First Valve-in-Valve for Failed Apico-aortic Valve Conduit

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Centre for Heart Valve Innovation St. Paul's Hospital, Vancouver





Disclosure Statement of Financial Interest

Consultant: - **Edwards Lifesciences** - JC Medical Inc.

History

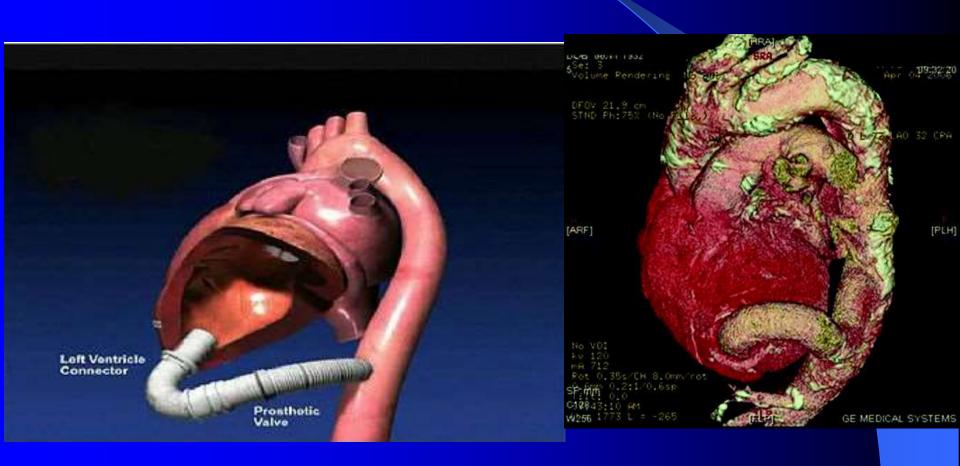
• 56 yrs M

- Failed kidney transplants x 2 Peritoneal dialysis
- Type A dissection in 2006 Bentall procedure with 27mm Freestyle bioprosthetic aortic valve
- Inf. STEMI and heart failure in 2011, found to have severe AS.
- Too high risk for conventional redo AVR and not suitable for TAVI due to completely calcified aortic root (potential risk for aortic root rupture)
- Emergent surgery- LV apex to descending aorta conduit. A 23 mm CE bioprosthesis was placed at the inflow to the conduit in 2011
- Endovascular repair of aortic aneurysm, 2013

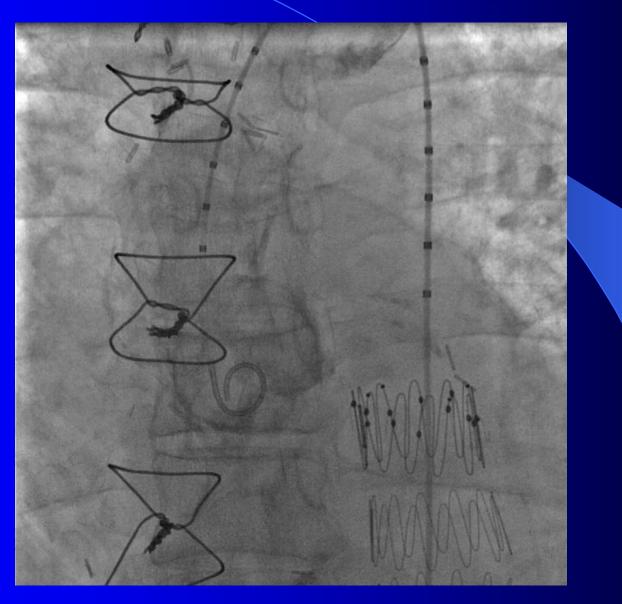


- NYHA class III
- Maximized medical treatment
- Severe regurgitation of the aortic freestyle prosthesis following BAV
- Unreliable assessment of conduit valve stenosis by Echo
- Invasive hemodynamics confirmed that the conduit valve is significantly stenotic with a mean gradient of 30 mmHg.

