

# Navigating TAVR Failure Using App-Guided Decision Making

Miho Fukui, MD, PhD

Minneapolis Heart Institute Foundation

---



**TCT**<sup>®</sup>

TRANSCATHETER  
CARDIOVASCULAR  
THERAPEUTICS<sup>®</sup>

# Disclosure of Relevant Financial Relationships

Within the prior 24 months, I have had a financial relationship with a company producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients:

## Nature of Financial Relationship

Grant/Research Support

Consultant Fees/Honoraria

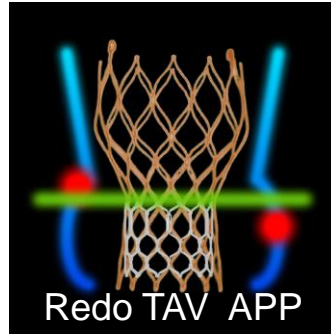
## Ineligible Company

ANTERIS

Medtronic, Edwards,

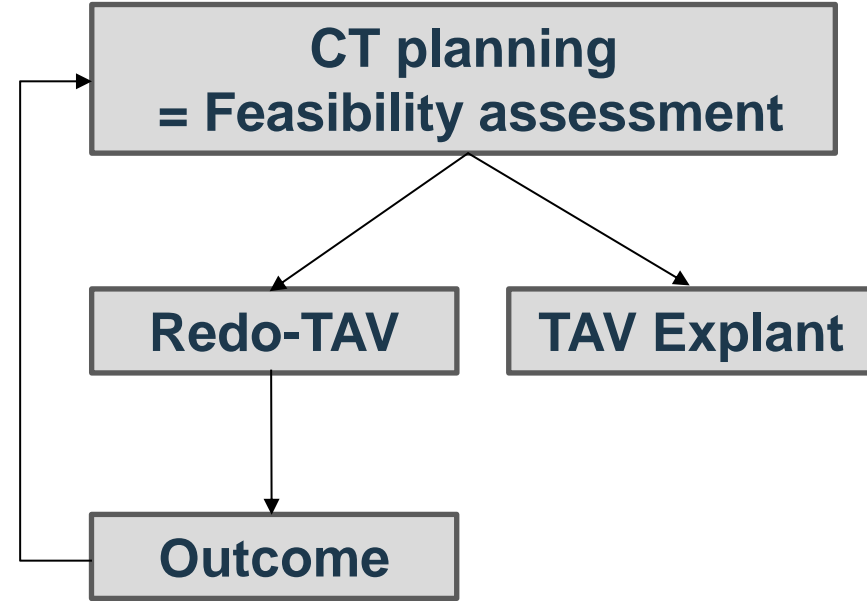
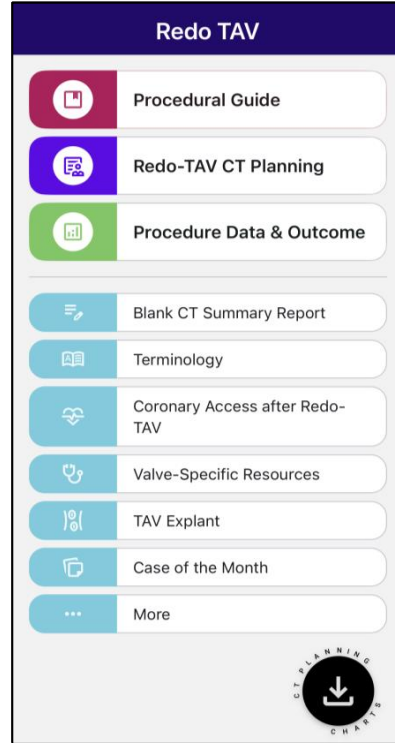
# App is practical tool for navigating TAVR failure

