



Trends in SAVR and TAVR: Asan Medical Center Experience

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AMC AVR Cohort

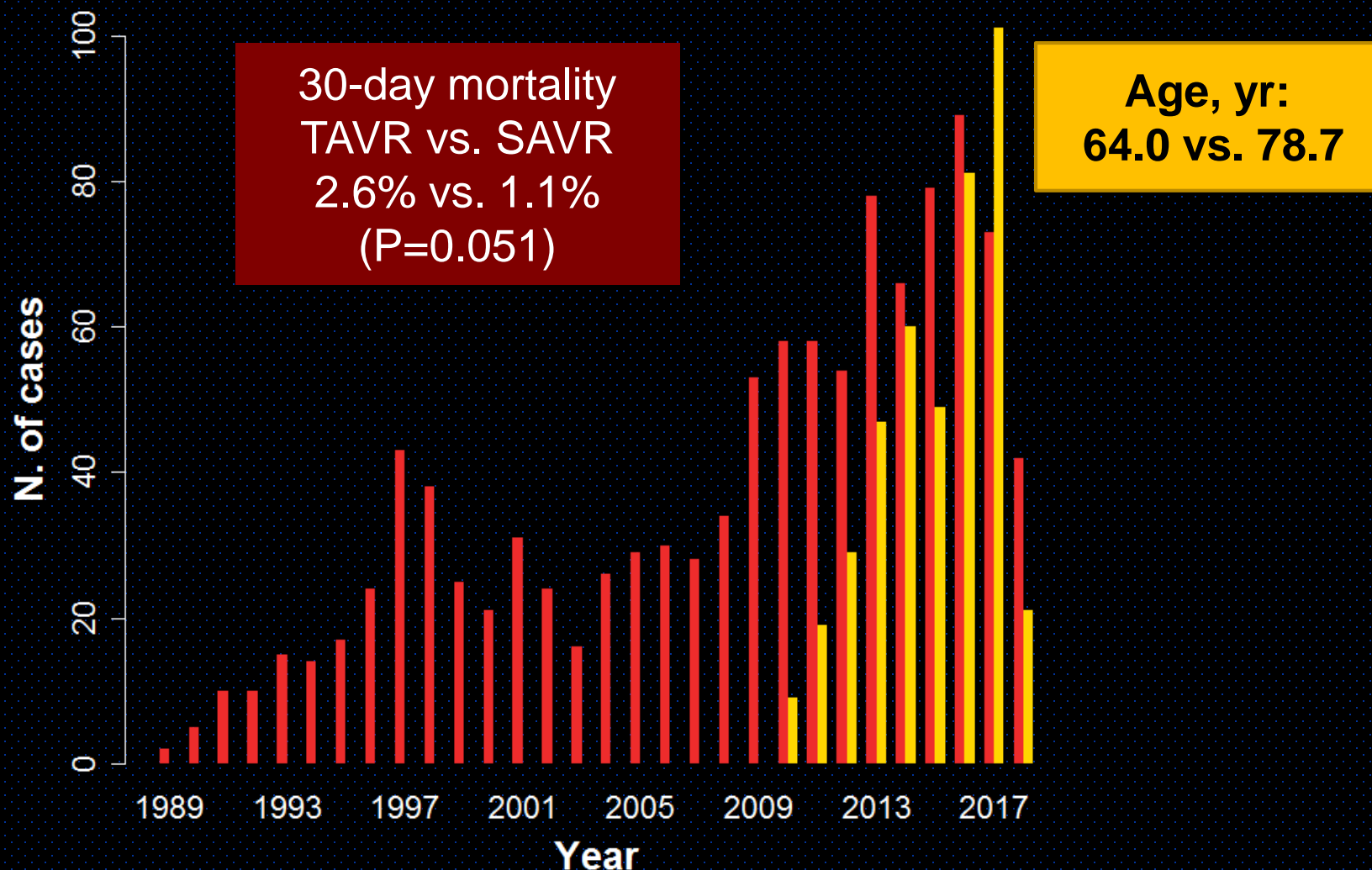
- 1989~2018
- TAVR from 2010
- SAVR and TAVR: total **N=5006**

Exclusion:

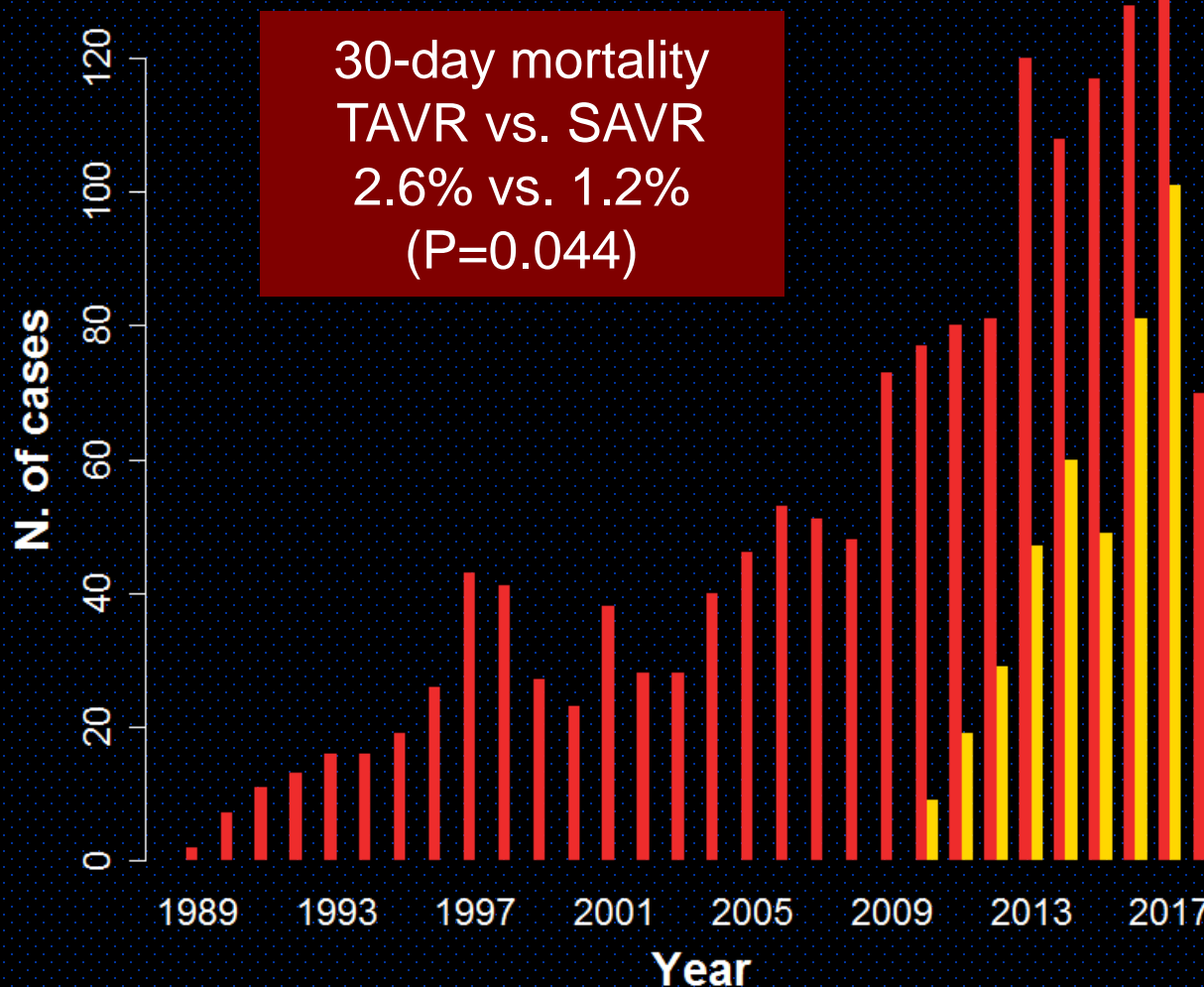
Acute AD
Infective endocarditis
Acute MI
Pure AR
Combined surgery (CABG, MV, TV, AF, Aorta, etc.)

