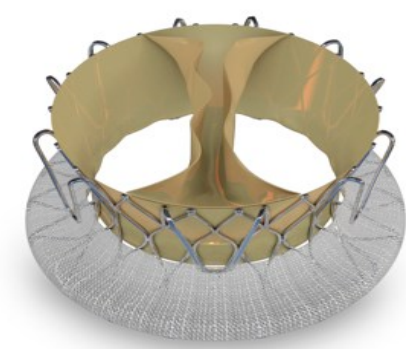
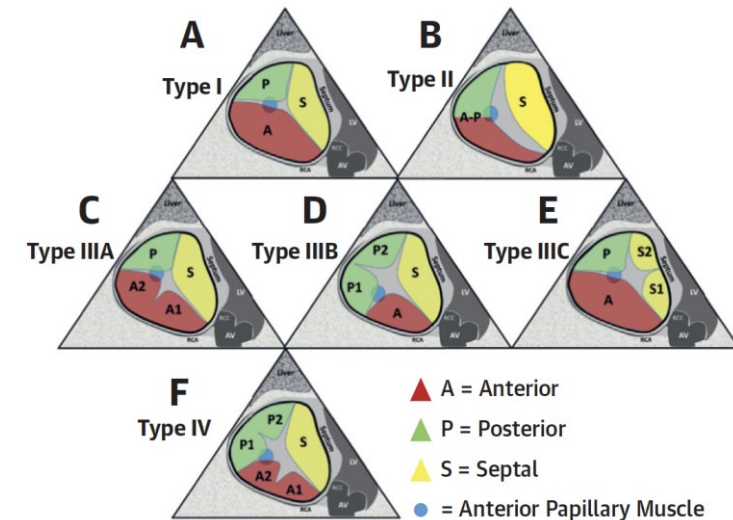
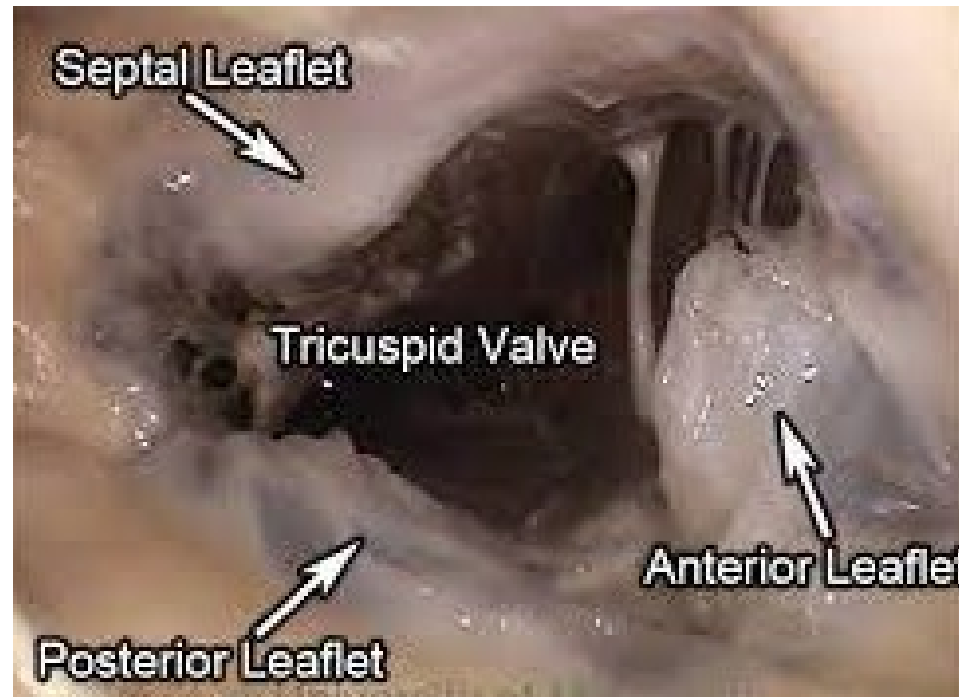
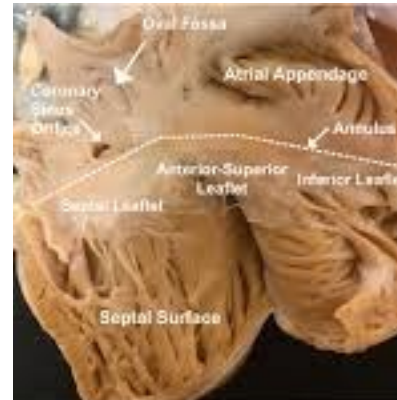
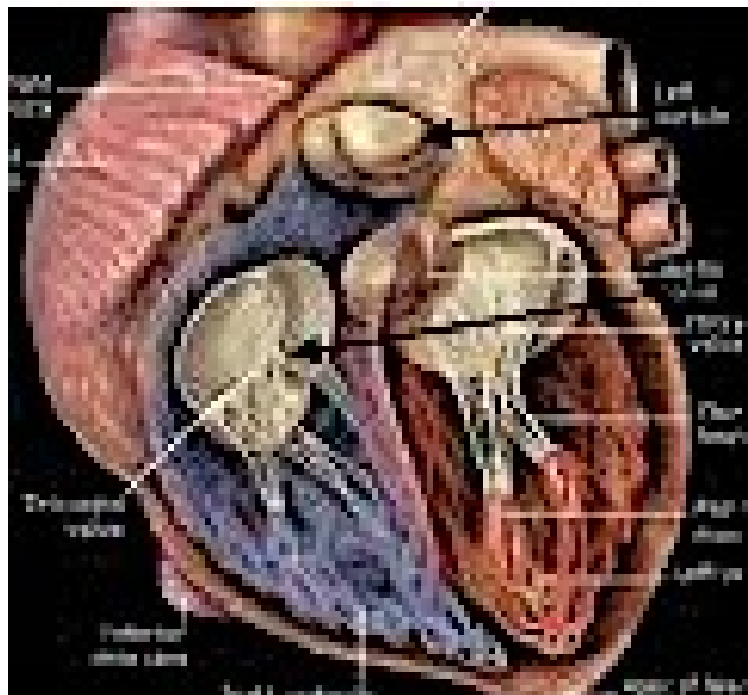




The Challenges of TTVR With The Trisol Valve

M. Vaturi
Rabin Medical Center

TV & RV Anatomy



Hahn, R.T. et al. J Am Coll Cardiol Img. 2021;14(7):1299-305.

