

Suivi infirmier L'implantation percutanée et de valve aortique résultats actuels



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Soins
Intensifs

- 24-48h min.
- Antécédents? Type d'abord? **Complications?**



Ponction vasculaire

↓

Hémor
Héma
Ischémie
Lésion n
Lésion va

Right subclavian artery

Ascending aorta

Right femoral artery

Left subclavian artery

Apex

Left femoral artery

↓

strict
mmobile 6h
général
leur
distaux
sensibilité
ponction
pressif >1h)
image)
g - Pq /6h
- FC
Sat >95%

CHU
de Liège

	●	●	●	●	●	●	●	●	●	●
Fr	18	19	20	22	24	26	28	30	32	34
mm	6.0	6.3	6.7	7.3	8.0	8.7	9.3	10.0	10.7	11.3
in	.236	.249	.263	.288	.315	.341	.367	.393	.419	.445

French Catheter Scale

CHU
de Liège

Chirurgie vasculaire post TAVI : 6-12%

Transfusion post TAVI : 13-20%



Abord endovasculaire



Embolie

Coronaire - Cérébrale - Organique - Périphérique



ECG /24h

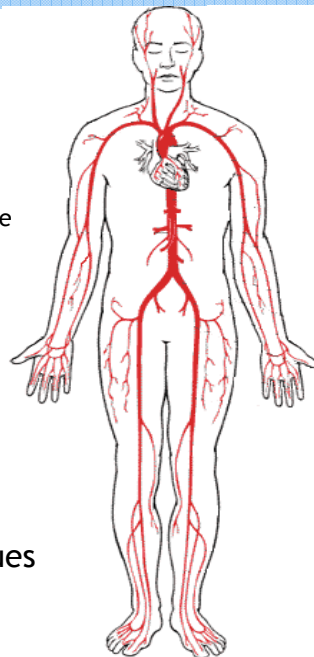
CK-CKMB /6h

GCS - Pupilles /pause

Coloration urines

Coloration membres- Pouls périphériques

D+

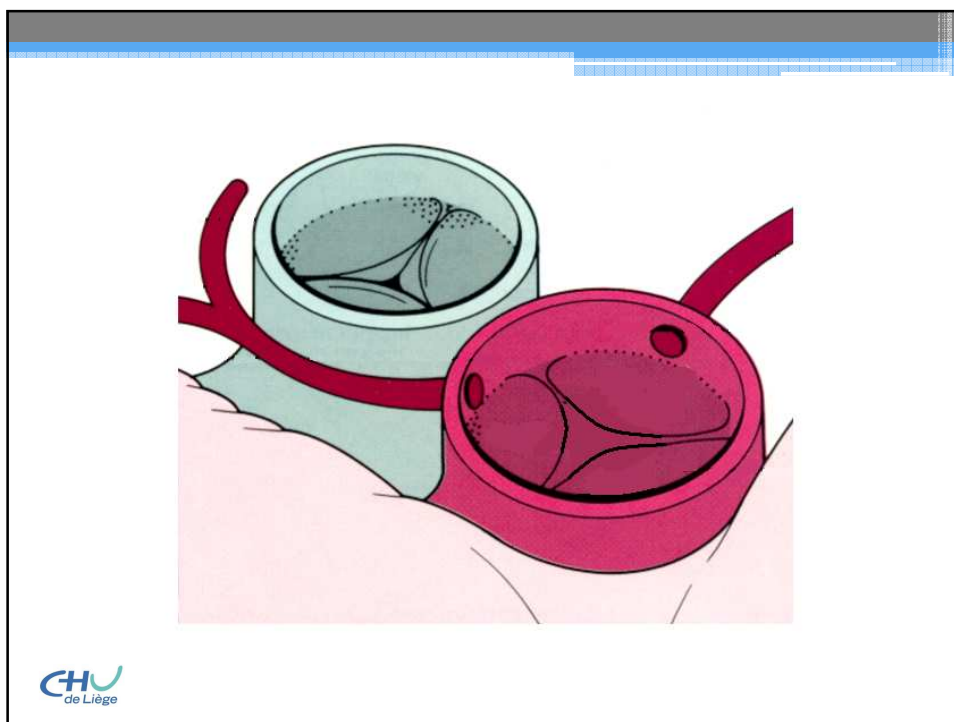
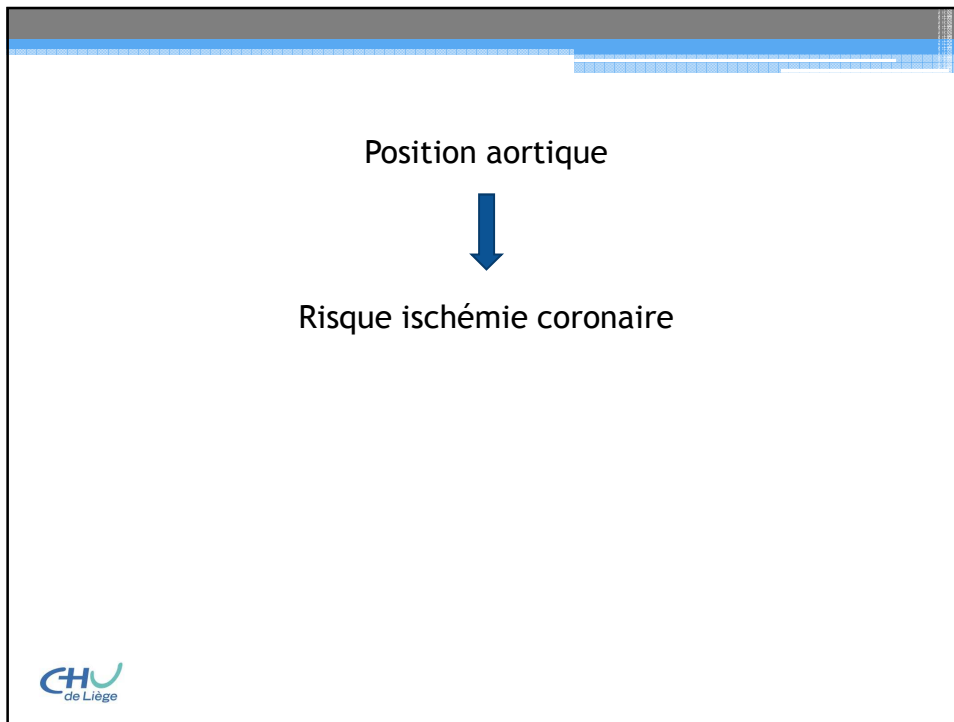


