Current Indications for TAVR

- Inoperable patients
  - Rather obvious
- High risk for SAVR
  - STS score 8%+ or HEART team consensus
  - Age over 90
- Intermediate risk for SAVR
  - STS score 4%+ or HEART team consensus
  - Age over 80 (?)

TAVR in low risk patients

30-Day Clinical Outcomes


2019 Indications for TAVR

- Inoperable patients
  - Rather obvious
- High risk for SAVR
  - STS score 8%+ or HEART team consensus
  - Age over 90
- Intermediate risk for SAVR
  - STS score 4%+ or HEART team consensus
  - Age over 80
- Low risk for SAVR
  - Age over 65 & patient preference
2019 Indications for SAVR

- Sizes/Anatomy not feasible for TAVR (large/2cusp/low coronary ostia)
  - Rather obvious, but declining overtime
- Concomitant severe CAD for MV-CABG
- Concomitant MV/TV disease in a low-intermediate risk patient
  - Not a candidate for stepwise TAVR-Clip
- Restenosis/Thrombosis TAVR considerations
- Low risk for isolated SAVR (only with long term data prosthetic valves)
  - With patience preference on durability