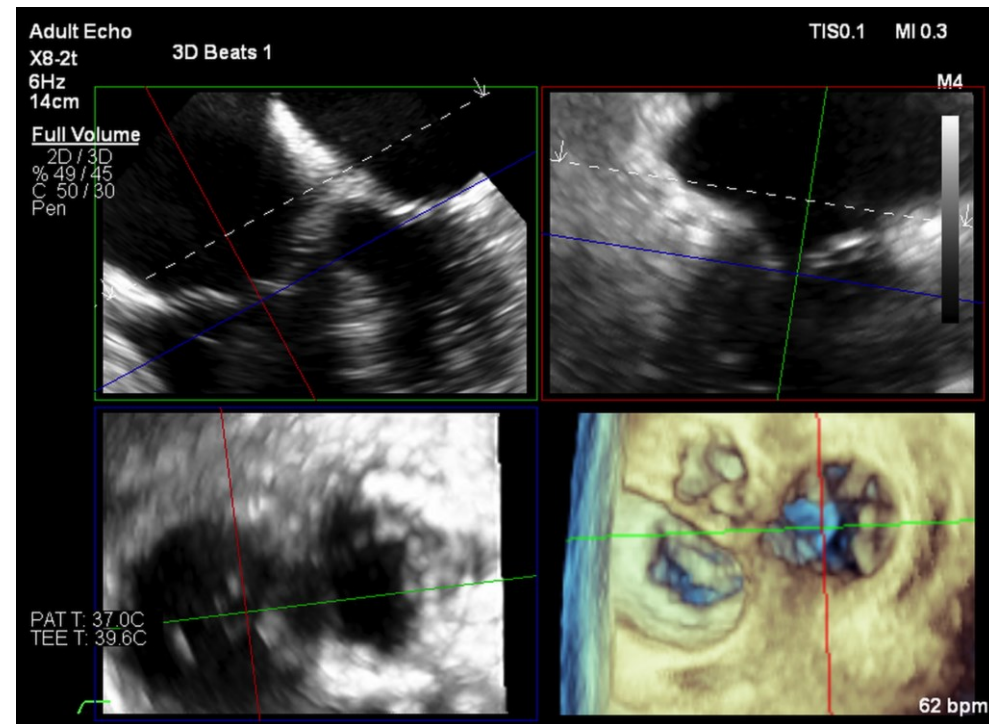
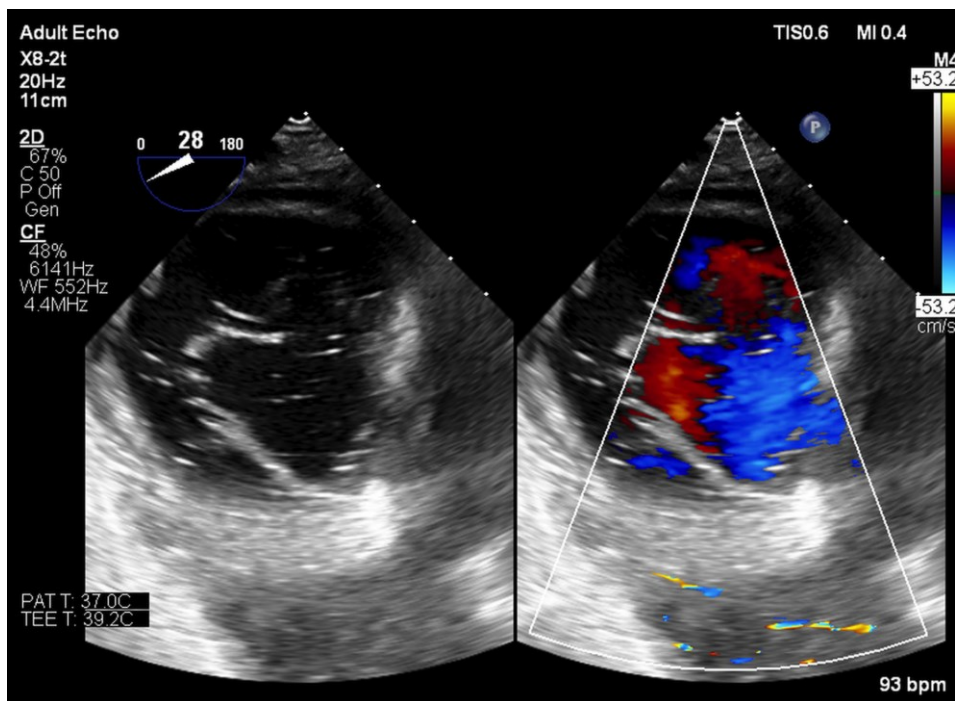
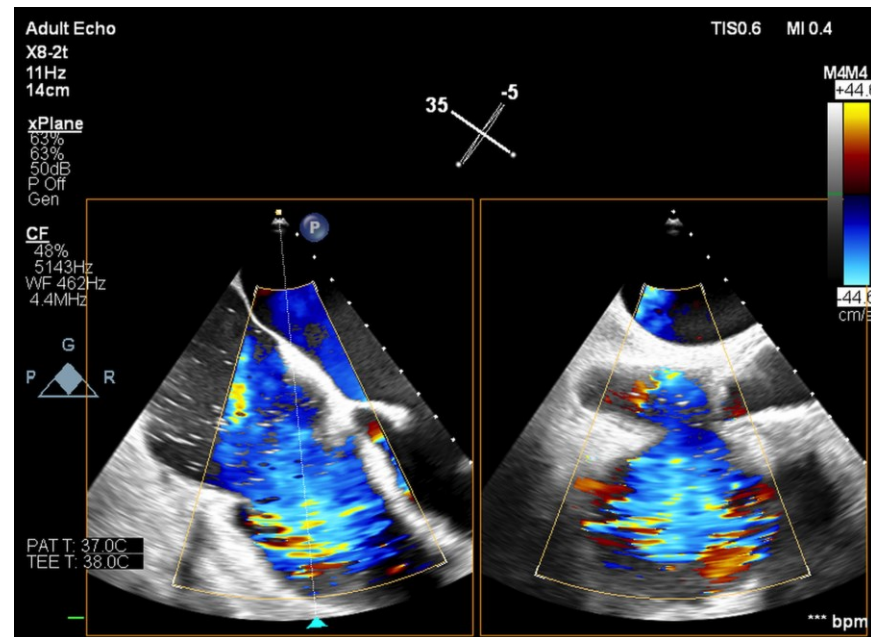
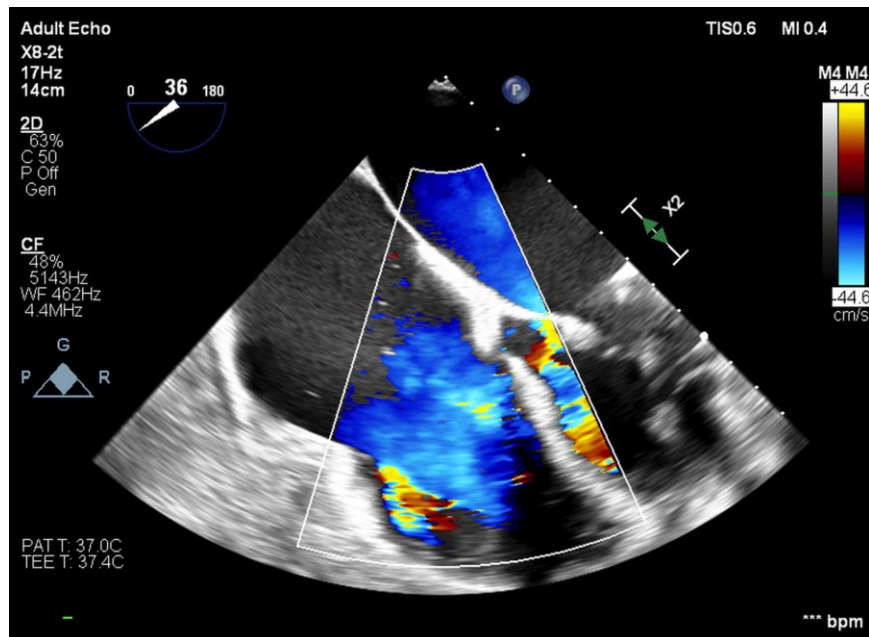
Imaging: selecting the right patient