## From feasibility assessment to procedure



Download on the  
App Store

GET IT ON  
Google Play

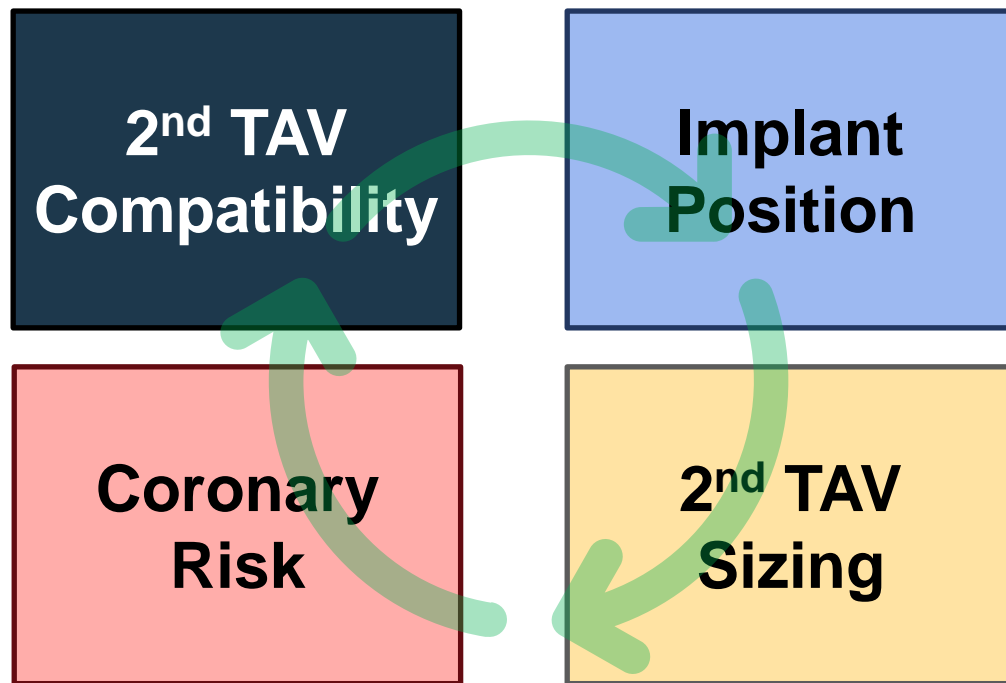


A Guide to Transcatheter Aortic Valve  
Design and Systematic Planning for a  
Redo-TAV (TAV-in-TAV) Procedure

Vinayak N. Bapat, MBBS, MSc,<sup>a,b</sup> Miho Fukui, MD, PhD,<sup>a</sup> Syed Zaid, MD,<sup>c</sup> Atsushi Okada, MD, PhD,<sup>a</sup>



## 4 Key Elements for Feasibility and Optimal Procedure



# CT planning

## The App offers one standardized pathway

Index TAV

TAV: Evolut R

Size: 29

Second TAV

TAV: Evolut FX

Size: 29

Area & Perimeter According to In-Vivo Sizing Algorithm

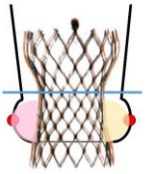
Area: 405.3 mm<sup>2</sup> Perim: N/A

Index TAV Failure Mechanism: AS

CRP: Node 4

NSP: Node 6

Summary - Not to Scale



Narrowest VTA Values

RCA: 1.1 mm

LCA: 2.2 mm

i

Caution

Consider coronary protection if in doubt

⊗ High risk to coronaries

Index TAV

TAV: Evolut R

Size: 29

Second TAV

TAV: SAPIEN 3 Ultra

Size: 23

Area & Perimeter According to In-Vivo Sizing Algorithm

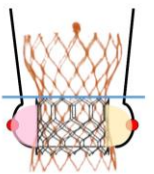
Area: 405.3 mm<sup>2</sup> Perim: N/A

Index TAV Failure Mechanism: AS

CRP: Node 4

NSP: Node 6

Summary - Not to Scale



Narrowest VTA Values

RCA: 1.1 mm

LCA: 2.2 mm

i

Caution

Consider coronary protection if in doubt

⊗ High risk to coronaries

Index TAV

TAV: Evolut R

Size: 29

Second TAV

TAV: SAPIEN 3 Ultra

Size: 23

Area & Perimeter According to In-Vivo Sizing Algorithm

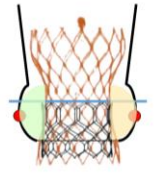
Area: 413 mm<sup>2</sup> Perim: N/A

Index TAV Failure Mechanism: AS

CRP: Node 4

NSP: Node 5

Summary - Not to Scale



Narrowest VTA Values

RCA: 4.1 mm

LCA: 2.8 mm

i

Caution

Consider coronary protection if in doubt

ⓘ Intermediate risk to coronaries

Index TAV

TAV: Evolut R

Size: 29

Second TAV

TAV: SAPIEN 3 Ultra

Size: 26

Area & Perimeter According to In-Vivo Sizing Algorithm

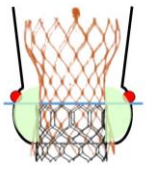
Area: 433 mm<sup>2</sup> Perim: N/A

Index TAV Failure Mechanism: AS

CRP: Node 4

NSP: Node 4

Summary - Not to Scale



Narrowest VTA Values

RCA: N/A

LCA: N/A

i

Caution

Consider coronary protection if in doubt

Ⓢ Low risk to coronaries

Ⓢ Consider coronary protection when

Redo TAV

Procedural Guide

Redo-TAV CT Planning

Procedure Data & Outcome

Blank CT Summary Report

Terminology

Coronary Access after Redo-TAV

Valve-Specific Resources

TAV Explant

Case of the Month

More

CT PLANNING CHARTS

Index TAV

TAV:

Size:

Second TAV

TAV:

Size:

Index TAV Failure Mechanism:

Index TAV Avg. Area & Perim. for In-Vivo Sizing

Area:

CRP:

NSP:

RCA

NSP Above/Below RCA? Above Below

NSP Above/Below STJ? Above Below

Enter VTA Measurements

VTSTJ:

VT AoS:

VTC:

LCA

NSP Above/Below LCA? Above Below

NSP Above/Below STJ? Above Below

Enter VTA Measurements

VTSTJ:

VT AoS:

VTC:

Index TAV

TAV:

Size:

Second TAV

TAV:

Size:

Index TAV Failure Mechanism:

Index TAV Avg. Area & Perim. for In-Vivo Sizing

Area:

CRP:

NSP:

RCA

NSP Above/Below RCA? Above Below

NSP Above/Below STJ? Above Below

Enter VTA Measurements

VTSTJ:

VT AoS:

VTC:

LCA

NSP Above/Below LCA? Above Below

NSP Above/Below STJ? Above Below

Enter VTA Measurements

VTSTJ:

VT AoS:

VTC:

Notes...

Intermediate risk to coronaries

Summary - Not to Scale

Narrowest VTA Values

RCA:

LCA:

Commissure Alignment of Index TAV

▼ Commissure of native aortic valve

▲▲▲ Commissure of index TAV

Aligned 0-15°

Mild 15-30°

Moderate 30-45°

Severe 45-60°

Commissure:



# CT planning

## Redo TAV

Procedural Guide

Redo-TAV CT Planning

Procedure Data & Outcomes

Blank CT Summary Report

Terminology

Coronary Access after Redo TAV

Valve-Specific Resources

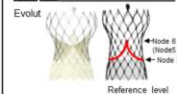
TAV Explant

Case of the Month

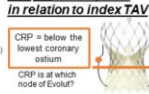
More

### S3 In-Evolut/CoreValve, MyVal In-Evolut/CoreValve

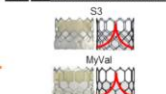
#### Step 1. Confirm index TAV



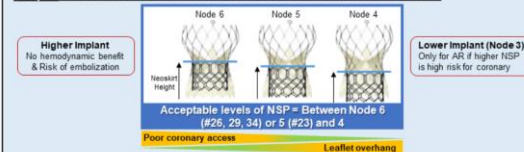
#### Step 2. Identify CRP in relation to index TAV



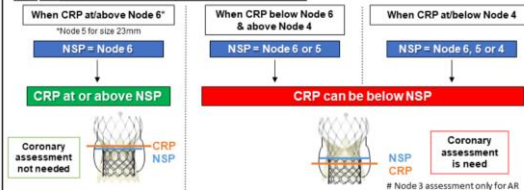
#### Step 3. Select second TAV



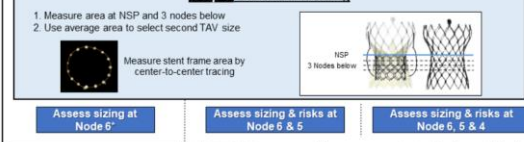
#### Step 4. Ideal/acceptable levels of NSP for S3-In-Evolut, MyVal-In-Evolut



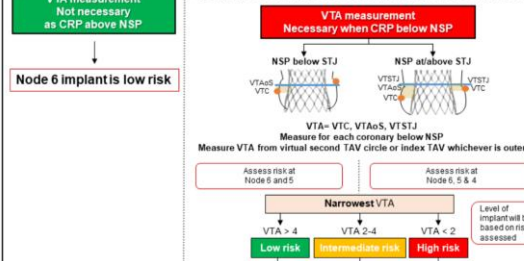
#### Step 5. Assess relationship between CRP & NSP



#### Step 6. Second TAV sizing



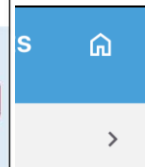
#### Step 7. Coronary risk assessment at all relevant Nodes



#### Step 8. Options

1. Lower the NSP level, if less risk
2. Leaflet modification
3. Coronary protection
4. Surgery

How chart is available

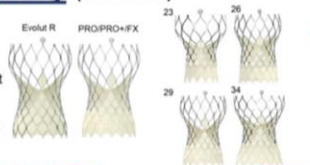


#### Index TAV specific resources

### Evolut Family (Medtronic)

#### Design

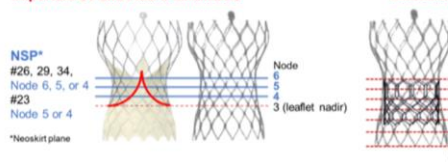
- Tall frame
- Supra-annular leaflet
- Self-expanding
- Sizes: 23, 26, 29, 34



