



# *Heart Team Decision-Making - How to Collaborate in Reality?*

*Kentaro Hayashida MD, PhD, FESC*

*17<sup>th</sup>, August 2017, AP valves 2017, Seoul*

# Disclosure

A clinical proctor for Edwards Lifesciences

# What is a “Team”??

“A group of people with a full set of complementary skills required to complete a task, job, or project by sharing a common goal.”



# What is our “common goal”?

*To provide the best practice to our patients*

*“Patient First”*



# Hear team conference



*Indication?*

*SAVR, TAVI, BAV, or medical TX?*

*Device, approach?*

# Approaches for TAVI

## DA

DIRECT AORTIC

直接大動脈アプローチ

## TS

TRANS SUBCLAVIAN

経鎖骨下動脈アプローチ

## TA

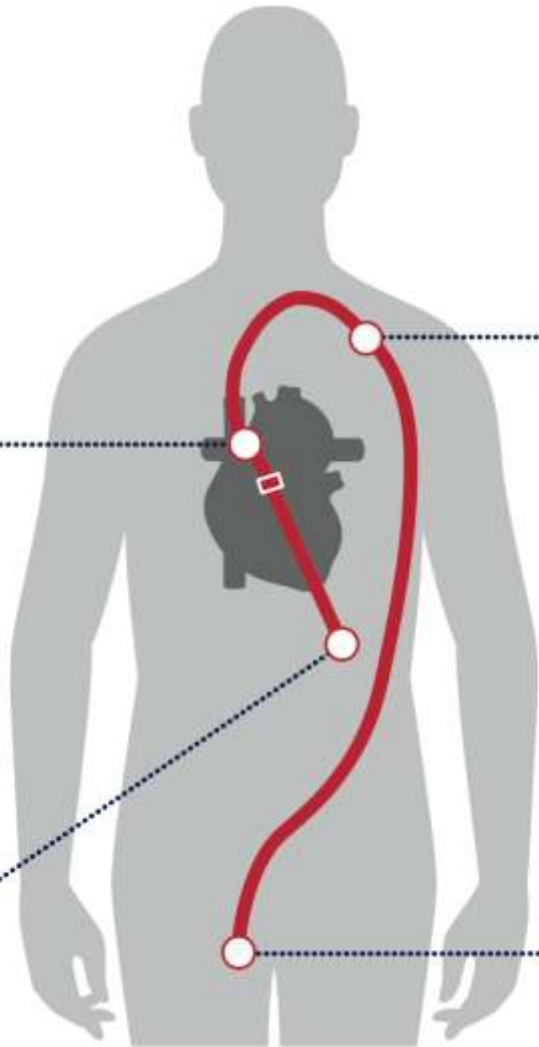
TRANS APICAL

経心尖アプローチ

## TF

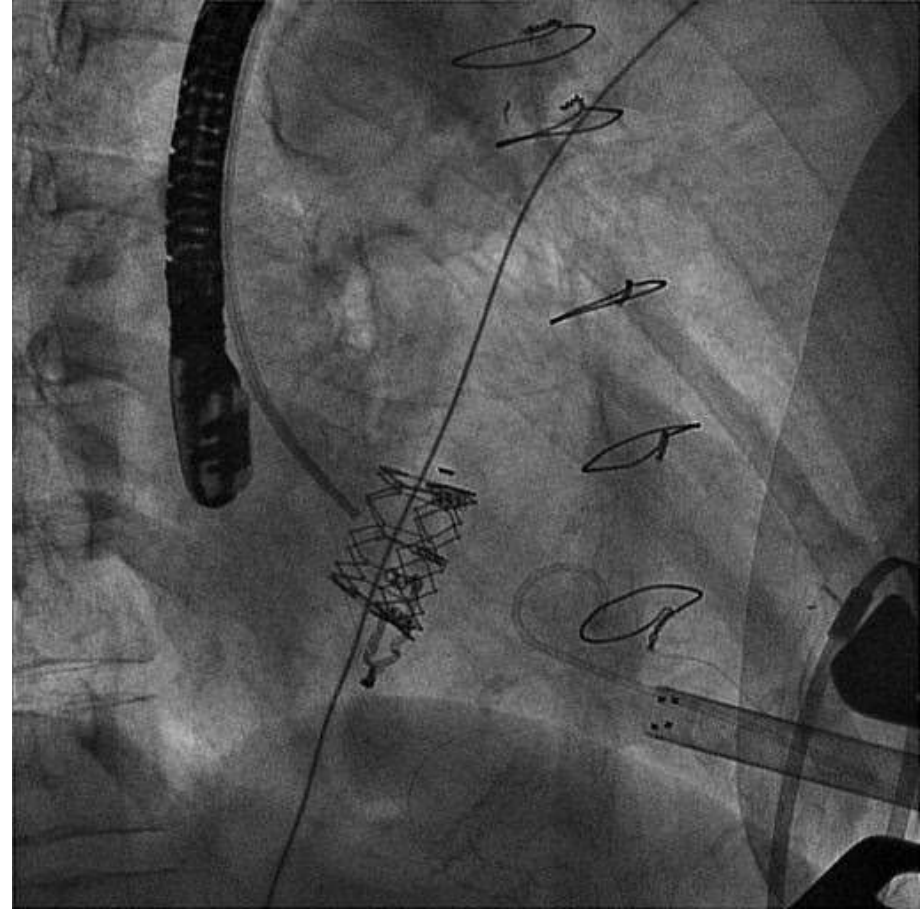
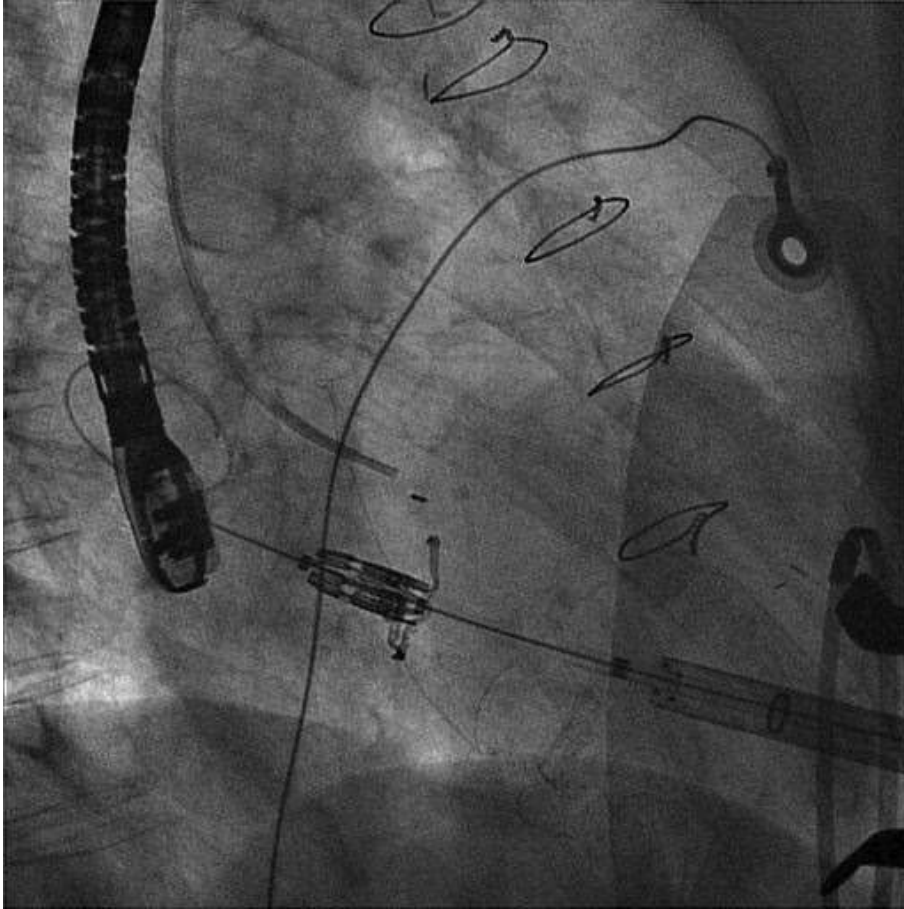
TRANS FEMORAL