- TTE vs. TEE
- CT

The key to TTVR success is absolute spatial orientation and real-time navigation in the RA-TV-RV complex.

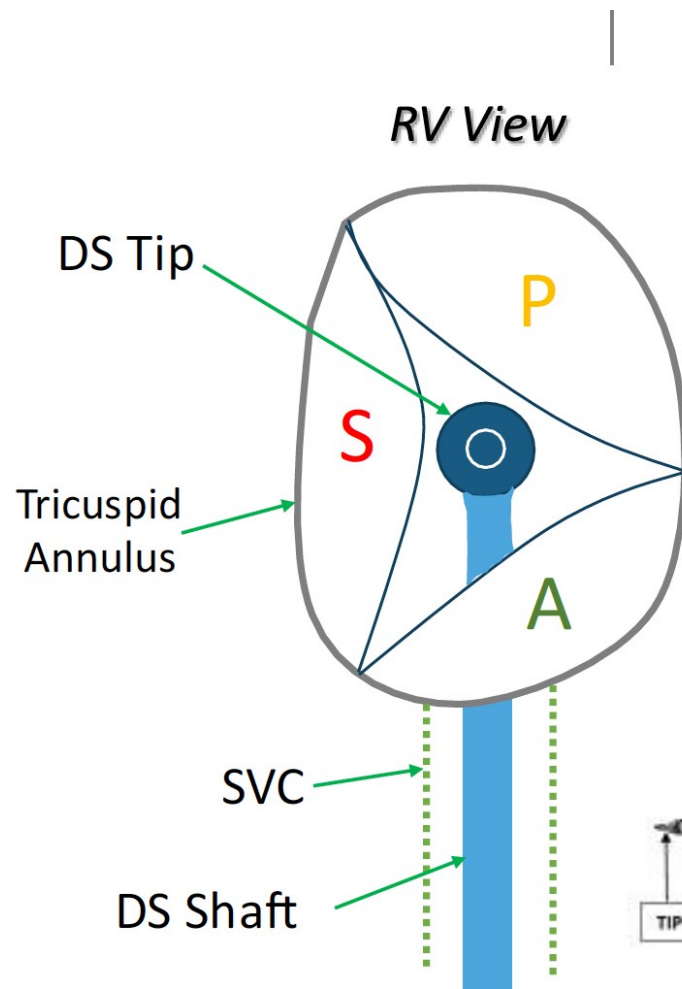
Imaging: viewing the entire valve

- Imaging all leaflets
- Marking the annular plane (wire in the RCA)
- Identifying potential obstacles in the RV's cavity (chordae, moderator band)
- Pacemaker endovascular electrode
- Adjacent prosthetic valves
- The patient is supine during the procedure (not on the left decubitus): imaging quality may vary with the body position

