



Leak, Gradients, Electrical disorders

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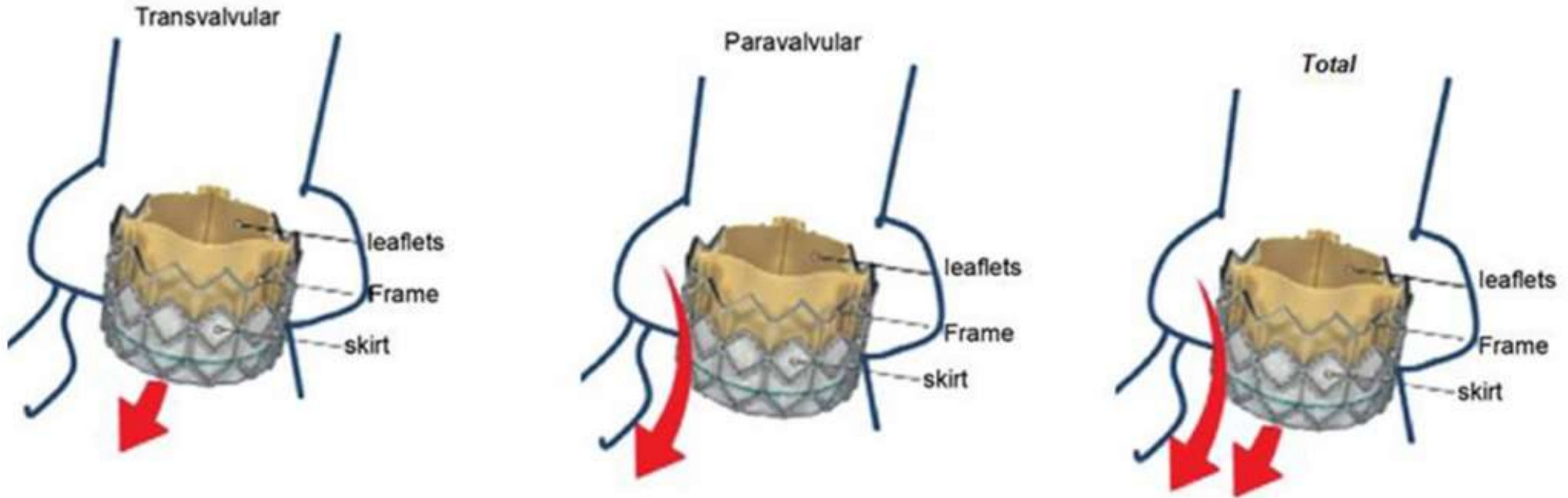
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Assistant Professor at Health Research Methods, McMaster University, Hamilton, Canada



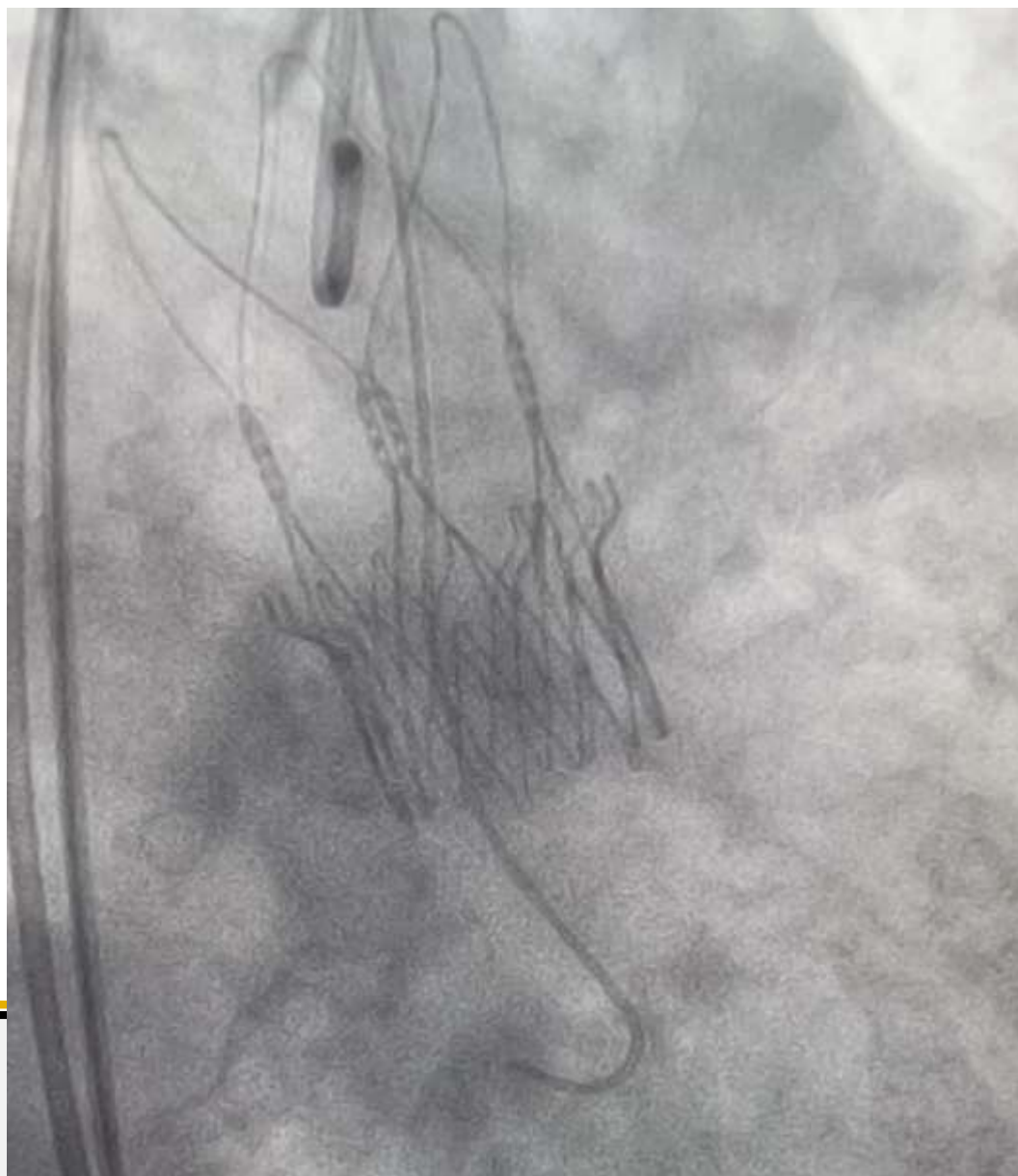
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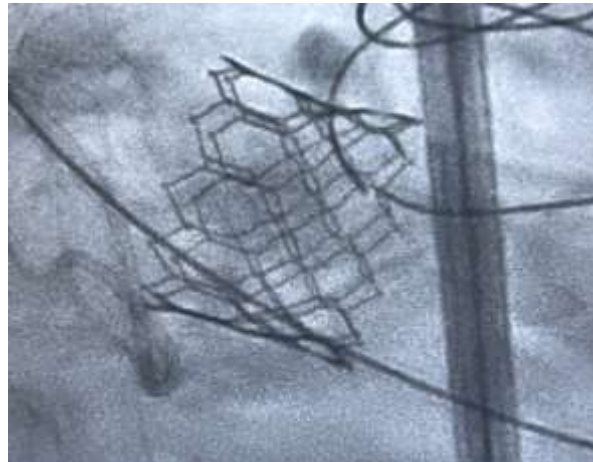
Paravalvular leak