#### Compatible Second TAV Devices

- Short: SAPIEN 3 family
- MyVal
- Tall: Evolut family

#### Important CT and Fluoro landmarks

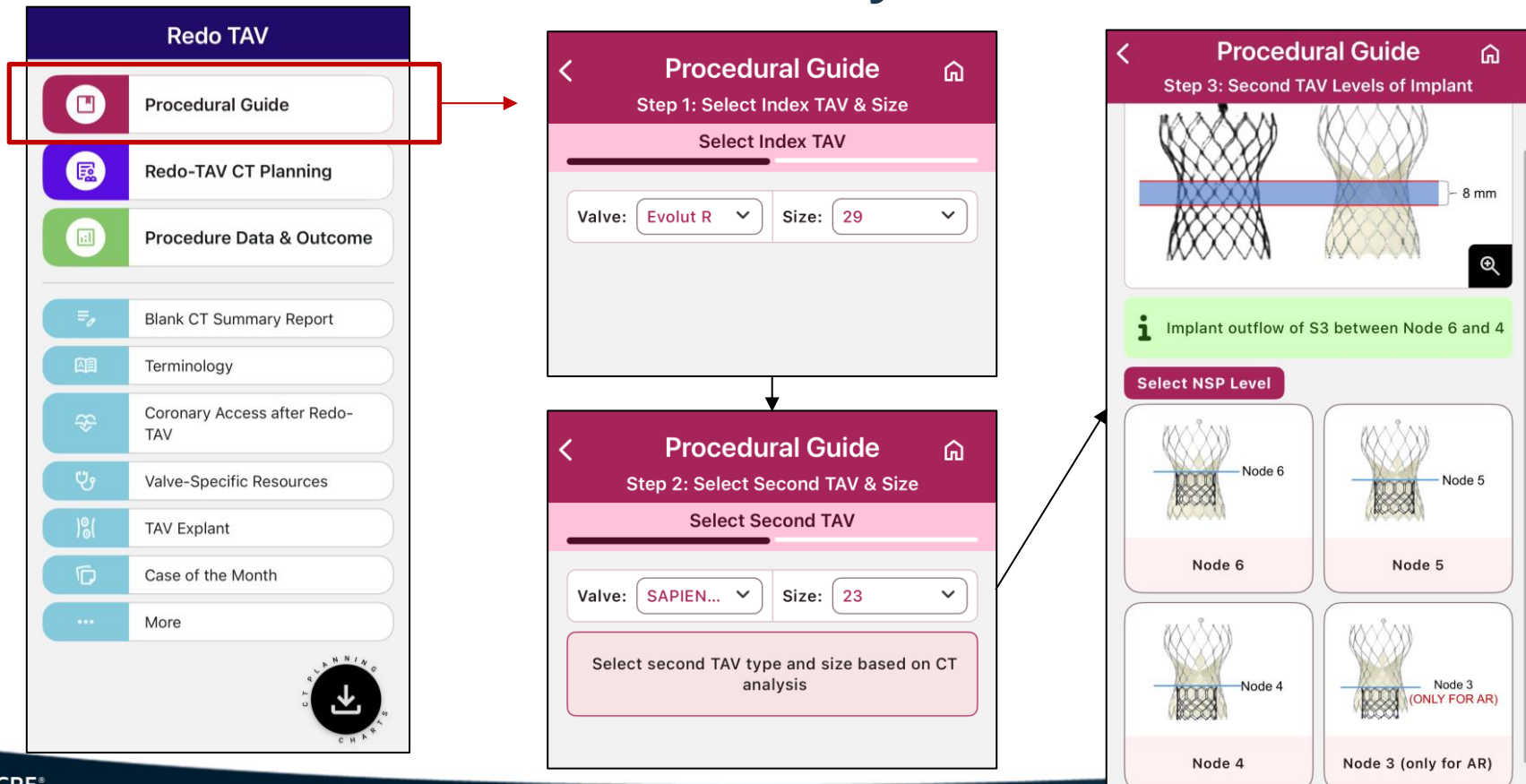


#### Measurements for sizing of Second TAV

- Short: Average of areas at NSP and 3 nodes below  
e.g. NSP at Node 6: Use average of Nodes 6, 5, 4 & 3 areas
- Tall: Same or one size smaller size of Evolut



## From CT Analysis to Procedure

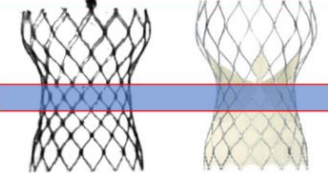




# Procedure

**Procedural Guide**

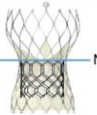
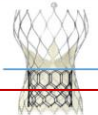
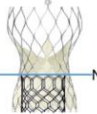

Step 3: Second TAV Levels of Implant



8 mm

**i** Implant outflow of S3 between Node 6 and 4


Select NSP Level

 Node 6	 Node 5
 Node 4	 Node 3 (ONLY FOR AR)