- Isolated AVR for AS: **N=1508**
TAVR=416; SAVR=1092
- Isolated AVR \pm Ao, Maze: **N=1976**

Isolated TAVR and SAVR (N=1508)

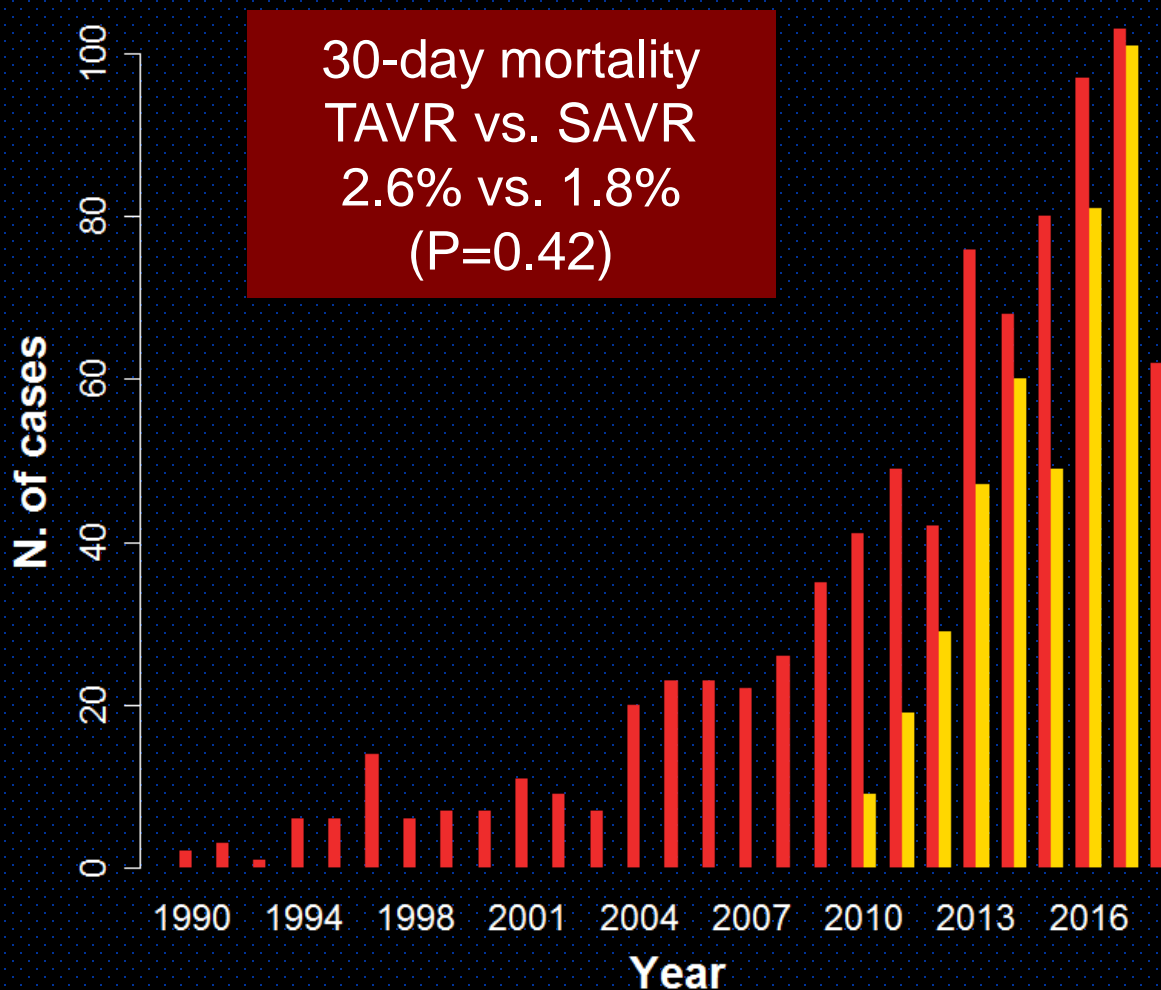


TAVR and SAVR (+/- aorta/maze, N=1976)