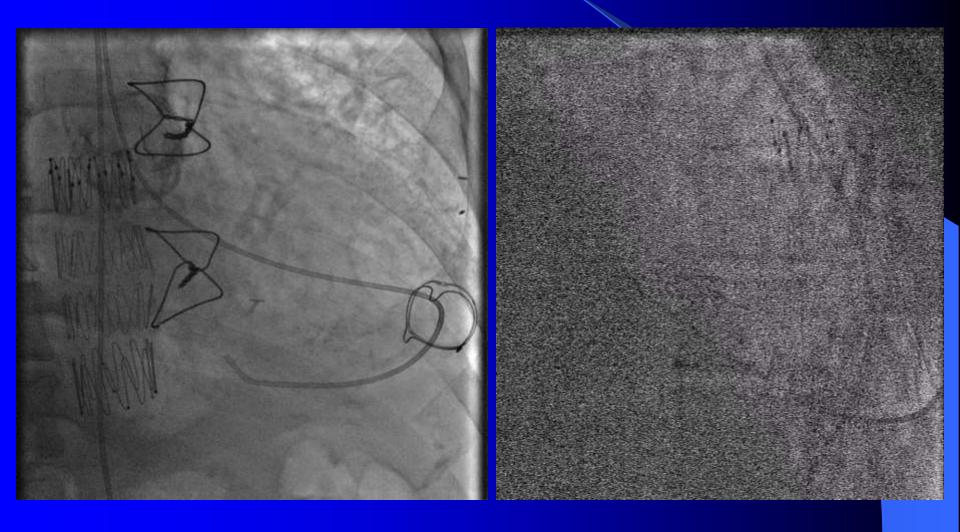
Apico-aortic conduit



Significant Al of Freestyle Valve



Invasive Hemodynamic Measurements



Therapeutic Option

- **Re-do surgery extremely high risk**
- TAVI for the failed freestyle valve at native aortic valve position
- Valve-in-valve implantation for failed apico-aortic conduit valve

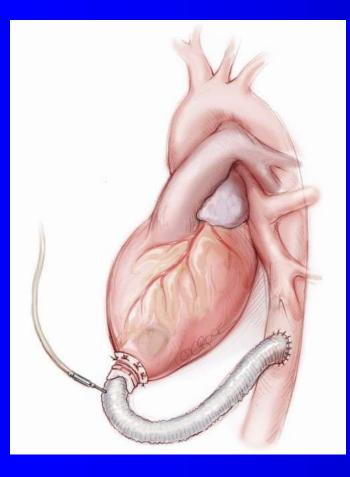
Planning CT Assessment of the Conduit



Trans-conduit Transcatheter Procedure

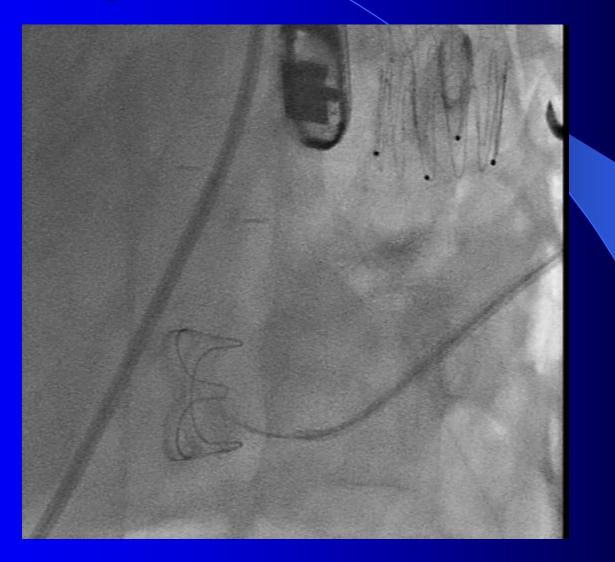
- Right lateral position
- Performed under general anesthesia
- TEE monitoring
- Trans-femoral temporary pacing wire in RV
- Access through 10th intercostal space left posterior approach