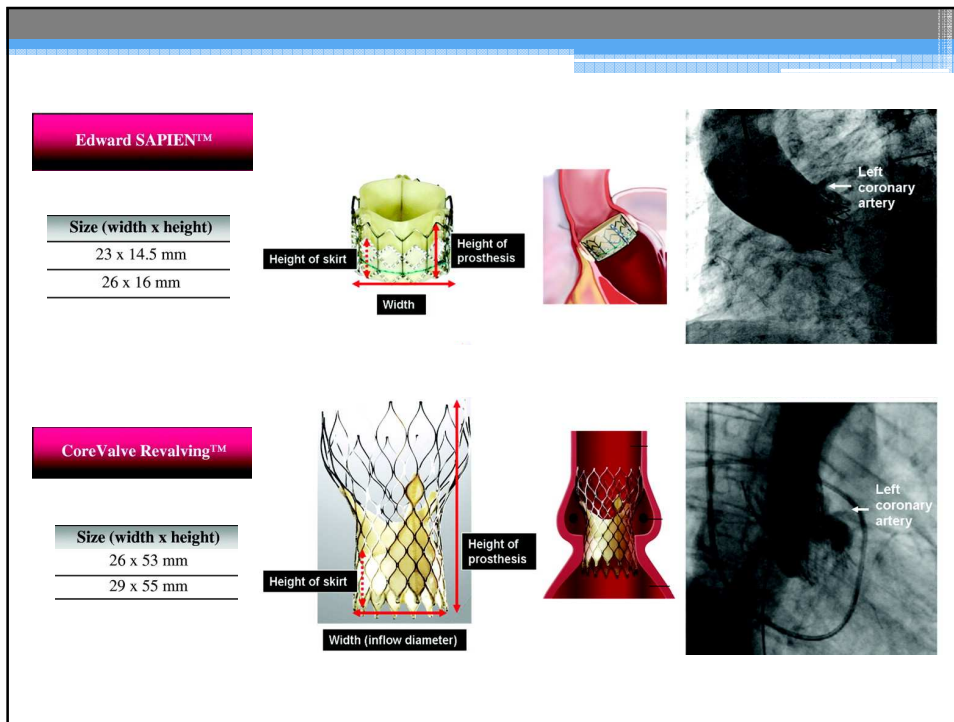
Edwards TAVI Complications					
	POOLED* (503 pts)	SOURCE (1038 pts)	VANCOUVER (250 pts)	PARIS (75 pts)	CA-Multictr (339 pts)
Vascular (maj)** (%)	18.5	10.6	10.3	11.8	13.1
AR >2+ (%)	10.9	4.7	5.0	5.3	7.7
Stroke (%)	4.0	2.5	3.0	4.0	2.3
New Pacemaker (%)	4.4	7.0	5.5	5.3	4.9
Renal Failure (%)	5.2	8.7	4.2	na	2.6
Coronary Obstr (%)	0.4	0.6	na	0	0

Martin B. Leon, TCT 2009

The incidence of clinically silent peri-interventional cerebral embolic lesions after TAVI is high, whereas the incidence of persistent neurological impairment in elderly patients with multiple high-risk comorbid conditions was low.

Rolf Fimmers, Georg Nickenig, et al., Resonance Imaging Implantation: A prospective Pilot Study With Diffusion-Weighted Magnetic Risk and Fate of Cerebral Embolism After Transfemoral Aortic Valve *JACC* 2010;55:1427-1432,2010.

