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

Edwards Self-Expanding Mitral FORTIS Transcatheter Valve

First-in-Man Experience

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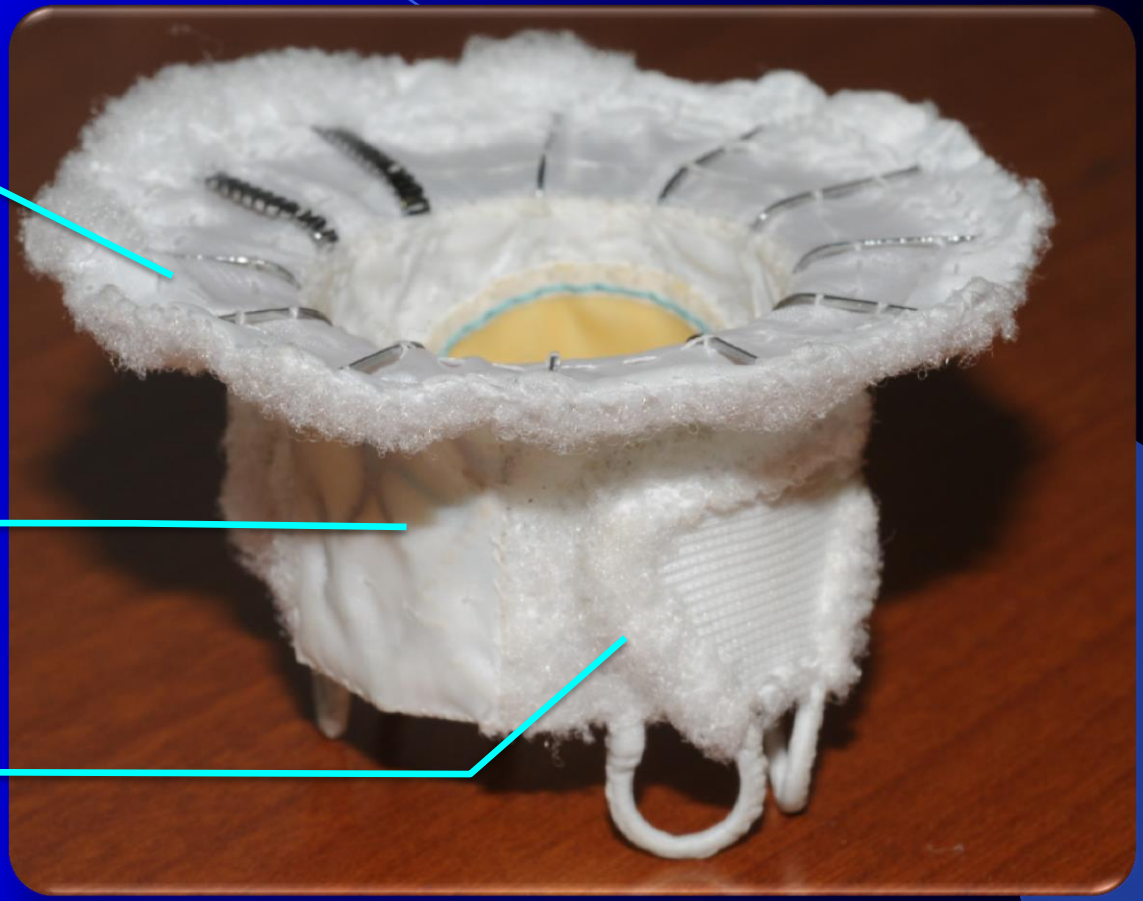
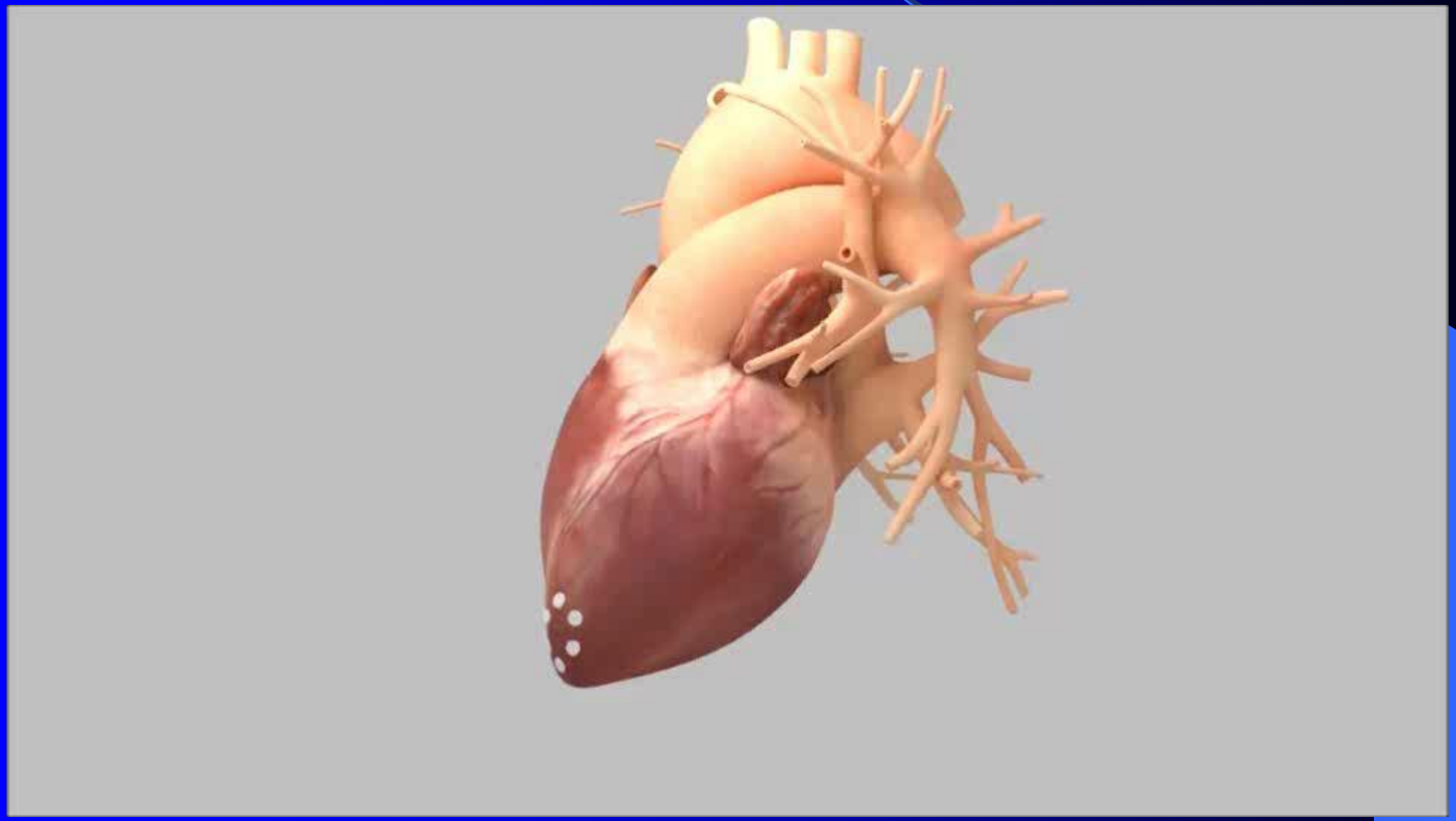
Edwards FORTIS Mitral Transcatheter Valve