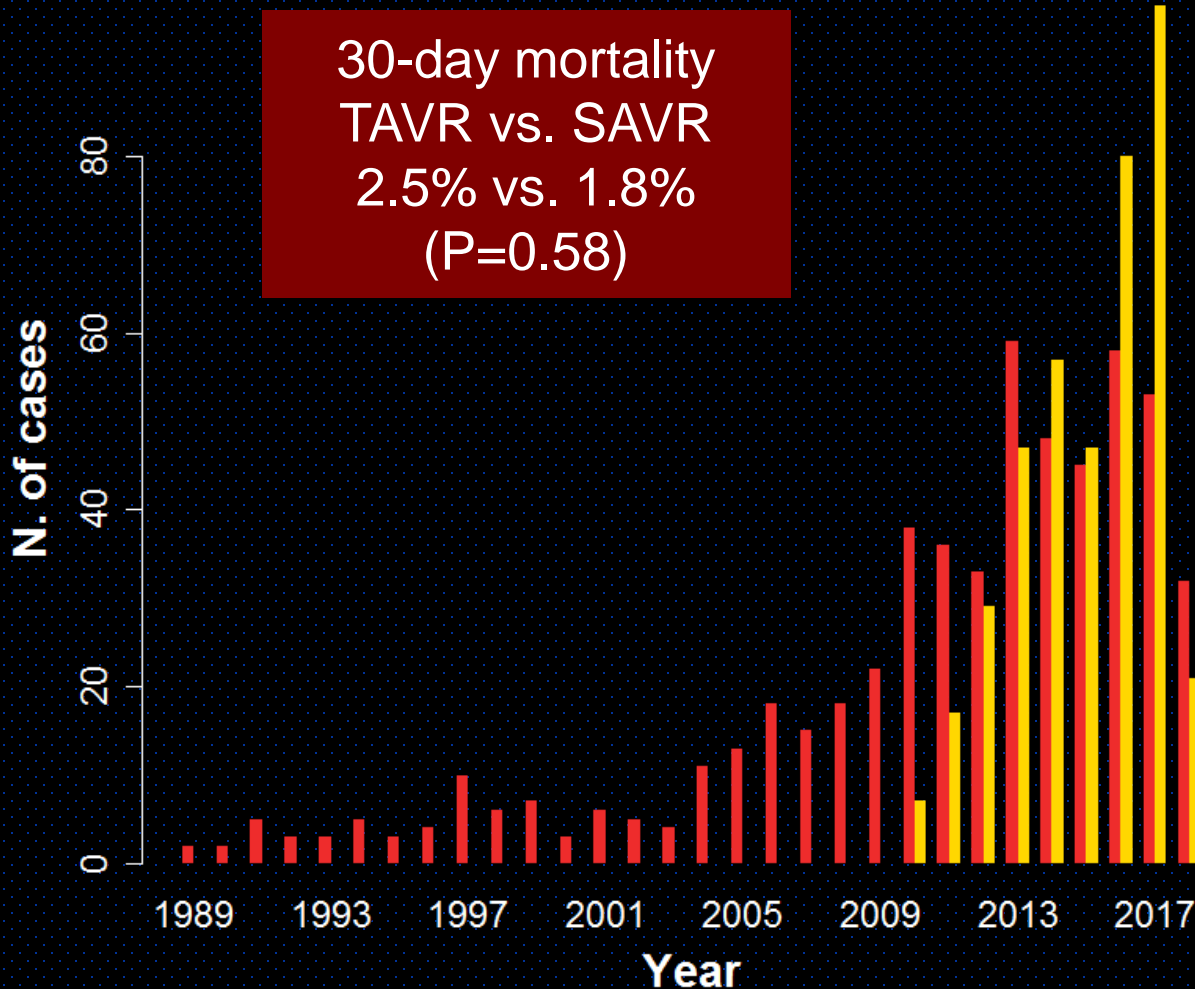


TAVR and SAVR: Bioprostheses

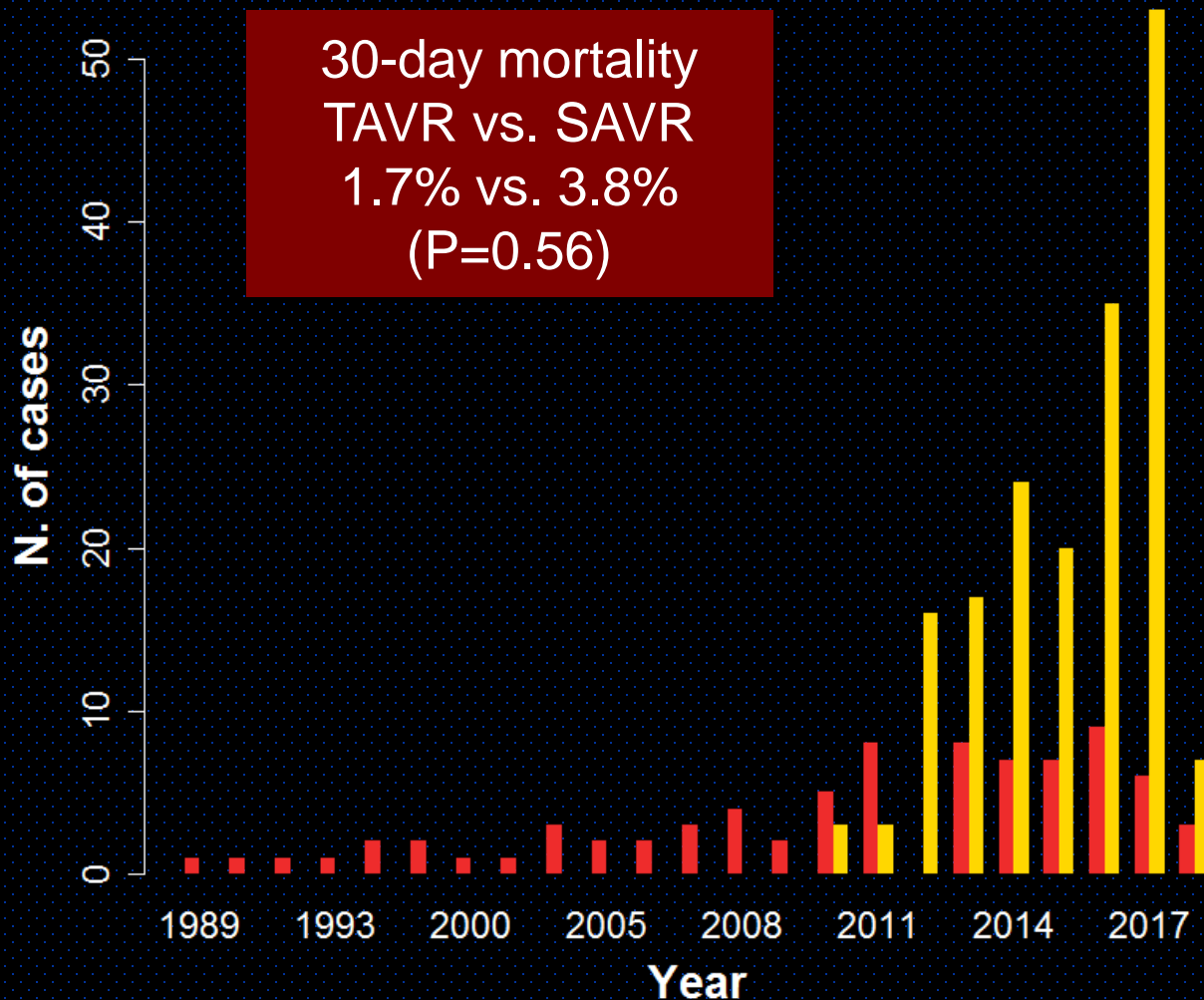
(n=1262)