Aortogram









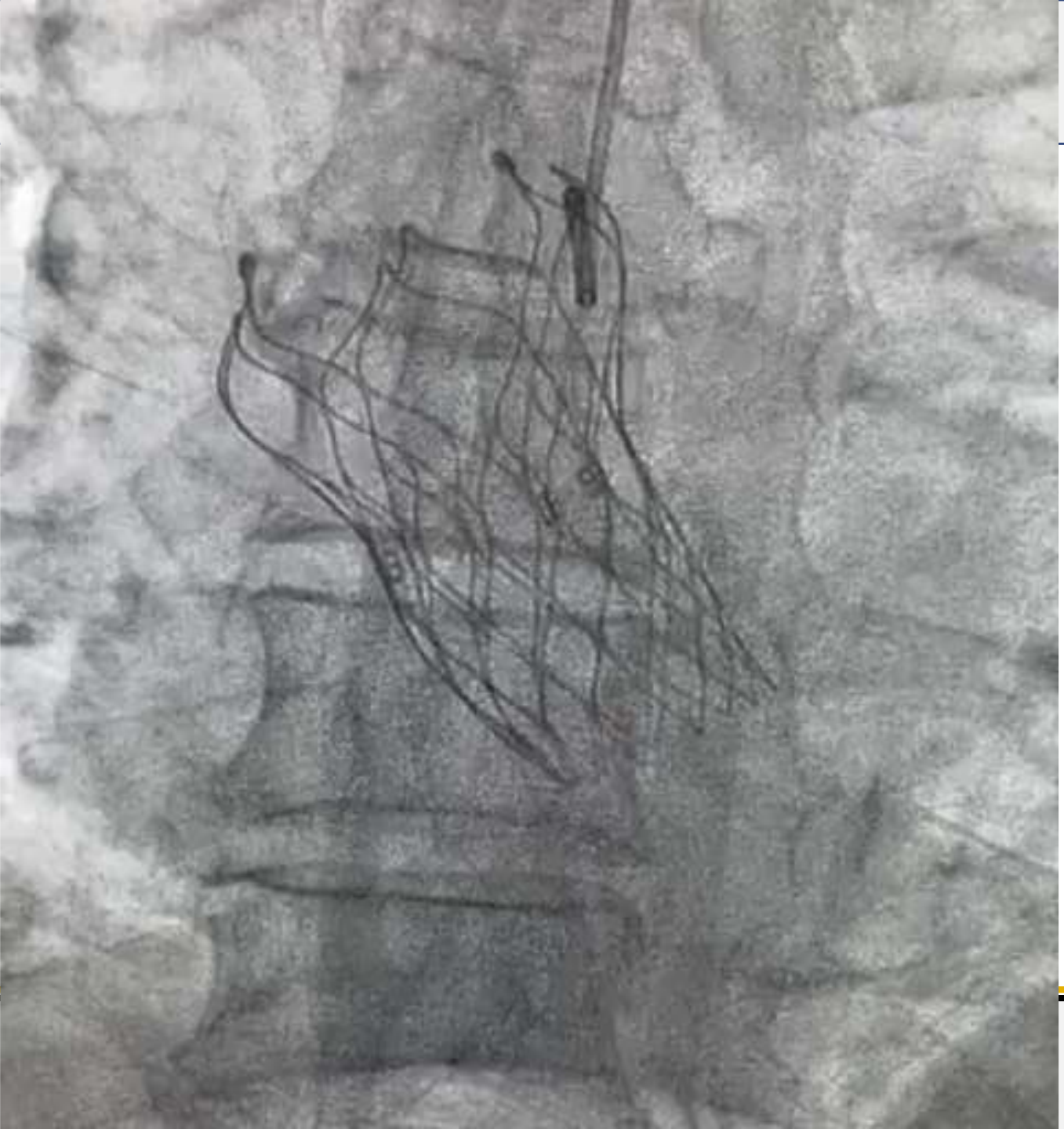
Pabloo hola!! Puedo abusar de ti rapidito?? Mini favor ajja 22:03

Podrías echarle una mirada al resultado de los casos de hoy y me dices qué piensas? Por faaa 22:06

