Fakultät für Medizin

Dokumenttyp: journal article

Autor(en) des Beitrags: Nuis, RJ; Piazza, N; Van Mieghem, NM; Otten, AM; Tzikas, A; Schultz, CJ; van der Boon, R; van Geuns, RJ; van Domburg, RT; Koudstaal, PJ; Kappetein, AP; Serruys, PW; de Jaegere, PP

Titel des Beitrags: In-hospital complications after transcatheter aortic valve implantation revisited according to the Valve Academic Research Consortium definitions.

Abstract: To determine the occurrence of in-hospital complications after transcatheter aortic valve implantation (TAVI) according to the Valve Academic Research Consortium (VARC) criteria in addition to the length of stay (LOS). The absence of uniformity in endpoint definitions challenges the comparison between previously reported major adverse cerebro- and cardiovascular event rates after TAVI. To address this, in 2009, the VARC was established aiming to provide standardized endpoint definitions for TAVI clinical trials. Between November 2005 and September 2010, we prospectively enrolled 150 consecutive patients who underwent TAVI with the Medtronic CoreValve System in our institution. Complications, prosthetic valve associated endpoints, and therapy-specific endpoints were defined according to the definitions provided by the VARC. The mean age (±SD) was 81 (±7) years and 55% were female. Thirty-day or in-hospital mortality was 11%, and the 30-day combined safety endpoint was 22%. Seventy-six patients (51%) had >=1 cardiovascular and/or noncardiovascular complication of whom 16 also underwent a new permanent pacemaker implantation (PPI). In the 74 patients with
uneventful TAVI, 12 patients (8%) underwent PPI. TAVI was truly uneventful in 62 patients (41%). Bleeding complications were observed most frequently (31%), followed by acute kidney injury (18%), vascular complications (16%), and stroke/TIA (11%). The median LOS in patients with a complicated and a truly uncomplicated TAVI was 14.0 (8.0-20.5) and 8.0 (7.0-10.8) days, respectively (P=1 cardiovascular and/or noncardiovascular event in 51% of the patients; new PPI was needed in another 8%, and TAVI was truly uncomplicated in 41%. Complications and need for new PPI significantly prolonged LOS.

Zeitschriftentitel / Abkürzung:
Catheter Cardiovasc Interv

Jahr:
2011

Band:
78

Heft / Issue:
3

Seiten:
457-67

Sprache:
eng

Pubmed:

Print-ISSN:
1522-1946

TUM Einrichtung:
ic chirurgie

Occurences:
- Einrichtungen > Fakultäten > Fakultät für Medizin > Kliniken und Institute > Lehr- und Forschungskooperationen mit den Kliniken und Instituten am Deutschen Herzzentrum > Klinik für Herz- und Gefäßchirurgie (Prof. Lange) > 2011

entries: