

Identification of patients suitable for referral to the Heart Team

(Based on the 2021 ESC/EACTS VHD Guidelines¹)

Diagnosis of severe AS confirmed

Does the patient have symptoms?



Chest pains or tightness²



Shortness of breath²



Reduced physical active level²



Fatigue²



Dizziness, feeling faint or fainting upon exertion²



Palpitations³

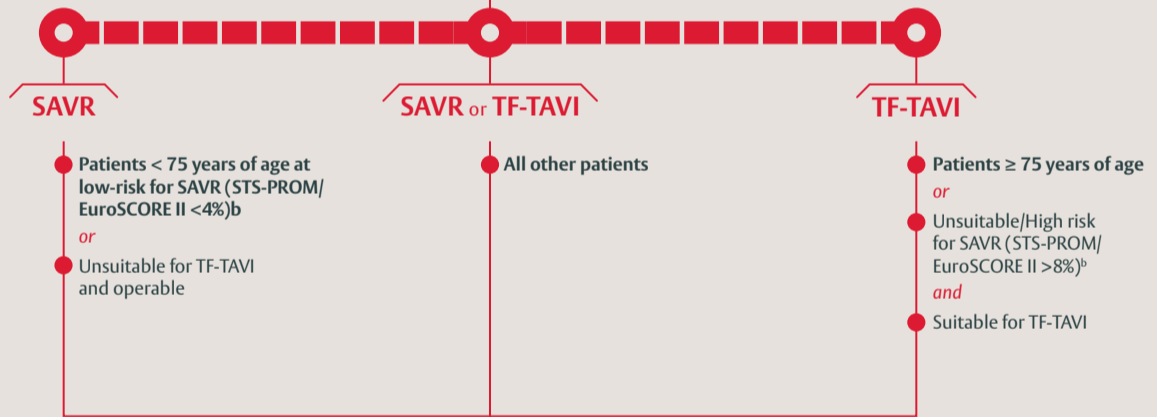
Symptoms of severe AS confirmed

Referral to the Heart Team is also recommended for some asymptomatic patients^a with severe AS

Refer all these patients to the Heart Team for evaluation

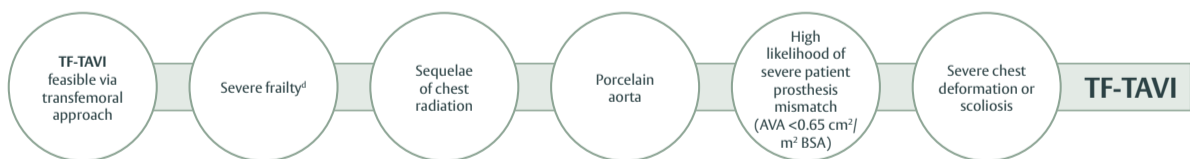
Heart Team evaluation includes:

Following the recommendation for treatment

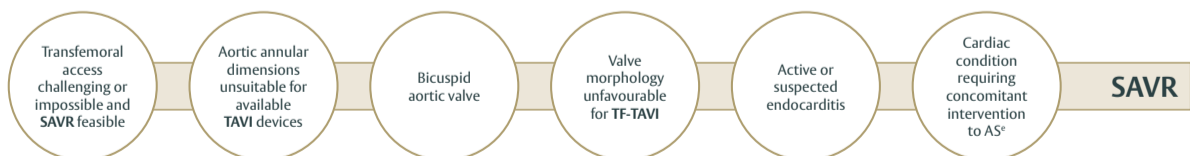


Assessing selected factors which may influence treatment choice in individual patients^c

Patients in whom TF-TAVI may be favourable



Patients in whom SAVR may be favourable



Discussing the recommendation with the patient who can then make an informed treatment choice

Adapted from Vahanian A, et al. Eur Heart J. 2021.

^aAsymptomatic patients with severe AS and impaired LV function of no other cause and those who are asymptomatic during normal activities and develop symptoms during exercise testing. <http://riskcalc.sts.org/stswebriskcalc/#/calculate>, <http://www.euroscore.org/calc.html>. Clinical, anatomical and procedural factors that influence the choice of treatment include surgical risk, age, previous cardiac surgery, transfemoral access challenging or impossible and SAVR inadvisable (consider TAVI via non-transfemoral approach), thrombus in aorta or LV. Frailty = >2 factors according to Katz index. Multi-vessel CAD requiring surgical revascularisation, severe primary mitral valve disease, severe tricuspid valve disease, significant dilatation/aneurysm of the aortic root and/or ascending aorta, and septal hypertrophy requiring myectomy. AS, AVA, aortic valve area; BSA, body surface area; European System for Cardiac Operative Risk Evaluation; LV, left ventricular; SAVR, surgical aortic valve replacement; STS-PROM, Society of Thoracic Surgeons predicted risk of mortality; TAVI, transcatheter aortic valve implantation; TF, transfemoral.

1. Vahanian A, et al. Eur Heart J. 2021; ehab395. doi:10.1093/eurheartj/ehab395.

2. Lindman BR et al. Nat Rev Dis Primers 2016;2:16006.

3. Mayo Clinic. Aortic valve stenosis. Available at: HYPERLINK "<https://protect-eu.mimecast.com/s/TL-fCxlKYij44Jrs8Su3F7domain=mayoclinic.org>" <https://www.mayoclinic.org/diseases-conditions/aortic-stenosis/symptoms-causes/syc-20353139> (accessed September 2021).

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