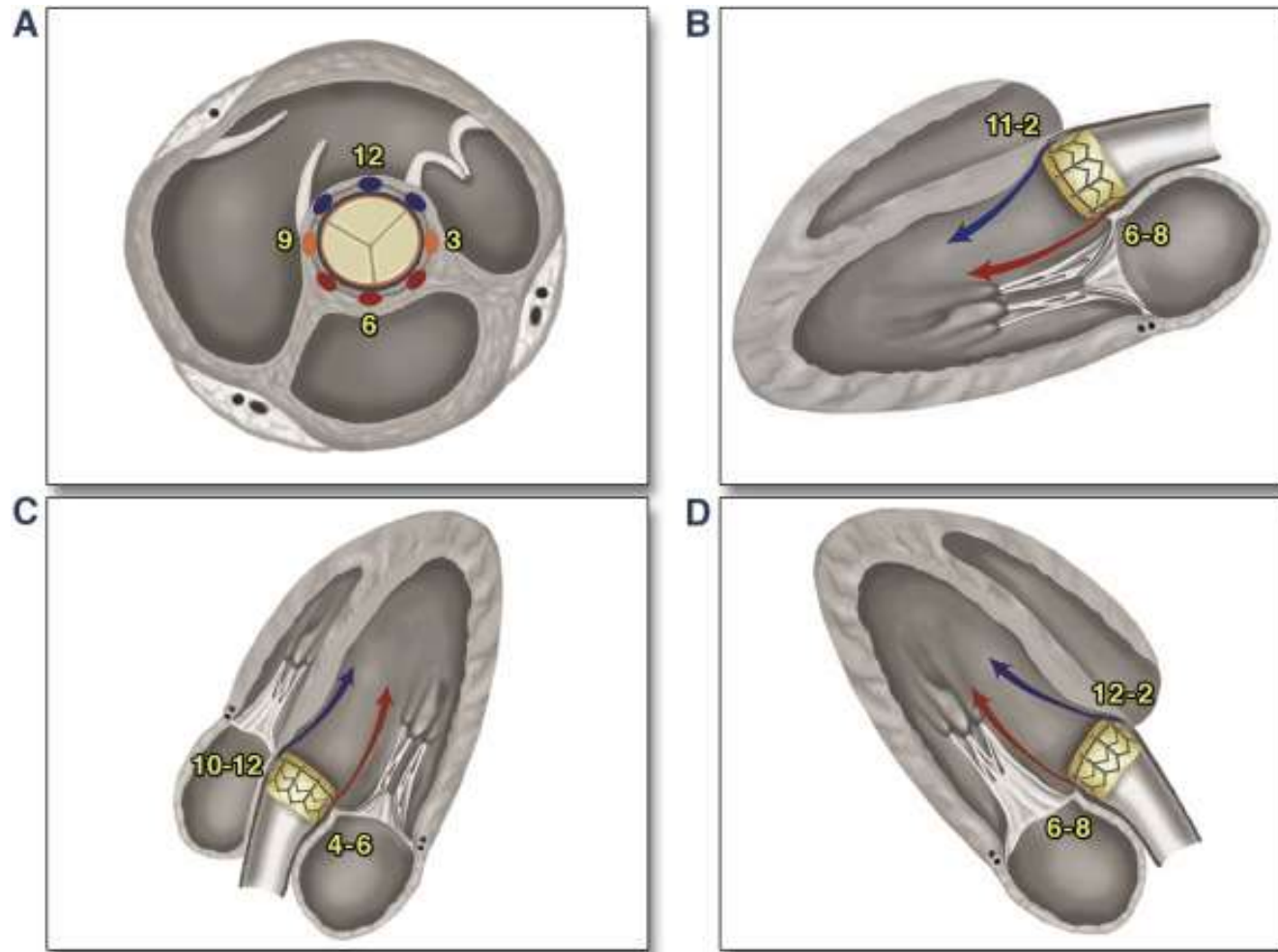
Como va 23:01 ✓

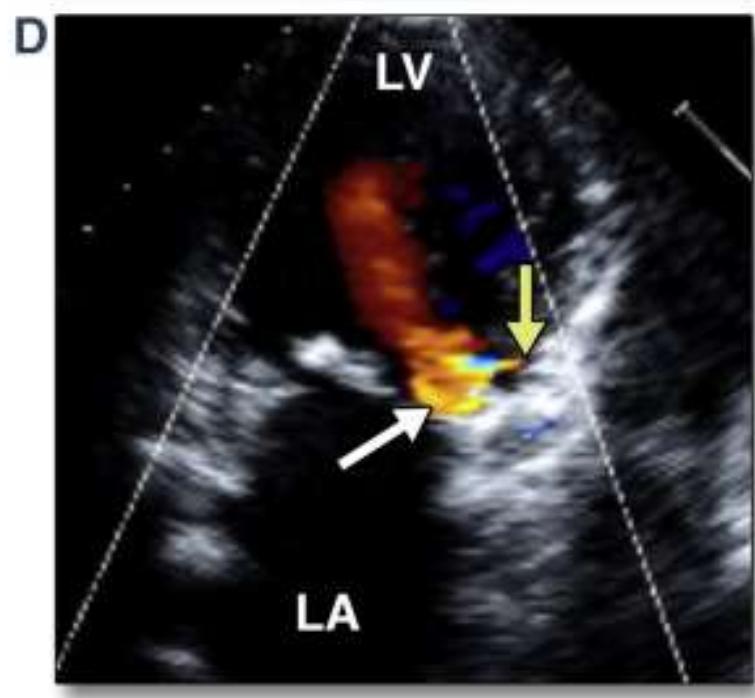
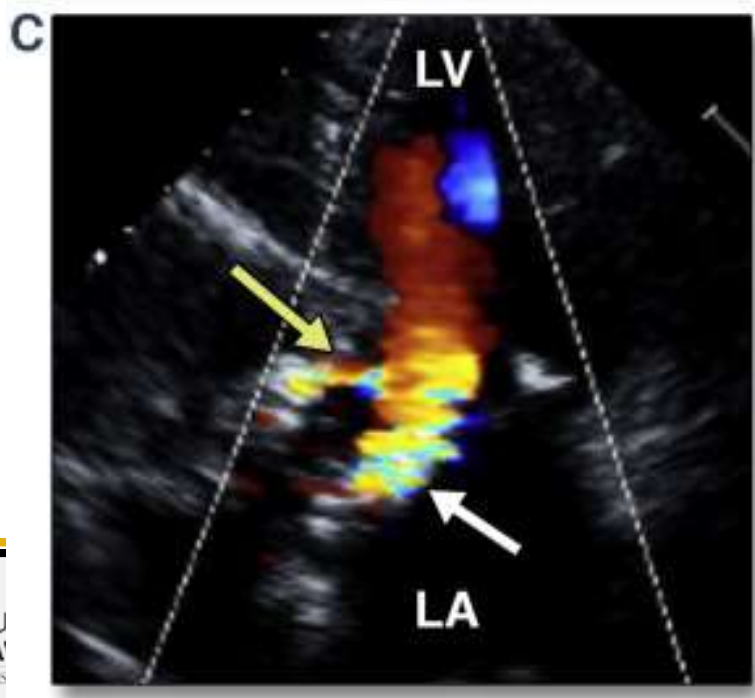
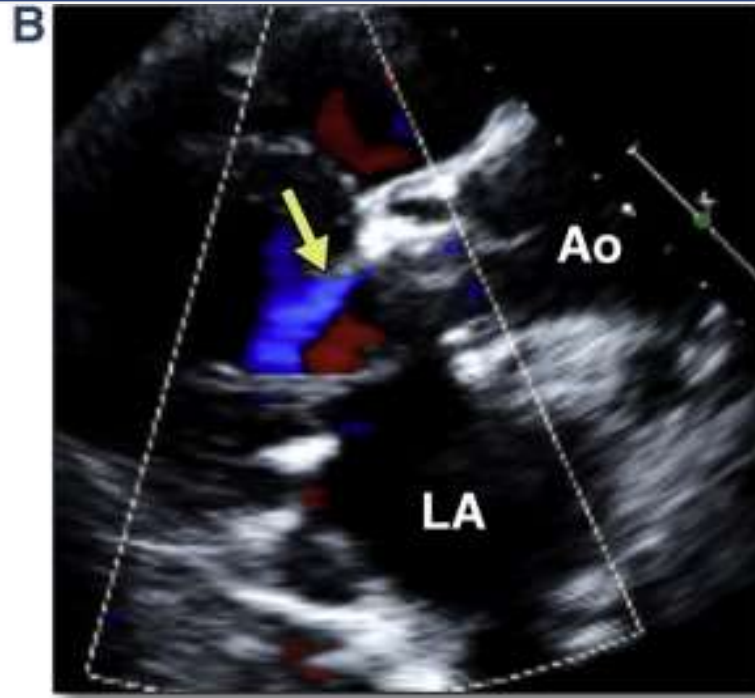
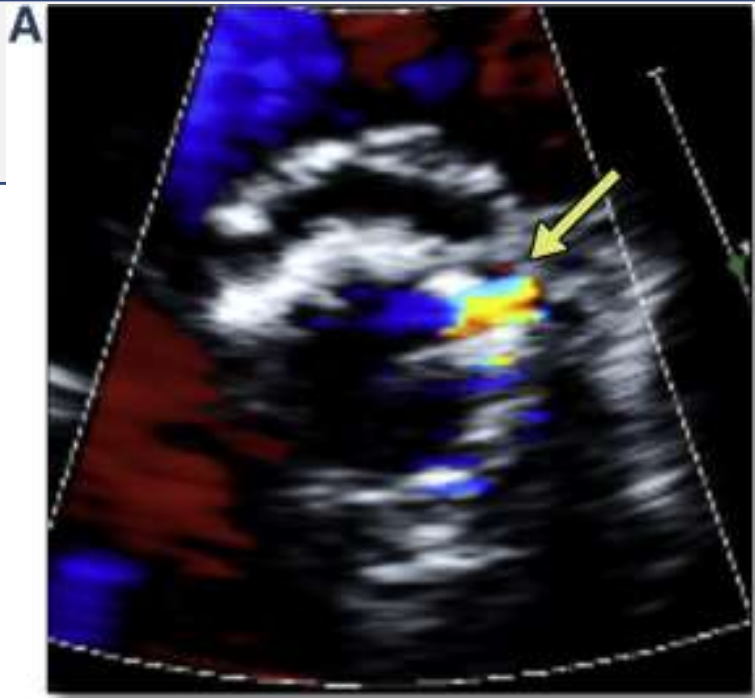
Dale 23:01 ✓