TAVR and SAVR: Age \geq 70yrs (n=969)

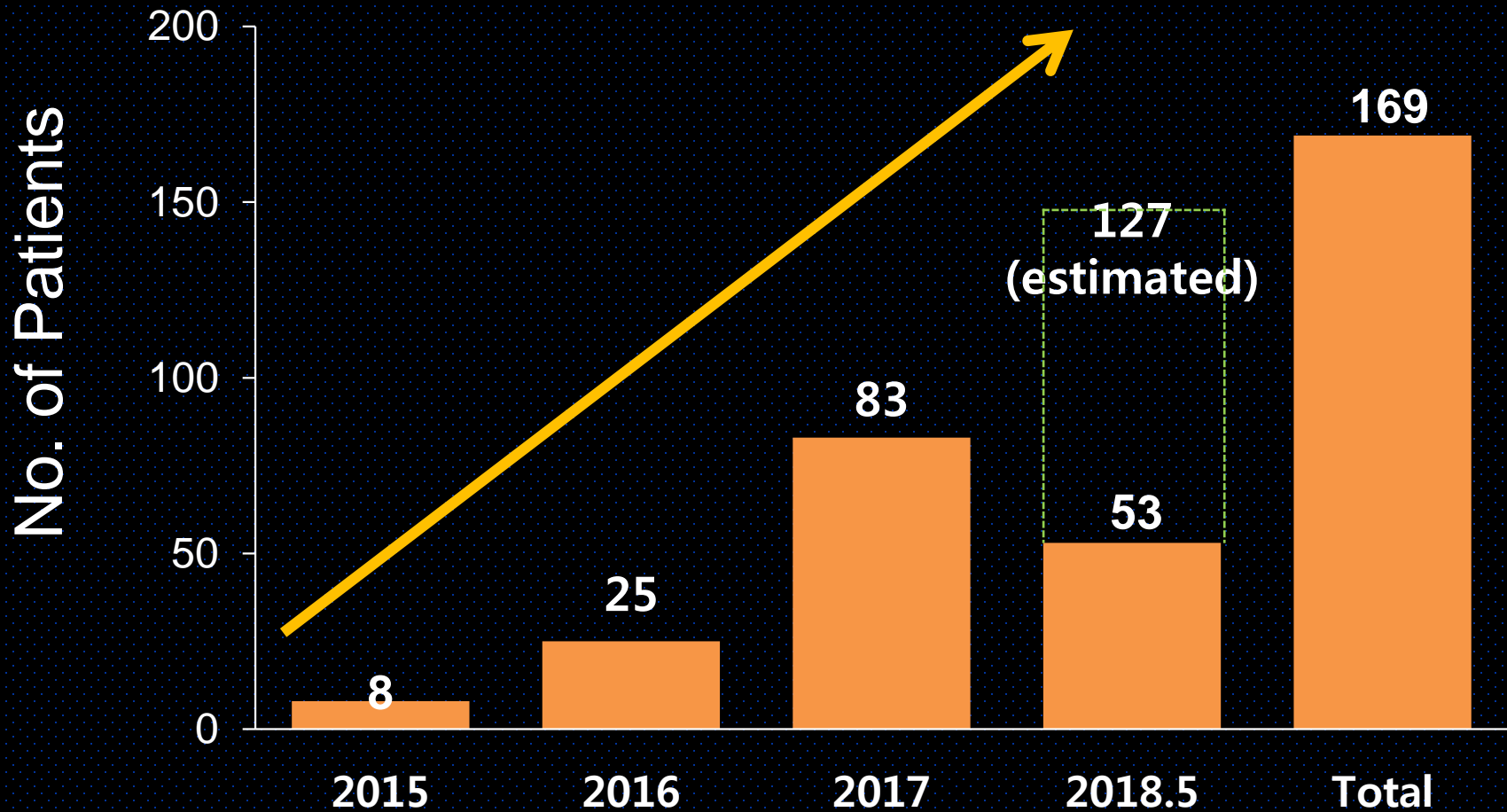


TAVR and SAVR: Age ≥ 80 yrs (N=257)

