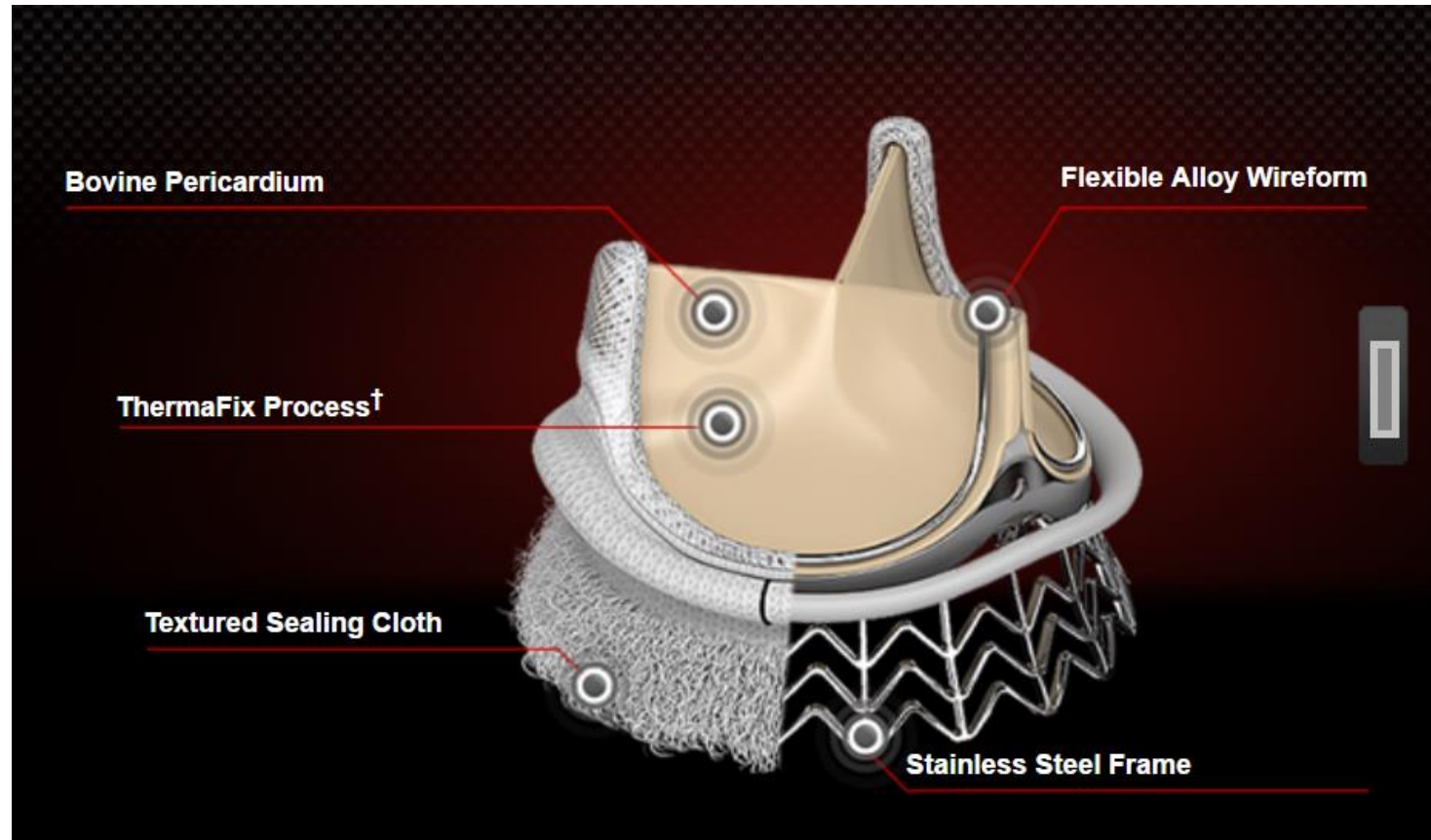


Rapid Deployment Intuity valve for Surgical AVR

Early Clinical Experience

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Valve design



Tissue valve (Magna Ease) mounted on a balloon-expandable metallic skirt, which is anchored on LVOT

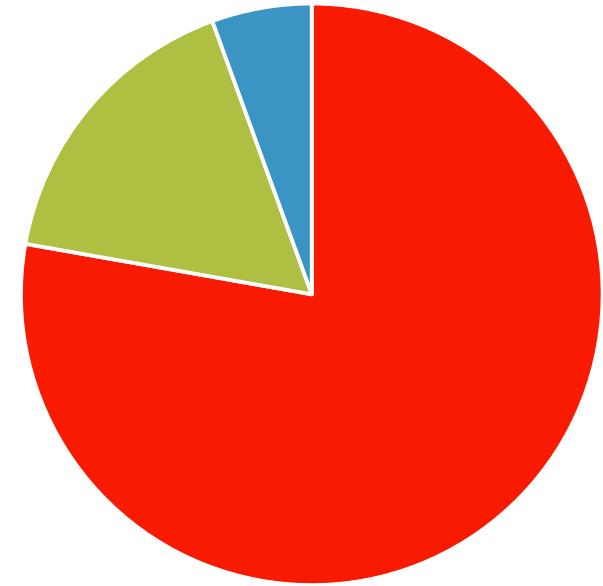
Advantages of rapid deployment valves

- Surgical approaches to the aortic valve
 - Surgical AVR
 - Traditional sutured valves
 - **Rapid-deployment valves**
 - Transcatheter AVR
- Surgical debridement of LVOT calcium may reduce PPM rate compared with TAVR
- Anchorage on LVOT may improve haemodynamic performance

Cohort profile

- From August 2018 to May 2020
- 18 subjects
- M:F = 11:7
- Median age 69, range 58 to 85
- Bicuspid: n = 2 (11%)
- Redo: n = 1 (5.5%)
- Aortitis: n = 1 (5.5%)
- Median FU duration: 10 months

Surgical approach



| | n (%) |
|-----------------------|-----------|
| Sternotomy | 14 (78%) |
| Hemisternotomy | 3 (16.7%) |
| Right VATS | 1 (5.5%) |

Isolated trans-sternal SAVR (n = 6)

| | |
|------------------|-----------------|
| Cross-clamp time | 60.8 ± 14.9 min |
| Bypass time | 99.7 ± 29.4 min |

For isolated trans-sternal SAVR, similar XC and CPB times

| Concomitant procedures | n (%) |
|------------------------|----------|
| CABG | 4 (22%) |
| Ascending replacement | 2 (11%) |
| MVR | 2 (11%) |
| Root enlargement | 1 (5.6%) |
| | 9 (50%) |

Potentially cuts XC and CPB times in complex procedures

Haemodynamic profile

| | |
|----------------|---------------------|
| Mean gradient | 7.33 ± 3.18 mmHg |
| Mod-severe PVL | 1 (5.5%) → Aortitis |

Complications

n (%)

Mortality

1 (5.5%) → MOF

Resternotomy for bleeding

1 (5.5%)

PPM

2 (11%)

Summary



| Cohort profile | n (%) |
|-----------------|-----------------------------|
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| M:F | 11:7 |
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| Complications | n (%) |
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| Resternotomy for bleeding | 1 (5.5%) |
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| Haemodynamic profile | |
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