You
Que me mande lina sin drama
Te mando yo y me cuentas a mi por fa 23:13

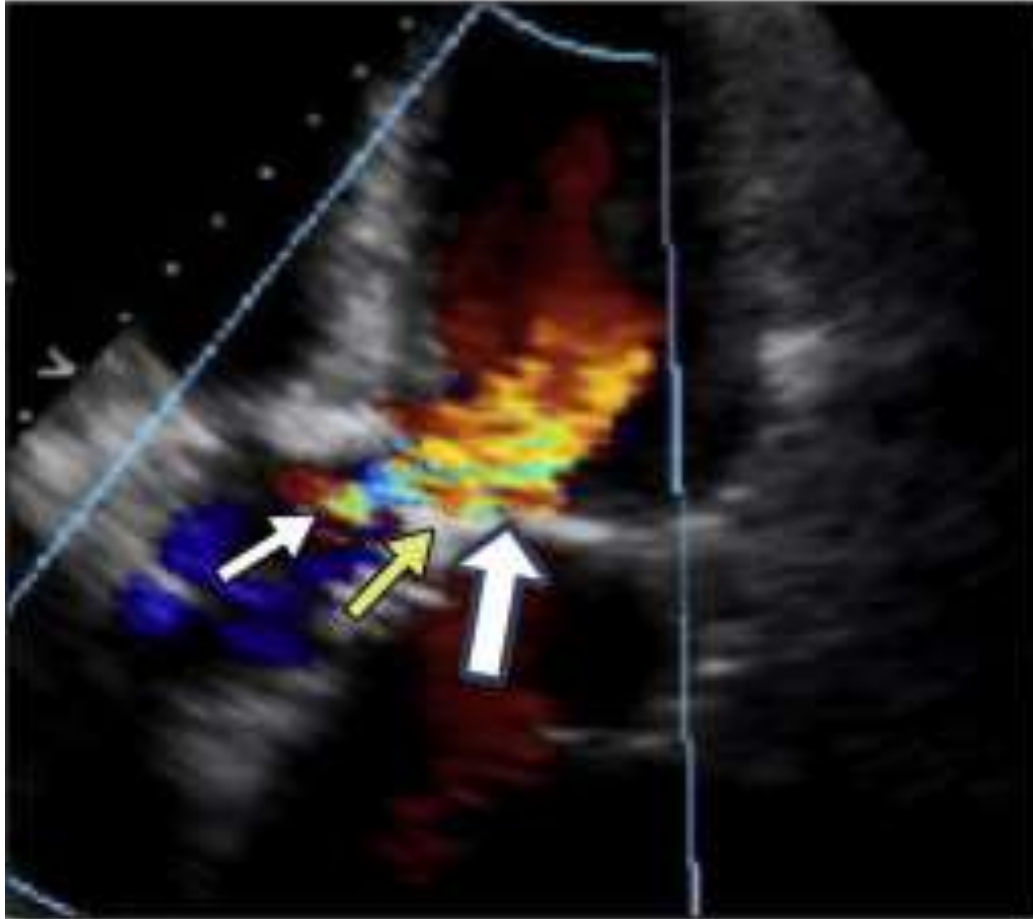


TTE Ultrasound

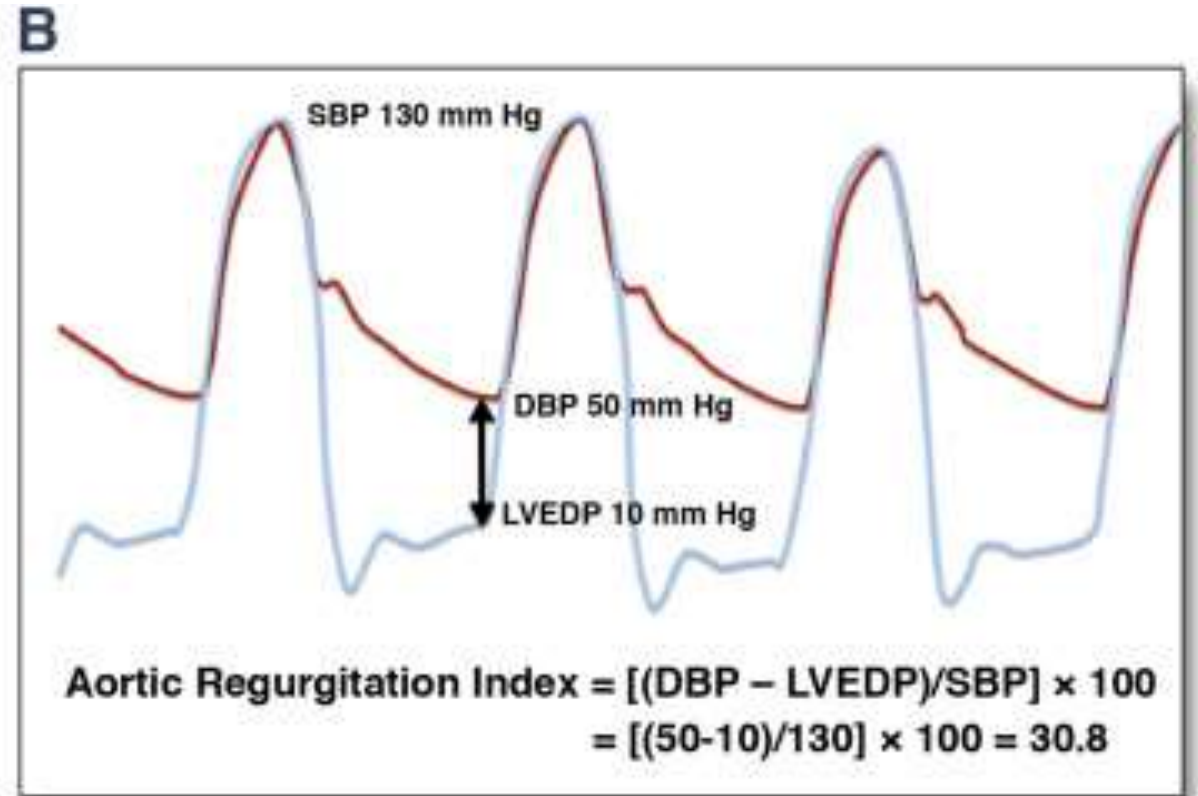
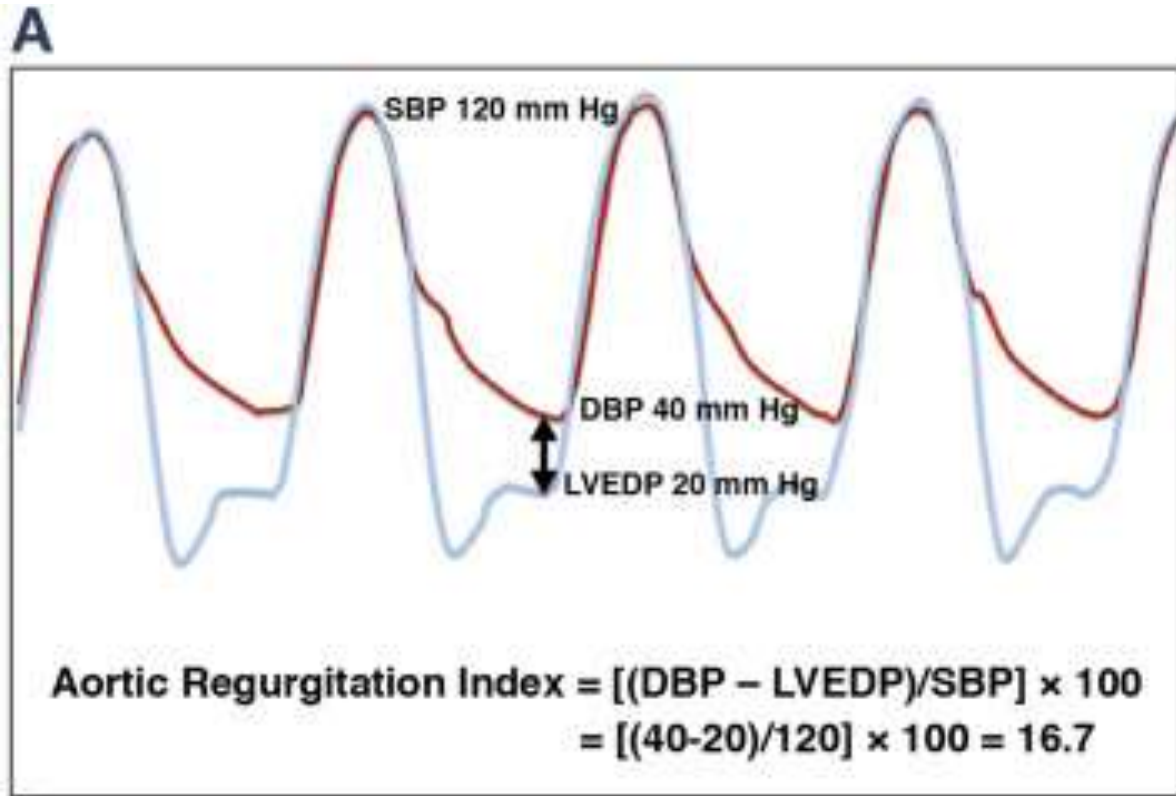