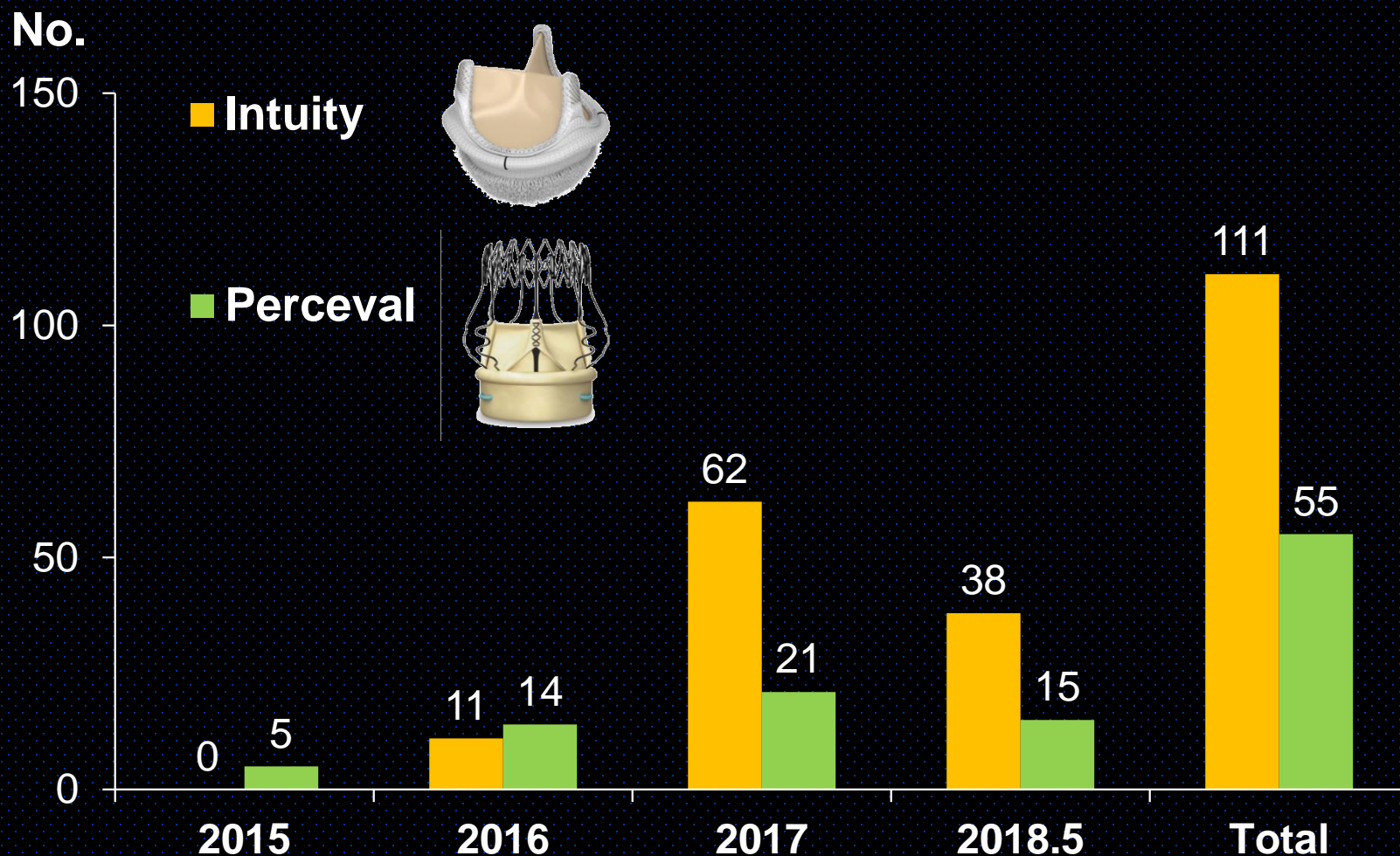


Surgical AVR

Rapid Deployment AVR in AMC



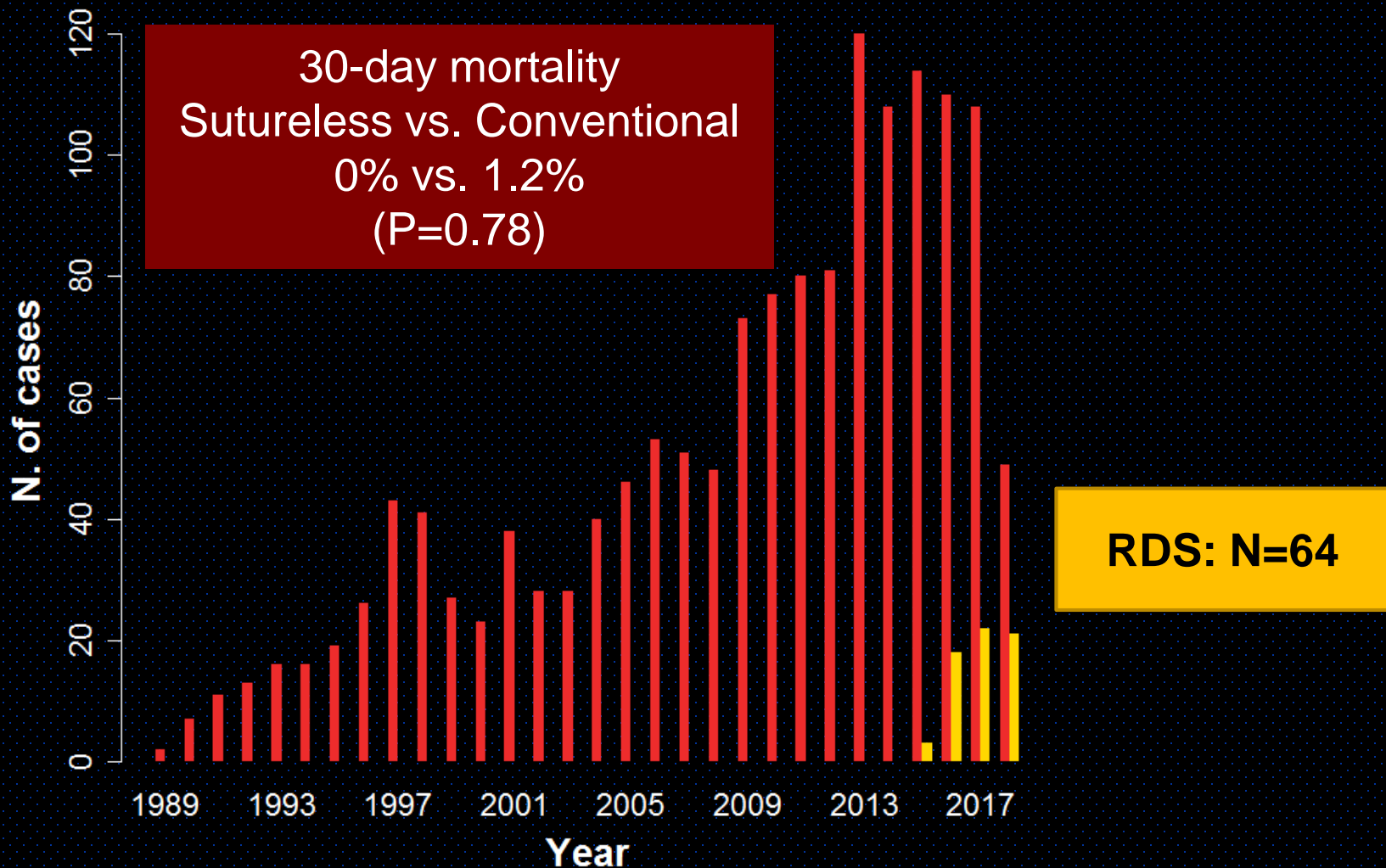
Rapid Deployment AVR in AMC

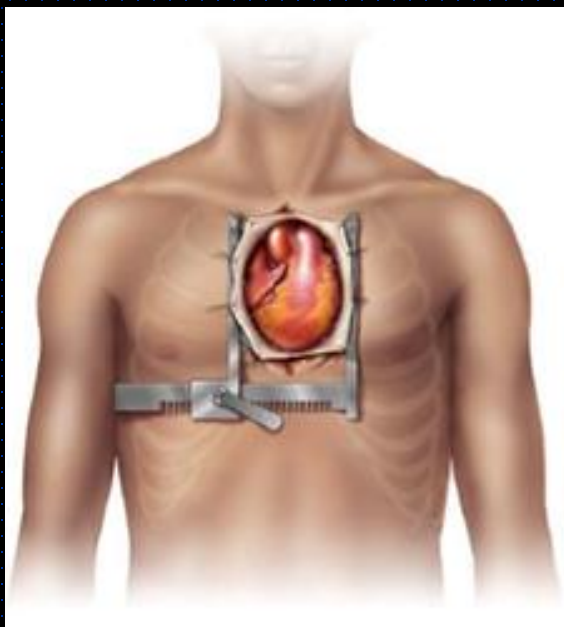


ASAN-AVR Registry, 2018

Sutureless vs. Conventional AVR

