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The Sheba MitraClip Experience



IHS,
Jerusalem 2013

Conflicts of interest

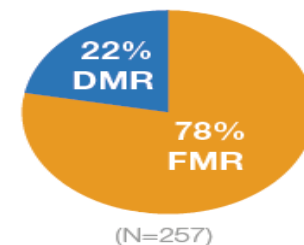
- **None of the authors have any conflicts of interest to declare regarding this presentation.**

The Sheba Experience

- **Since April 2010 20 patients were treated with MitraClip**
- **Aetiology:**
 - 18 pts (90%) – functional or mixed
 - 2 pts (10%) – degenerative
- **MR grade and functional class**
 - MR III – 74%
 - MR IV – 26%
 - NYHA III-IV – 90%

ACCESS EU – Real world Clinical registry in Europe

Patient Type by Etiology



Baseline characteristics

Sheba patients

Characteristic	N=20
Age	76 years
Male	65%
DM	40%
IHD	85%
Atrial Fibrillation	60%
CRTD/ICD	30%
Prior Cardiac Surgery	45%
CRTD/ICD	30%
LVEF < 40%, n (%)	68%
Euroscore	12+-9

ACCESS EU – Real world Clinical registry in Europe

Baseline Demographics and Co-Morbidities

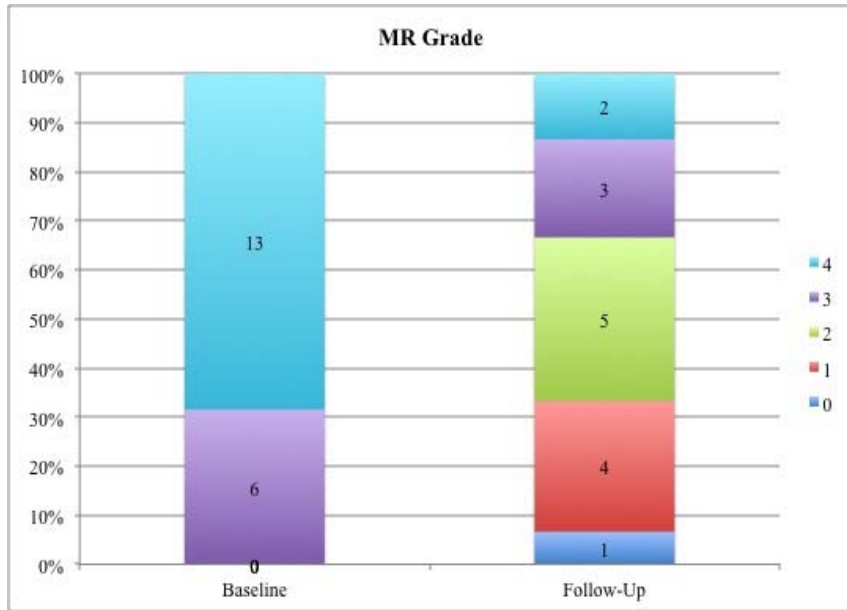
Demographics and Co-Morbidities	ACCESS EU Analysis Cohort N=257
Age (mean ± SD), years	73 ± 10
Logisitic EuroSCORE, %	
Mean ± SD	20 ± 18
EuroSCORE ≥ 20%	34
Male Gender, %	65
Mitral Regurgitation Grade ≥ 3+, (%)	99
NYHA Functional Class III or IV, (%)	84
Ejection Fraction < 40%, (%)	55

Procedural outcomes

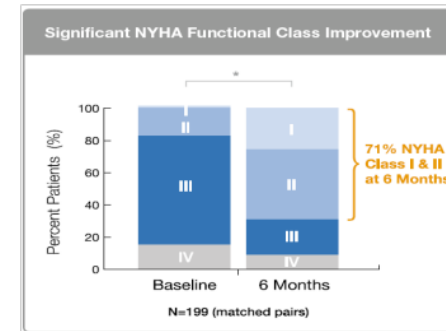
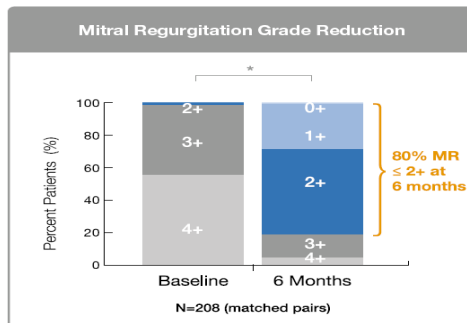
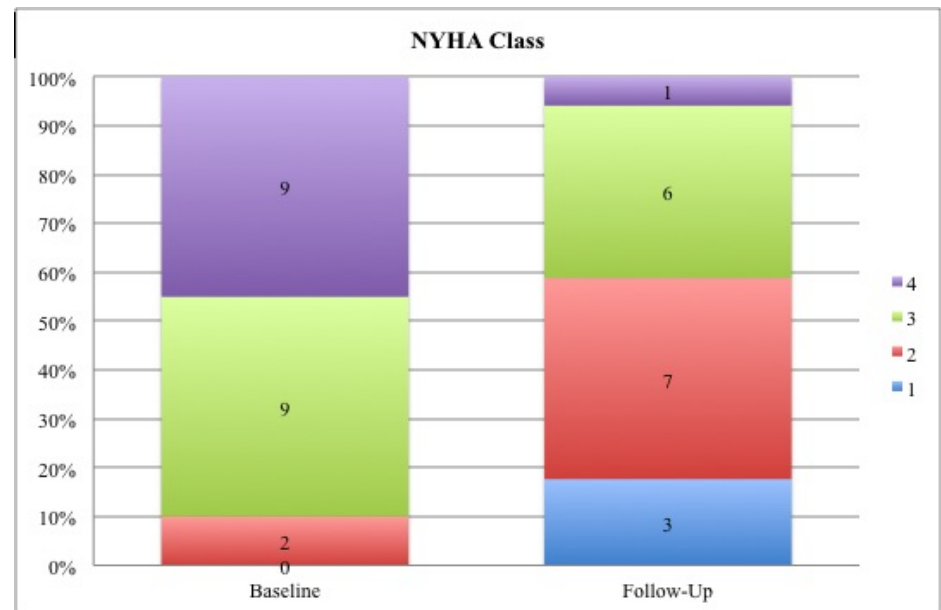
- **19/20 patients were implanted**
 - 1 procedure aborted d/t inability to reduce MR
- **Mean number of clips per patients: 1.5**
- **13 (65%) discharged on day 1 following procedure**
- **4 patients hospitalised >4 days**
 - 1 access site complication
 - 2 fever
 - 1 heart failure
- **Mortality**
 - 1 patient died (HF and stroke) 2 weeks following procedure
 - 2 patients died ~ 6 months post procedure (HF and unrelated death)

Outcomes (mean follow-up 6 months)

MR grade



NYHA class



Summary

- **mitral valve repair using the MitraClip is**
 - Feasible
 - Safe
- **Sheba results are comparable to similar high-risk patient cohorts in the literature.**
- **Should be considered in high-risk, mainly inoperable, highly symptomatic patients with significant MR.**
- **Continued surveillance and longer follow-up are needed to elucidate which patients are most likely to benefit from the procedure**

THANK YOU FOR YOUR BRIEF ATTENTION