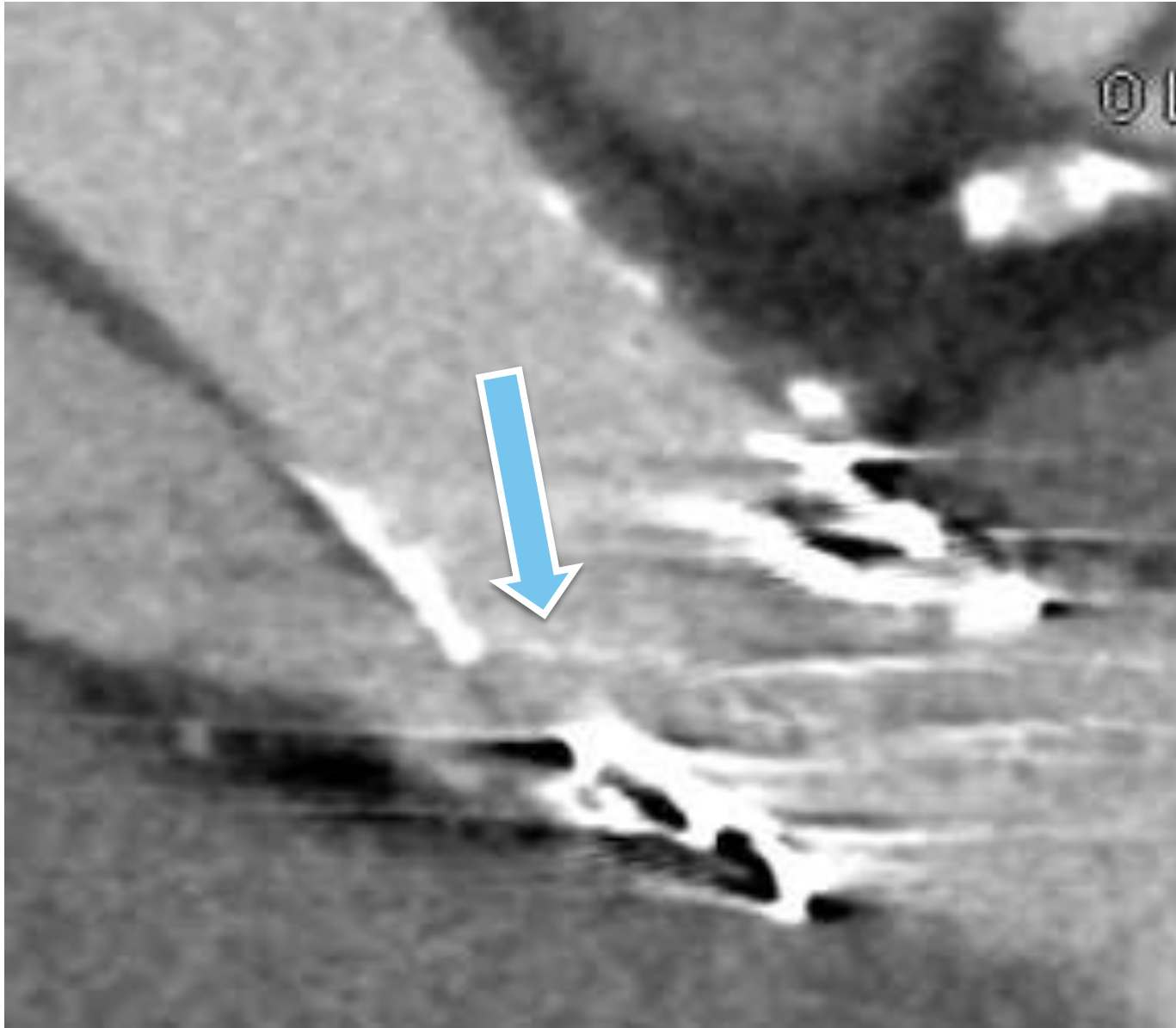
経大腿アプローチ





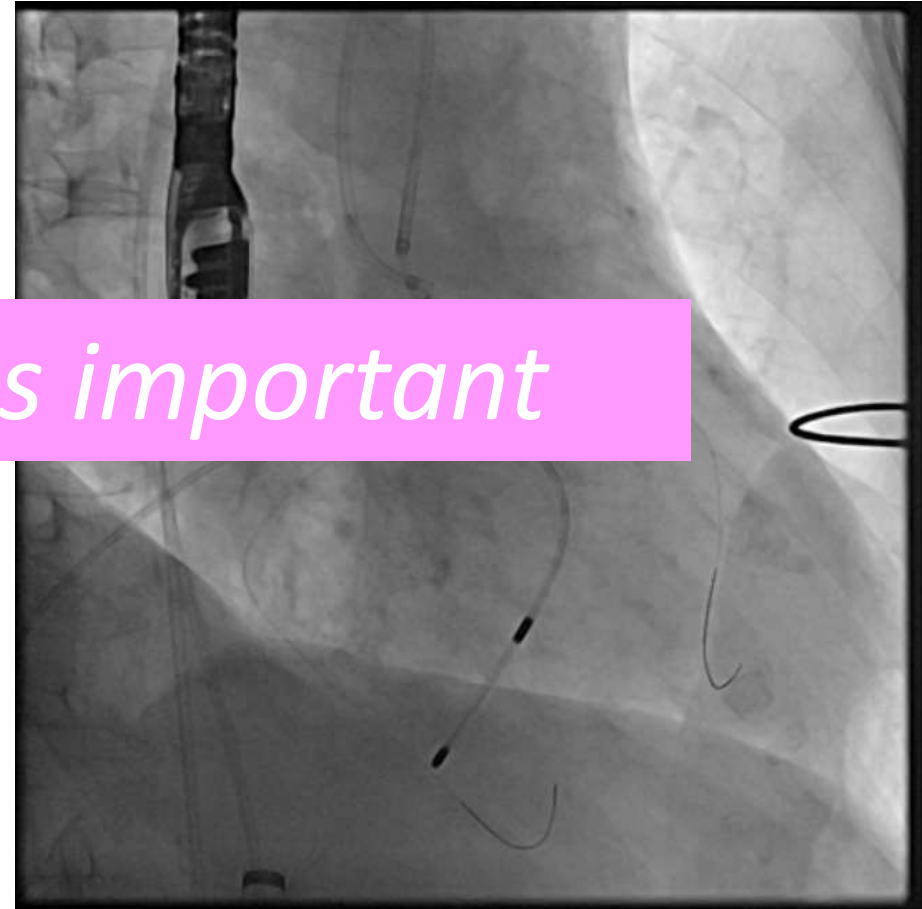