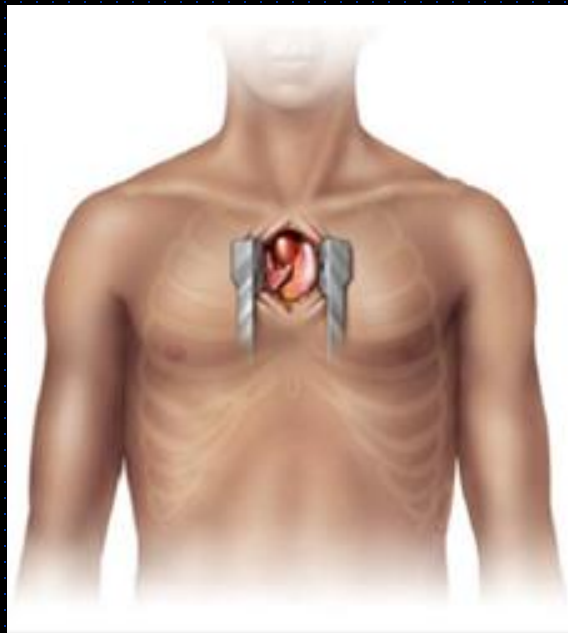
(N=1560)



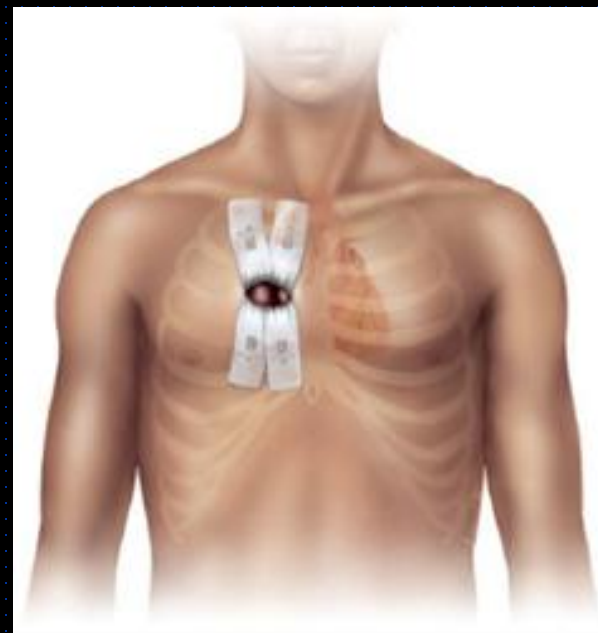


N=880

MICS: N=212 (19.4%)

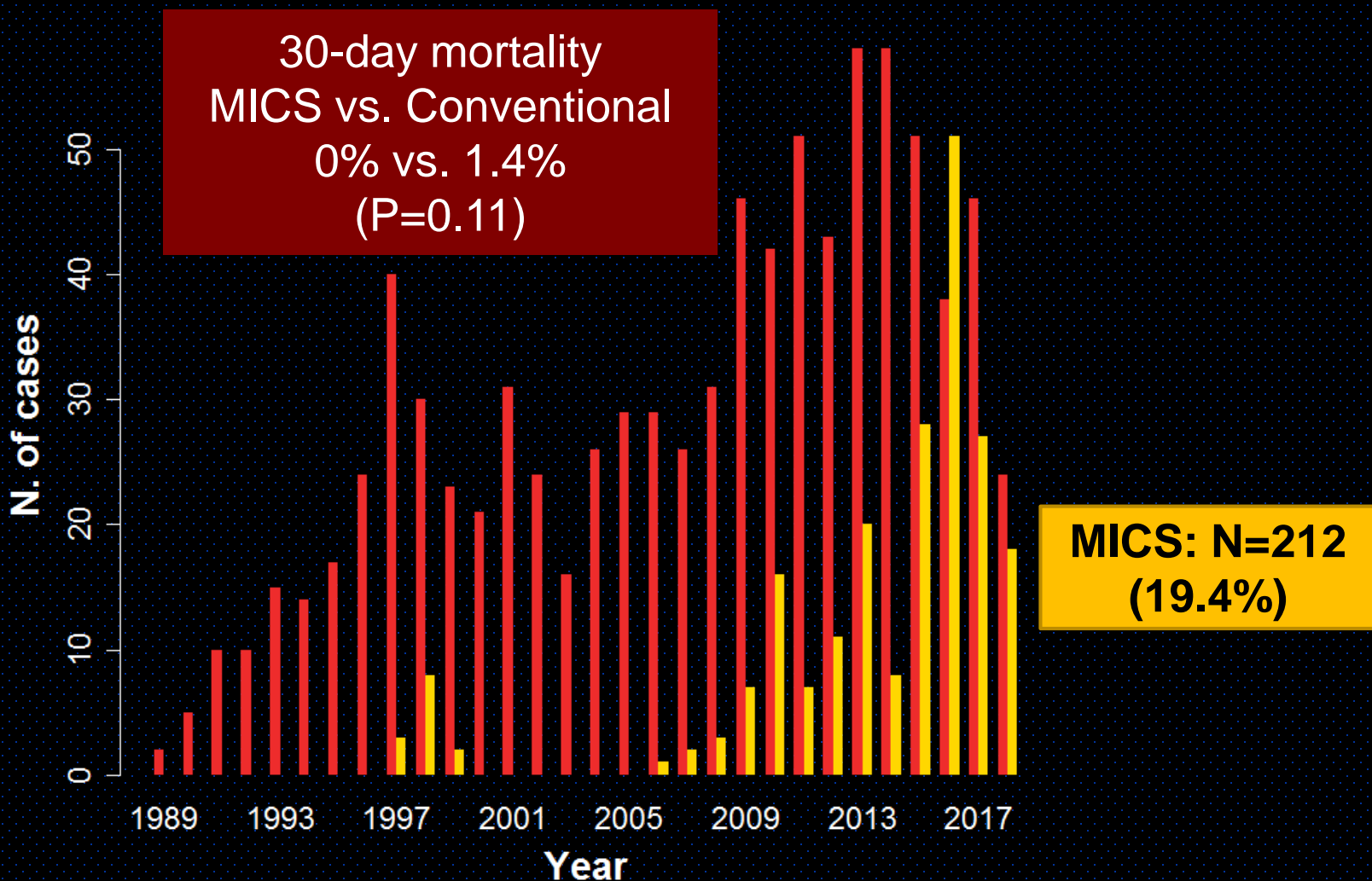


N=163



N=48

Minimally-Invasive vs. Conventional Isolated AVR (N=1092)