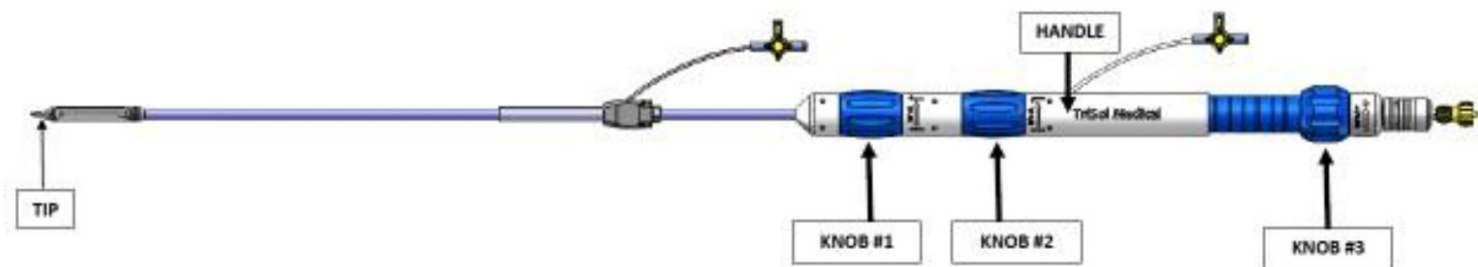


Communication

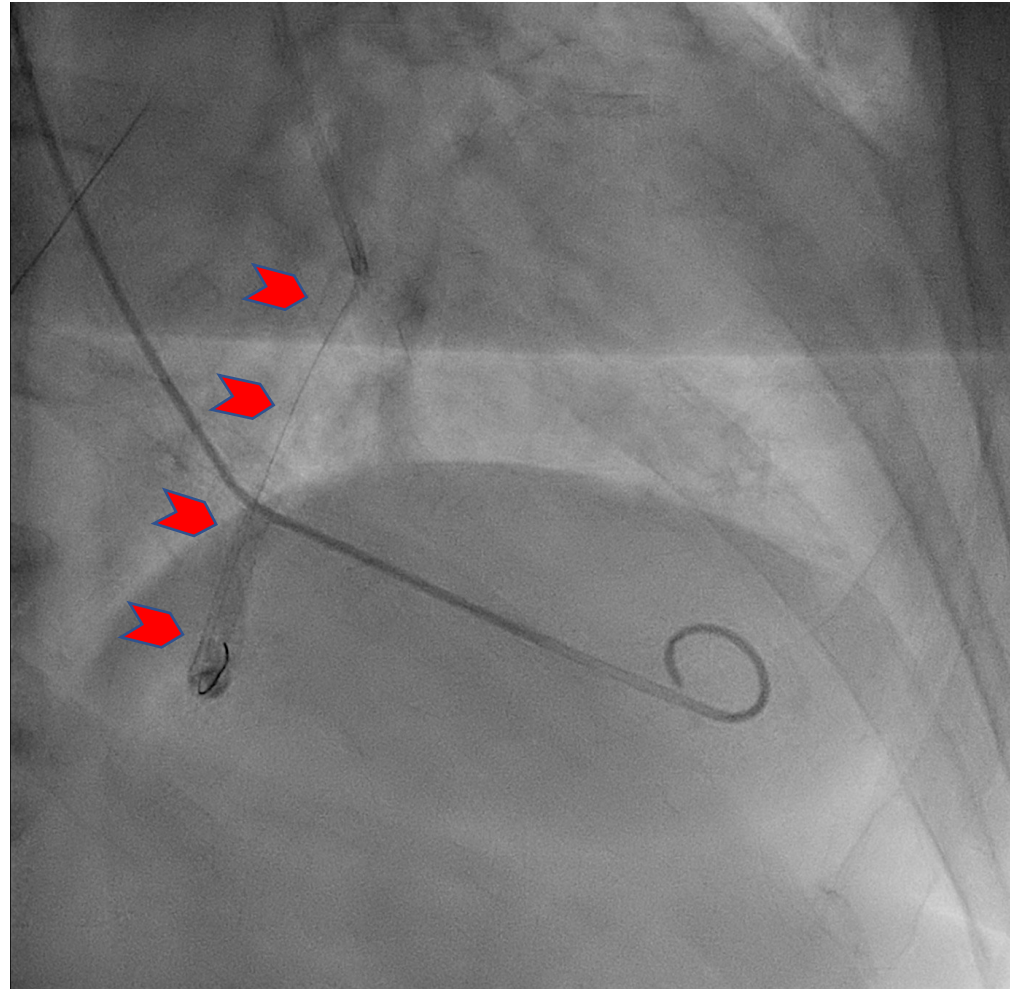




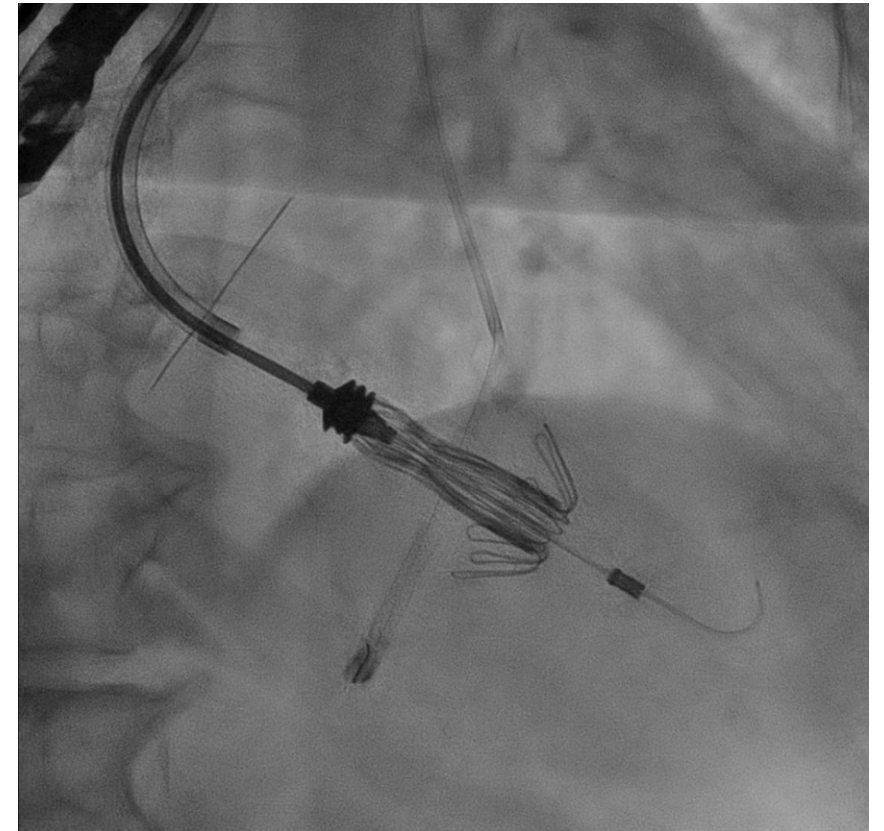
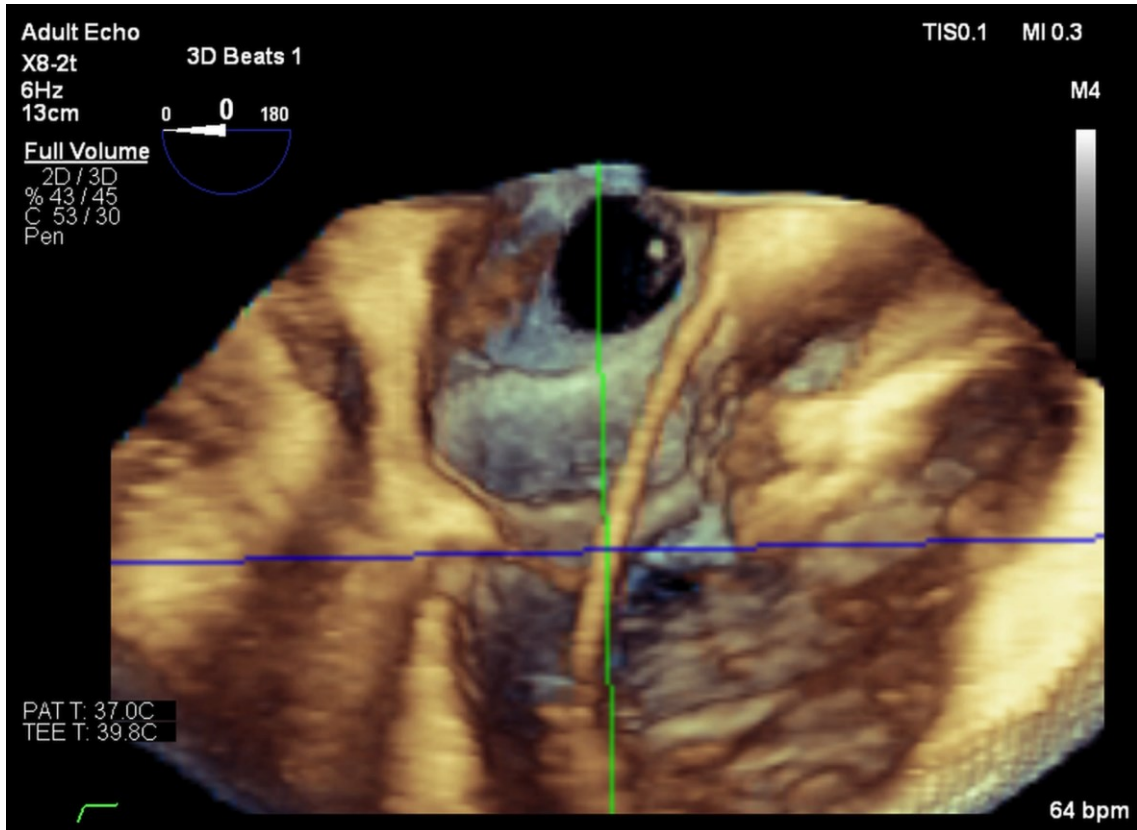
- ✓ To **Septal** L → Handle ↺
- ✓ To **Posterior** L → Knob #1 ↺ \ Push handle in ↑
- ✓ To **Anterior** L → Knob #1 ↻ \ Withdraw handle ↓
- ✓ To RA → Knob #2 ↻
- ✓ Deployment → Knob #3 ↻