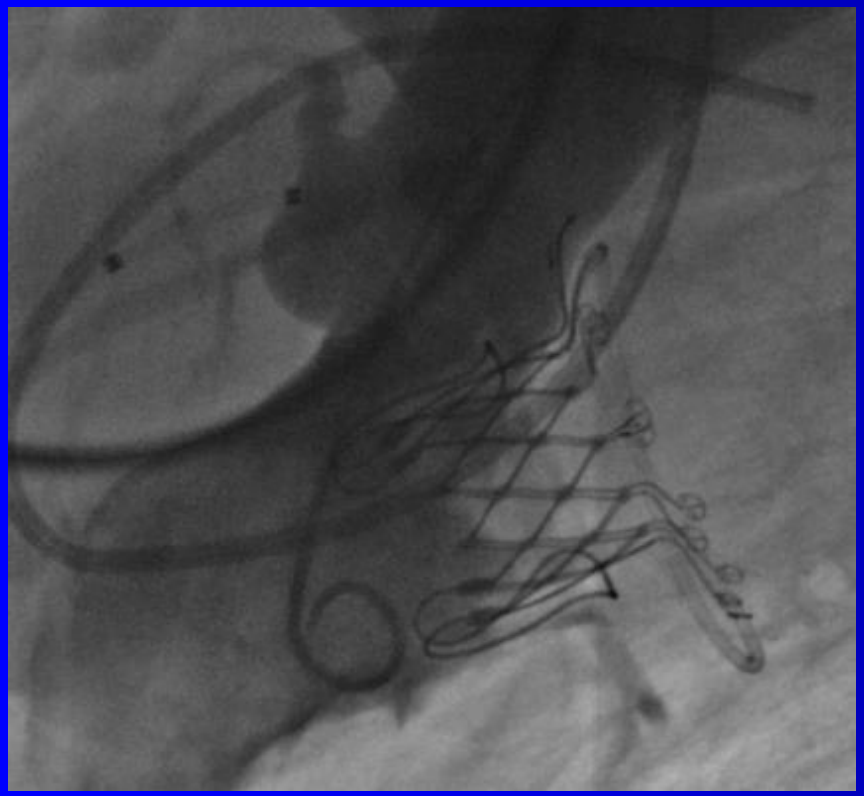
29 mm Valve
Bovine Pericardial Leaflets
Stored in GLX – dry Valve technology