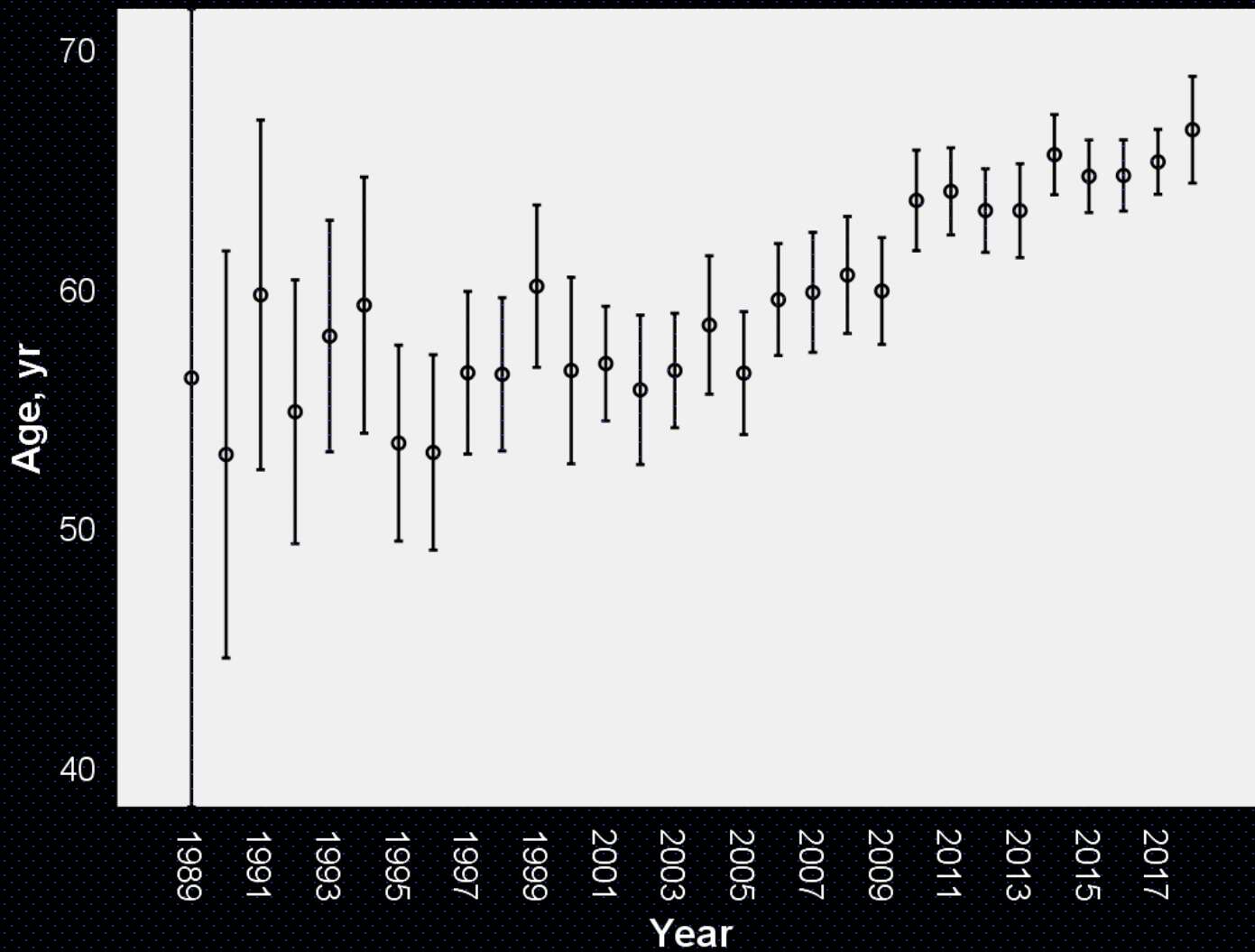
Sutureless Impact on MICS

Rapid Deployment AVR: MICS in 83.3% (40/48)

