ΜΗΤΡΩΟ ΚΑΤΑΓΡΑΦΗΣ ΤΟΥ Γ.Ν.Α. «Ο ΕΥΑΓΓΕΛΙΣΜΟΣ» ΣΤΙΣ ΤΑΧΕΩΣ ΕΜΦΥΤΕΥΣΙΜΕΣ ΑΟΡΤΙΚΕΣ ΒΑΛΒΙΔΕΣ

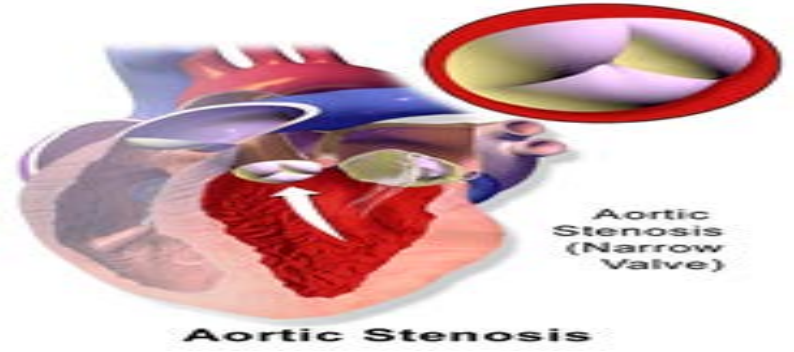
Σαμιώτης Ηλίας, Δεδεηλίας Παναγίωτης, Παπακωνσταντίνου Νικόλαος, Πάτρης Βασίλειος, Αργυρίου Μιχαήλ, Χαρίτος Χρήστος.

Τμήμα Θώρακος – Καρδίας – Αγγείων ΓΝΑ"Ο Ευαγγελισμός"

Δεν υπάρχει σύγκρουση συμφερόντων
με τις παρακάτω χορηγούς εταιρείες:

PFIZER, JANSSEN ONCOLOGY, SOFMEDICA,
NOVARTIS, ABBVIE, MSD, WINMEDICA,
GENESIS, ROCHE, TAKEDA, ASTELLAS,
AMGEN, ANGELINI, ΑΝΤΙΣΕΛ, SERVIER,
BRISTOL-MYERS SQUIBB, ABBOTT, GILEAD,
SANDOZ, BIANEΞ, RONTIS, MAVROGENIS,
AENORASIS, SPECIFAR, KARYO