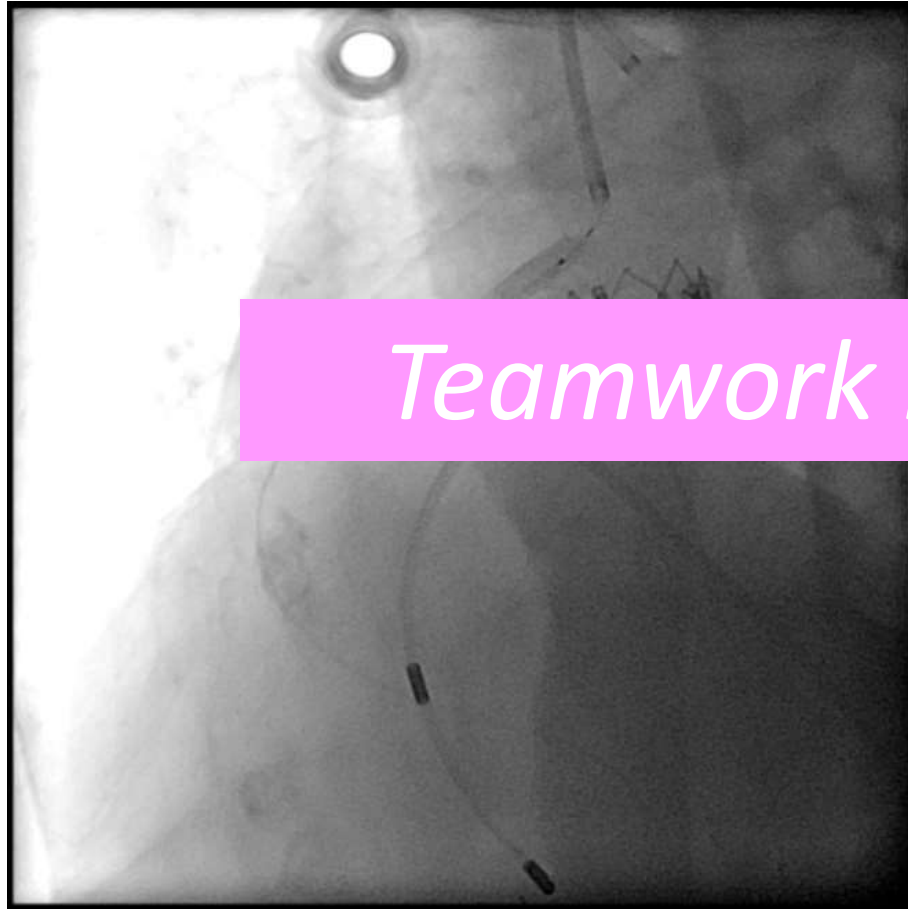
# A 26mm Sapien XT in a Mosaic 27mm valve