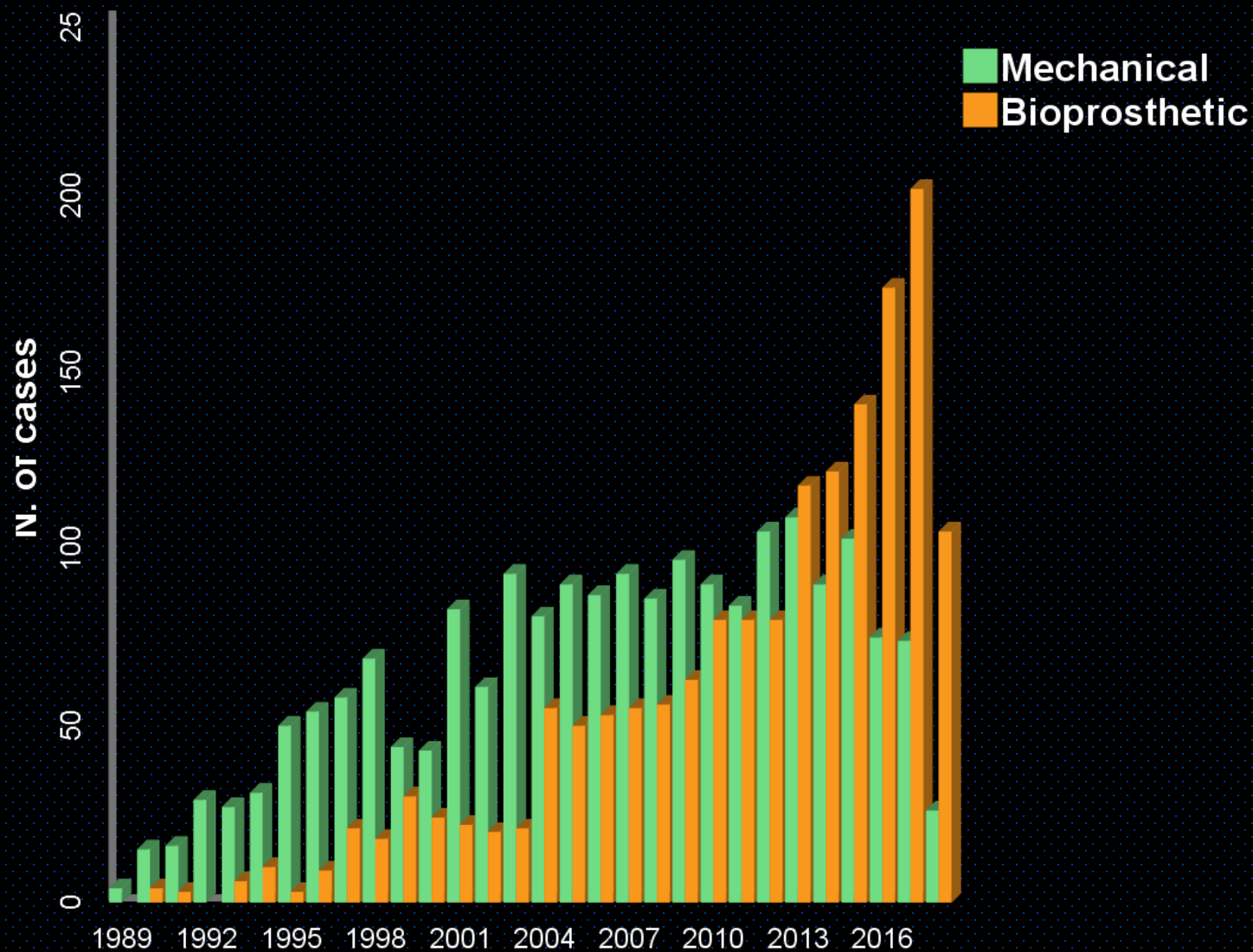
Conventional AVR: MICS in 16.5% (172/1044)

$P < 0.001$

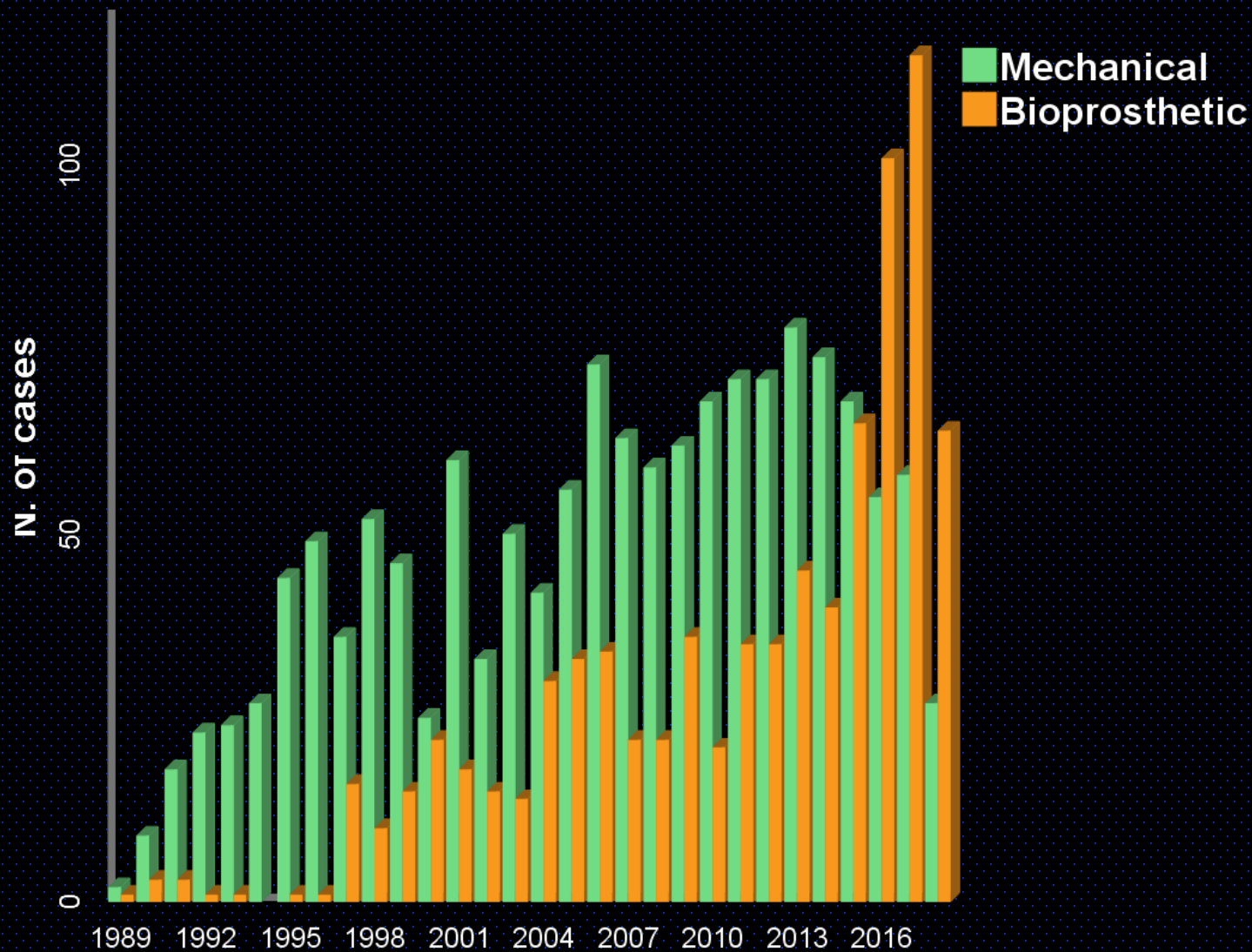
Age Trend in SAVR



Prosthetic Choice in SAVR (N=3592)



Age, 55-70 yrs (N=2242)





Take Home Message

- Rising TAVR in the treatment of AS, especially in octogenarians
- In SAVR, rising Sutureless and Mini-access options: Excellent safety profiles
- Patients preferences toward bioprostheses in middle ages



Thank you