ΕΙΣΑΓΩΓΗ

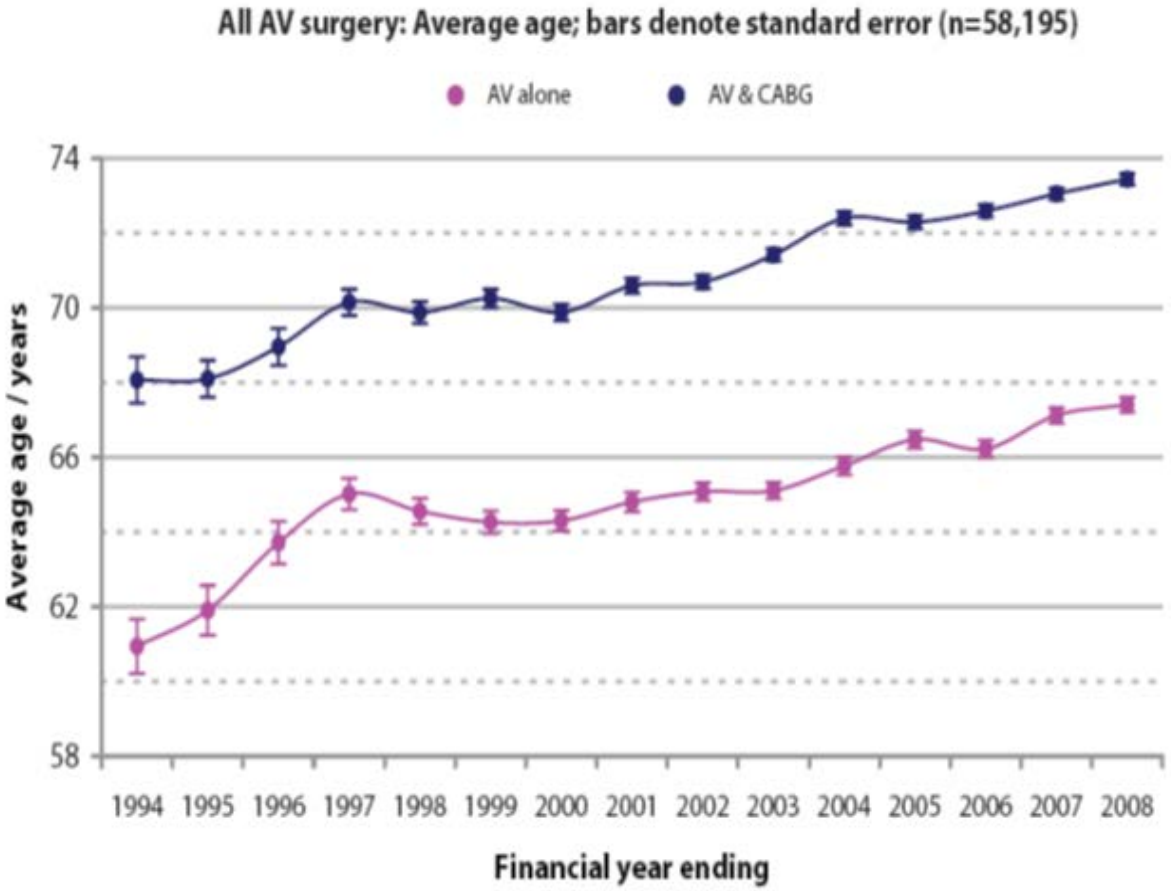


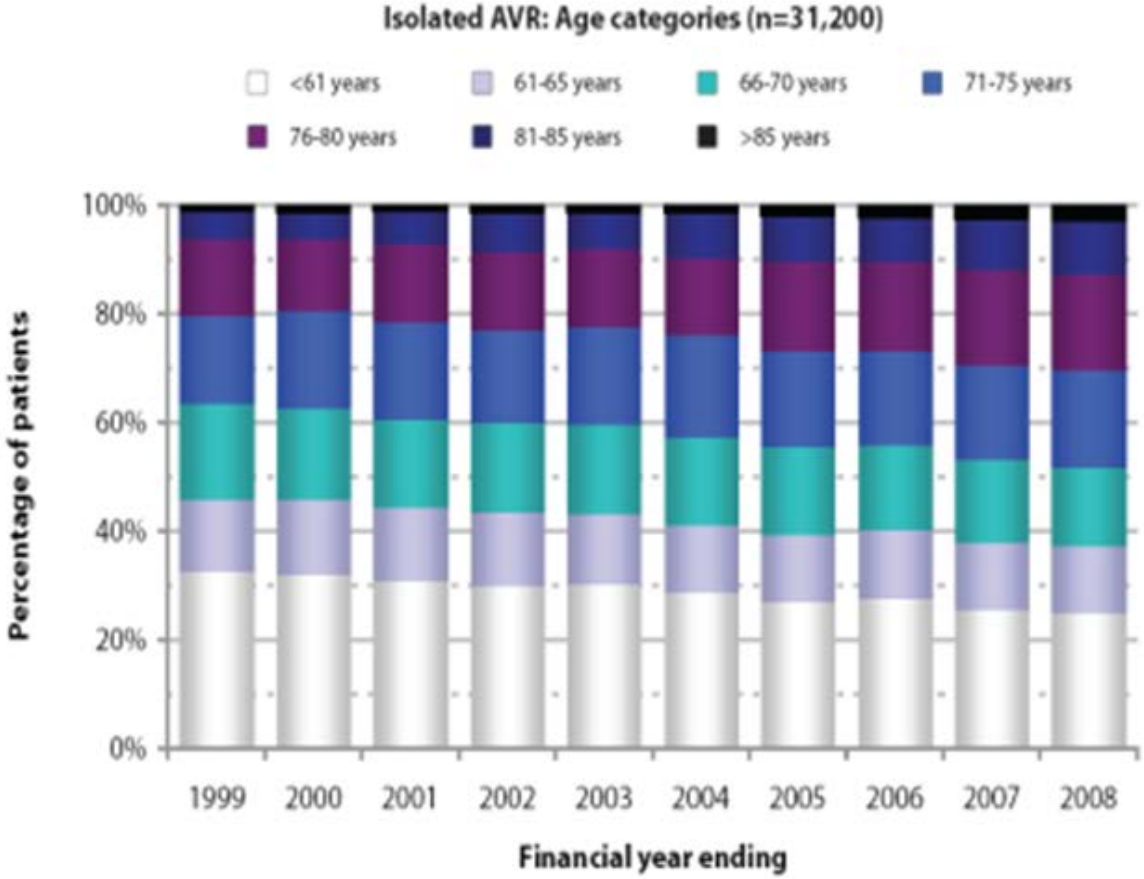
- Η στένωση της αορτικής βαλβίδας αποτελεί την συχνότερη βαλβιδοπάθεια στο δυτικό κόσμο, κυρίως σε ασθενείς άνω των 70 ετών

- Συνυπάρχουν συνοδά νοσήματα καθιστώντας την επέμβαση αυτή υψηλού περιεγχειρητικού κινδύνου.

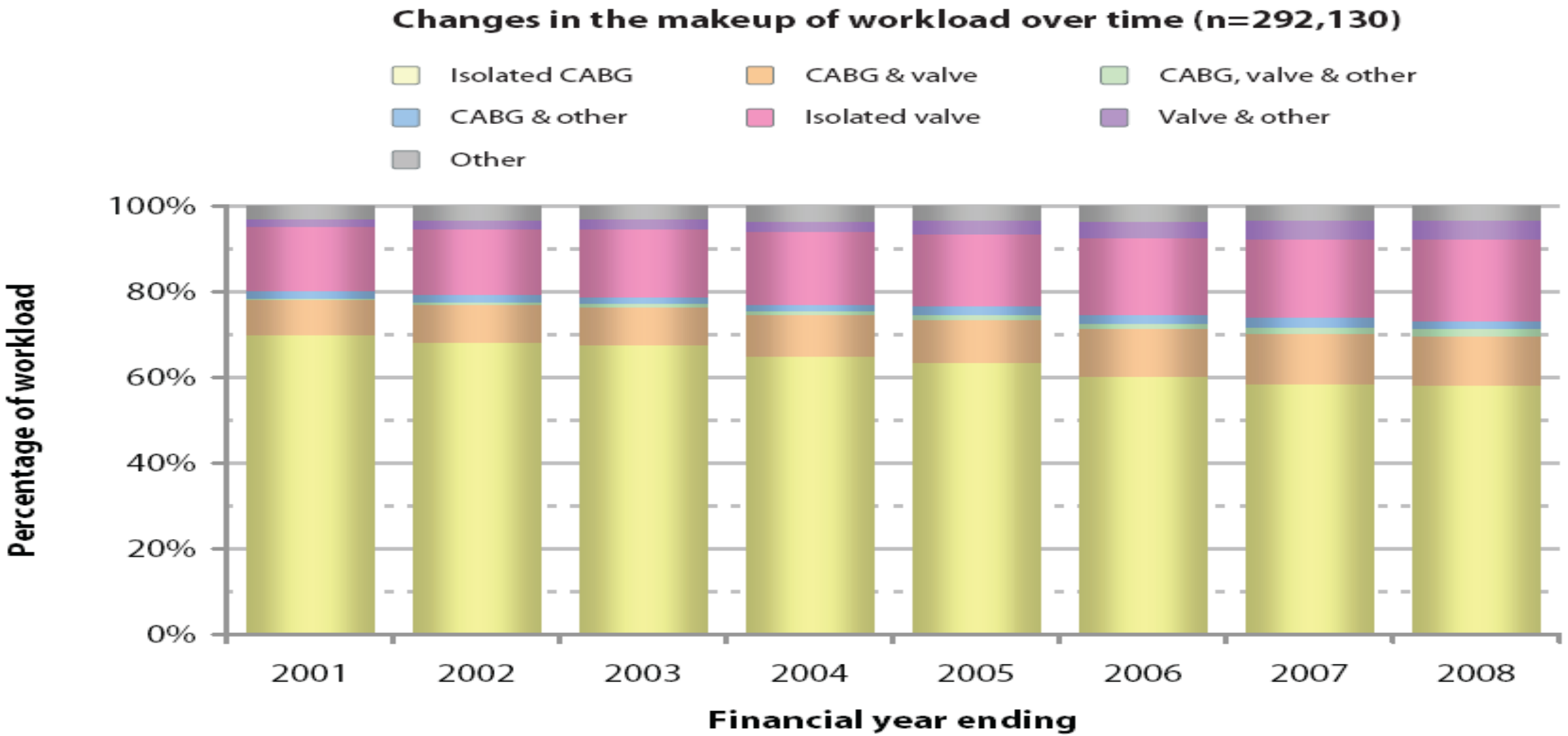
- Εκτός από την συμβατική βιοπροσθετική βαλβίδα, υπαρχούν και η νέας γενιάς βαλβίδες ***Perceval S***, ***INTUITY*** και ***The 3f®-Enable valve*** αυτοεκπτυσσόμενες βαλβίδες.