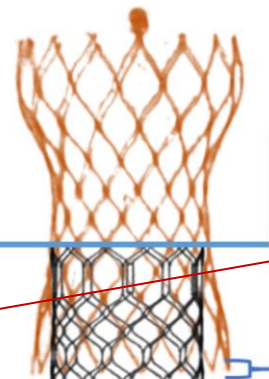
**Procedural Guide**

Step 4: Second TAV Implementation

**Node 5**



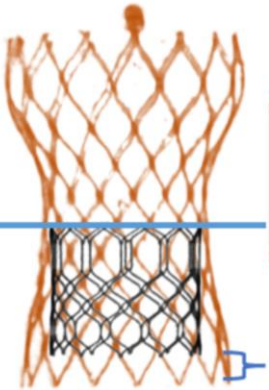
23 mm



Index TAV: Evolut 29  
Second TAV: S3/3Ultra 23  
NSP level: Node 4

Inflow to NSP: 17 mm  
S3/3Ultra 23 height: 18 mm

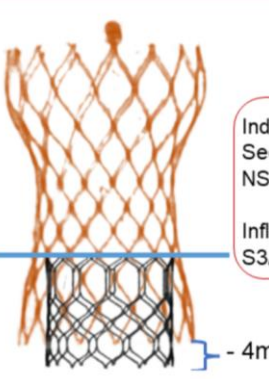
-1 mm



Index TAV: Evolut 29  
Second TAV: S3/3Ultra 23  
NSP level: Node 5

Inflow to NSP: 21 mm  
S3/3Ultra 23 height: 18 mm

3 mm  
S3 inflow between Node 1&0



Index TAV: Evolut 29  
Second TAV: S3/3Ultra 23  
NSP level: Node 3 (ONLY FOR AR)

Inflow to NSP: 14 mm  
S3/3Ultra 23 height: 18 mm

-4mm

# Outcomes

## Page 1 Procedure Data

**Redo TAV**

Procedural Guide

Redo-TAV CT Planning

Procedure Data & Outcome

Blank CT Summary Report

Terminology

Coronary Access after Redo-TAV

Valve-Specific Resources

TAV Explant

Case of the Month

More

**Index TAV**

TAV: **Evolut R**

Size: **29**

**Second TAV**

TAV: **SAPIEN 3 Ultra**

Size: **23**

**Pre-Dilatation?**

Yes

No

Balloon Size: **22** mm

**Deployment of Second TAV**

Inflation Volume: **Nominal**

**Post-Dilatation?**

Yes

No

With Delivery System: **Yes**

Volume Added: **0** cc

**Coronary Protection?**

Yes

No

Coronary Protection: **Right**

**Coronary Snorkel Stenting?**

Yes

No

**Leaflet Modification?**

Yes

No

## Page 2 Outcome

**NSP After Implant**

NSP: **Node 5**

Final Mean Gradient by Cath: **2** mmHg

Final Mean Gradient by Echo: **5** mmHg

Transvalvular AR: **None**

Paravalvular AR: **None**

**Intraprocedural Death?**

Yes

No

**Conversion to Surgery?**

Yes

No

**Valve Embolization?**

Yes

No

**Another TAV Needed?**

Yes

No

**Annulus Injury?**

Yes

No

**Acute Coronary Obstruction?**

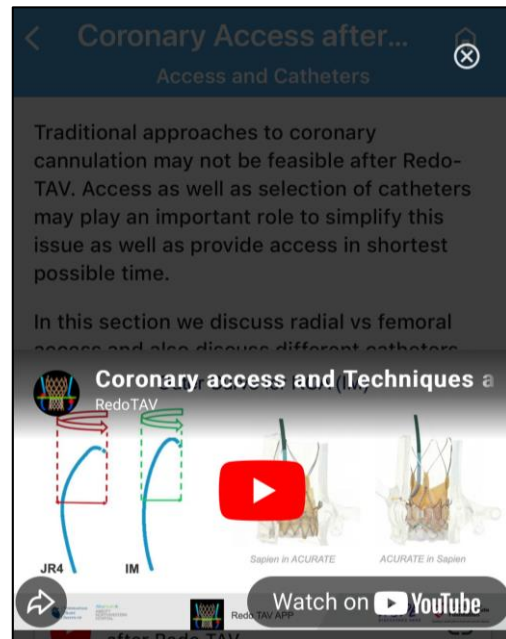
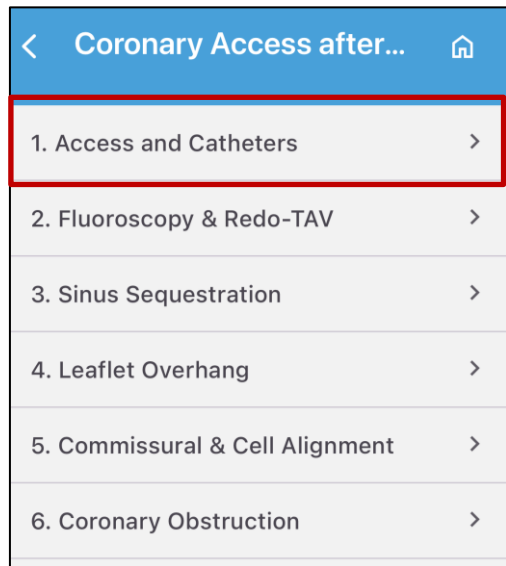
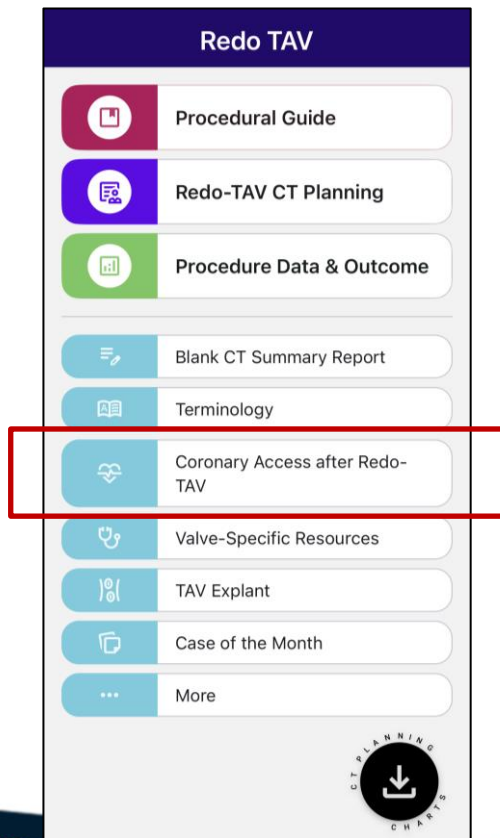
Yes