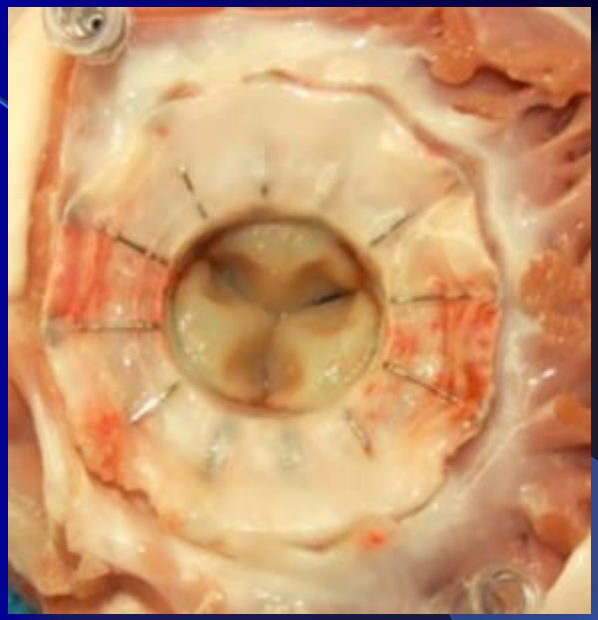
Edwards FORTIS Mitral Transcatheter Valve