Increasing age of pts that we operate on

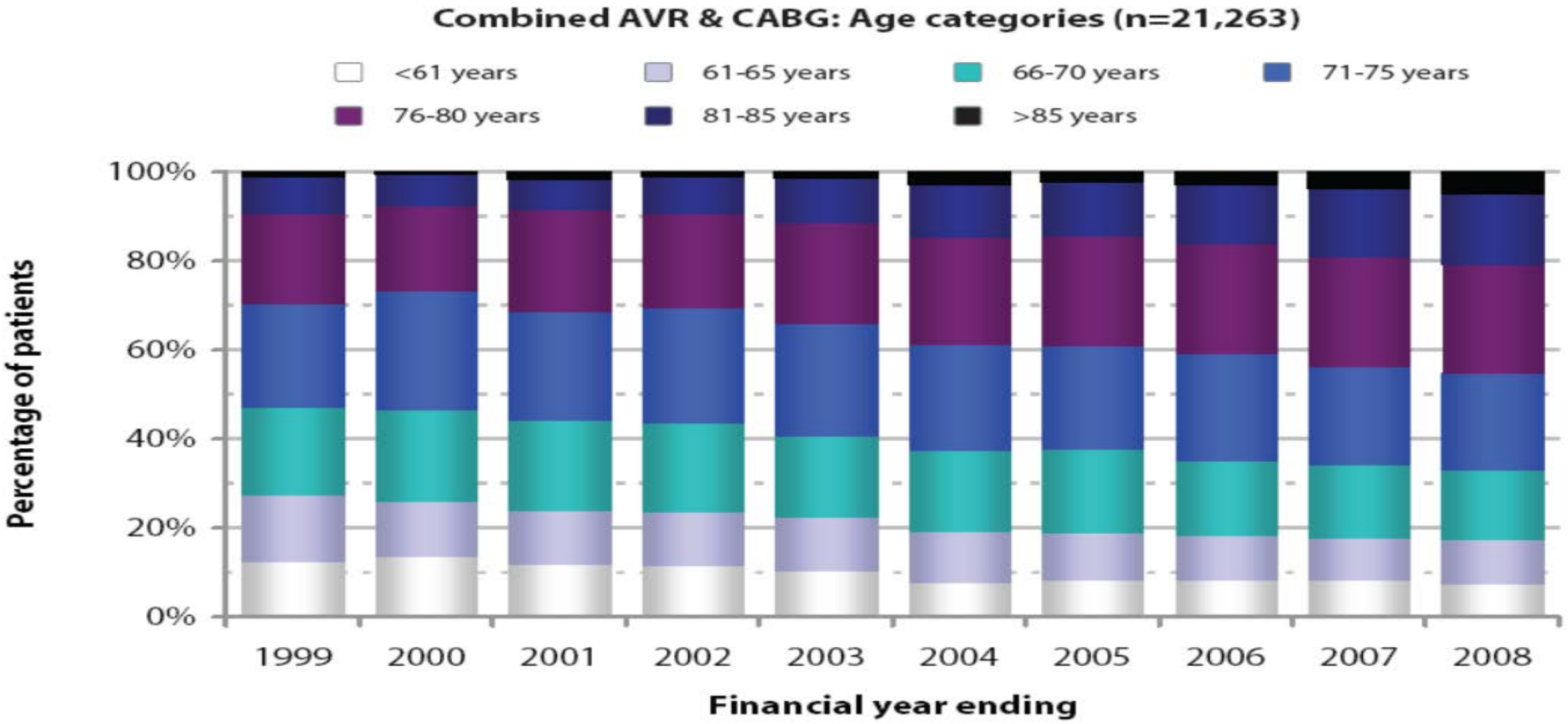




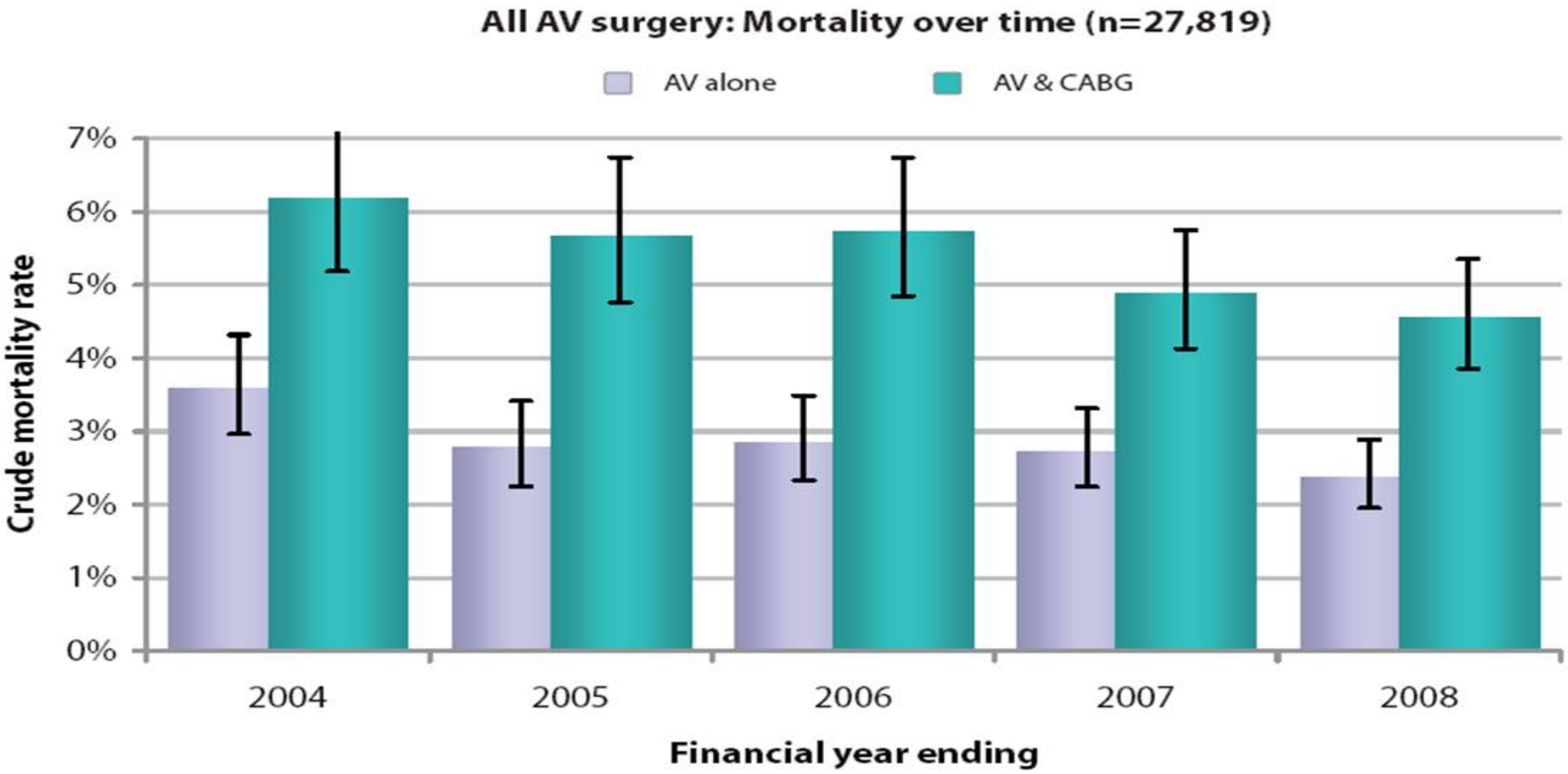
Increasing number of AVRs



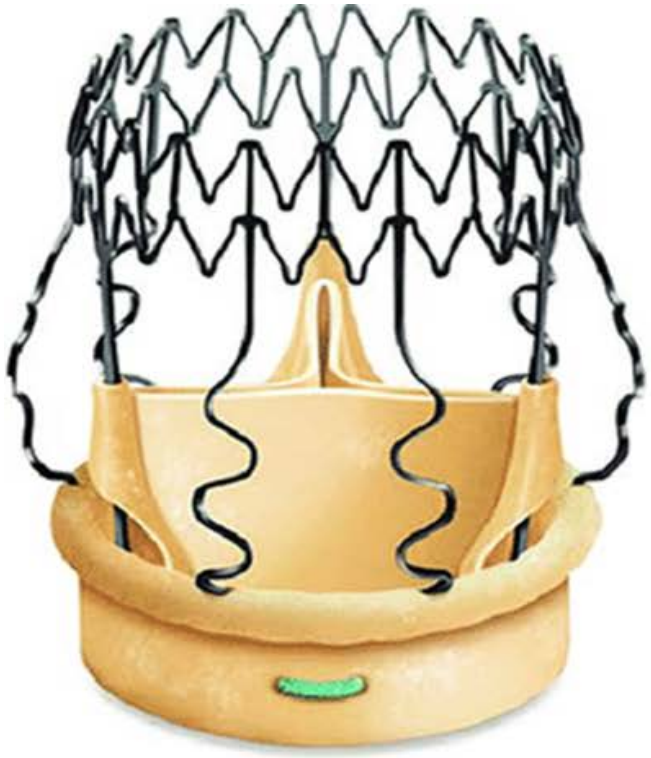
Increasing number of pts undergoing AVR+CABG