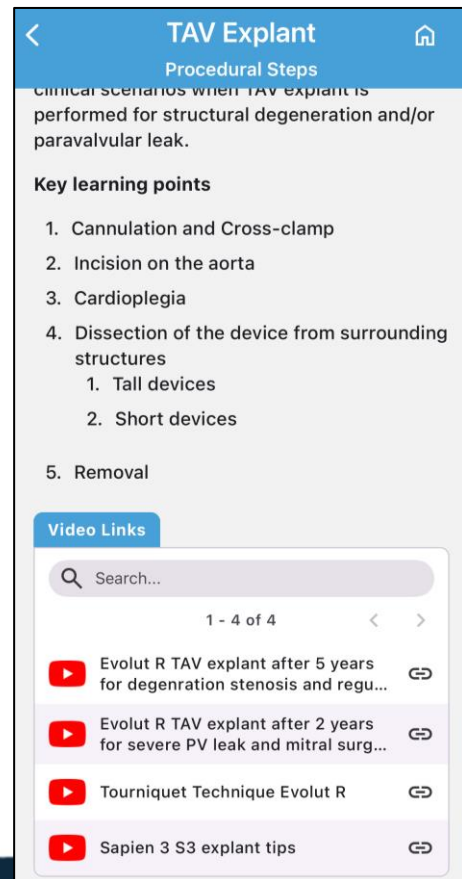
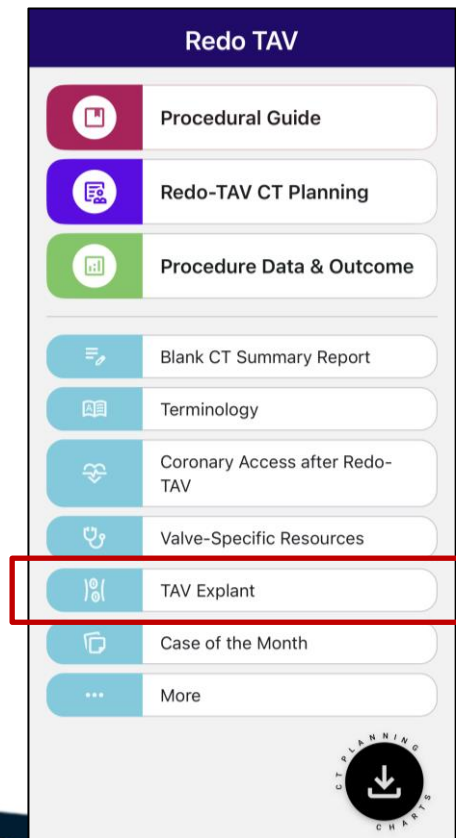
No

