Rate of surgical bailout low for TAVR

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(HealthDay)—The need for surgical bailout in patients undergoing transcatheter aortic valve replacement (TAVR) is low, according to a study recently published in *JACC: Cardiovascular Interventions*.

Andres M. Pineda, M.D., from University of Florida College of Medicine in Jacksonville, and colleagues used data from the Society of Thoracic Surgeons/American College of Cardiology TVT (Transcatheter Valve Therapy) Registry (November 2011 to September 2015) to determine the incidence and outcomes of surgical bailout during TAVR.

The researchers identified 47,546 patients who underwent TAVR, with surgical bailout performed in 1.17 percent of the cases. The most common indications for surgical bailout were valve dislodgement (22 percent), ventricular rupture (19.9 percent), and aortic valve annular rupture (14.2 percent). Over time, the incidence of surgical bailout significantly decreased (first tertile, 1.25 percent; second tertile, 1.43 percent; third tertile, 1.04 percent). Among those who underwent bailout, the 30-day and one-year incidence rates of major adverse cardiovascular events and all-cause mortality were significantly higher. Female sex, hemoglobin, left ventricular ejection fraction, nonelective cases, and nonfemoral access were independent predictors of surgical bailout, while body surface area was the only independent predictor of survival after surgical bailout.

"Surgical bailout after TAVR is associated with poor outcomes, including 50 percent mortality at 30 days," the authors write.

Several authors disclosed financial ties to the medical device industry.

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