Improvement in mortality



ΤΑΧΕΩΣ ΕΜΦΥΤΕΥΣΙΜΕΣ ΑΟΡΤΙΚΕΣ ΒΑΛΒΙΕΔΕΣ



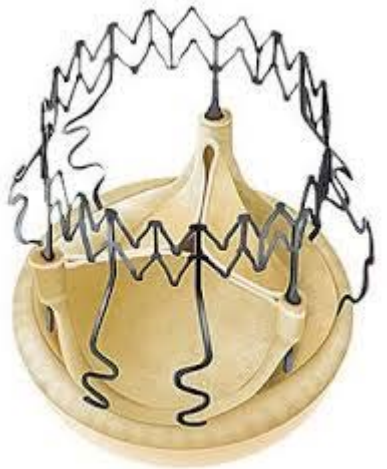
A

B

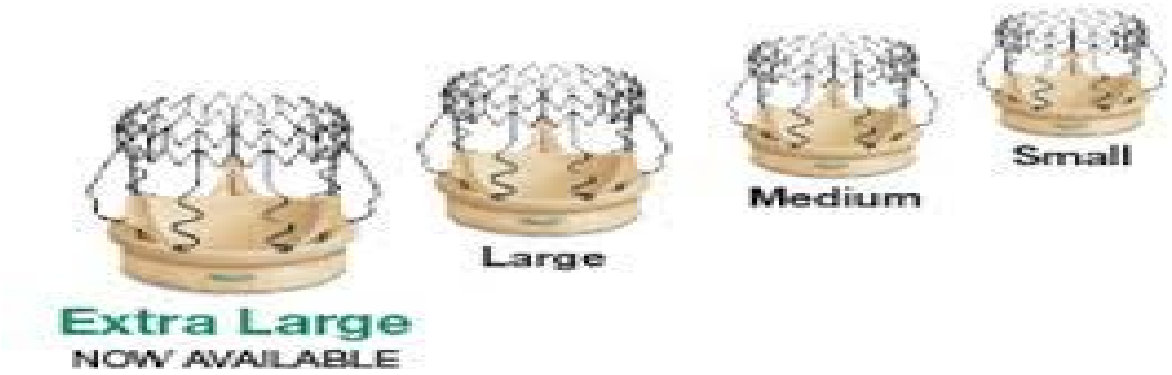
C

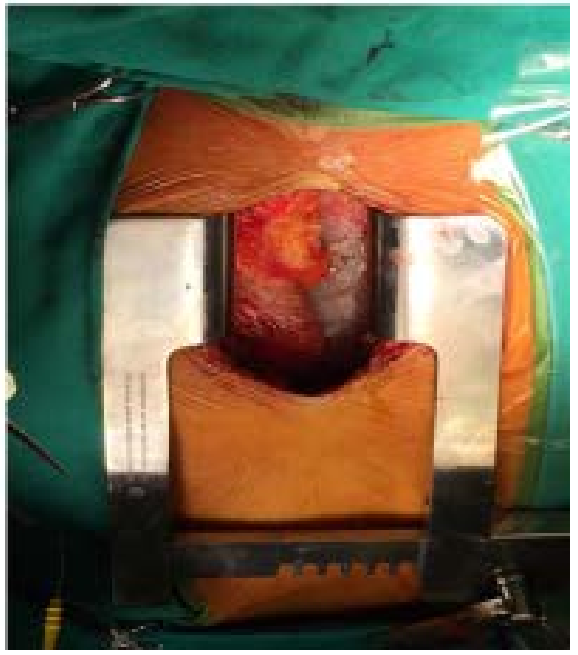
(A) The Perceval valve (LivaNova).
(B) The 3f®-Enable valve (Medtronic).
(C) The INTUITY valve (Edwards).

