For Your Patients With Symptomatic Severe Aortic Stenosis (sSAS), Your Evaluation Matters

Patient pathway tool

Patients trust you to know the signs and when to act

Monitor for symptoms[1]

- Exertional dyspnea
- Decreased exercise tolerance
- Angina or exertional angina
- Syncope or presyncope

Evaluate and diagnose with an echocardiogram[1,2]

	D1 High-gradient, classic SAS	D2 Low-flow, low-gradient (LF-LG) SAS; LVEF <50%		D3 Paradoxical LF-LG SAS; LVEF ≥50%
		At rest	Stress test	
AVA (cm^2)	≤1.0	≤1.0	<1.0	≤1.0
V_{max} (m/s)	≥4	<4	≥4	<4
Mean ΔP (mmHg)	≥40	<40	≥40	<40
SVi (mL/m^2)				<35

Probe for valuable information[3]

Many patients underreport symptoms, delaying treatment. **Asking patients to elaborate on changes to activities may uncover overlooked symptoms.**

Refer your sSAS patients for evaluation—visit TreatHeartValveFailure.com/hcp/resources/find-a-tavr-hospital

Edwards

Charles, age 67
sSAS stage D1; HG-NEF

TAVR Patient

Medical history: He was initially diagnosed with moderate AS but recently reported fatigue and dyspnea with even moderate exertion.

Surgical risk: Low

Comorbidities: Diabetic nephropathy and CAD

Medications: Metformin, sulfonylurea, simvastatin, and empagliflozin

Echo findings:
- **AVA:** 0.5 cm^2
- **V_{max}:** 4.3 m/s
- **Mean ΔP:** 52 mmHg
- **LVEF:** 66%

Anne, age 85
sSAS stage D2; LG-LEF

TAVR Patient

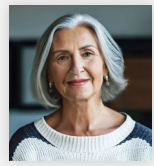
Medical history: Symptoms include presyncope. She received an echo previously, but AS was not identified; only gradient was considered.

Surgical risk: High

Comorbidities: Afib, CKD, and hypertension. Blood pressure of 138/70 mmHg

Medications: Hydrochlorothiazide, amlodipine, metoprolol, and rivaroxaban

Echo findings:
- **AVA:** 0.8 cm^2
- **V_{max}:** 2.8 m/s
- **Mean ΔP:** 26 mmHg
- **LVEF:** 37%
- **LVSVi:** 30 mL/m^2



Marie, age 75
sSAS stage D3; LG-NEF

TAVR Patient

Medical history: Symptoms include dyspnea, which she attributes to asthma. She received an echo previously, but AS was not indicated; gradient was normal.

Surgical risk: Low

Comorbidities: Asthma and osteoporosis. Uses a walker due to a hip fracture

Medications: Fluticasone inhaler, albuterol rescue inhaler, and alendronate

Echo findings:
- **AVA:** 0.9 cm^2
- **V_{max}:** 3.5 m/s
- **Mean ΔP:** 25 mmHg
- **LVEF:** 70%
- **LVSVi:** 27 mL/m^2

These are portrayals of typical TAVR patients and not real patients.

Earlier referral to a Heart Valve Team is the first crucial step to lifesaving outcomes for your sSAS patients.[4]

References: 1. Otto CM, Nishimura RA, Bonow RO, et al. 2020 ACC/AHA guideline for the management of patients with valvular heart disease: a report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. *Circulation*. 2021;143(5):e72-e227. **2.** Nishimura RA, Otto CM. 2014 AHA/ACC guideline for the management of patients with valvular heart disease: executive summary: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. *Circulation*. 2014;129(23):2440-2492. **3.** Thoenes M, Bramlage P, Zamorano P, et al. Patient screening for early detection of aortic stenosis (AS) – review of current practice and future perspectives. *J Thorac Dis*. 2018;10(9):5584-5594. **4.** Lancellotti P, Magne J, Dulgheru R, et al. Outcomes of patients with asymptomatic aortic stenosis followed up in heart valve clinics. *JAMA Cardiol*. 2018;3(11):1060-1068.

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One Edwards Way, Irvine CA 92614 USA

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