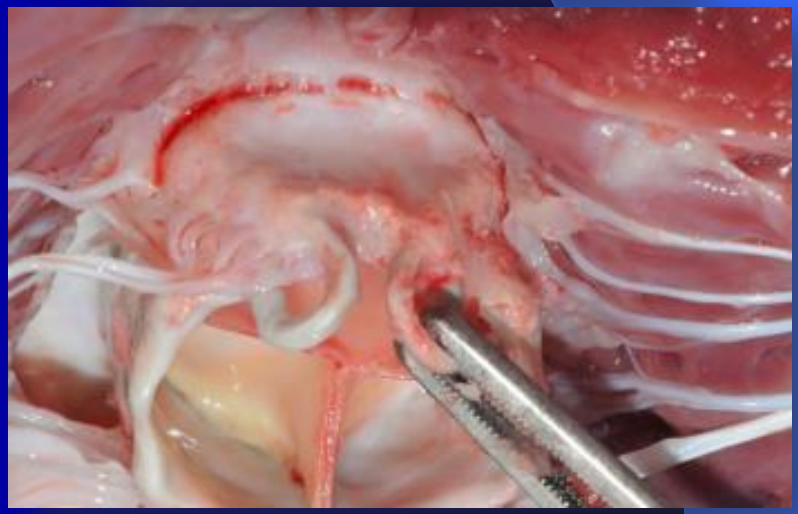
Implantation Animation



Pre-clinical Studies

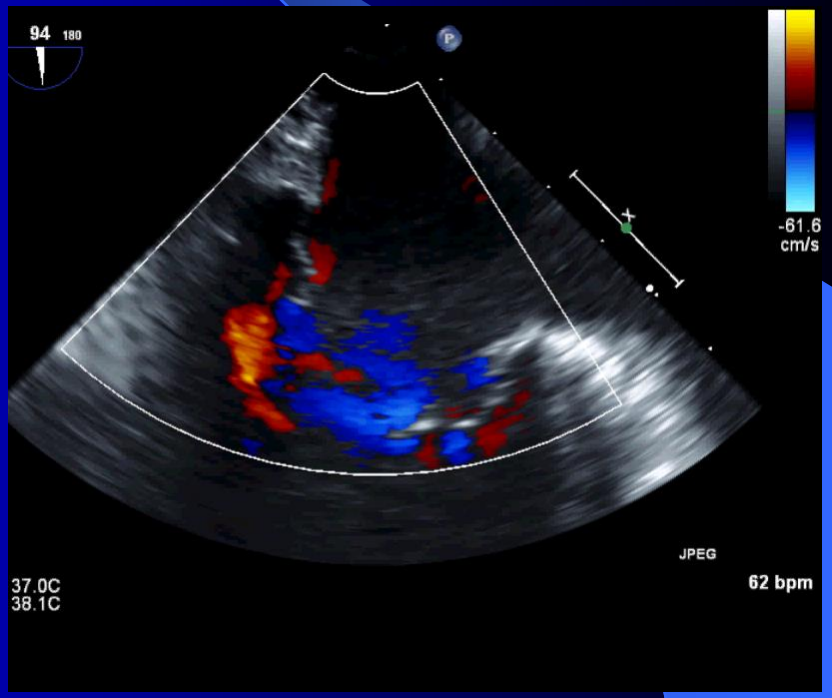




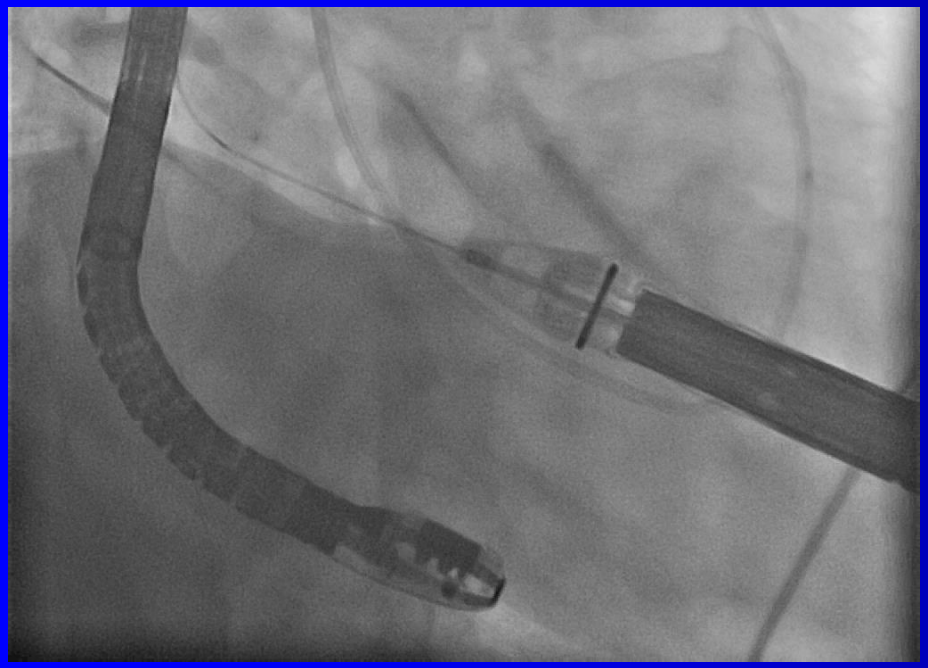


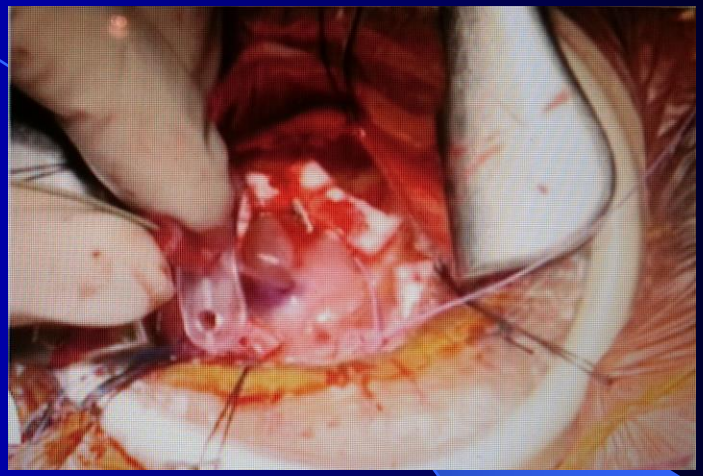