Initial Puncture of Aortic Conduit

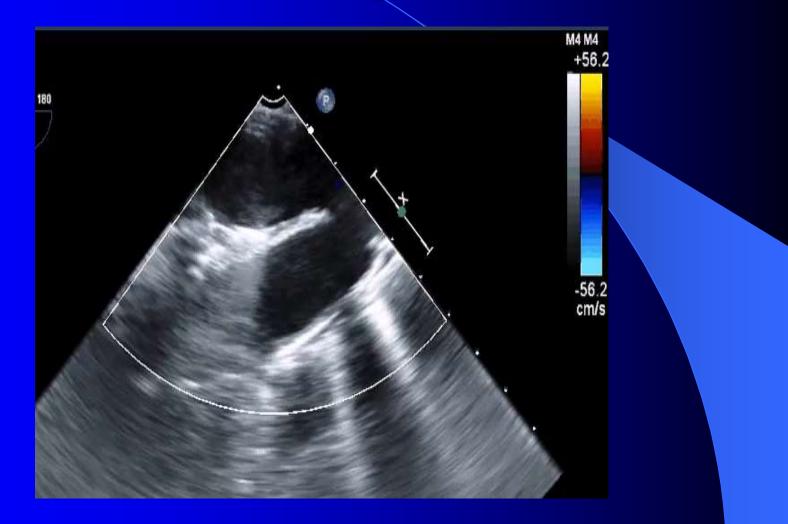




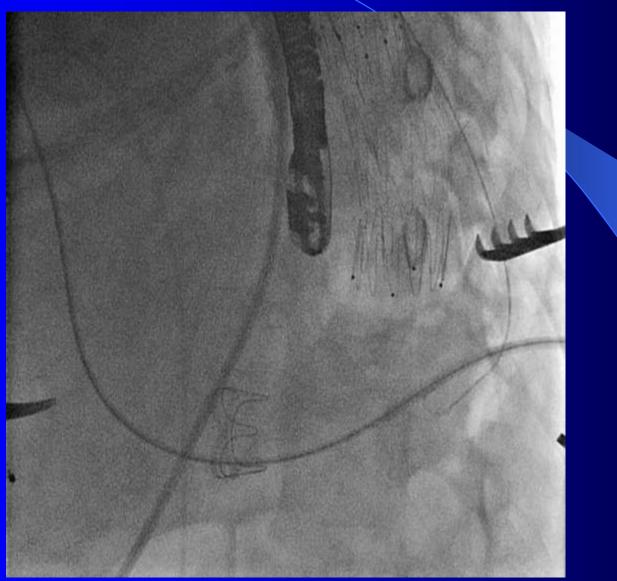
Crossing Stenotic Bioprosthetic Valve



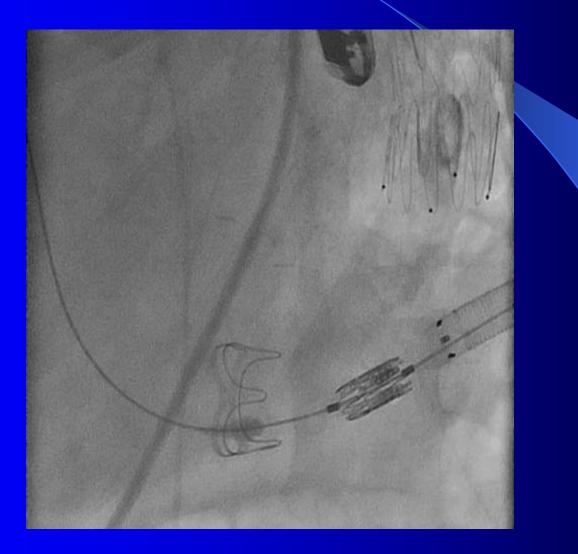
Systemic flow from conduit into descending aorta



