

**MINIMALIST APPROACH TO CARDIAC ANESTHESIA AND OUTCOME IN PATIENTS UNDERGOING TRANSCATHETER AORTIC VALVE REPLACEMENT.**

Poster Contributions

Poster Hall, Hall C

Sunday, March 19, 2017, 9:45 a.m.-10:30 a.m.

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Session Title: Interventional Cardiology: TAVR 4

Abstract Category: 17. Interventional Cardiology: Aortic Valve Disease

Presentation Number: 1283-132

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**Background:** Transcatheter therapy for aortic stenosis (AS) continues to evolve with the adoption of methods intended to maximize efficacy, safety, and patient recovery.

**Study Aim:** To examine the impact of the use of minimal anesthesia with conscious sedation (CS) in patients undergoing transcatheter aortic valve replacement (TAVR).

**Methods:** Using a multidisciplinary collaboration, a program was initiated to perform transfemoral TAVR with CS to treat patients with native valve AS. Clinical outcomes for the first 50 patients treated with CS were compared to 50 control patients who had undergone TAVR with general anesthesia (GA) immediately preceding CS implementation.

**Results:** The two patient groups were similar with respect to age ( $81.3\pm 6.5$  yrs vs.  $81.7\pm 8.7$  yrs;  $p=0.082$ ), hemodynamic severity of AS, symptom status, and frailty. However, in comparison to GA patients, those who had TAVR with CS had shorter median procedure time (1.9 hrs [IQR, 0.3] vs. 2.3 hrs [0.6 hrs];  $p<0.001$ ) and hospital length-of-stay (LOS) (2.0 days [IQR, 1.1] vs. 2.9 days [2.0];  $p<0.001$ ). Procedural success with TAVR and major adverse complications were similar between the groups. Overall, implementation of TAVR with CS led to a \$2,833 reduction in median total variable costs per treated patient.

**Conclusions:** The implementation of a multidisciplinary program that enabled TAVR to be performed with CS led to significant reductions in LOS and hospital costs, without affecting the effectiveness and safety of the procedure.