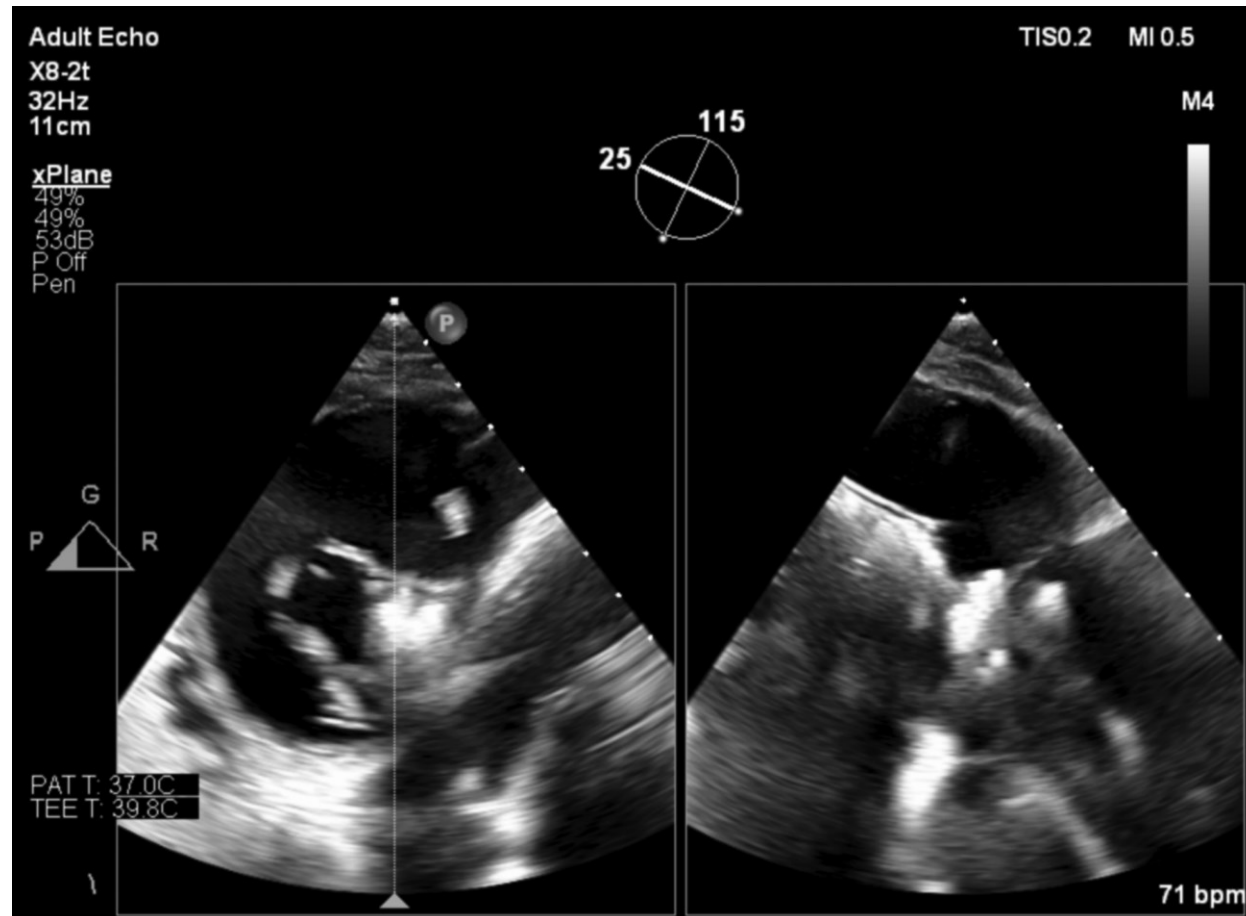
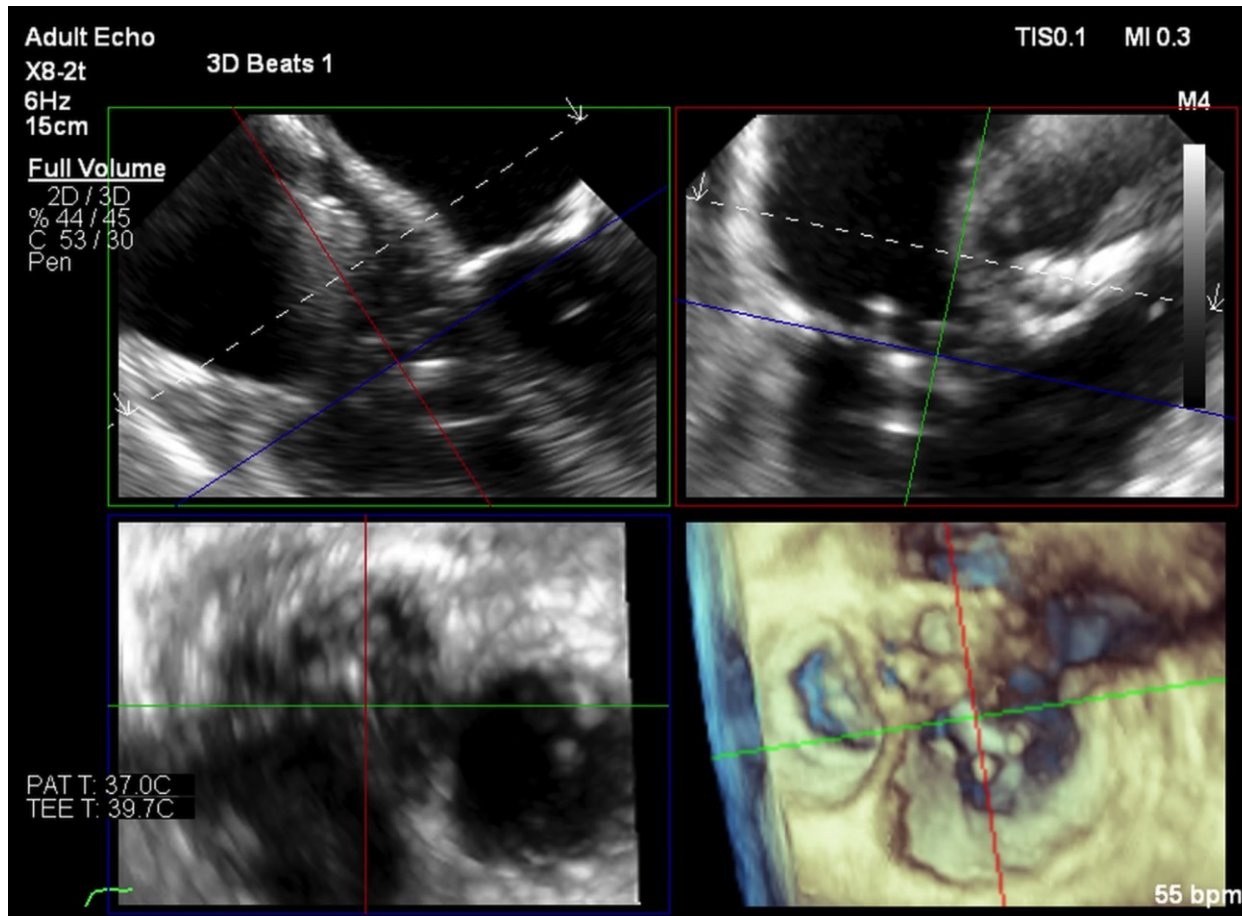
Marking the TV annulus