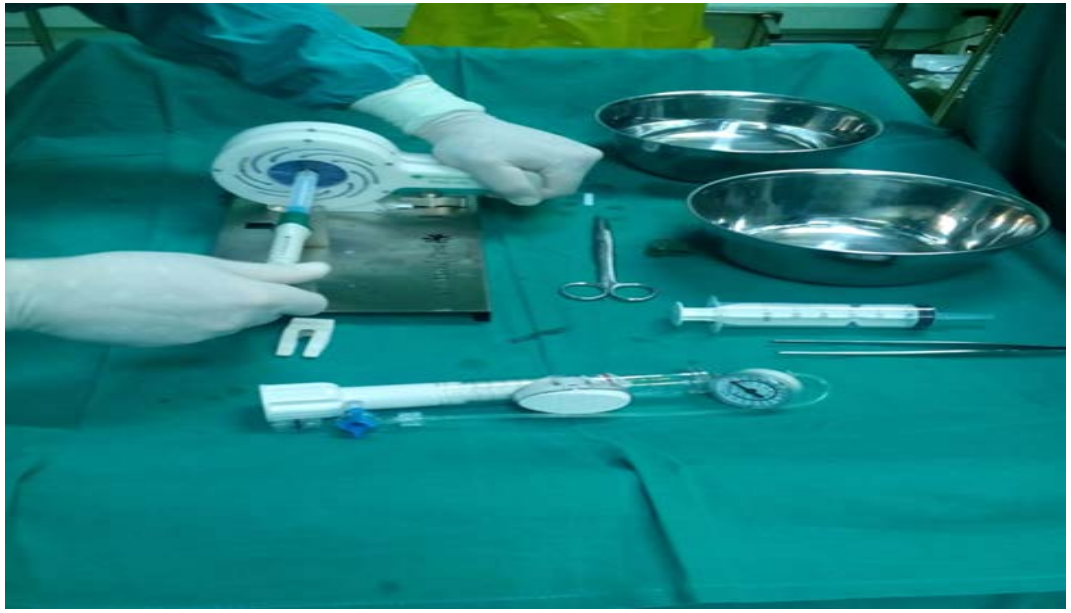
PERCEVAL S

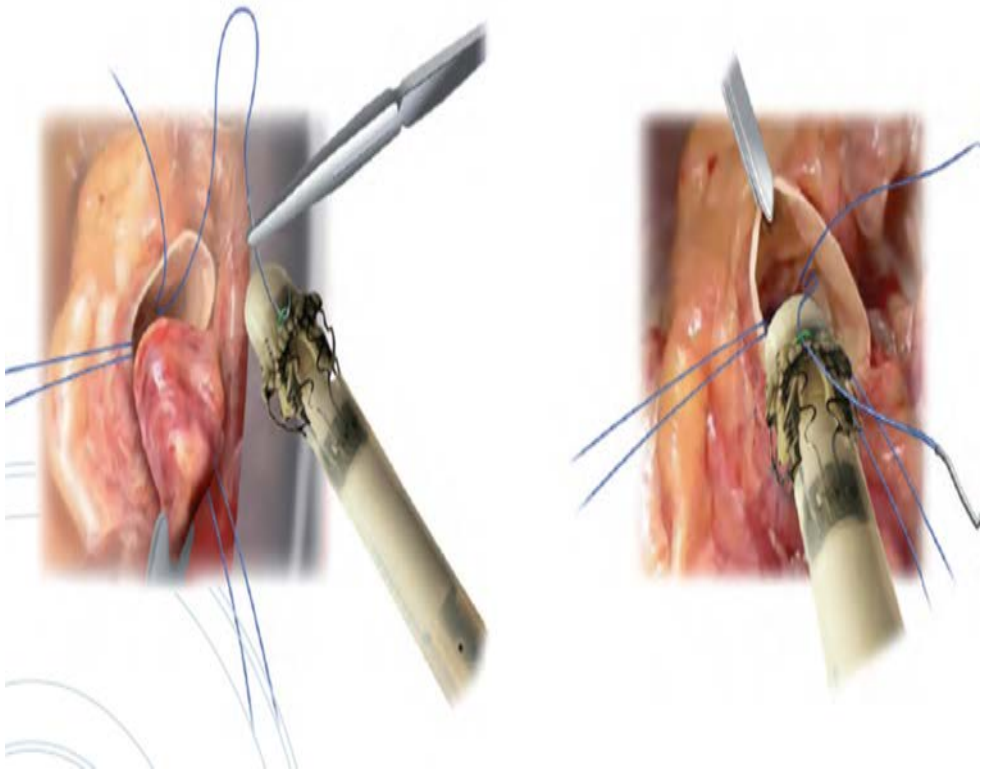


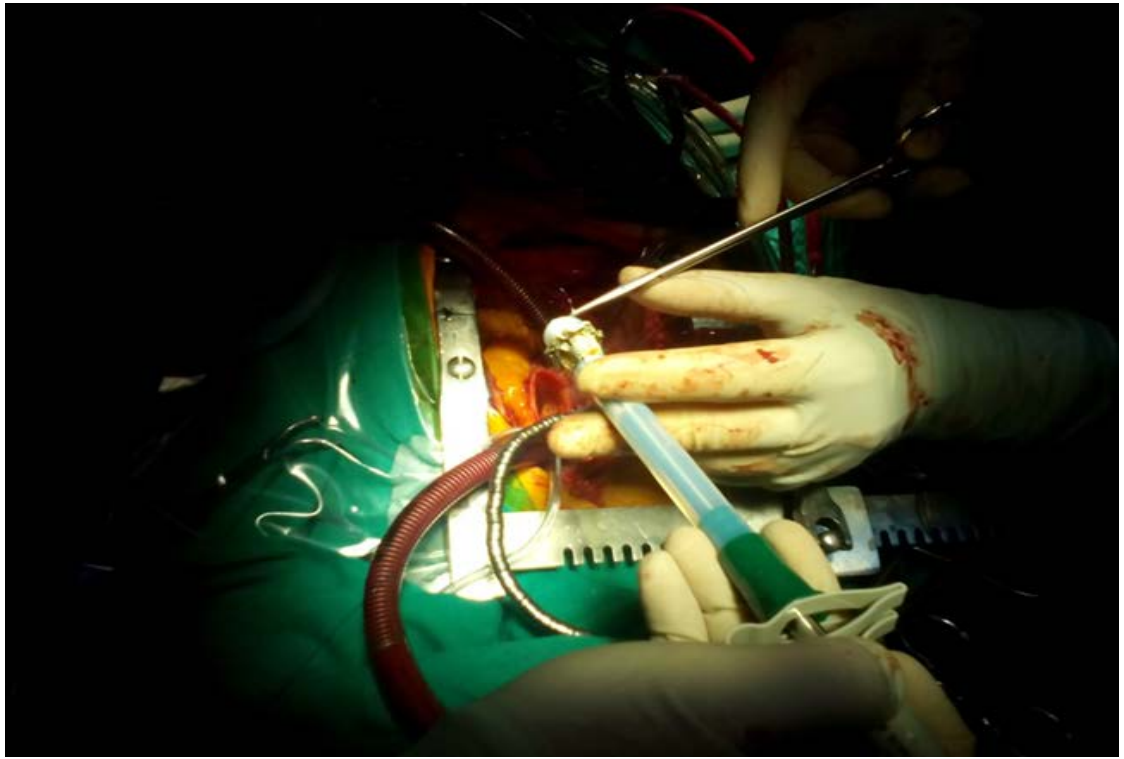
- Βιοπροσθετική αυτοεκπτυσσόμενή βαλβίδα - χωρίς συρραφή
- Βόειο περικάρδιο η οποίες στηρίζωνται σε εναν μεταλλικό κλωβό-stent από νιτινόλη το οποίο εκπτύσσεται και στηρίζει την βαλβίδα χωρίς την ανάγκη συρραφής αυτής στον αορτικό δακτύλιο
- Μικρής-μερικής στερνοτομής
- Μέσω μικρής πρόσθιας θωρακοτομής
- Συμβατικής μέσης στερνοτομής

