



Overcoming Severe Aortic Stenosis (AS) with TAVI: the typical story of Mrs Jones*

This document aims to provide a detailed account of Mrs Jones' diagnostic challenges, the decision-making process involved in selecting her final AVR option and the subsequent improvements in her quality of life. Through this fictitious, while typical example, we underscore the importance of timely diagnosis and intervention, and the efficacy of AVR and TAVI in managing severe AS in elderly patients.

* fictitious



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Mrs Jones

ID

Female
82-year-old

- **Symptoms:** Breathlessness and fatigue
- **Thinking:** Normal signs of ageing
- **Action:** Adapted her lifestyle, stayed active but limited her social activities and started to be reluctant to go out alone

Mrs Jones waited 6 weeks for an appointment

Visit to Cardiologist



- **Thinking:** suspecting Angina and therefore kept under monitoring

After few weeks, Mrs Jones' condition deteriorated further

Cardiologist






- **Action:** Auscultation and murmur detected. Order an ECG
→ This revealed sAS with a low-flow, low-gradient profile
- **Thinking:** due to her age, hesitant to refer Mrs Jones for a treatment
- **Assumption:** if she had come in a few years earlier, the situation might have been considered differently

8 months later, Mrs Jones started to experience chest pains

Visit to GP



- **Thinking:** stress and anxiety driven, need for monitoring

4 weeks later, GP referred Mrs Jones to General Cardiologist

Mrs Jones' started to complain about the impact of her condition on her social activities

Cardiologist



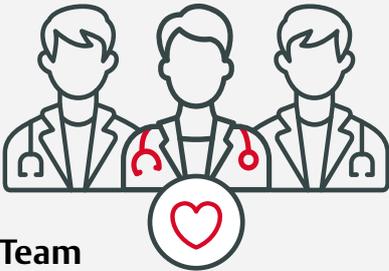
- **Action:** Recognising the need for immediate action, the GC explained the treatment options: SAVR or TAVI to Mrs Jones



→ Referral to Heart Team

After 6 weeks, Mrs Jones went to an appointment with the Heart Team

Heart Team



- Mrs Jones went through additional tests, including CT scan and angiogram



- **Action:** The Heart Team discussed her case, agreeing TAVI would be the most appropriate treatment



- This matched Mrs Jones's preference, so she agreed

The TAVI procedure was scheduled 1 month after her appointment



- The TAVI procedure went smoothly, and she was able to walk up a flight of stairs while talking to the physiotherapist the day after her procedure
- She was discharged after 3 days in hospital and recovered well

- 10 weeks after her procedure, Mrs Jones reported a meaningful difference in her quality of life
- She had regained her independence and was able to resume her daily walks and participate in social activities again

Mrs Jones' pathway is highlighting that a patient pathway can be a long journey, potentially delaying appropriate care.

As cardiologists, you are the front-line of defense for female AS patients playing a key role in their treatment pathway.

Prompt diagnosis and timely intervention can significantly improve patient outcomes and quality of life.



Abbreviations

- AS: aortic stenosis
- AVR: aortic valve replacement
- CT: computed tomography
- ECG: echocardiogram
- GC: general cardiologist
- GP: general practitioner
- sAS: severe aortic stenosis
- SAVR: surgical aortic valve replacement
- TAVI: transcatheter aortic valve implantation



Scan the QR code to learn more about bridging the gender gap in AS.



You are the frontline of defense, guide your female AS patients to the heart team

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