Maintaining Perpendicularity



The Tango dance in the Cath. Lab.



Patience
(lots)



Adult Echo

X8-2t

6Hz

13cm

Full Volume

2D / 3D

% 50 / 45

C 53 / 30

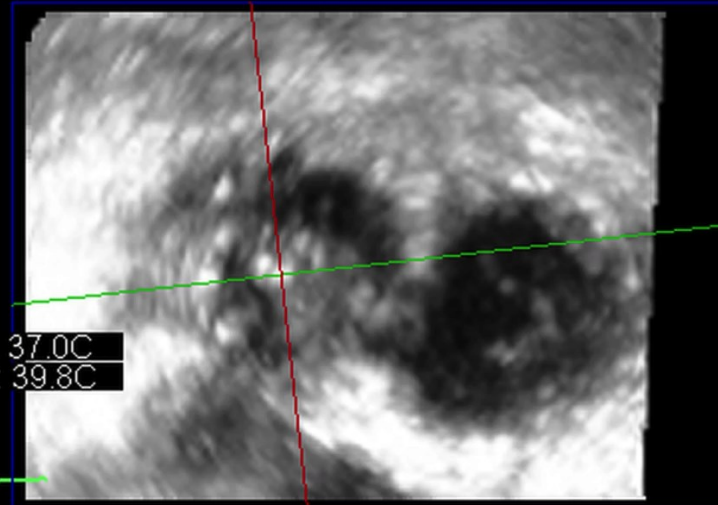
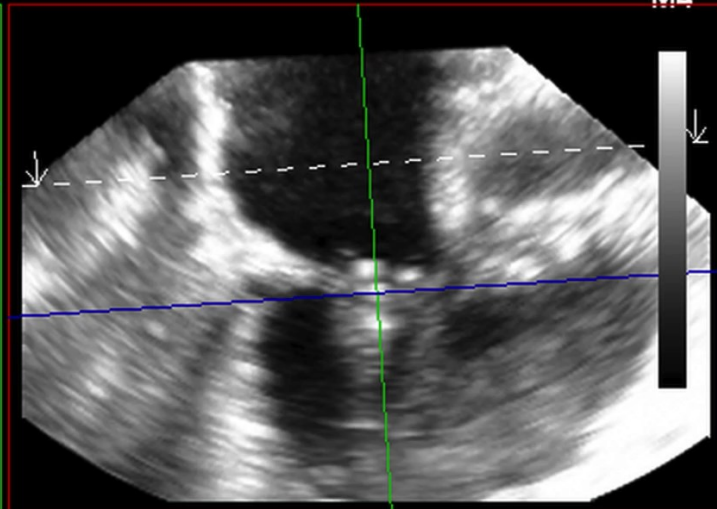
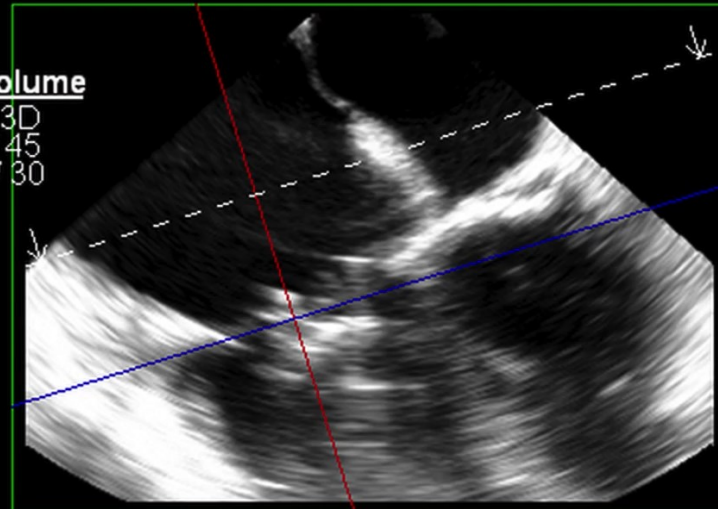
Pen