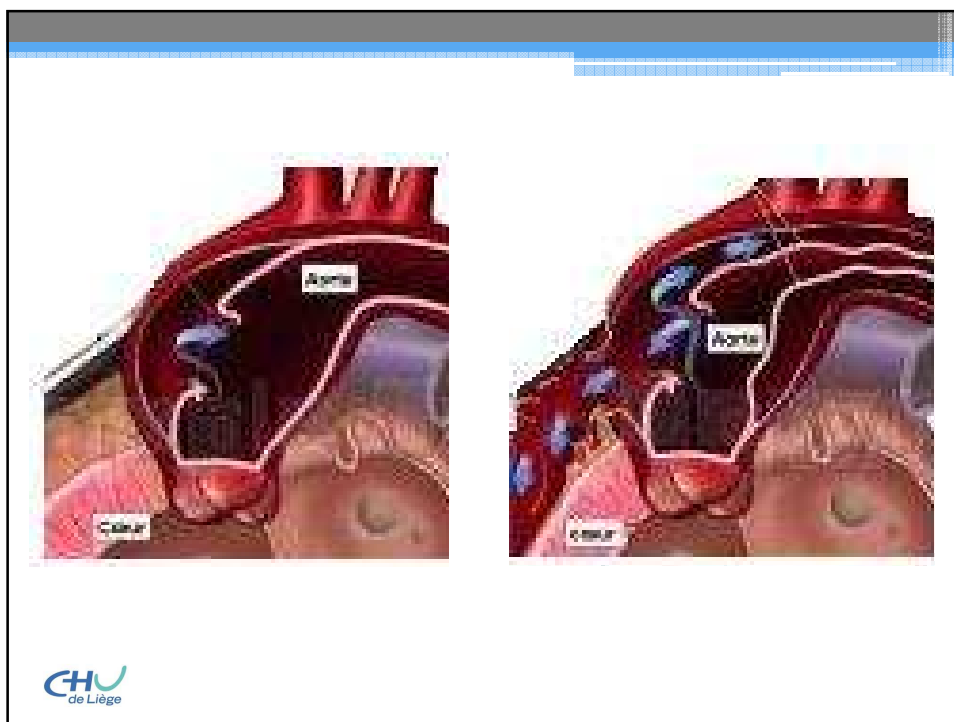
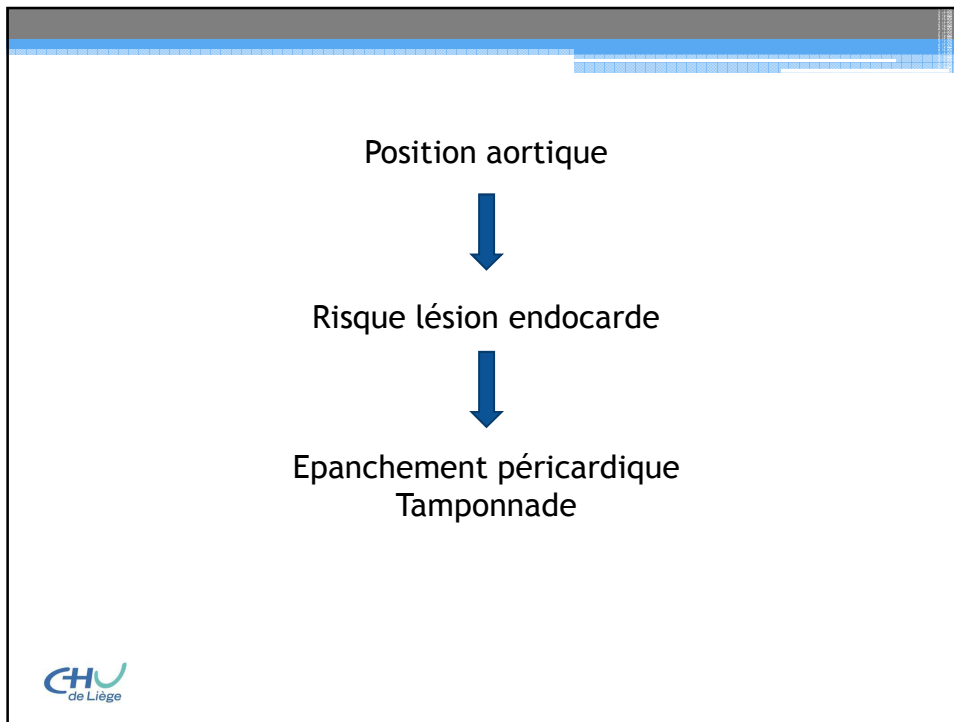




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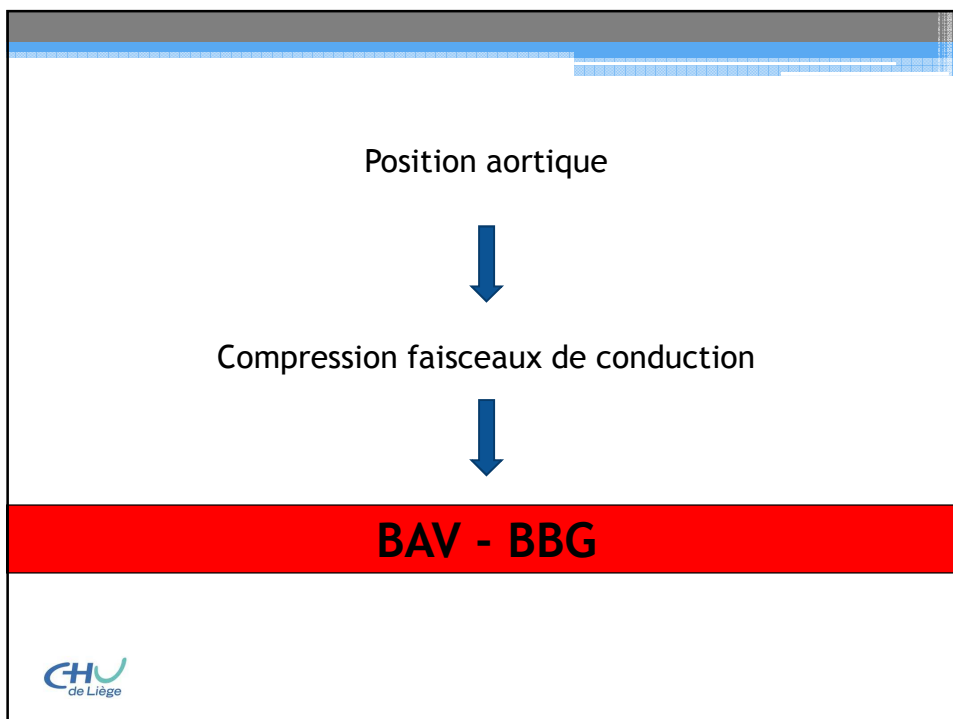


