

Heart surgeons actively involved with TAVR patients every step of the way

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Cardiothoracic surgeons are fully invested in the patient-centered, team-based model of care, guiding patients through the entire transcatheter aortic valve replacement (TAVR) experience, from the decision to undergo TAVR to discharge from the hospital and return to normal activities, according to a new survey published online in *The Annals of Thoracic Surgery*.

Key findings include cardiac surgeons are highly engaged and actively involved in all aspects of the TAVR patient process, the [heart](#) team model for TAVR works well in improving the efficiency and quality of care for patients, and cardiologists and cardiac surgeons are working together at three out of four centers performing TAVR.

"Not only are cardiac surgeons actively participating during the preoperative and intraoperative phases of TAVR, but they also are involved in the postoperative care of TAVR patients," said Thomas E. MacGillivray, MD, from Houston Methodist, who is STS Treasurer. "We have a proven proof of principle that the team concept works and works well."

The Society of Thoracic Surgeons surveyed surgeon participants in the STS Adult Cardiac Surgery Database to learn the extent of their involvement in TAVR. Approximately 500 surgeons completed the survey. Among the respondents whose institutions offered TAVR, 84% said that they were involved in the heart team. In addition, more than three-quarters (77.5%) said that their TAVR programs were either

jointly administered by cardiology and [cardiac surgery](#) divisions/departments or administered exclusively by cardiac surgery. The survey also showed that 86% of surgeons continue to care for TAVR patients post procedure.

The TAVR heart team generally includes cardiothoracic surgeons and interventional cardiologists working together on selecting, planning, and performing the TAVR procedure. Other health care providers such as primary care physicians, imaging specialists, and anesthesiologists also may be part of the team. This approach leverages the expertise of these advanced practice providers in an effort to improve the efficiency and advance the quality of care for patients. With TAVR, the heart team is not just a potential benefit, but an absolute requirement for Medicare coverage.

"I was surprised but pleased to see that a majority of patients were managed by some sort of combination of cardiac surgeons and cardiologists," explained STS Past President Joseph E. Bavaria, MD, from the Hospital of the University of Pennsylvania, Philadelphia. "I didn't expect it to be such a team effort."

TAVR is a relatively new, minimally invasive procedure most commonly used to treat patients with severe aortic stenosis who are at moderate or high risk of death or complications for open-heart operations. The TAVR procedure involves opening the diseased valve with a balloon from a catheter placed through a large artery in the groin, followed by placement of a new valve. Once the new valve is expanded, it pushes the old valve leaflets out of the way and the replacement valve resumes the job of regulating blood flow between the heart and the body.

Now that the paradigm has been set for the heart team approach in the treatment of aortic valve disease, Drs. Bavaria and MacGillivray are advocating for expanding the heart team concept to other areas of

structural heart disease.

"Cardiac surgery is the quintessential medical team sport," said Dr. MacGillivray. "We have multidisciplinary teams that take care of patients for all kinds of cardiac problems. It makes sense for [patients](#) to rely on cardiac teams that are designed to manage different comorbidities and other problems."

More information: Joseph E. Bavaria et al, Surgeon Involvement in Transcatheter Aortic Valve Replacement in the United States: A 2016 Society of Thoracic Surgeons Survey, *The Annals of Thoracic Surgery* (2017). [DOI: 10.1016/j.athoracsur.2017.03.055](https://doi.org/10.1016/j.athoracsur.2017.03.055)

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