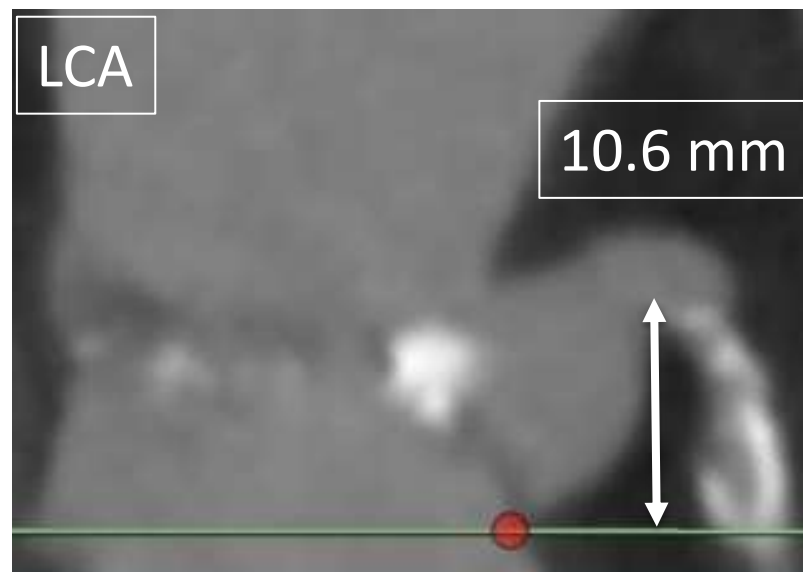
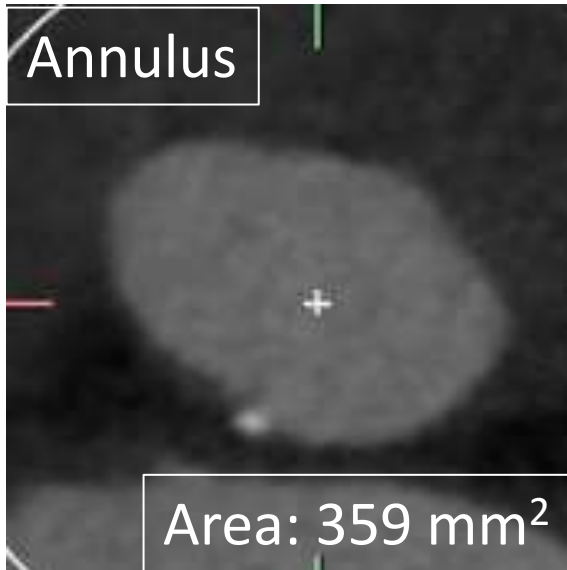