3D Beats 1

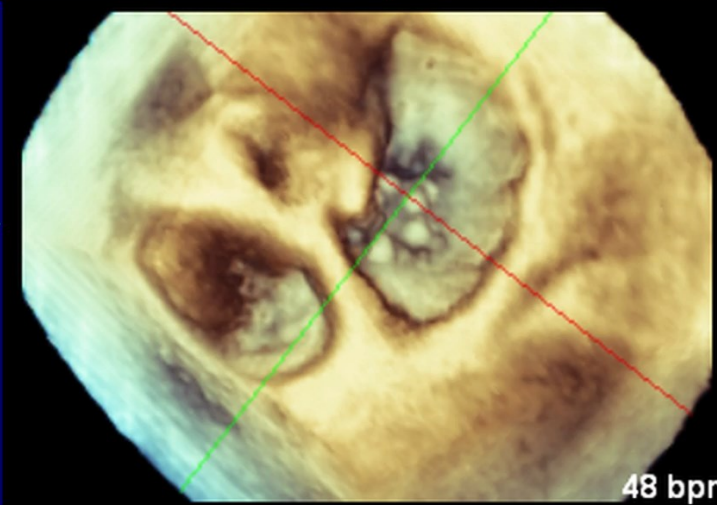
TIS0.1

MI 0.3

M4

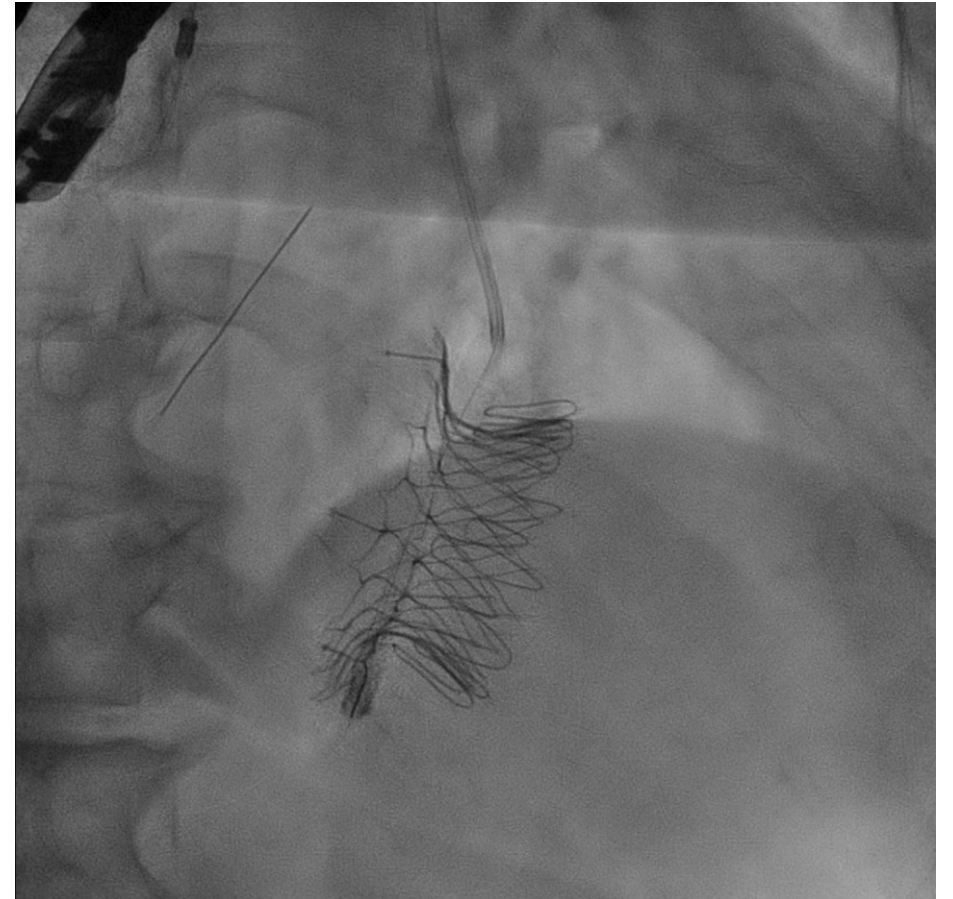
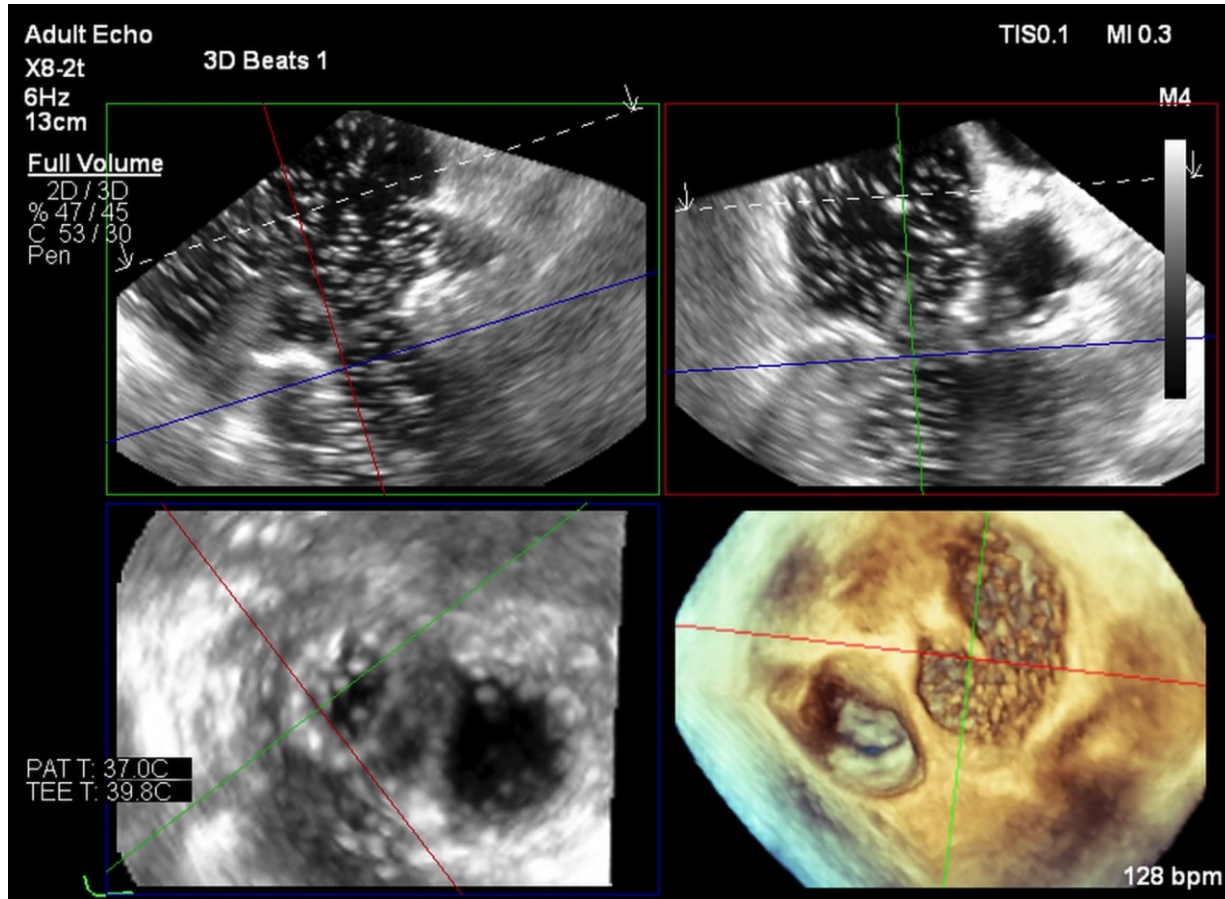


