



INTRODUCTION

For patients with severe aortic valve stenosis, Transcatheter Aortic Valve Implantation (TAVI) is recommended for younger and lower risk patients following evolution of international guidelines (1). However, there are technical and anatomical considerations that lead to some patients discussed in the TAVI MDT being ‘turned down’. Many of these proceed to surgical aortic valve replacement (SAVR).

Aim: To evaluate the outcomes of SAVR in patients ‘turned down’ for TAVI at our Centre.



OUTCOMES

Table 1. Summary of postoperative complications

Complication	Number of patients (%)
Return to Theatre for bleeding	1 (1.3%)
New haemofiltration or dialysis	2 (2.5%)
Blood product transfusion	RBC 37 (46.8%) Platelets 22 (27.9%) FFP 10 (12.7%) Cryoprecipitate 5 (6.3%) Prothrombin complex 1 (1.3%)
New Atrial Fibrillation	22 (27.9%)
Permanent Pacemaker insertion	5 (6.3%)
Stroke	3 (3.8%)
Repatriated to local hospital	7 (8.9%)
Perioperative Mortality (Within 30 days)	0 (0%)
Length of stay	Median days (IQR)
ITU	1 (1-2)
Postoperative	7 (5-10)

0%
MORTALITY



METHODS

A retrospective cohort study reviewed demographics and outcomes on all patients undergoing SAVR following discussion in a TAVI MDT at a single specialist centre between February 2024 and August 2025. Descriptive analysis was performed.

- 48 (60.8%) male
- median age 75 yrs (49–88)
- median BMI 29.5 (19.0–53.2)
- median EuroSCORE II 3.5% (IQR 1.8–7.6%)



CONCLUSION

In the current era when TAVI is increasingly being considered the standard of care for severe symptomatic aortic valve stenosis, SAVR outcomes in TAVI turn-down patients is excellent and represents an effective treatment option for such patients.

REFERENCE



2025 ESC/EACTS Guidelines for the management of valvular heart disease



KEY REASONS

Technical / Anatomical Reason	n
Bicuspid Aortic Valve	27
Significant LVOT Calcium	20
High Calcium Score	20
Low Valve to Coronary Distance	15
Short Sinus of Valsalva Height	9
Aneurysmal Thoracic Aorta	5
Aortic Annulus (Small or Large)	4
Adverse Root Features	4
Unsuitable Peripheral Access	3
Small Bioprosthetic Valve in Place	2
Abnormal Cusp Anatomy	2

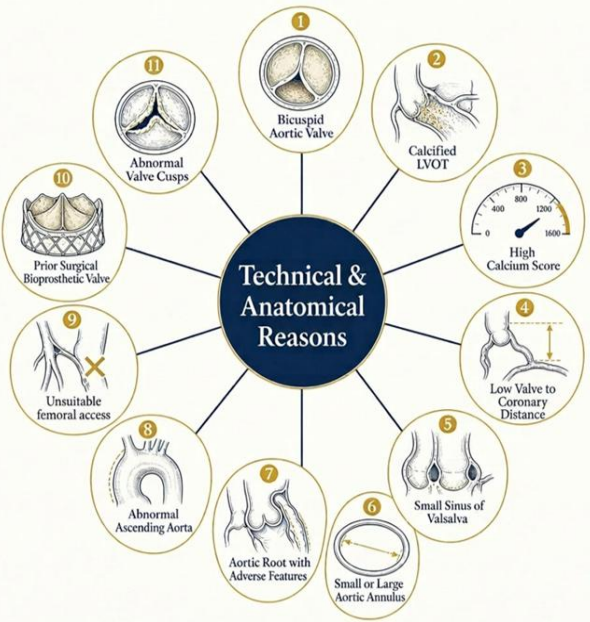


Figure 1. Main reasons TAVI turn-down patients underwent SAVR.

N: number of patients; Categories are not mutually exclusive; 58 patients had 111 recorded anatomical/technical features; LVOT: Left ventricular outflow tract.