TA TMVR with FORTIS Mitral Transcatheter Valve in Human

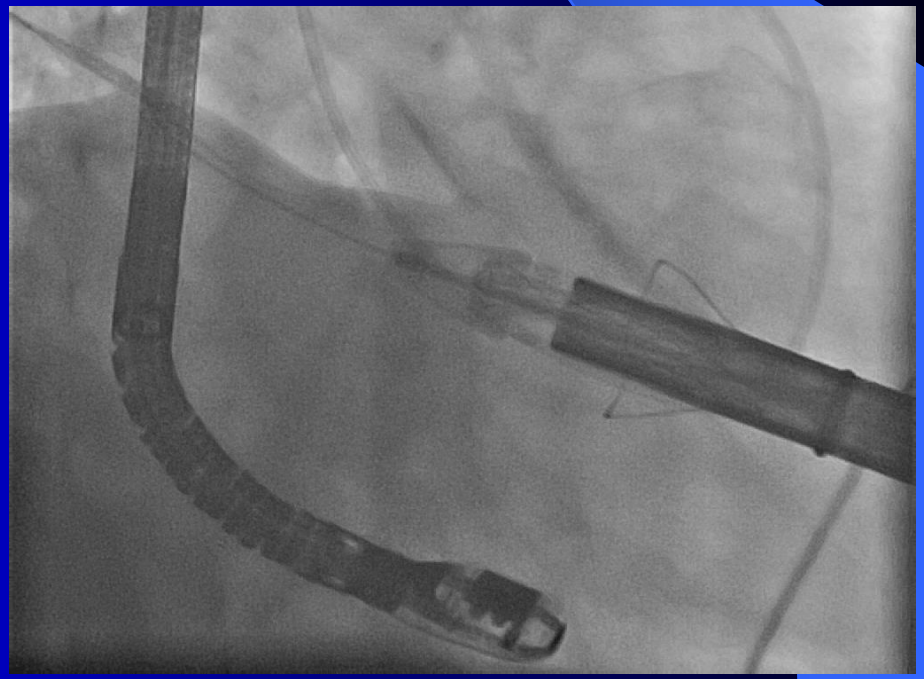
- 81 years old
- Symptomatic Severe functional/ischemic MR
- LV dysfunction LVEF 30-40%
- Congestive heart failure
- Many comorbidities
- Declined for conventional MVR



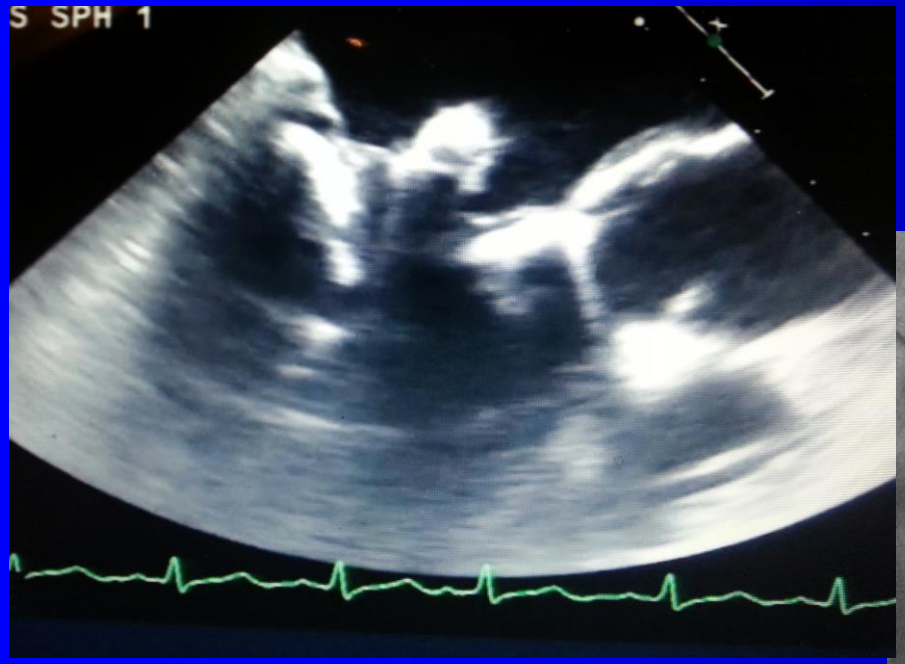
Inserting Delivery System and Opening Paddles