Central vs PVL vs mitral

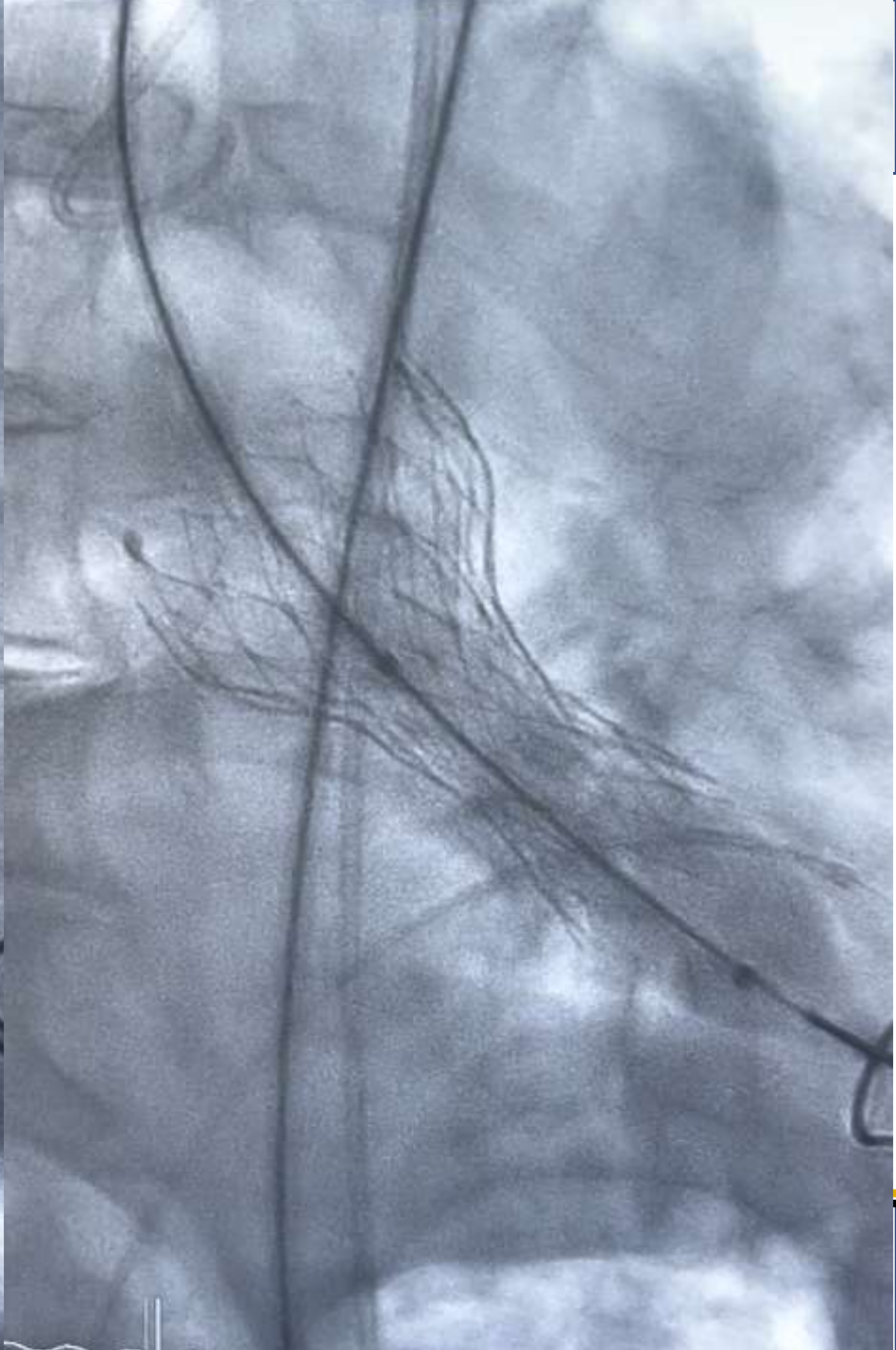
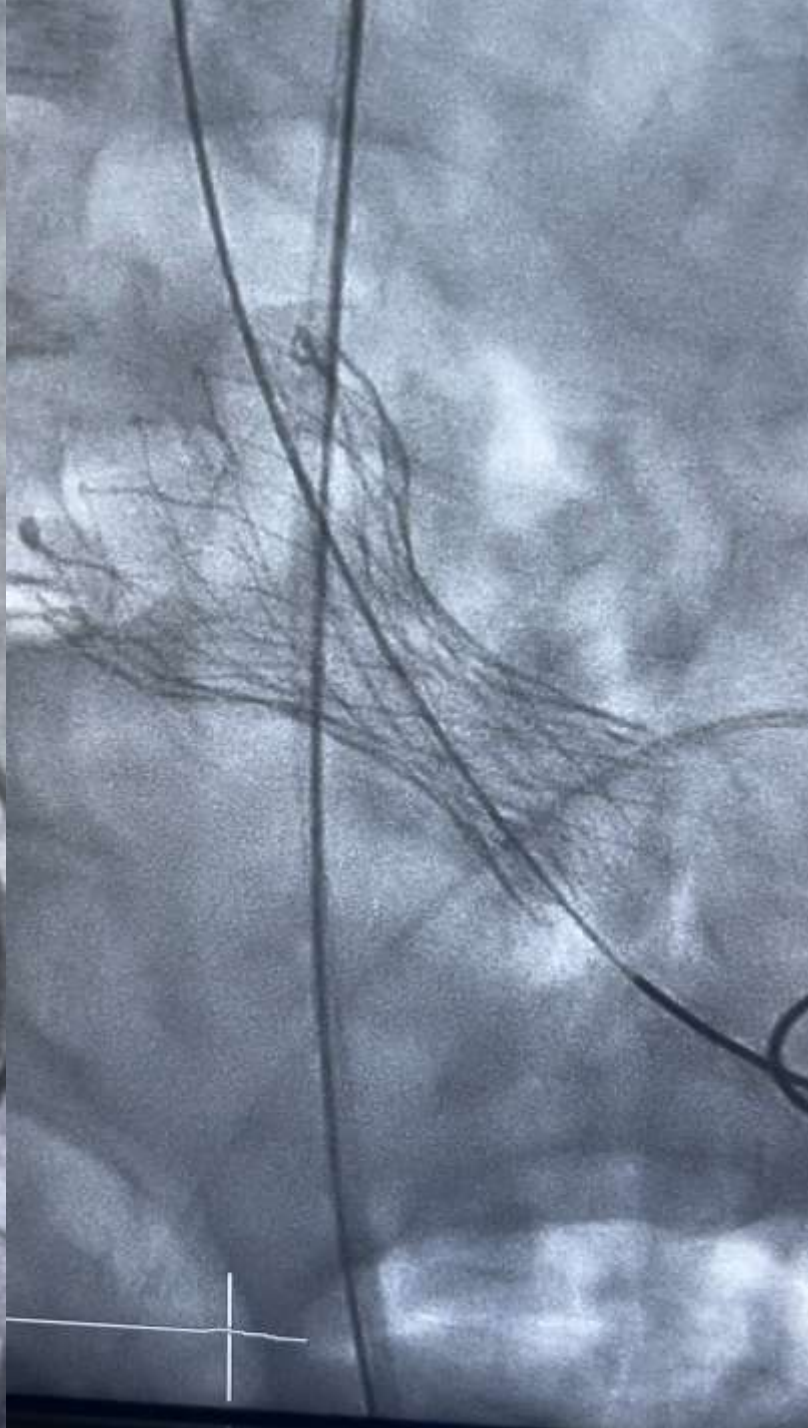
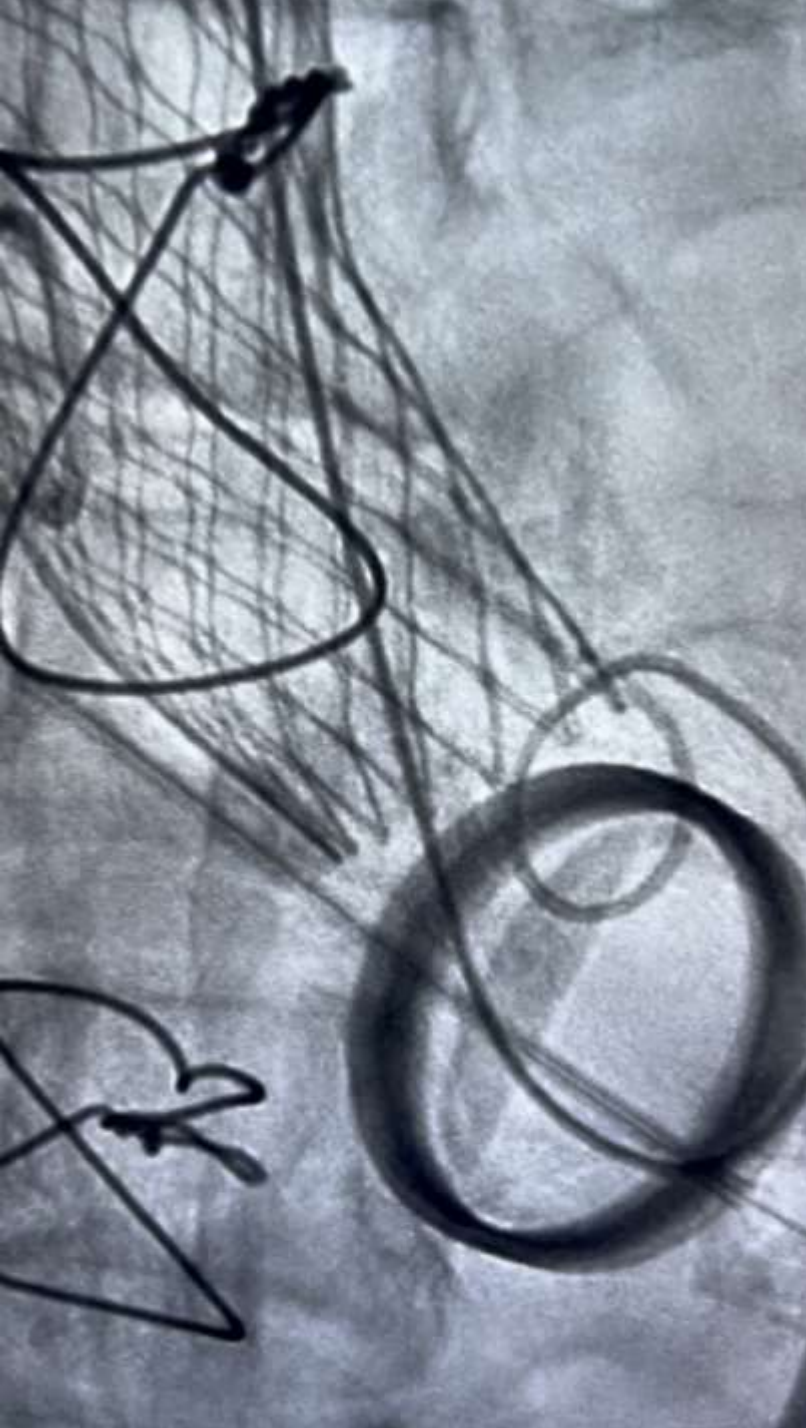


