

TAVR/SAVR and Age

Disclosures:
No disclosures

TAVR/SAVR and Age

- Age alone **should not** be a determinant in the decision to treat severe AS
- Age: chronologic vs. physiologic
- Comorbid disease, frailty, life-limiting other disease states, current decompensated heart failure, anatomic factors (porcelain aorta)
- Multiple studies (randomized, meta-analysis) showing equivalent survival outcomes between SAVR and TAVR in the aged and high risk



TAVR/SAVR in the elderly

- TAVR and SAVR can yield equivalent mortality and early survival outcomes in octogenarians and nonagenarians
- Newer generation TAVR devices allow greater transfemoral access: advantage of TAVR in intermediate risk patients
- Minimally invasive SAVR, SAVR with sutureless valves, standard SAVR: low mortality in well selected patients



Treatment of severe, symptomatic AS

Patient factors

Age: physiologic
Frailty
Ability to recover
Comorbid Disease
Anatomic factors
Life expectancy
Decompensated heart failure
Vascular access
Annulus size
Dementia



Procedure factors

Complication profile of SAVR/TAVR
Mortality
Complete heart block: early/late
Paravalvular leak
Stroke
Coronary occlusion: early/late
Vascular injury
Bleeding/transfusion
Time to recovery
Valve durability
Anticipation of 2nd procedure



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