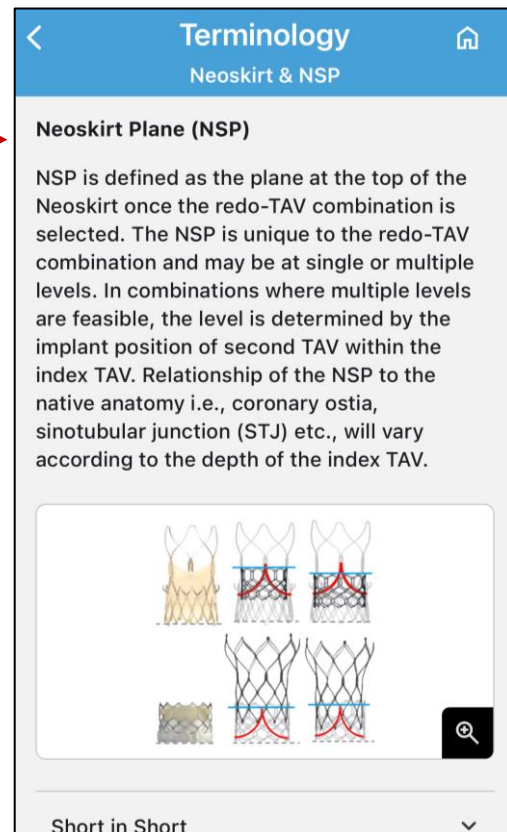
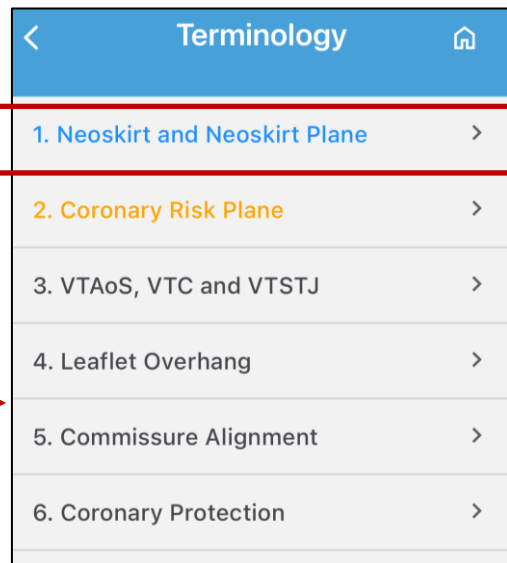
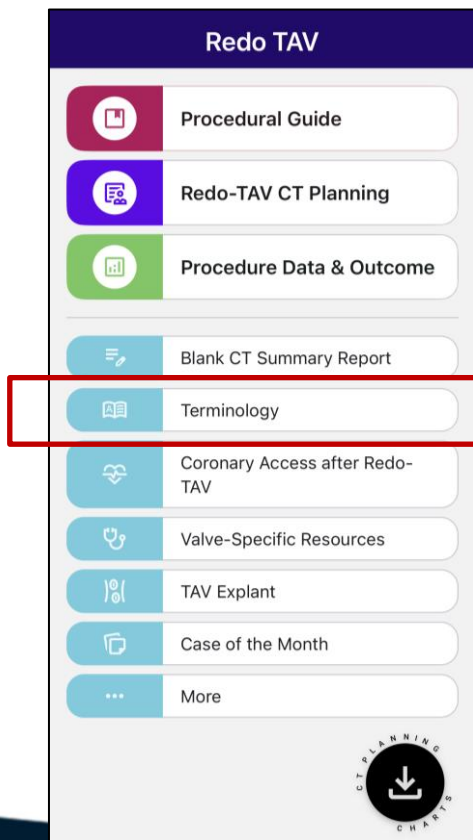
Obstruction: **Right**

Suspected Mechanism: **Select...**

PCI Needed: **Select...**



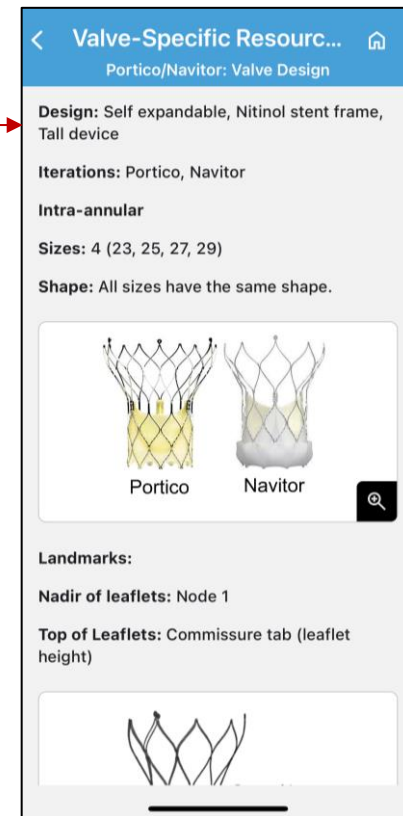
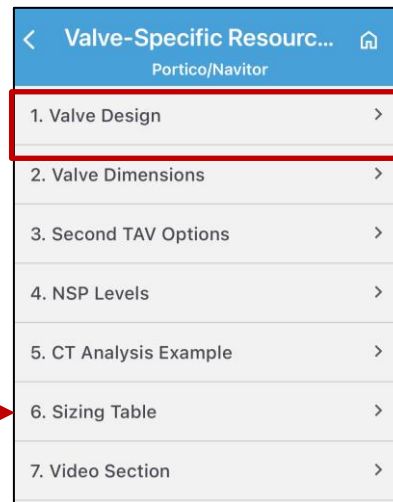
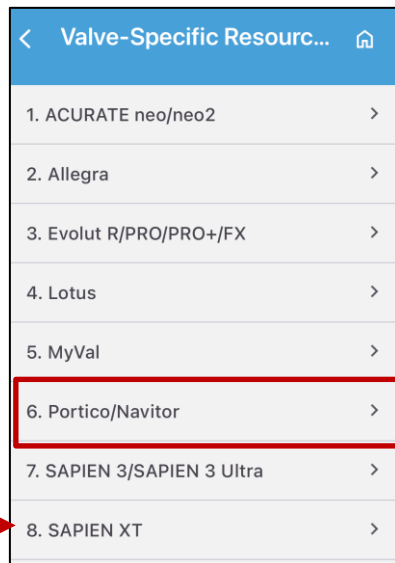
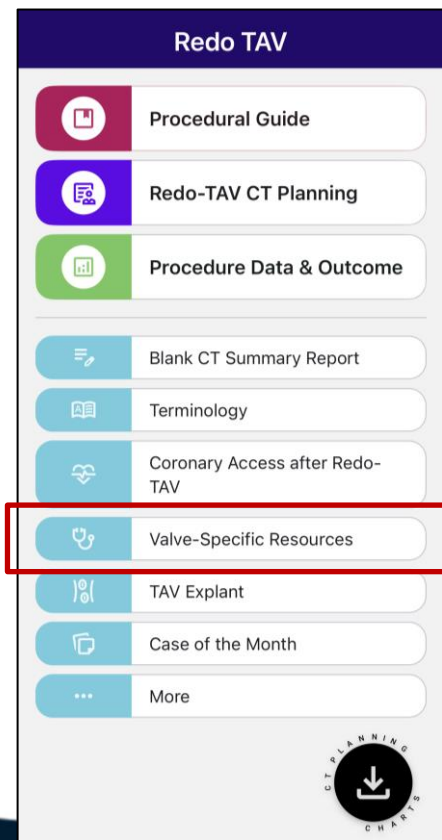