Invasive regurgitation assesment

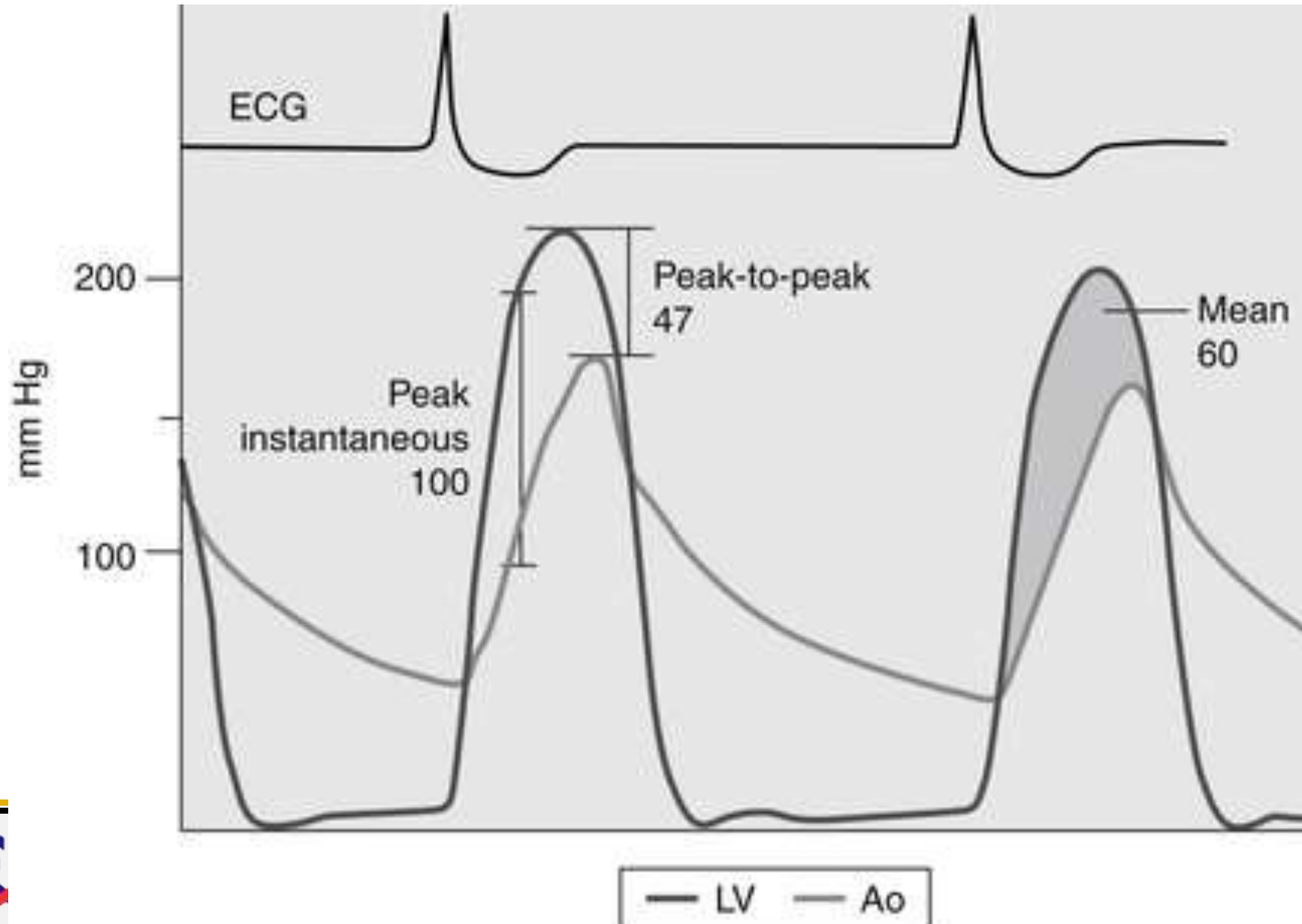


Which is the first
hemodynamic assessment?

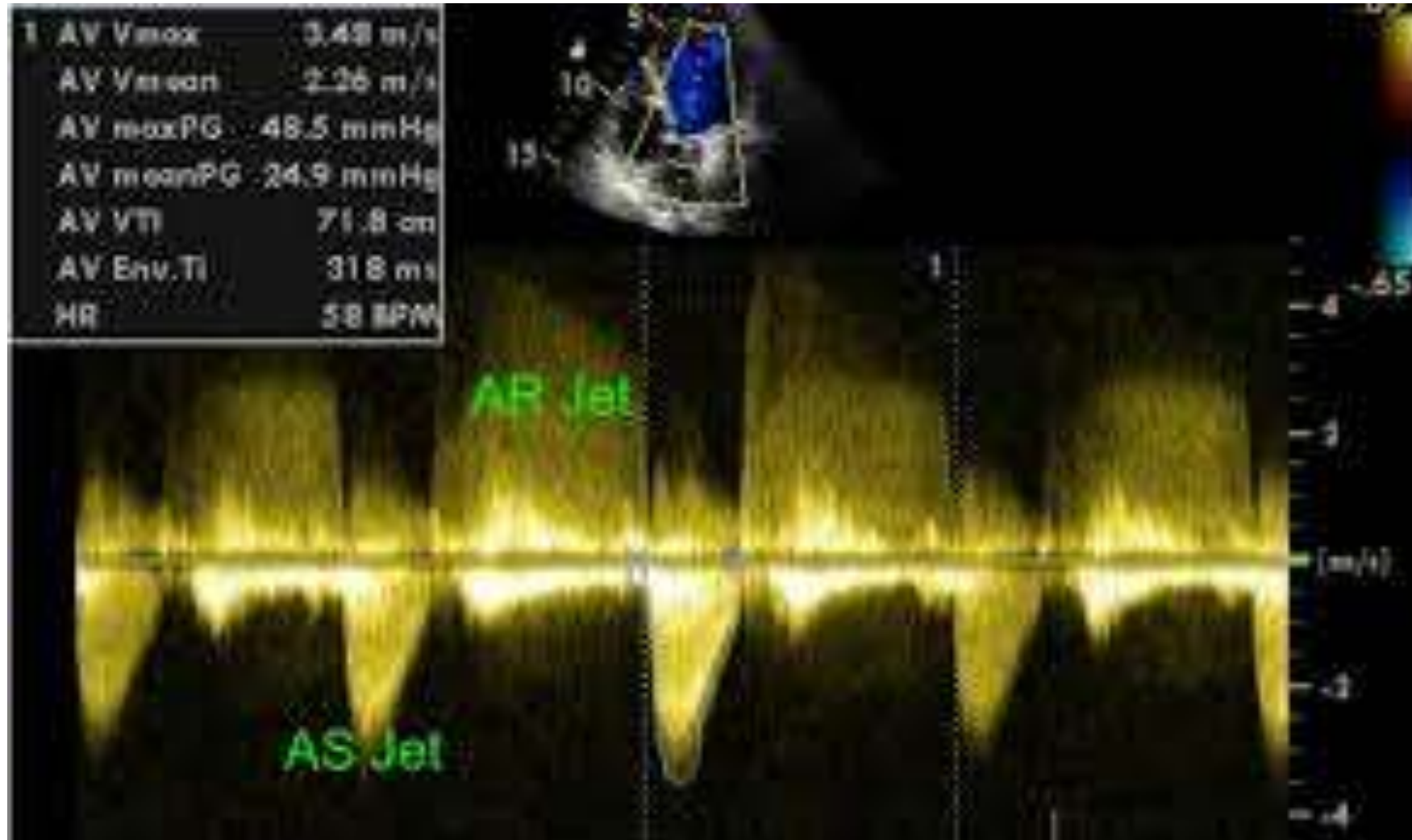
Which is the first
hemodynamic assessment?
Visual