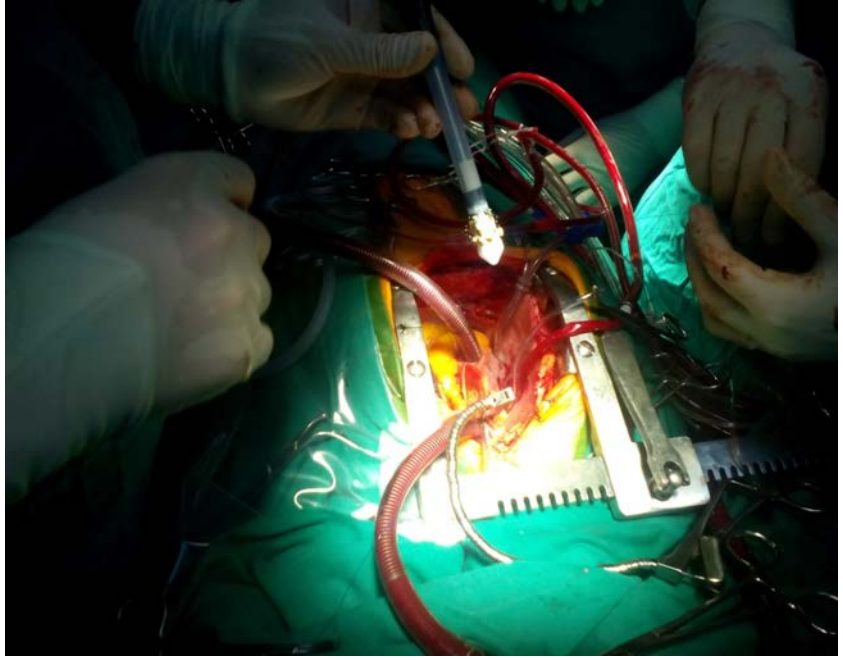


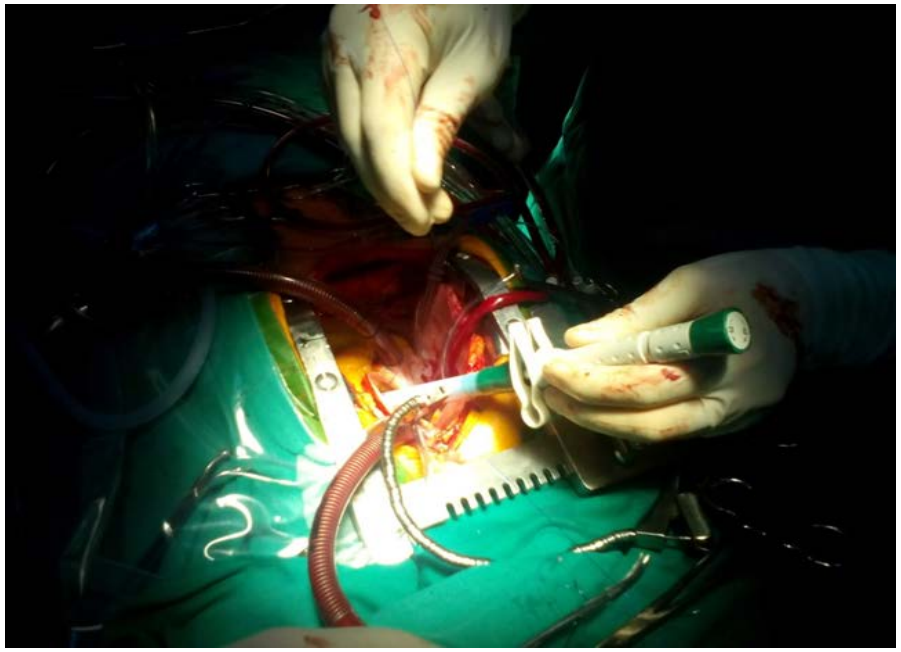


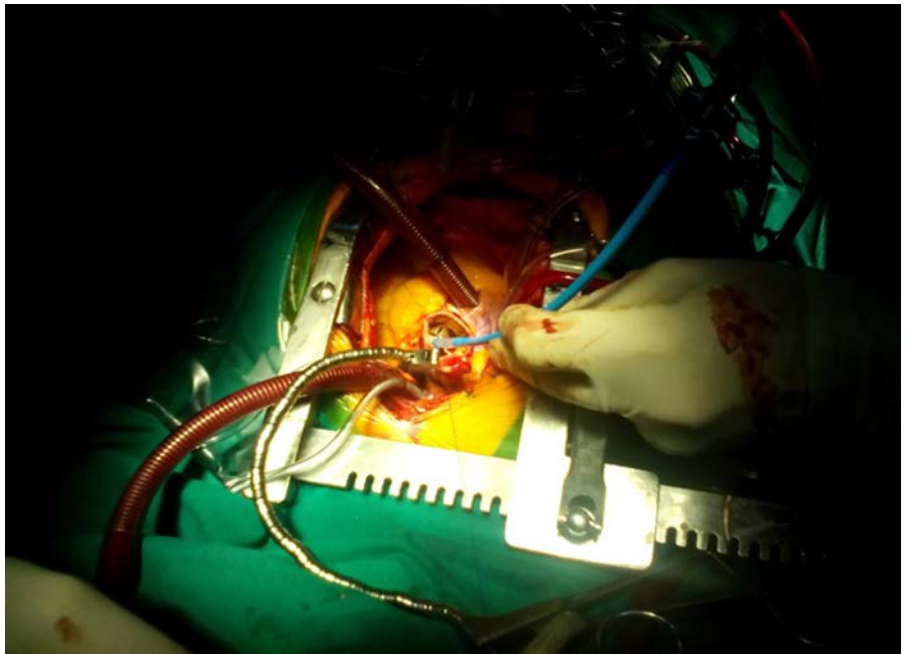


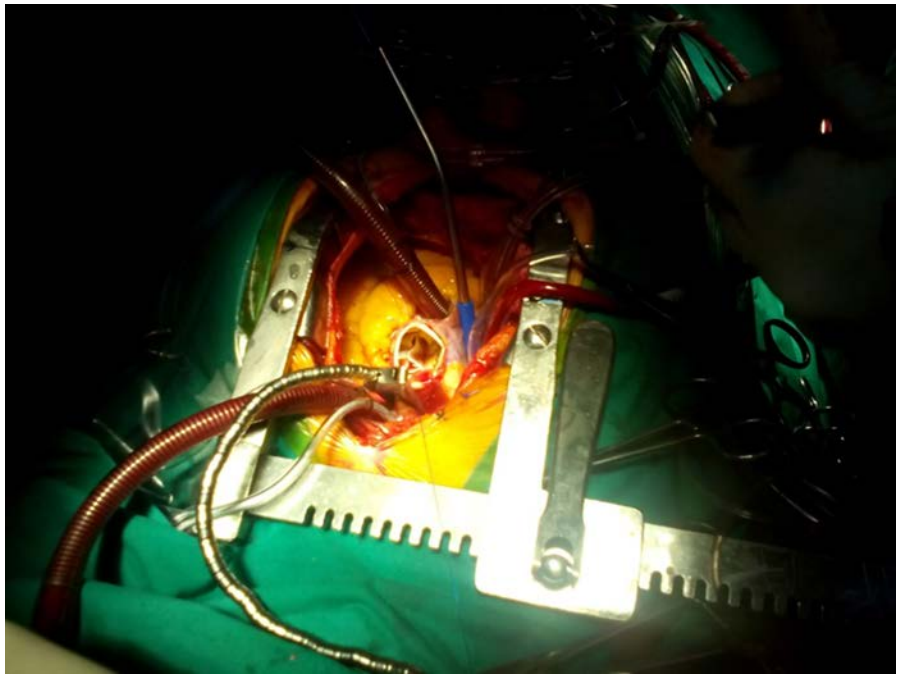


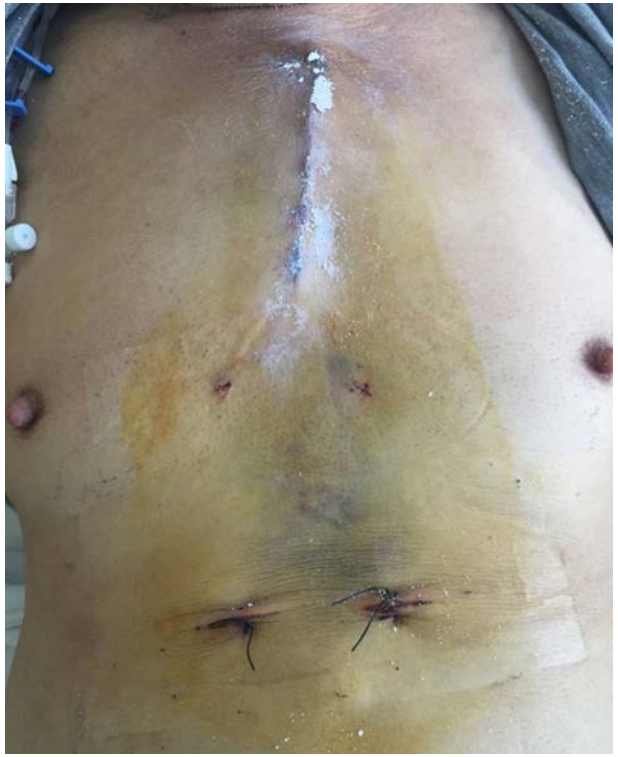


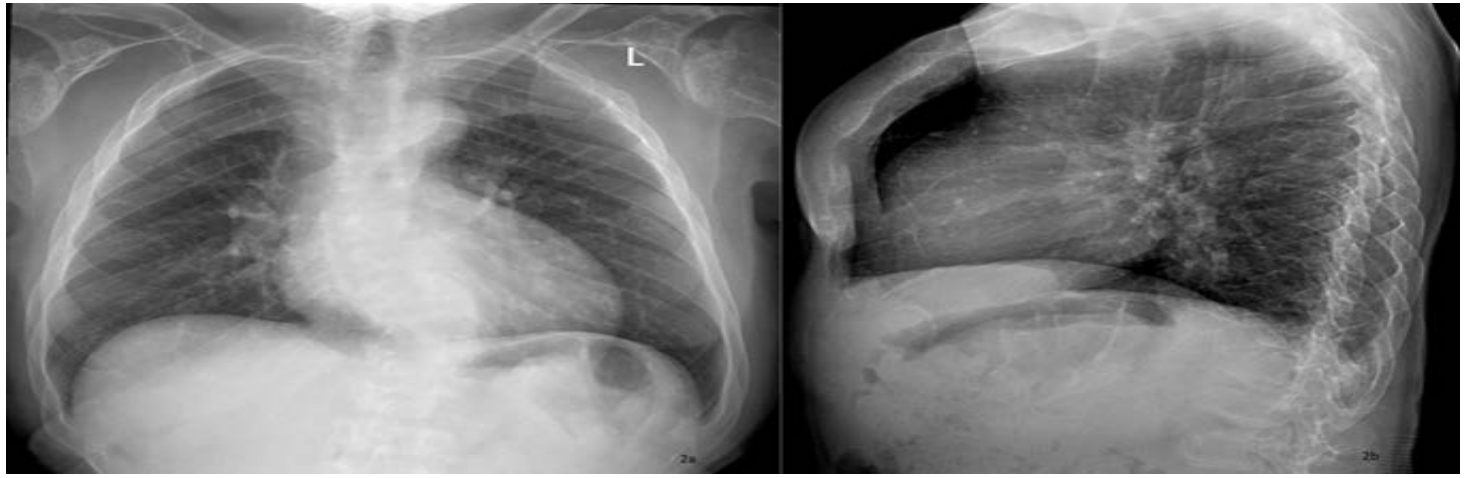






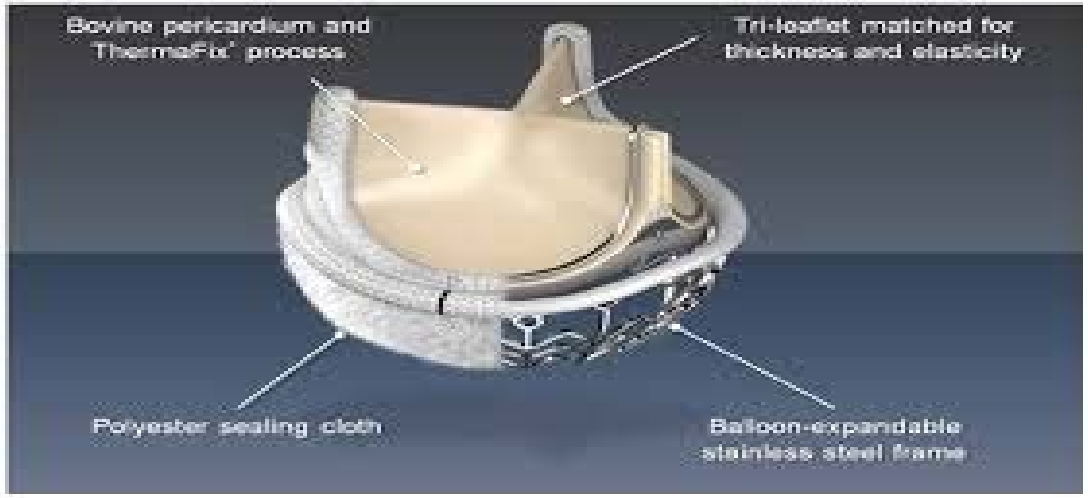





L
2a
2b


1b

INTUITY



Excellent 3-year hemodynamics[†]

Single-digit mean gradients (8.7 mmHg overall n = 59) demonstrated in the prospective, multi-center TRITON trial of 287 patients!

Low supra-annular profile for maximum options

Low supra-annular profile facilitates use with any aortotomy and provides excellent clearance from the coronary ostia.

Built on the PERIMOUNT valve performance

The EDWARDS INTUITY Elite valve system is built upon the proven performance and long-term durability of the PERIMOUNT valve design. By mounting matched leaflets under the flexible stent, commissural stress points are minimized.