# Perforation of Sinus of Valsalva

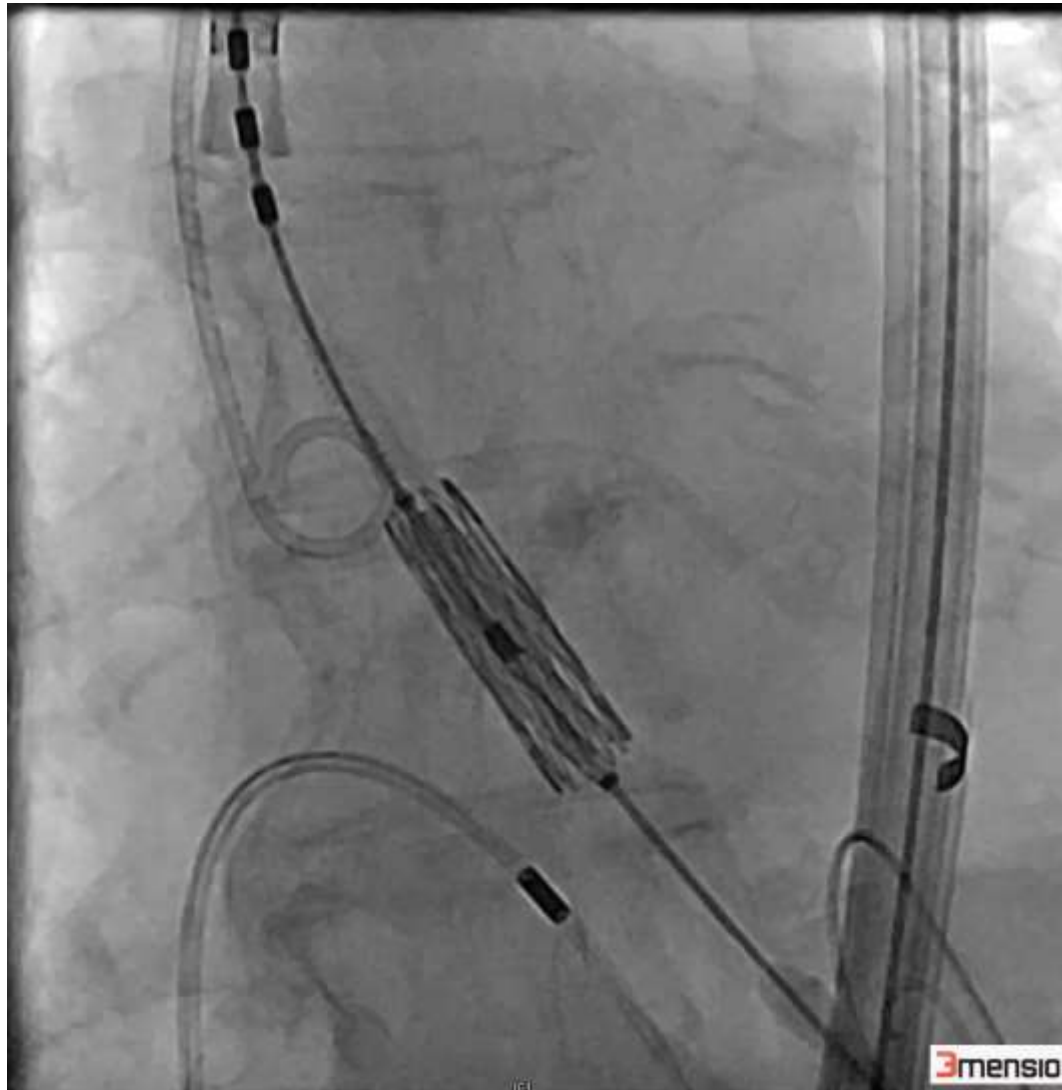


*Teamwork is important*

# Pre-procedural CT scan



# 23mm