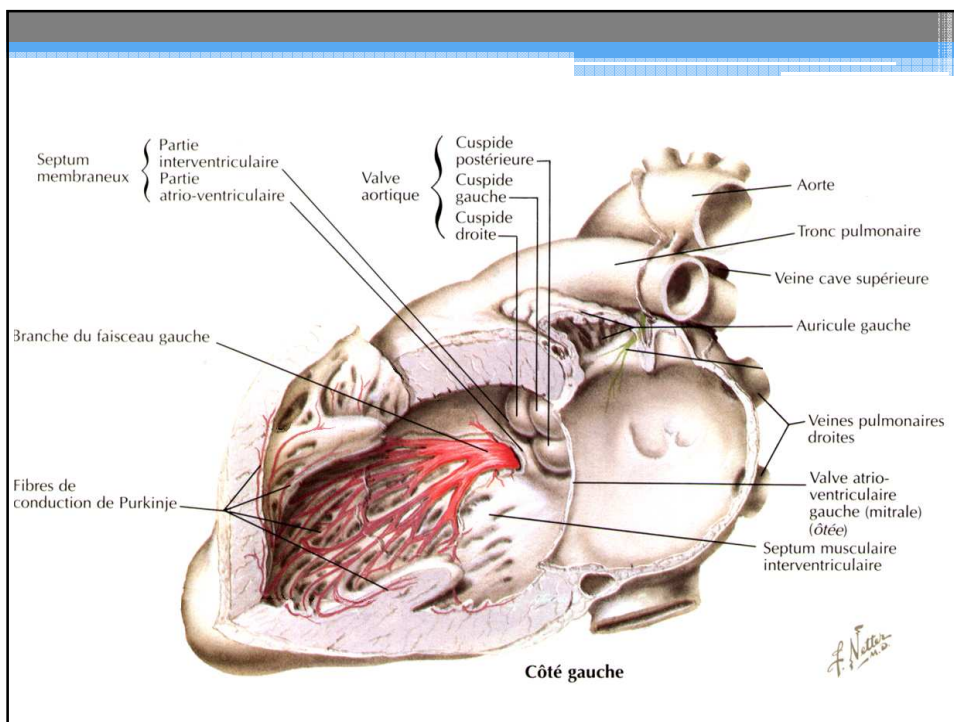
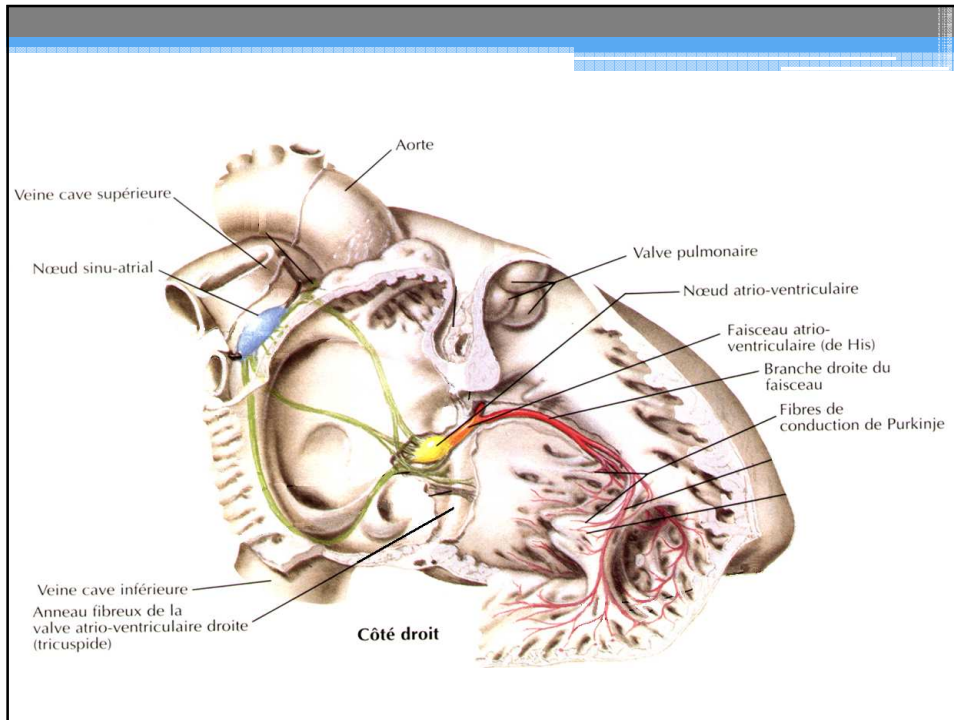
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30-Day Adverse Events*
(Site Reported & Non-adjudicated)

	In-Training	Solo	Total EER
Cardiac Death	6.4%	7.0%	6.7%
Aortic Dissection	1.2%	0.5%	0.9%
Cardiac Perforation	3.0%	2.1%	2.7%
Cardiac Tamponade	4.2%	2.6%	3.6%
Access Site Bleeding	3.5%	1.9%	2.9%
Major Bleeding	8.2%	4.7%	6.9%
Conversion to Surgery	0.5%	1.2%	0.8%
Myocardial Infarction	0.9%	0.9%	0.9%
Major Arrhythmia	16.3%	14.9%	15.7%
Permanent Pacemaker	25.7%	23.9%	25.0%
Renal Failure	2.2%	2.3%	2.2%
Stroke	2.2%	2.3%	2.2%
TIA	0.4%	0.4%	0.4%