Invasive gradient assessment



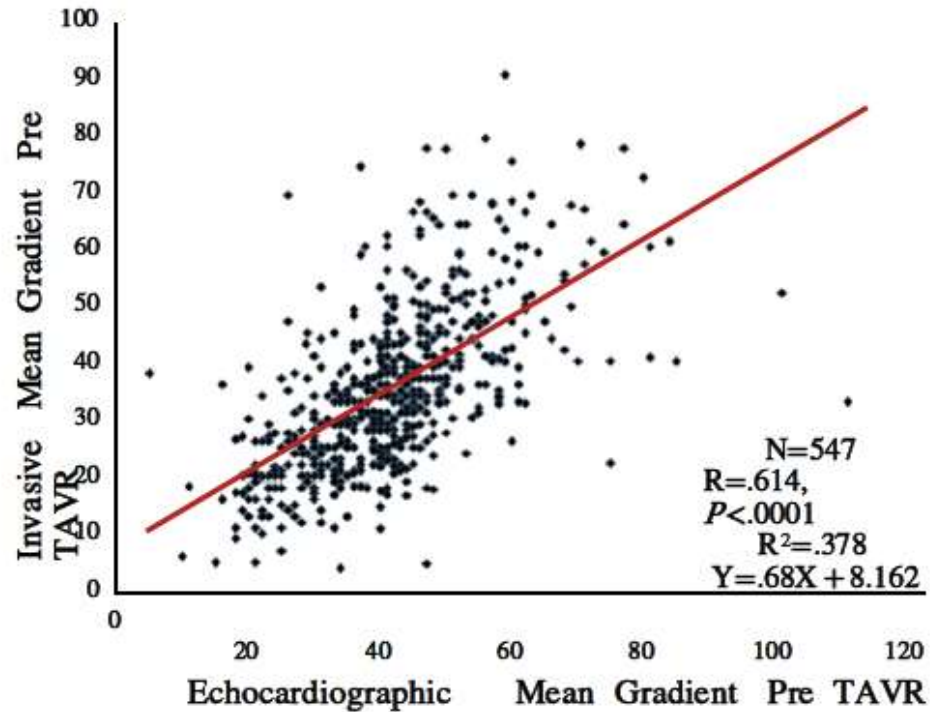
Doppler



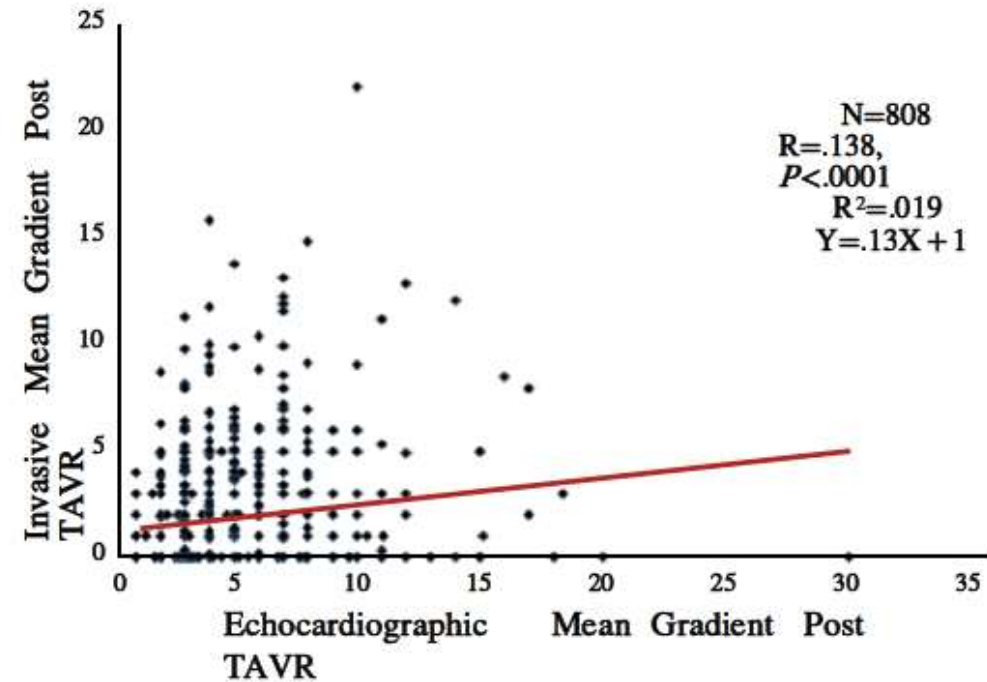
Echo-Derived Gradient vs Cath-Derived Gradient



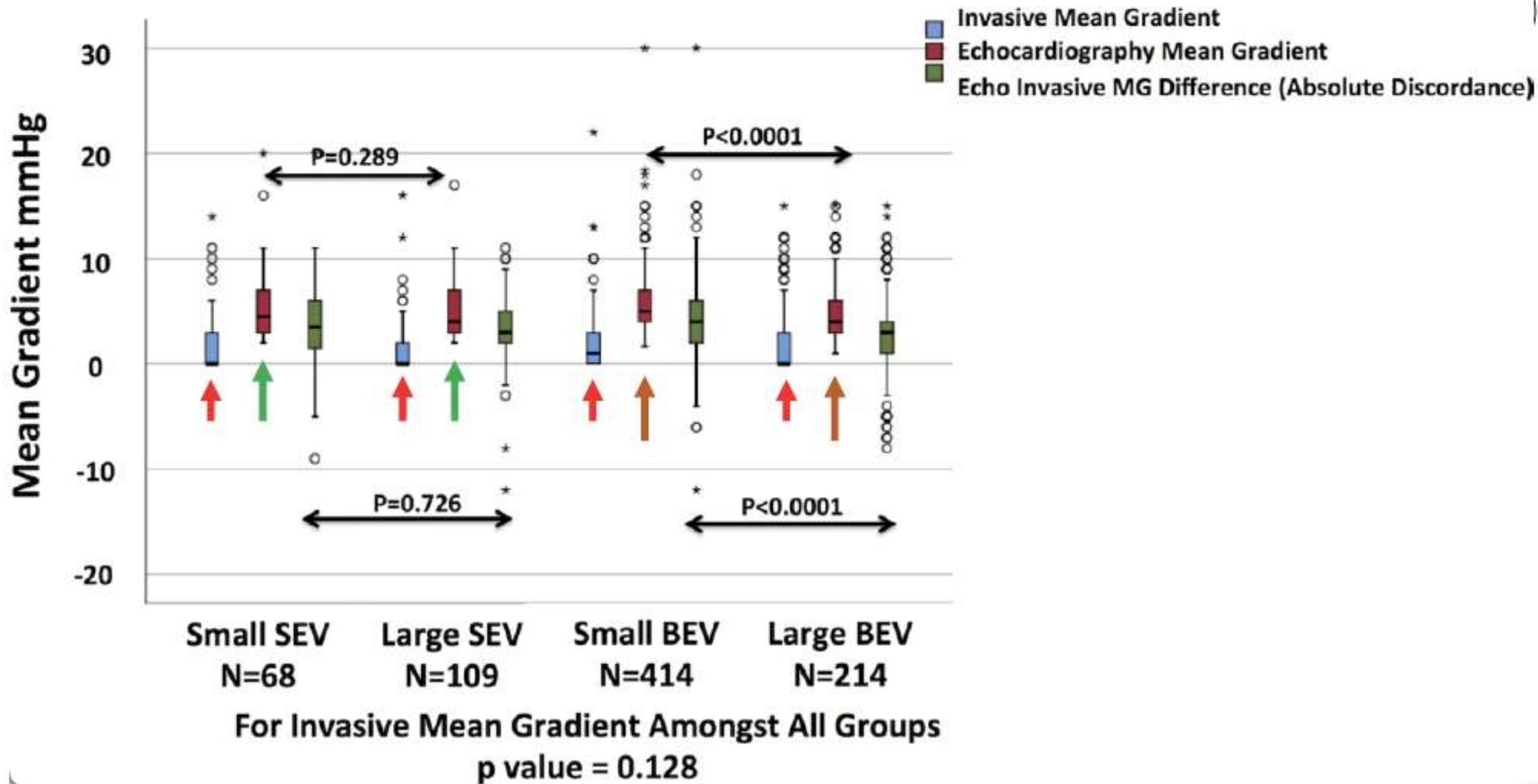
Correlation and Linear Regression
Concomitant Cath vs Echo Gradient
Pre TAVR (Native Aortic Stenosis)