Secure assembly

Engineered to ensure only the correct size valve and delivery system are connected for procedural confidence.

Rapid valve preparation

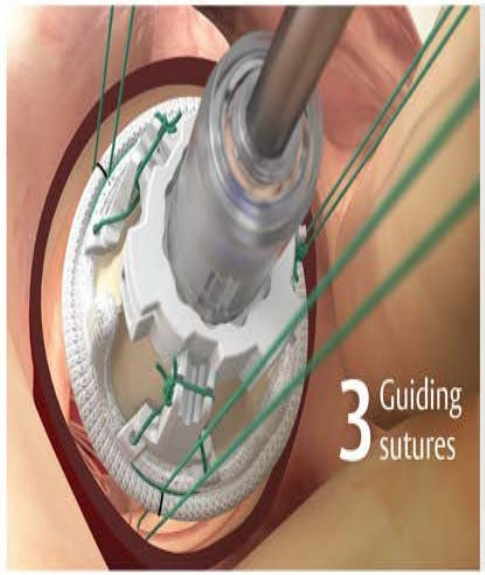
No collapsing or folding of the valve leaflets during preparation or implantation.

Innovative balloon design

Incorporated within the delivery system for reliable balloon positioning and inflation, as well as simplified device preparation.

Balloon expanded delivery for efficient procedures

The EDWARDS INTUITY Elite valve system utilizes three guiding sutures in conjunction with the expanded frame for secure annular placement, helping reduce procedural steps.



Streamlined delivery

Utilizes a balloon expanded frame and 3 guiding sutures to provide ease of implantation and excellent visualization.

Traditional surgical valves

Require 12–15 sutures, making implantation difficult through smaller incisions.