Sapien 3 (-1ml)

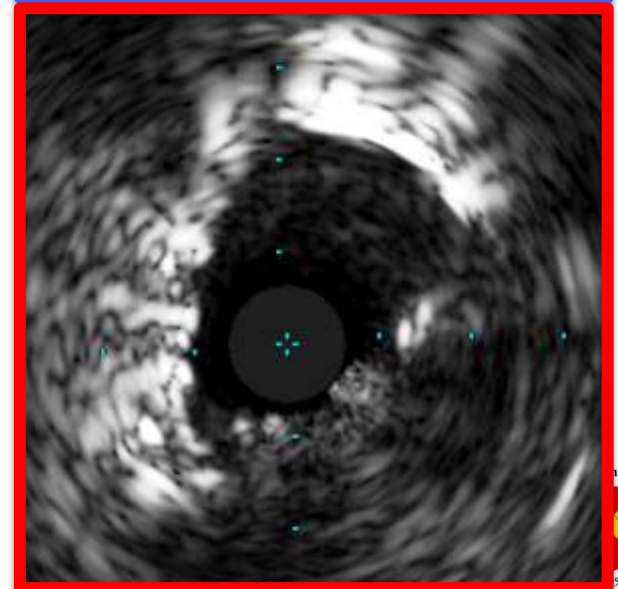
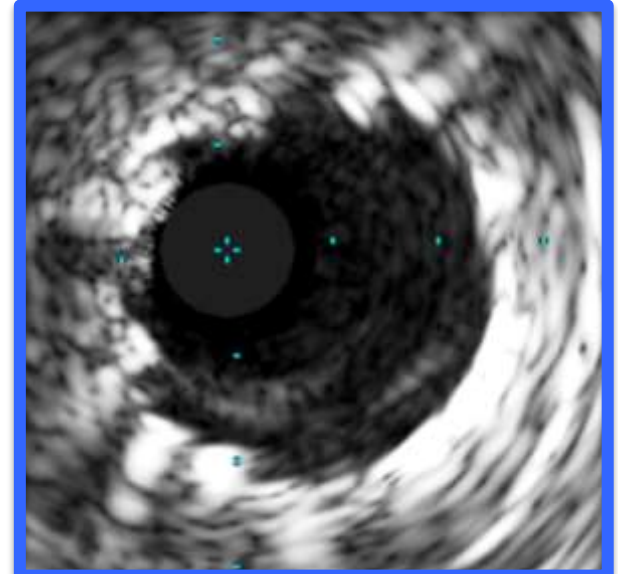
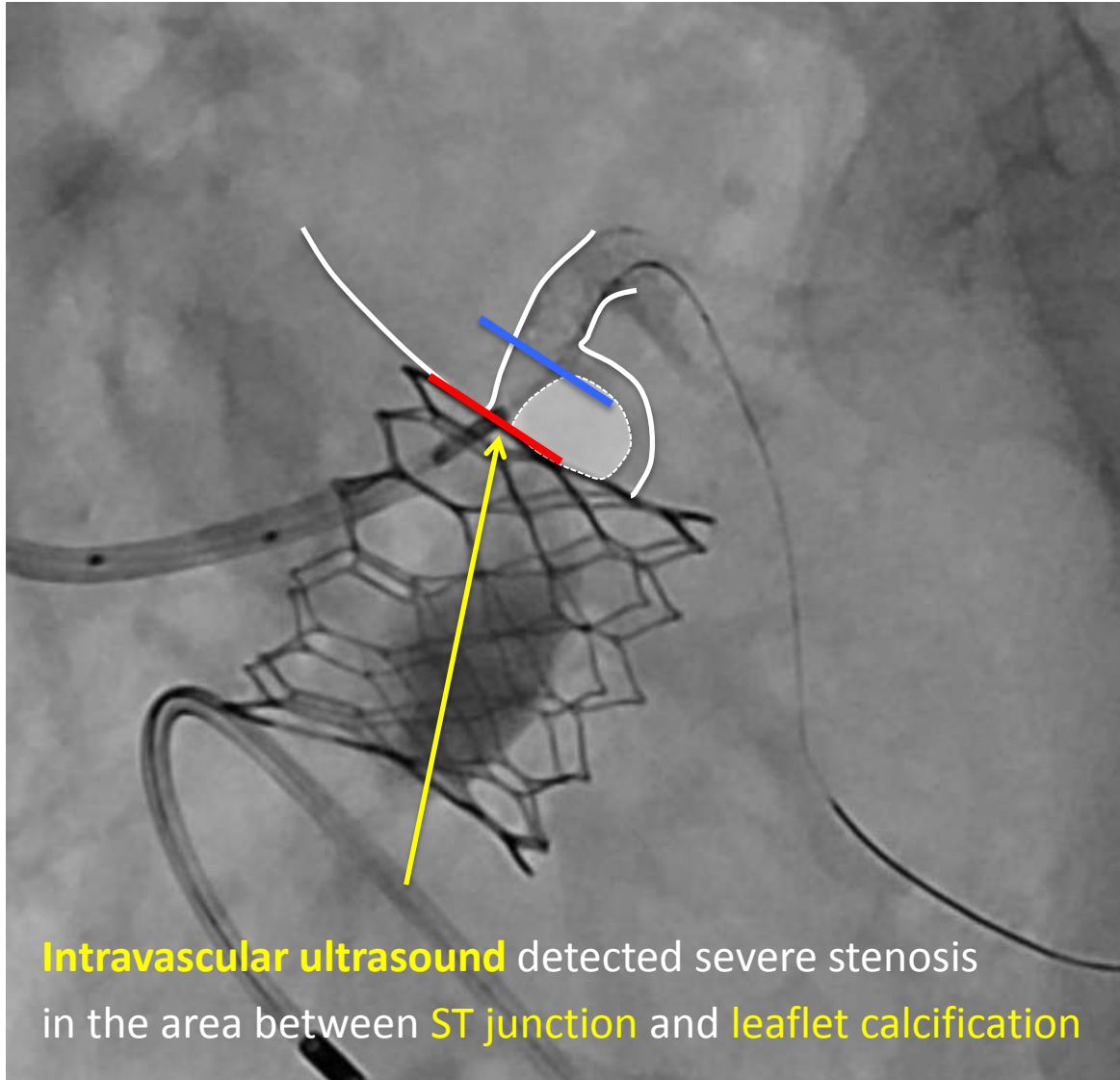