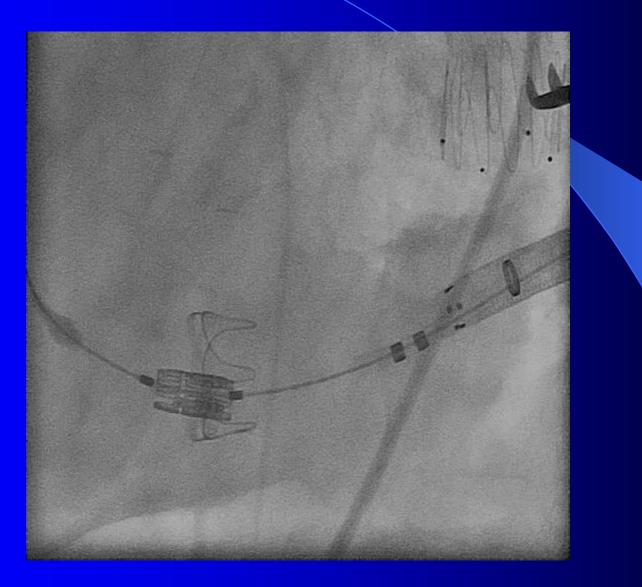
Stiff wire creating a loop back to the conduit



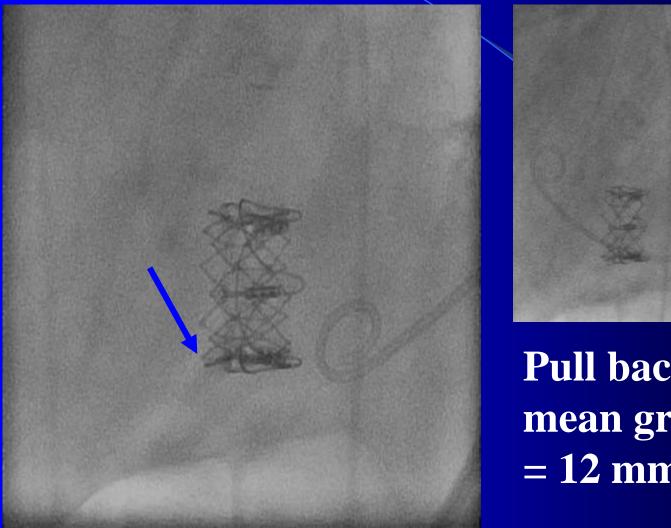
23mm Edwards Sapien XT valve



Valve-in-Valve Deployment

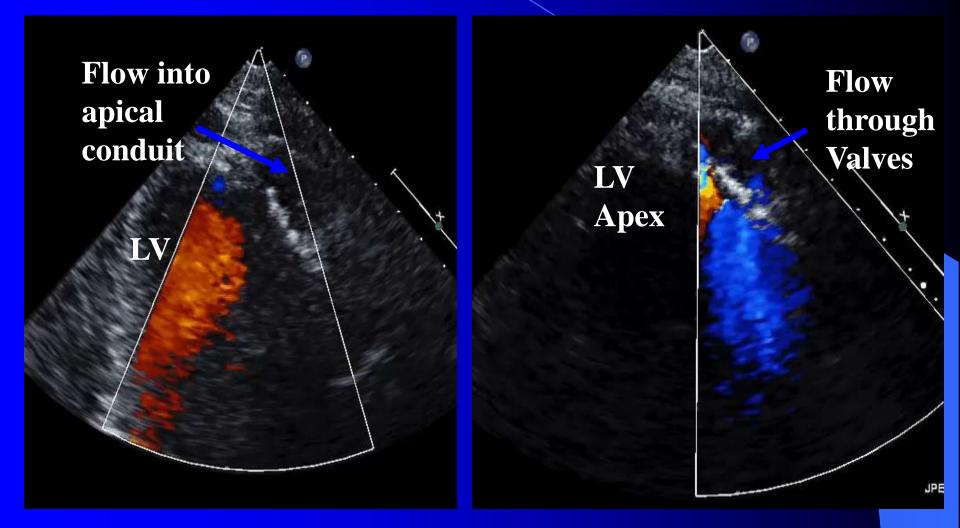


Post-deployment Angiogram



Pull back mean gradient = 12 mmHG

Post Procedural Echocardiogram



Clinical Course

 Discharged home on day 4 after uncomplicated hospital course
Follow-up – NYHA class I, asymptomatic

THANKS!



St. Paul's Hospital, Vancouver