Euro PCR 2009






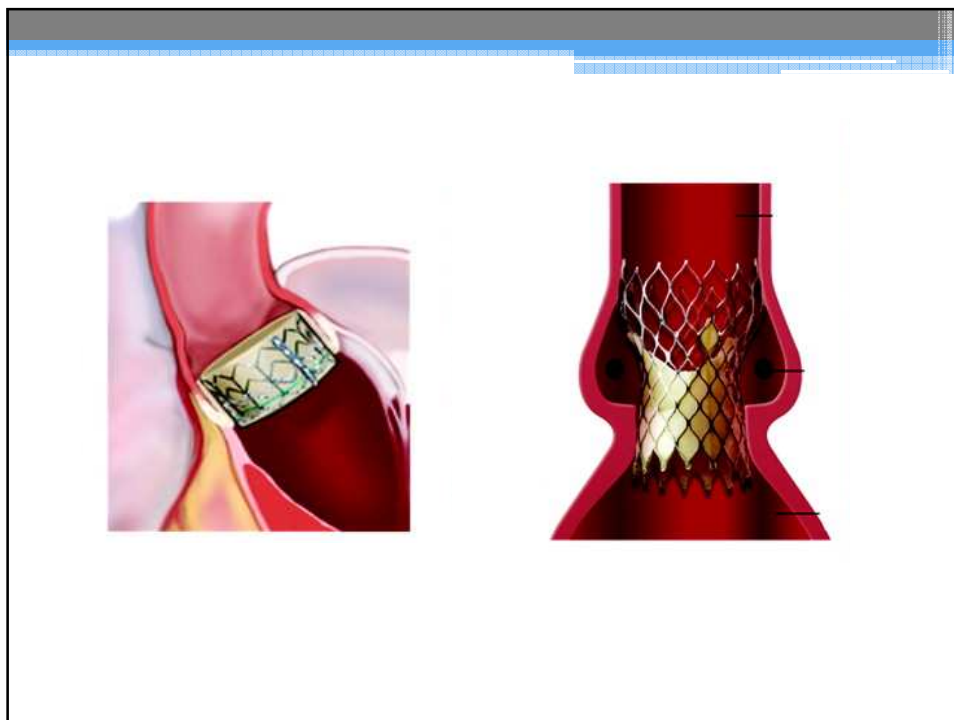


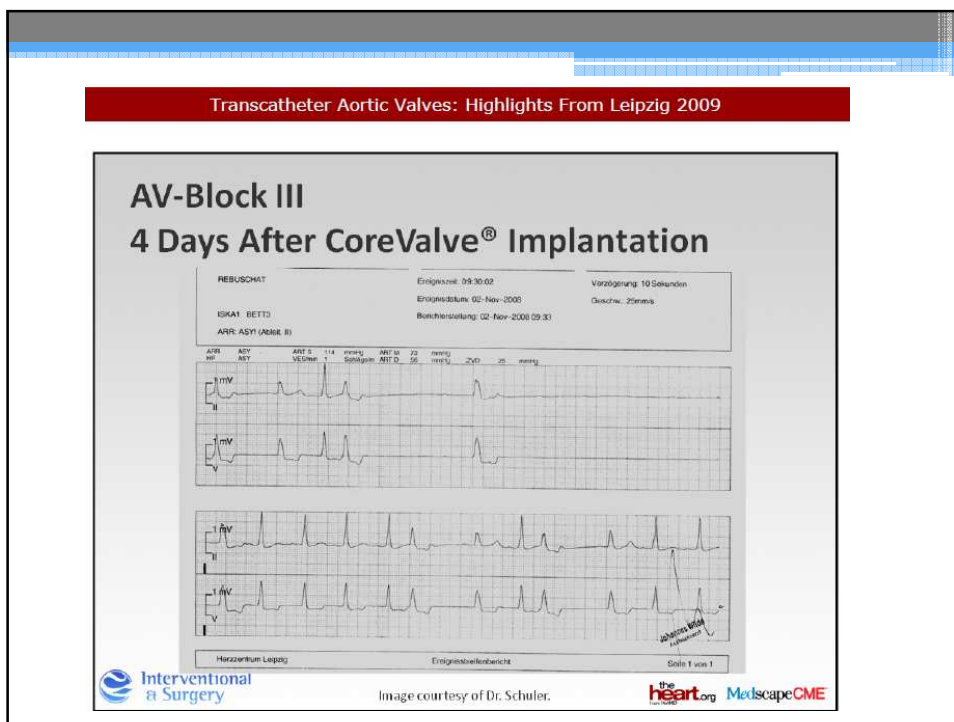
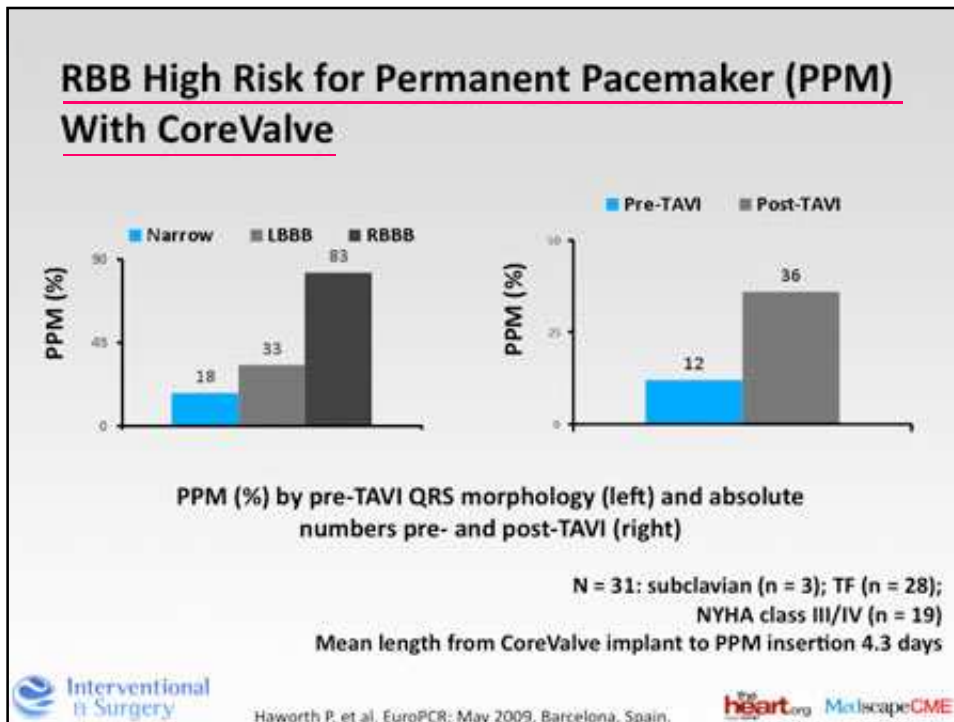
TAVI Registries: Pacemaker Rates at 30 Days

