

One-stop TA-TAVR Concomitant With Other Procedures

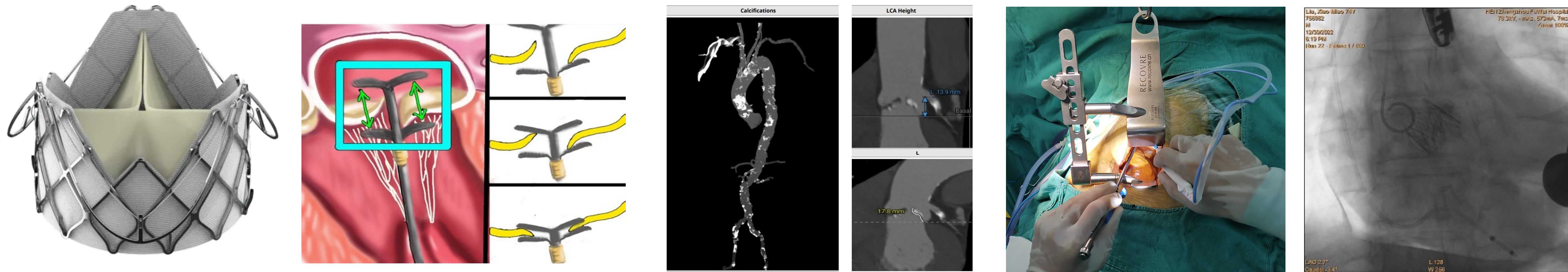
Junlong HU, Baocai WANG, Sheng WANG, Zhaoyun CHENG
Fuwai Central China Cardiovascular Hospital, Zhengzhou, China.

Background: This abstract outlines our clinical experience with one-stop Transapical Transcatheter Aortic Valve Replacement (TA-TAVR) combined with various additional procedures, including Minimally Invasive Direct Coronary Artery Bypass Grafting (MIDCABG), left atrial appendage excision, and Transapical Transcatheter Edge-to-Edge Repair (TA-TEER). The integration of TA-TAVR with these procedures aims to optimize patient care and address multiple cardiac pathologies simultaneously.

Method: A retrospective analysis was conducted on three distinct cases involving one-stop TA-TAVR . All transapical TAVR procedures have used an innovative product, the J-VALVE, which can be applied to patients with aortic stenosis as well as to patients with aortic regurgitation.Procedural details, patient selection criteria, and postoperative outcomes were systematically documented to assess the feasibility, safety, and efficacy of these combined interventions.

Results: Case 1 involved one-stop TA-TAVR combined with MIDCABG for a patient who has been diagnosed with severe aortic valve stenosis combined with serious stenosis of the left main coronary artery and also has an extensively calcified aorta, demonstrating successful valve positioning and coronary revascularization. Case 2 featured one-stop TA-TAVR concomitant with left atrial appendage excision for a patient who was diagnosed with severe aortic regurgitation,atrial fibrillation and left atrial appendage thrombus, showcasing positive patient outcomes. Case 3 included one-stop TA-TAVR alongside TA-TEER,for a patient who has severe aortic regurgitation and mitral valve prolapse ,using the J-Valve and Valve-Clamp devices, revealing successful simultaneous interventions and improved cardiac function. All cases displayed effective procedural integration and favorable recovery.

Conclusions: The one-stop approach, incorporating TA-TAVR with additional procedures, proves to be a versatile, efficient and minimally invasive strategy for addressing complex cardiac conditions. The successful outcomes observed in these cases support the potential of this integrated approach in optimizing patient care and streamlining interventions. Further studies and extended follow-up are essential to validate and refine the guidelines for implementing these combined procedures in clinical practice.



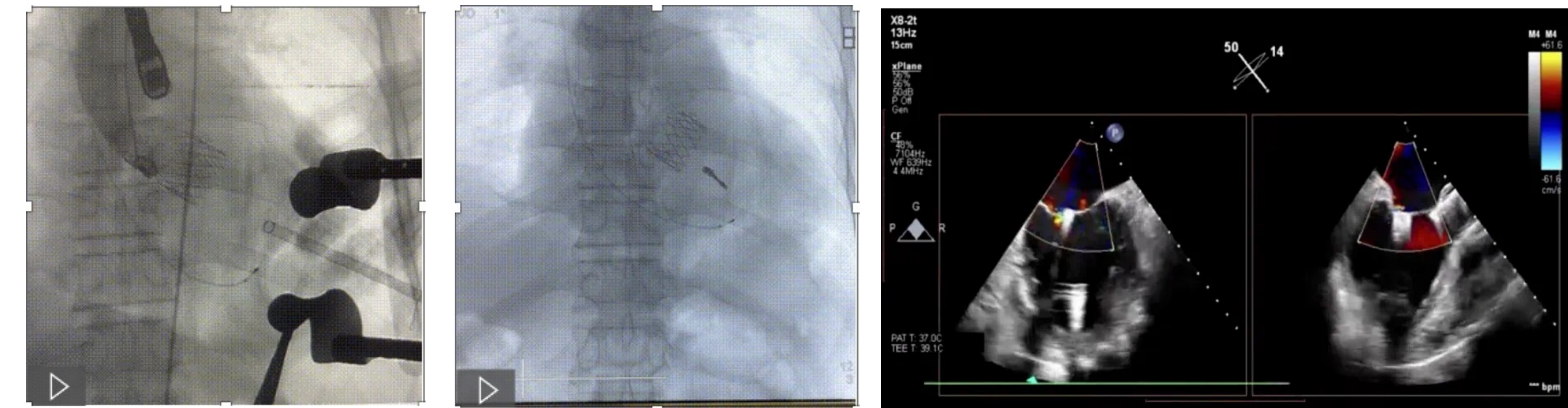
J-Valve for TA-TAVR

Valve-Clamp for TA-TEER

CASE-1, Calcified aorta ,aortic valve and LM, with a relatively high risk of coronary artery blockage in TAVR

MIDCAB : LIMA harvesting & anastomosis

TA-TAVR: J-Valve deployment after MIDCAB



TA-TEER post TAVR procedure

MR has been eliminated



Incision sutured