# TTE during procedure





# Unusual cause for LM occlusion





# Successful bail-out

*Teamwork is important*

3mensio

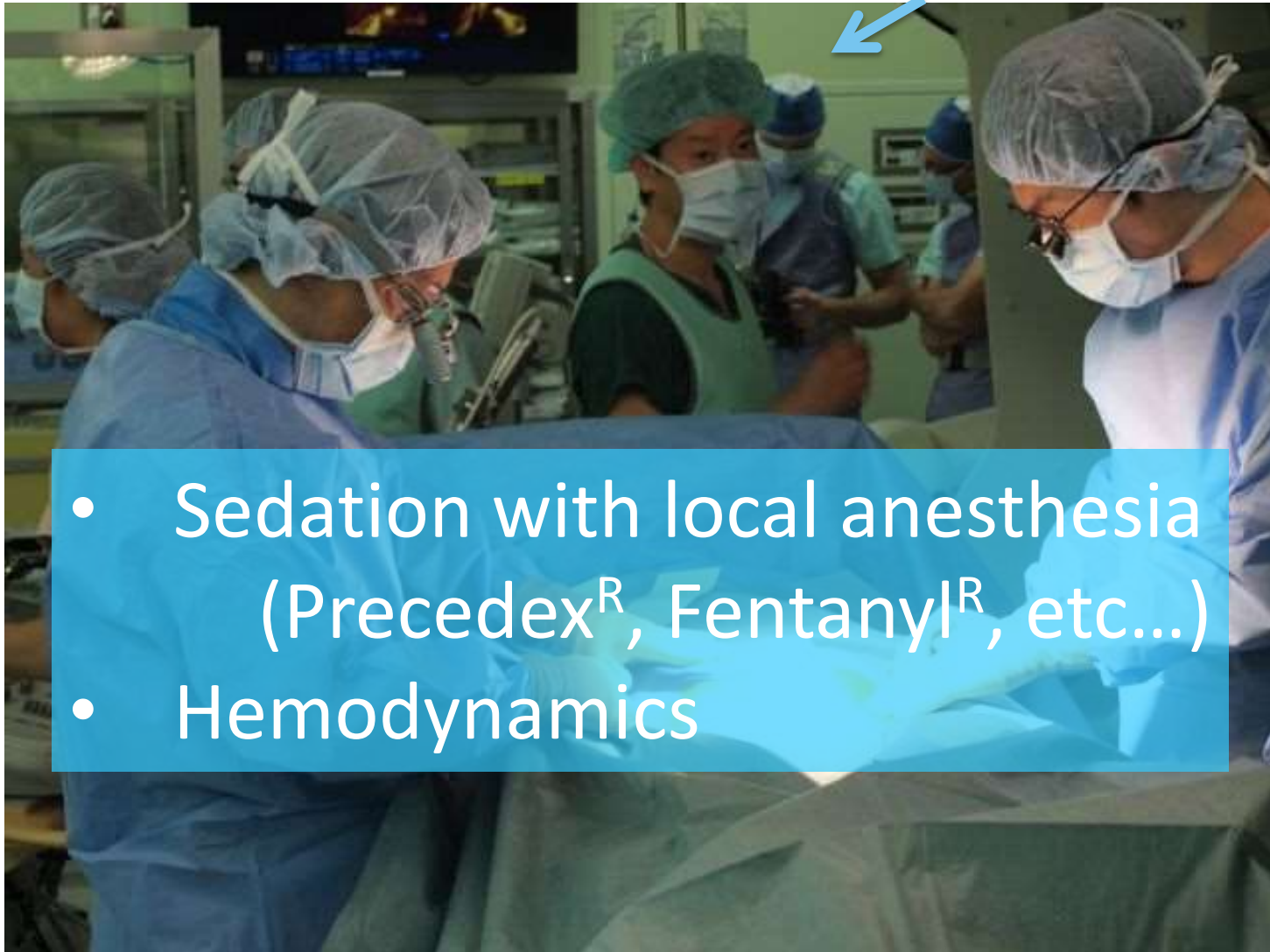
3mensio

Keio University



1858  
CALAMVS GLADIO FORTIOR

# Monitored anesthesia



- Sedation with local anesthesia (Precedex<sup>R</sup>, Fentanyl<sup>R</sup>, etc...)
- Hemodynamics

# Percutaneous closure

Last

Recover sooner



# Rehabilitation program

*Teamwork is important*

# Keio experience: 475 cases (Oct 2013 - July 2017)

Sapien XT : 218  
Sapien 3 : 200

Lotus:18

CoreValve :15  
Evolut R : 24

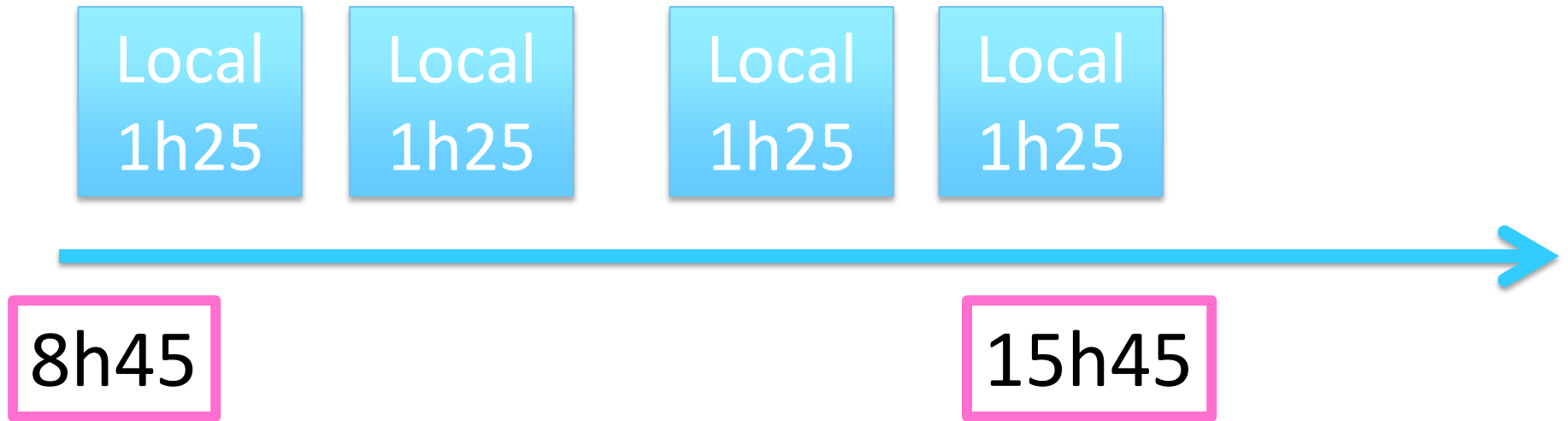




# Keio experience

N = 475	Value
<b>Conversion to open chest surgery</b>	<b>0</b>
<b>30-day mortality</b>	<b>5 (1.1%)</b>
Cerebral infarction, n (%)	5 (1.1%)
<b>Major vascular complications</b>	<b>18 (4.4%)</b>
New PM implantation, n (%)	34 (7.2%)
Coronary obstruction, n (%)	4 (0.9%)