Approach	N	TF	TA
Sapien			
Canadian Multicentre ^a	TF 168	3.6	6.2
	TA 177		
Source Registry ^b	TF 463	6.7	7.3
	TA 575		
Partner EU ^c	TF 66	1.6	4.4
	TA 69		
France Registry ^d	TF 95	5.3	4.2
	TA 71		
CoreValve			
PAVR Registry ^e	TF 1483	25.0	37.5
	SC 53		
France Registry ^f	TF 66	27.2	25.0
	SC 12		
18-F Registry ¹	TF 126	26.9	

a. Rodes-Cabau J, et al. J Am Coll Cardiol. 2010;55:1080-1090.
 b. Thomas M. TCT; September 2009; San Francisco, California.
 c. Schächinger V. EuroPCR; May 2009; Barcelona, Spain.
 d. Etchaminoff H. American Heart Association; October 2009; Orlando, Florida.
 e. Laborde JC, et al EuroPCR May 2009; Barcelona, Spain.
 f. Bullerfield L. EuroPCR May 2009; Barcelona, Spain.

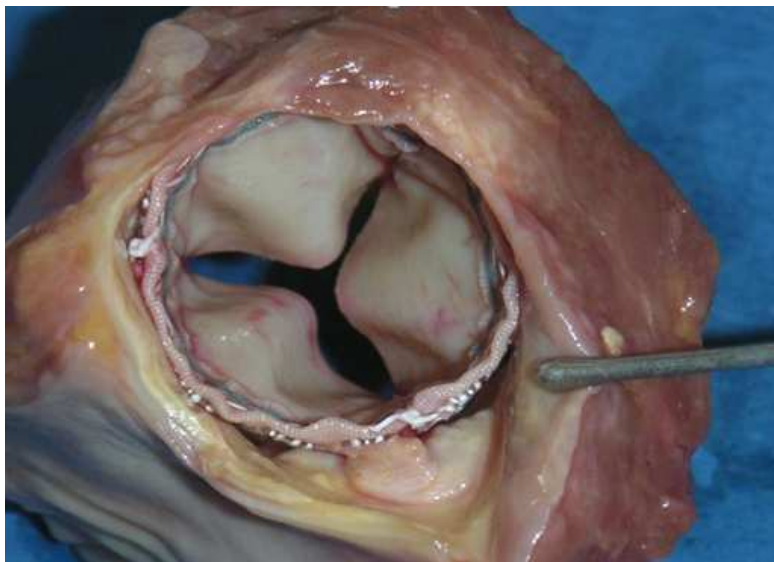




Position aortique - Implant expansible



Risque fuite paravalvulaire



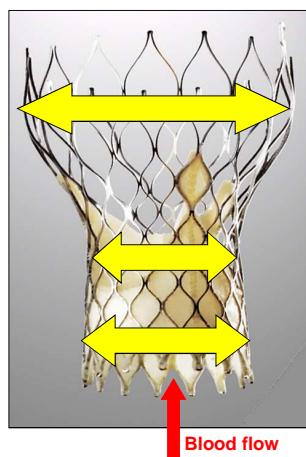
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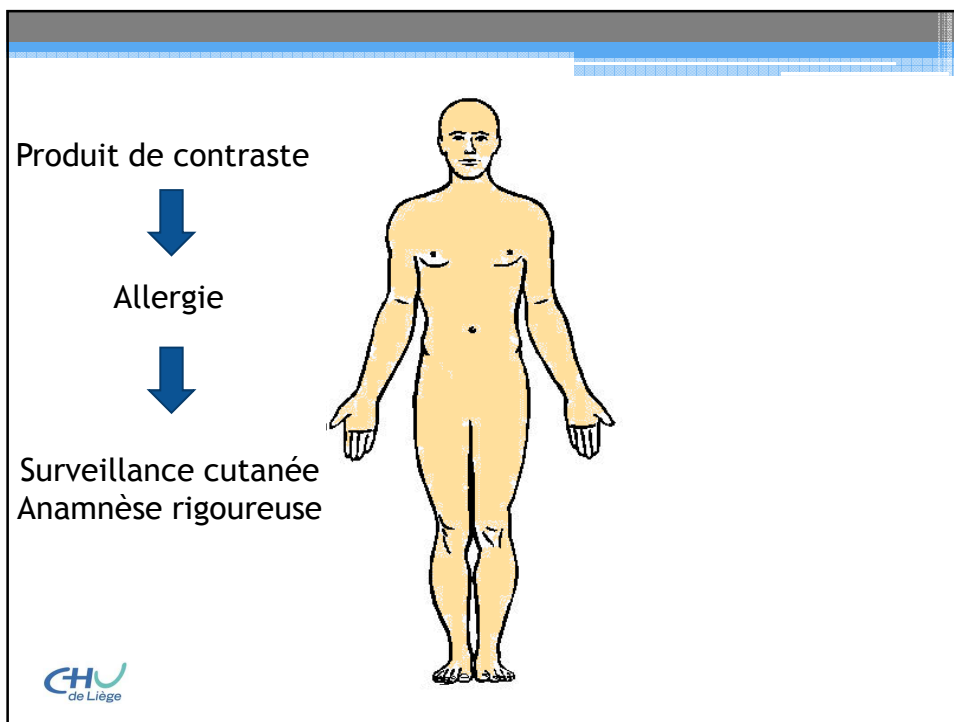
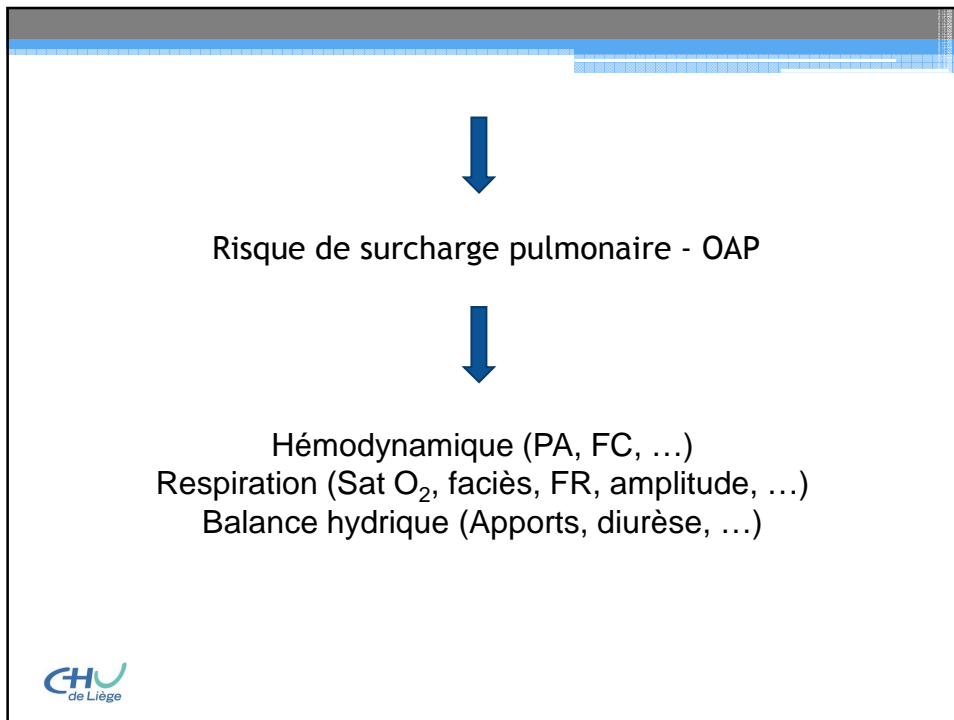
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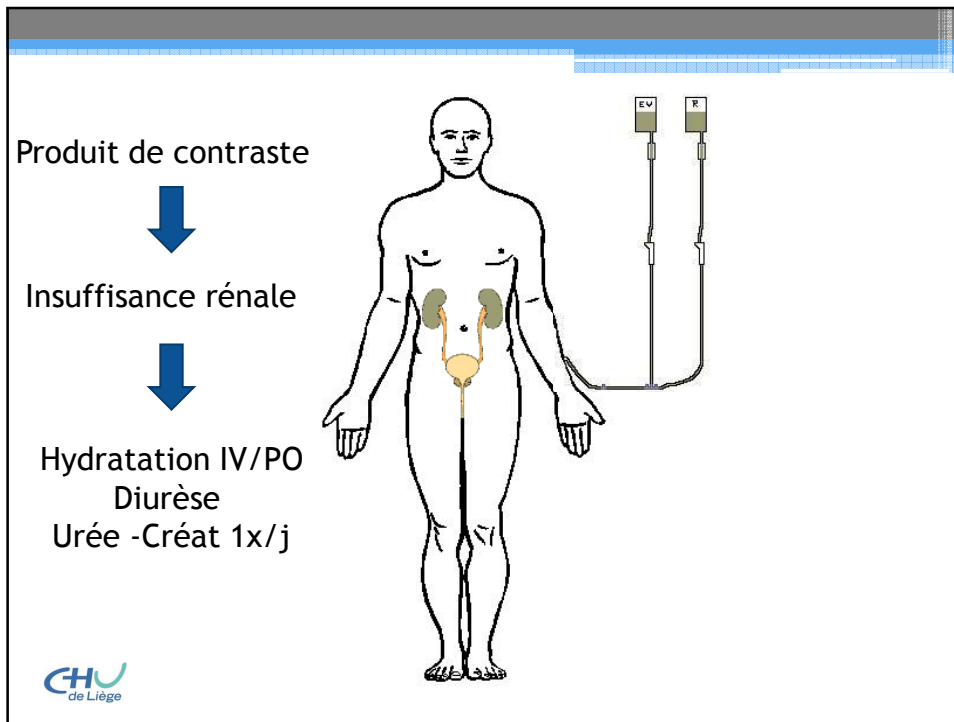
Self-Expanding Multi-Level Frame



With differing circumferential dimensions:

- Largest dimension for ascending aorta contact
- Smallest dimension to preserve coronary blood flow
- Flared intra-annular dimension adapting to a range of annulus sizes





Postoperative renal impairment in elderly patients undergoing Transcatheter Aortic Valve Implantation (TAVI) – a predictor of short-term outcome.

R.Dworakowski, K.Wilson, B.Brickham, M.Thomas and P.MacCarthy on behalf of SE London TAVI Group King's College Hospital/Guy's and St.Thomas' Hospitals, London, UK

Frequency of renal complications after TAVI

	TA	TF	Total
PRRF	36 (45.6%)*	14 (23.7%)*	50 (36.2%)
CWVH	12 (15.2%)	3 (5.1%)	15 (10.9%)

*Chi-square test, p<0.05

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- Deterioration in renal function is very common among elderly patients undergoing TAVI, particularly in patients with baseline renal impairment. It is probably the result of hypotension during rapid pacing, preexisting renal disease and use of contrast.
- Worsening renal function is strong predictor of a poor outcome. Every effort should be made to preserve renal function in the peri-procedural period.
- Post-procedural renal failure is the commonest cause of short term mortality for both TA and TF approach.

