



TAVR Procedural Complications and Management Guideline



April 2017

| TAVR Complications | Treatment Options |
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| <ul style="list-style-type: none"> • Valve Embolization <ul style="list-style-type: none"> ▪ Aortic ▪ Left ventricle | <ul style="list-style-type: none"> • Recapture or deploy in descending aorta if still attached to delivery system (self-expanding) • Valve-in-valve • Endovascular (snare) • Surgical AVR and extraction |
| Central Valvular Aortic Regurgitation | <ul style="list-style-type: none"> • Usually self-limited, but may require gentle probing of leaflets with a soft wire or catheter • Delivery of a second TAVR device |
| Paravalvular Aortic Regurgitation | <ul style="list-style-type: none"> • Post-deployment balloon dilation • Delivery of a second TAVR device • Repositioning of valve if low (recapture, snare) • Percutaneous vascular closure devices • Surgical AVR |
| Shock or Hemodynamic Collapse | <ul style="list-style-type: none"> • Assess and treat underlying cause if feasible • Inotropic support • Mechanical circulatory support • CPB |
| Coronary Occlusion | <ul style="list-style-type: none"> • PCI (easier if coronaries already wired before valve implantation) • CABG |
| Annular Rupture | <ul style="list-style-type: none"> • Reverse anticoagulation • Surgical repair • Pericardial drainage |
| Ventricular Perforation | <ul style="list-style-type: none"> • Reverse anticoagulation • Surgical repair • Pericardial drainage |
| Complete Heart Block | <ul style="list-style-type: none"> • Transvenous pacing with conversion to PPM if needed |
| <ul style="list-style-type: none"> • Stroke <ul style="list-style-type: none"> ▪ Ischemic ▪ Hemorrhagic | <ul style="list-style-type: none"> • Catheter-based, mechanical embolic retrieval for large ischemic CVA • Conservative |
| Bleeding/Hemorrhage | <ul style="list-style-type: none"> • Treat source if feasible • Transfusion • Reversal of anticoagulation |
| Access Site-Related Complications | <ul style="list-style-type: none"> • Urgent endovascular or surgical repair |

2017 ACC Expert Consensus Decision Pathway for Transcatheter Aortic Valve Replacement in the Management of Adults With Aortic Stenosis A Report of the American College of Cardiology Task Force on Clinical Expert Consensus Documents Catherine M. Otto, MD, FACC, Co-Chair; Dharam J. Kumbhani, MD, SM, FACC, Co-Chair; Karen P. Alexander, MD, FACC; John H. Calhoun, MD, FACC; Milind Y. Desai, MD, FACC; Sanjay Kaul, MD, FACC; James C. Lee, MD; Carlos E. Ruiz, MD, PHD, FACC; Christina M. Vassileva, MD, FACC