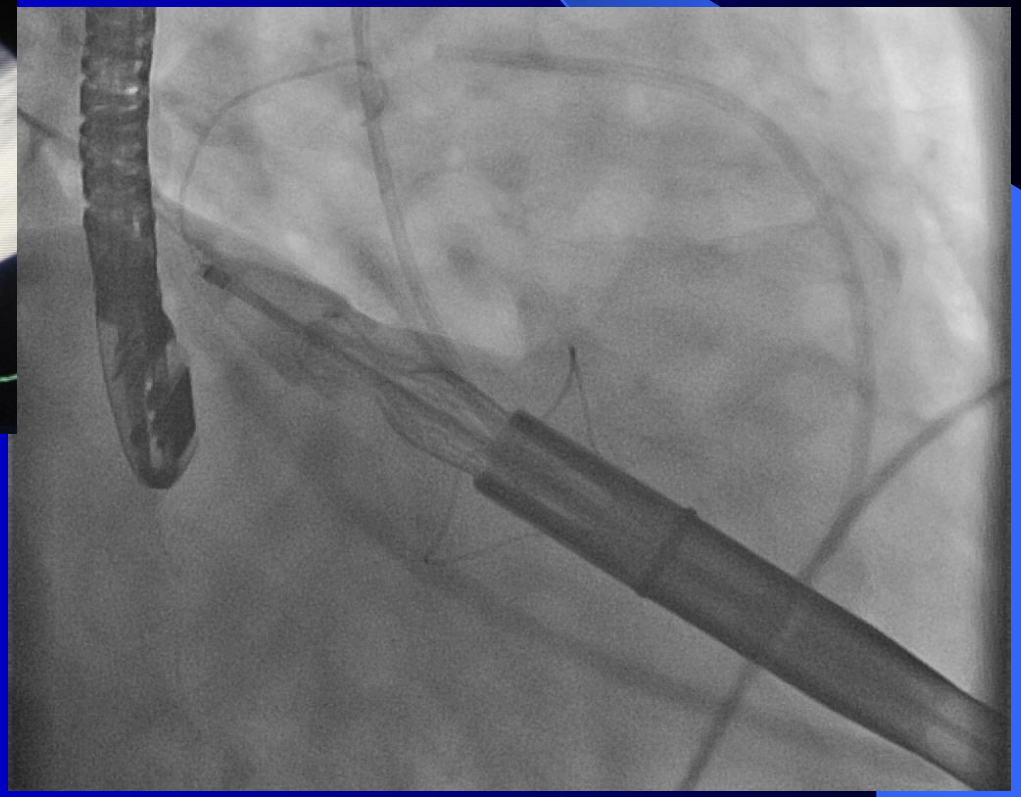




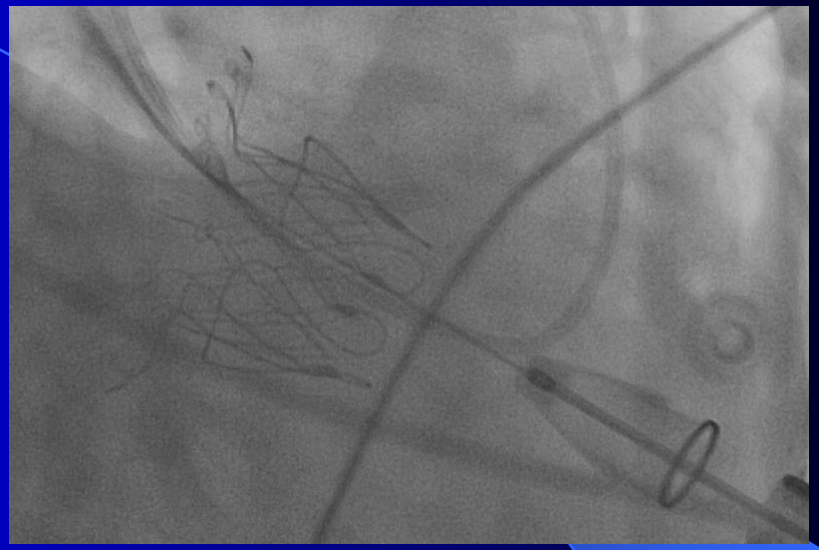


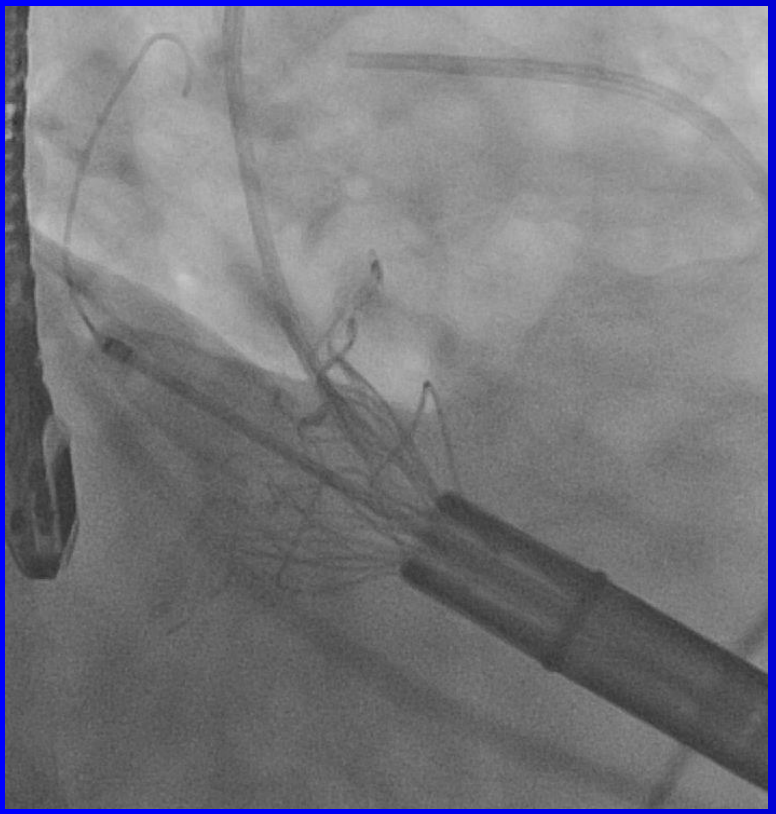
Releasing Atrial Flange



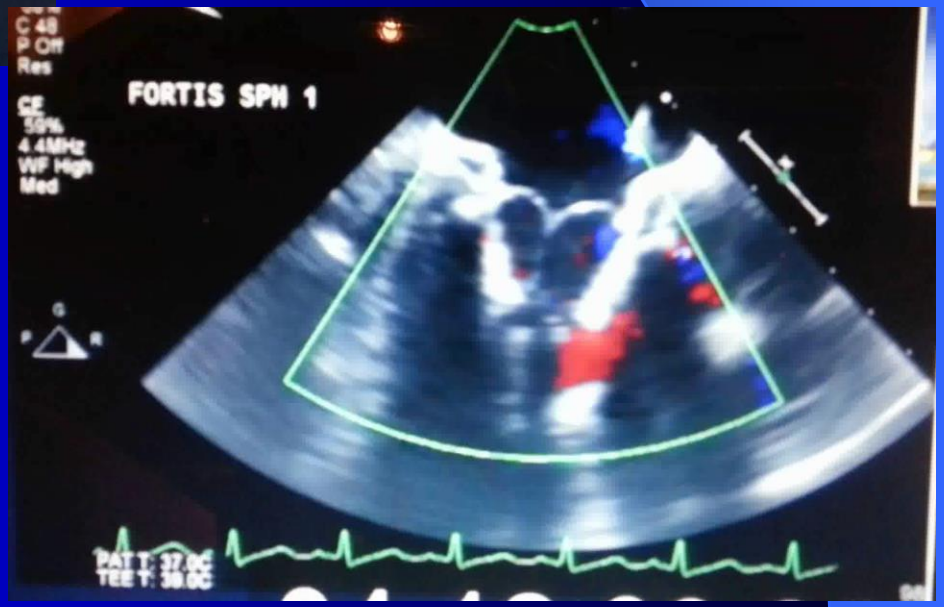


Releasing Valve

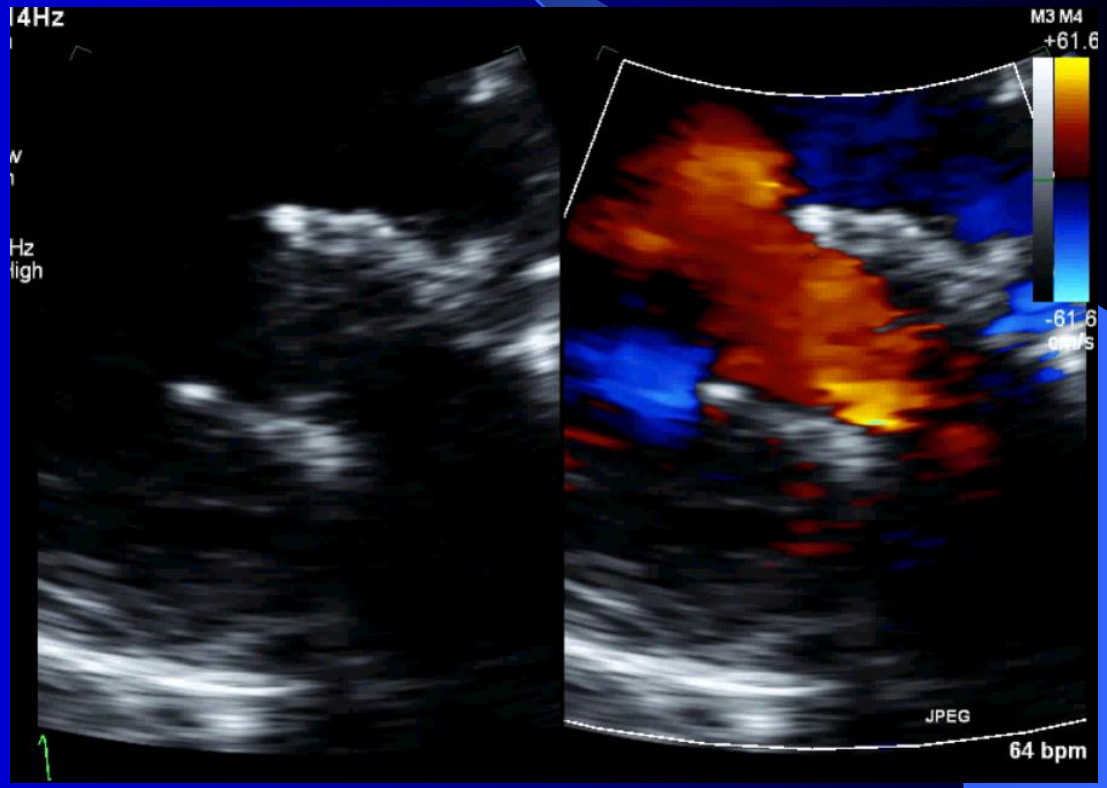




Post-implant Echo



2 Week Follow-up




100
94/51
39/22
(12)
19:19
-00:10

Summary

“Proof of principal” has been established.

Transcatheter MVR for native MR is likely feasible.

Transapical approach is an ideal & preferable choice for transcatheter mitral valve procedures.

Surgeons need not only to know, but also to master the TA procedure.