# Optimization of procedure

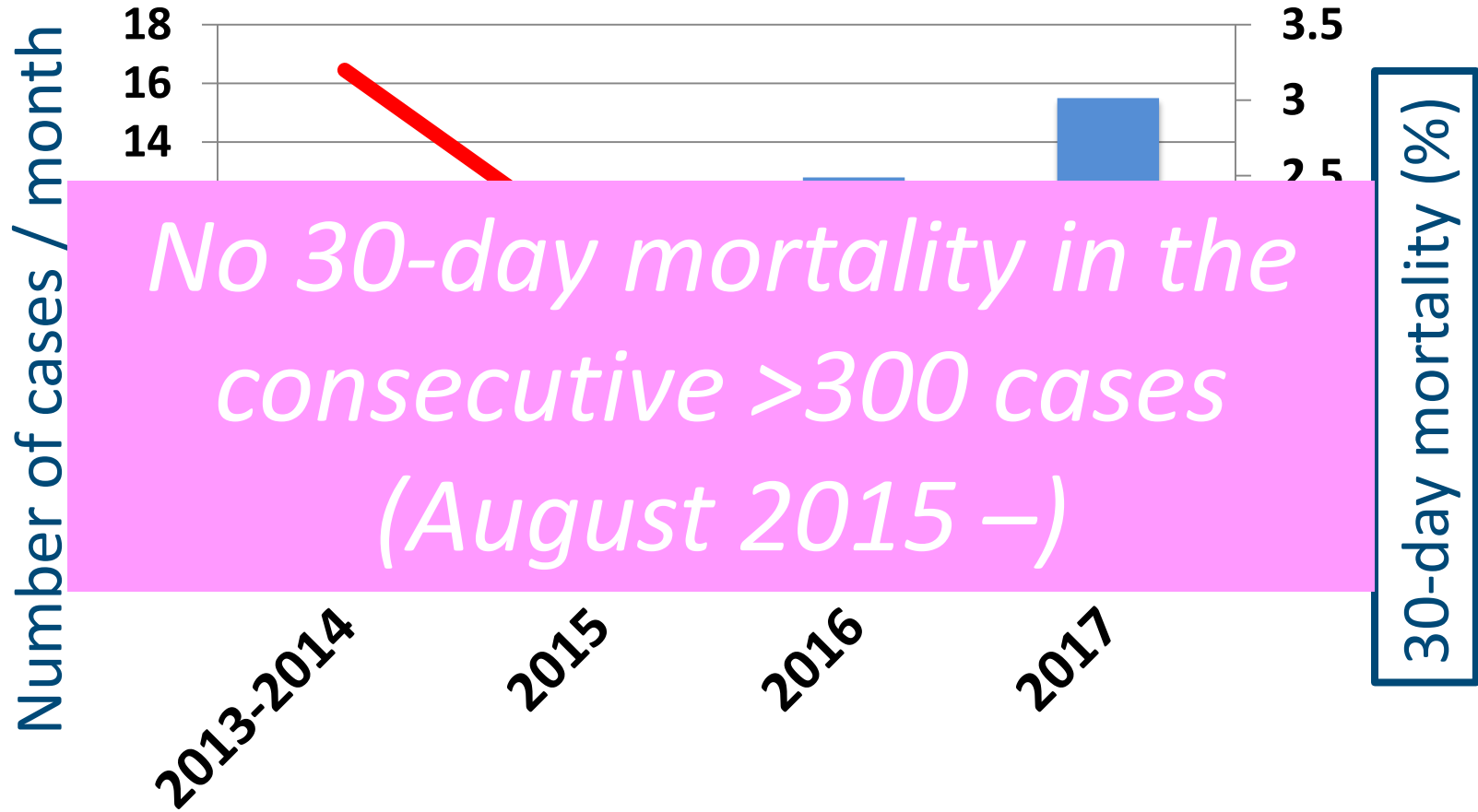


*4 case/day (26<sup>th</sup>, July, 2016)*

# Keio experience: SAPIEN 3 (May 2016-)

N = 200	Value
<b>30-day mortality</b>	<b>0</b>
Cerebral infarction, n (%)	1 (0.5%)
<b>Major vascular complications</b>	<b>1 (0.5%)</b>
New PM implantation, n (%)	14 (7.0%)
Coronary obstruction, n (%)	2 (1.0%)
≥moderate PVL	1 (0.5%)

# 30-day mortality and procedural volume



# My tips and tricks in reality

- Sharing the common goal “patient first” is the most important
- Utilize an echocardiographer as a neutral judge in heart team discussion
- Avoid big conflict with surgeon
- Patient preference is a powerful factor



# The heart team approach

