

# TAVI's low hospital footprint enables more of your patients to be treated sooner

## Your severe aortic stenosis (sAS) patients are still in urgent need of treatment

Risk of death increases **3.1x** between 1 and 6 months while waiting for treatment for sAS<sup>1</sup>



Give your patients a procedure with reduced hospital stay and complications:

Low mortality rates

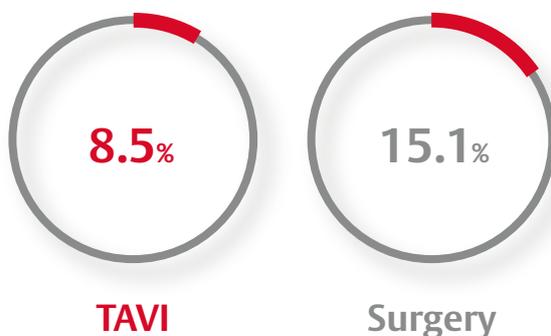
Reduced time in ICU

A quick return home



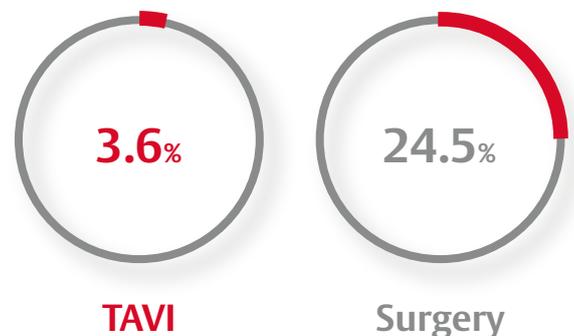
## SAPIEN 3 TAVI offers your patients superior outcomes compared with surgery\*

Composite of all-cause death, stroke or rehospitalisation (at 1 year):<sup>2</sup>



Benefitting your patients through optimal clinical outcomes

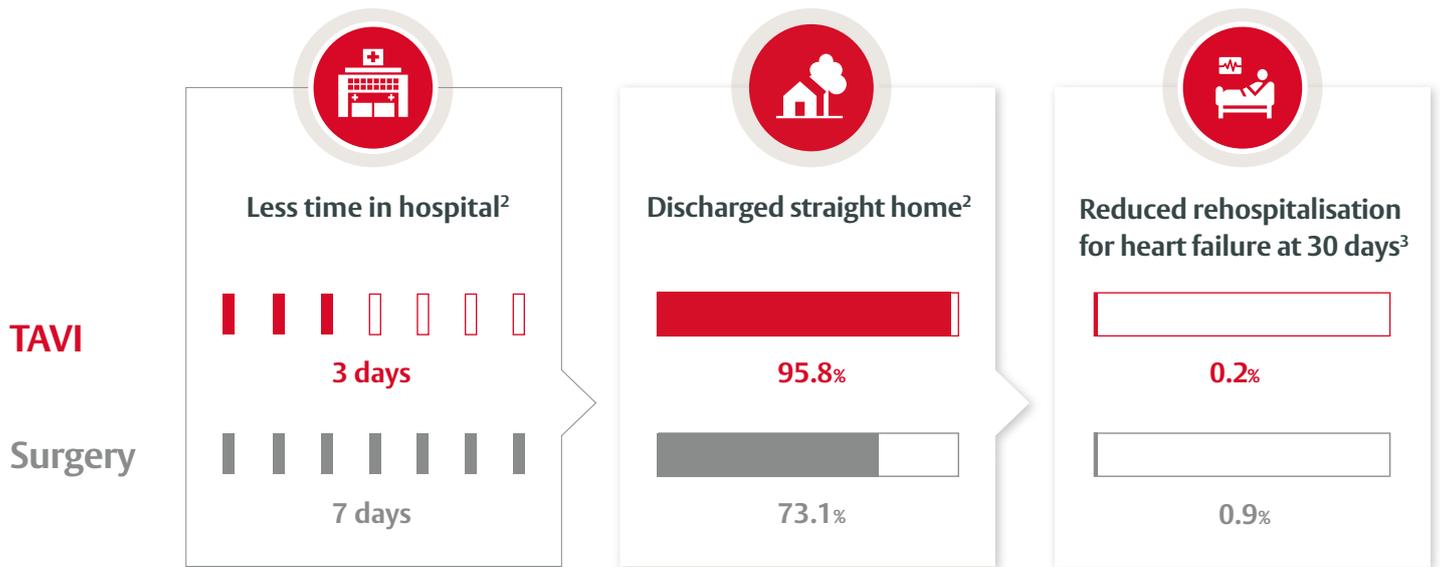
Life-threatening or major bleeding (at 30 days):<sup>2</sup>



Reducing the risk of life-threatening bleeding and a prolonged hospital stay

\*PARTNER 3 Trial proved SAPIEN 3 TAVR or transcatheter aortic valve implantation (TAVI) is superior to surgery for the primary endpoint and multiple pre-specified secondary endpoints (low-risk population; n = 950)

# SAPIEN 3 TAVI offers several benefits to your patients, allowing early mobilisation and rapid return to daily life\*



Giving your patients a shorter hospital stay and quicker recovery to an independent life

## Opening doors for your patients: What TAVI can look like in contemporary practice



Local/conscious sedation<sup>4</sup>  
**98%**  
(n=408)



Next-day discharge<sup>4</sup>  
**80.1%**  
(n=408)



Minimal time in cardiac ICU, if at all<sup>5</sup>  
**4 hours**



Faster procedure time<sup>6</sup>  
**TAVI**  
**59 minutes**  
**Surgery**  
**208 minutes**

**Guide your sAS patients to the fastest and lowest risk treatment. Refer them for TAVI evaluation.**



\*low-risk population; n = 950

References: 1. Malaisrie S, et al. Ann Thorac Surg 2014;98:1564-71; 2. Mack M et al. N Engl J Med 2019; 380: 1695-1705; 3. Data on File at Edwards Lifesciences; 4. Wood D, et al. JACC: Cardiovascular Interventions 2019; 12(5): 459-69; 5. Barbanti M, et al. Eurointervention 2019; 5: 147-154; 6. Mack MJ, et al. N Engl J Med. 2019;380(18):1695-1705 suppl.

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