ATS 3f® Aortic Bioprosthesis

ATS 3f Enable™ Aortic Bioprosthesis

- The second evolution in the design series
- Use of only guiding sutures at implantation
- < 2 minute insertion time

Self-expanding Nitinol™ frame

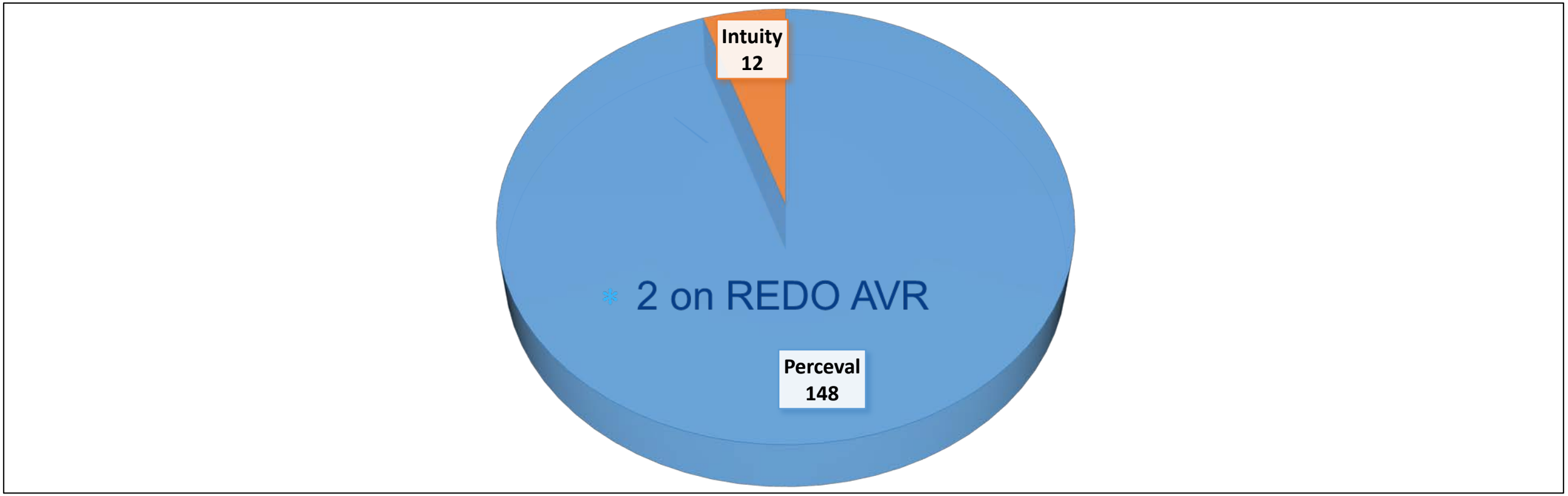
Same revolutionary tubular design leaflet structure

ATS 3f Enable Bioprosthesis

ATS MEDICAL
Focused right on cardiac surgery.

PERCEVAL 148 (2013) (3 valves repositioned)
INTUITY 12 (2017)

Θεραπευτήριο: ¨Ευαγγελισμός¨



ΧΑΡΑΚΤΗΡΙΣΤΗΚΑ ΑΣΘΕΝΩΝ

Προεγχειρητικά χαρακτηριστικά	PERCEVAL (148)	INTUITY (12)
ΗΛΙΚΙΑ	73(40-87)	75 (57-85)
ΘΗΛΥ	105(71%)	7(64%)
ΥΨΟΣ, cm.	167 ± 9	163 ± 7
ΒΑΡΟΣ, kg	78 ± 13	71 ± 15
ΔΕΙΚΤΗΣ ΜΑΖΑΣ ΣΩΜΑΤΟΣ kg/m2	27.4 ± 4.2	27.4 ± 5.8
ΕΠΙΦΑΝΕΙΑ ΣΩΜΑΤΟΣ m2	1.9 ± 0.3	2.0 ± 0.2

ΣΥΝΟΔΑ ΝΟΣΗΜΑΤΑ

ΝΟΣΗΜΑ	PERCEVAL(148)	INTUITY(12)
ΧΑΠ	22	2
ΧΝΑ	20	3
ΑΠ	103	6
ΣΔ	45	7
ΣΝ	49	5

ΠΑΘΗΣΗ

ΠΑΘΗΣΗ	PERCEVAL (148)	INTUITY(12)
ΣΤΕΝΩΣΗ	85%	95%
ΣΤΕΝΩΣΗ-ΑΝΕΠΑΡΚΕΙΑ	15%	5%

ΕΠΕΜΒΑΣΗ

ΕΠΕΜΒΑΣΗ	PERCEVAL (148)	INTUITY(12)
Isolated AVR	103(70%)	7(58%)
Combined AVR and CABG	45(30%)	5(42%)

ΧΡΟΝΟΣ ΕΞΩΣΩΜΑΤΙΚΗΣ ΚΥΚΛΟΦΟΡΙΑΣ

Cardiopulmonary bypass time, minutes	PERCEVAL (148)	INTUITY(12)
Isolated AVR	78 ± 19min	73 ± 13min
Combined AVR and CABG	154± 48 min	149± 28 min

ΧΡΟΝΟΣ ΙΣΧΑΙΜΙΑΣ

Aortic cross-clamp time, minutes	PERCEVAL (148)	INTUITY(12)
Isolated AVR	32 ± 5.5 min	34 ± 8min
Combined AVR and CABG	71 ± 8.1 min	76± 9 min

ΘΝΗΤΟΤΗΤΑ

Thirty-day all-cause mortality (5.6%)	PERCEVAL (148)	INTUITY(12)
Isolated AVR	3(2%)	1 (Ενδοκαρδιτις)
Combined AVR and CABG	5(3,3%)	0

Pacemaker implantation

Pacemaker implantation 12 (8.1%)	PERCEVAL (148)	INTUITY(12)
Isolated AVR	7	0
Combined AVR and CABG	5	0

PERCEVAL
Size of valves implanted

Small	55
Medium	51
Large	31
Extra Large	11

INTUITI
Size of valves implanted

19	4
21	5
23	3

Follow – up (in progress)

	% of pts reached Follow-up	Valve related deaths	Non cardiac deaths	Mean postop G	Severe mismatch/ paravalvular leak
1 month	100% (137/137)	0	6 (4%)	13 +/- 5 mmHg	0/2
1 year	95% (108/113)	0	4 (3.7%)	15 +/- 6 mmHg	3/1
2 years	67% (29/87)	1	1 (3.4%)	14+/- 5 mmHg	1/1
5 years	25% (4/16)	?	2(50%)	17+/- mmHg	-

Surgeon’s concerns in high risk AVR candidates

- Comorbidities: EuroScore >20 = practically inoperable patient.
- Local findings that enhance technical difficulty : Porcelain Aorta
- Small aortic root : Patient/prosthesis mismatch.
- Prolonged operative time / ischemia time = postoperative complications

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Journal of Cardiothoracic Surgery

STUDY PROTOCOL Open Access

Aortic valve replacement in elderly with small aortic root and low body surface area; the Perceval S valve and its impact in effective orifice area

Panagiotis Dedeilias[1], Nikolaos G. Baikoussis[1*], Efstathia Prappa[2], Dimitrios Asvestas[2], Michalis Argiriou[1] and Christos Charitos[1]

Benefits

- Faster recovery
- Reduced in hospital stay
- More aesthetic incision.
- Less trauma infection
- Improved immediate postoperative respiratory function due to sternal stability.
- Reduced postoperative pain.
- Reduction in blood loss and need for transfusion.
- Easier REDO due to partial pericardiotomy.
- Cost/savings

ΕΥΧΑΡΙΣΤΩ