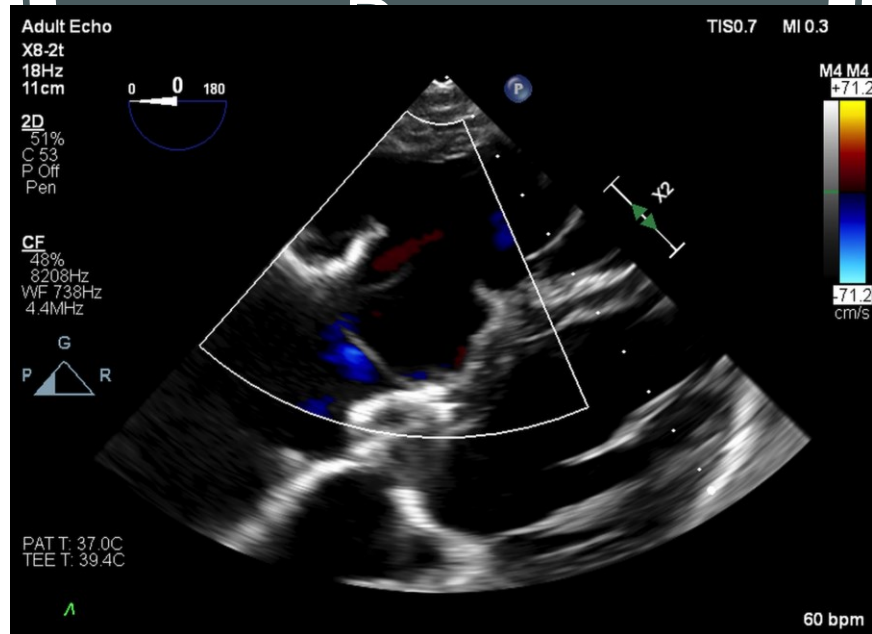
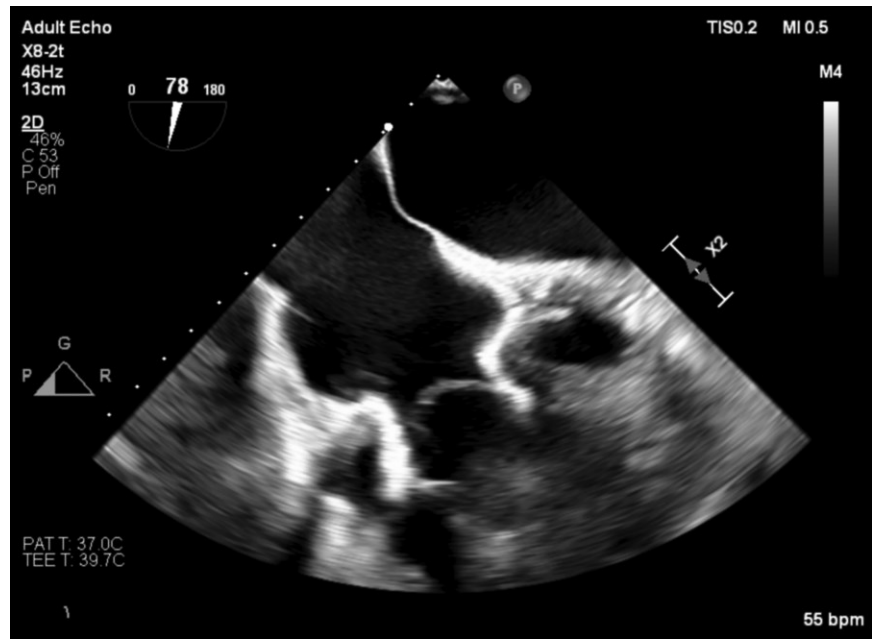
PAT T: 37.0C
TEE T: 39.8C



48 bpm

The Count Down







Thank You for Your Attention