# General Resource

# Valve Specific Resources

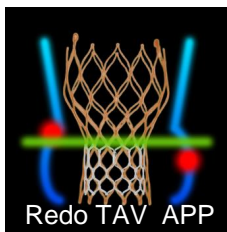


# This App Reflects Everyone's Contribution

 <p><b>Vinayak (Vinnie) Bapat</b> Minneapolis Heart Institute Foundation Minneapolis, USA</p>	 <p><b>Uri Landes</b> Rabin Medical Center Israel</p>	 <p><b>Tsuyoshi Kaneko</b> Washington University St. Louis, USA</p>	 <p><b>Hasan Jilaihawi</b> Cedar Sinai Hospital Los Angeles, USA</p>	 <p><b>Arif Khokhar</b> Hammersmith Hospital, Imperial College Healthcare NHS Trust Landon, UK</p>
 <p><b>Miho Fukui</b> Minneapolis Heart Institute Foundation Minneapolis, USA</p>	 <p><b>Janar Sathananthan</b> St. Paul's Hospital Vancouver, Canada</p>	 <p><b>Shinichi Fukuhara</b> University of Michigan Ann Arbor, USA</p>	 <p><b>Daniel Blackman</b> Leeds Teaching Hospital Leeds, UK</p>	 <p><b>Alessandro Beneduce</b> IRCCS San Raffaele Scientific Institute Milan, Italy</p>
 <p><b>Atsushi Okada</b> Minneapolis Heart Institute Foundation Minneapolis, USA</p>	 <p><b>Ole De Backer</b> Rigshospitalet Copenhagen, Denmark</p>	 <p><b>Kiahltone Ronald Thao</b> Minneapolis Heart Institute Foundation Minneapolis, USA</p>	 <p><b>John Lesser</b> Minneapolis Heart institute Minneapolis, USA</p>	 <p><b>Martin Leon</b> Columbia University Medical Center New York, NY</p>
 <p><b>Mady Olson</b> Minneapolis Heart Institute Foundation Minneapolis, USA</p>	 <p><b>Syed Zaid</b> Baylor College of Medicine Houston, USA</p>	 <p><b>Ross Garberich</b> Minneapolis Heart Institute Foundation Minneapolis, USA</p>	 <p><b>Mohamed Abdel-Wahab</b> Heart Center Leipzig - University of Leipzig Leipzig, Germany</p>	 <p><b>Michael Mack</b> Baylor Scott &amp; White Health System, Baylor Plano Research Center Dallas, Texas</p>
	 <p><b>Gilbert Tang</b> Mount Sinai Hospital New York, USA</p>	 <p><b>Dariusz Dudek</b> Jagiellonian University Medical College</p>	 <p><b>Michael Reardon</b> Baylor College of Medicine Houston, USA</p>	

# Take-home Message

- This App has been created through global collaboration
- It's not the final: it's a starting point for continued learning
- Our goal: to make Redo-TAV simpler, standardized, and optimal
- Need to continue to refine it - just as we did for TAVR in native AS



A Guide to Transcatheter Aortic Valve  
Design and Systematic Planning for a  
Redo-TAV (TAV-in-TAV) Procedure

Vinayak N. Bapat, MBBS, MCh,<sup>a,b</sup> Miho Fukui, MD, PhD,<sup>a</sup> Syed Zaid, MD,<sup>c</sup> Atsushi Okada, MD, PhD,<sup>a</sup>