Trouble de conduction

Dissection aortique

Tamponnade

Epanchement
péricardique

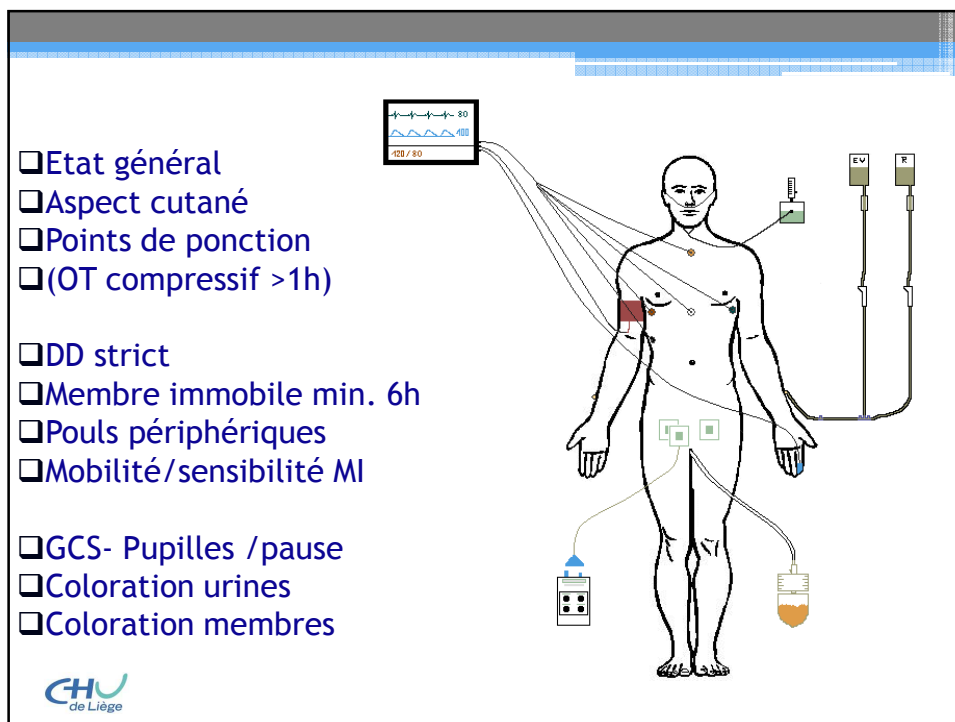
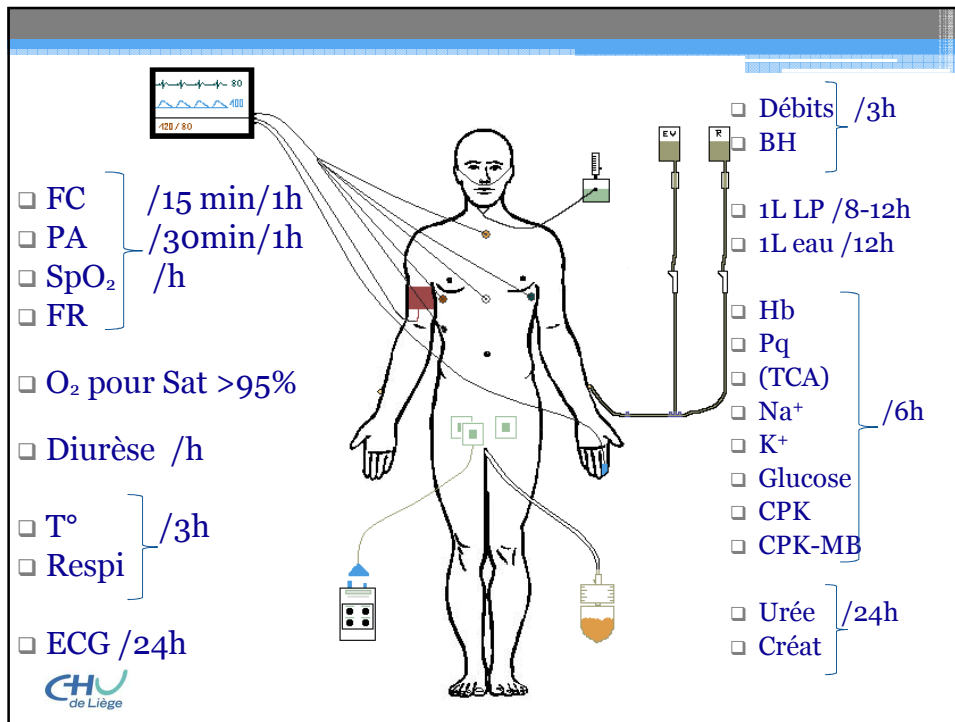
Produit de contraste

Insuffisance aortique

Embolie

Ponction vasculaire

...



European TAVI Experience: Operative Mortality (30-day/inhospital)

Approach	Source ¹	French Registry ²	Partner-EU ³
Transapical			
Total N	575	71	69
Mortality (%)	10.3	16.9	18.8
Transfemoral			
Total N	463	95	61
Mortality (%)	6.3	8.4	8.1

Data for Sapien[®] valve



1. Thomas M. TCT; September 2009; San Francisco, California.
2. Eltchaninoff H. American Heart Association; October 2009; Orlando, Florida.
3. Schochinger V. EuroPCR; May 2009; Barcelona, Spain.



Merci de votre attention



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