Correlation and Linear Regression
Concomitant Cath vs Echo Gradient Post
TAVR (Normal Functioning, Non-Stenotic
TAVR Valves)

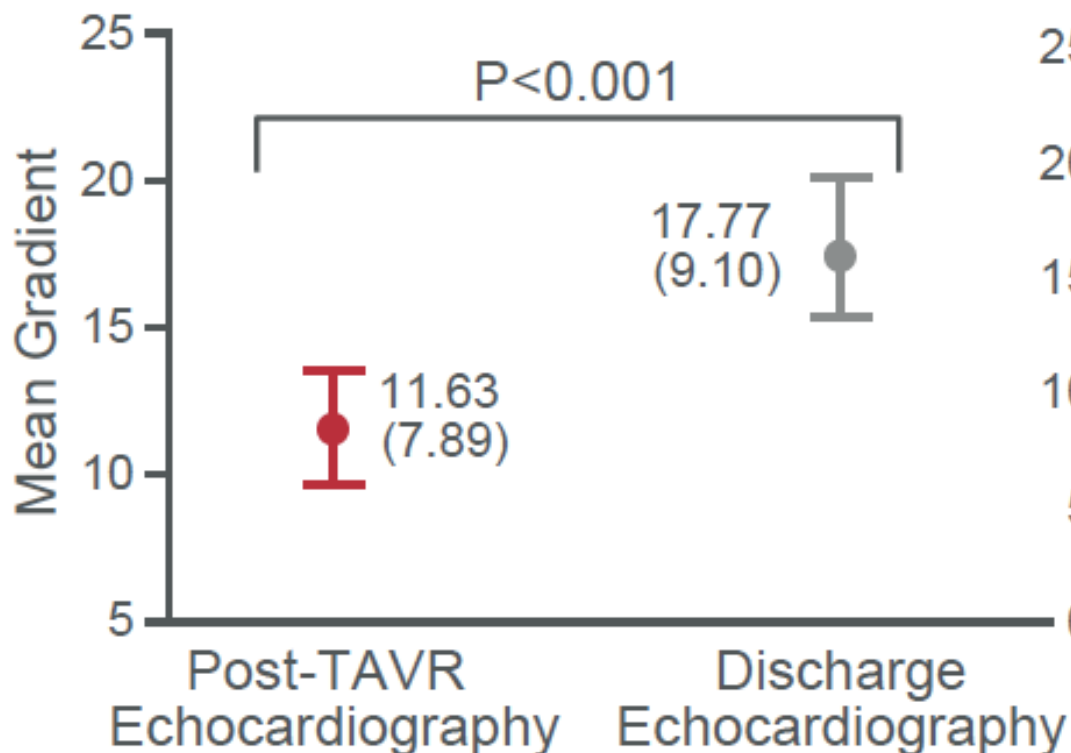


Amr E. Abbas et al. JAHA 2021

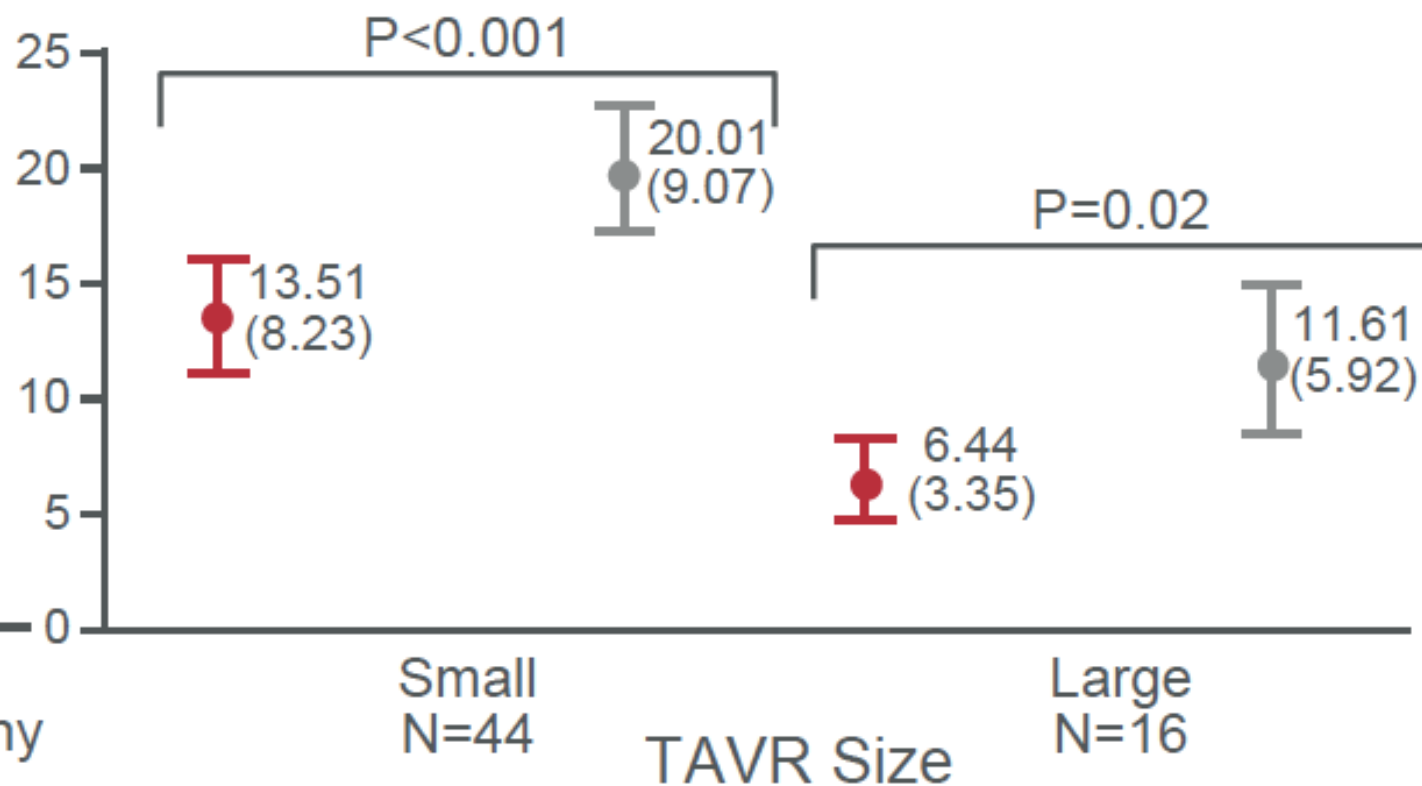


TTE post-TAVR vs Discharge

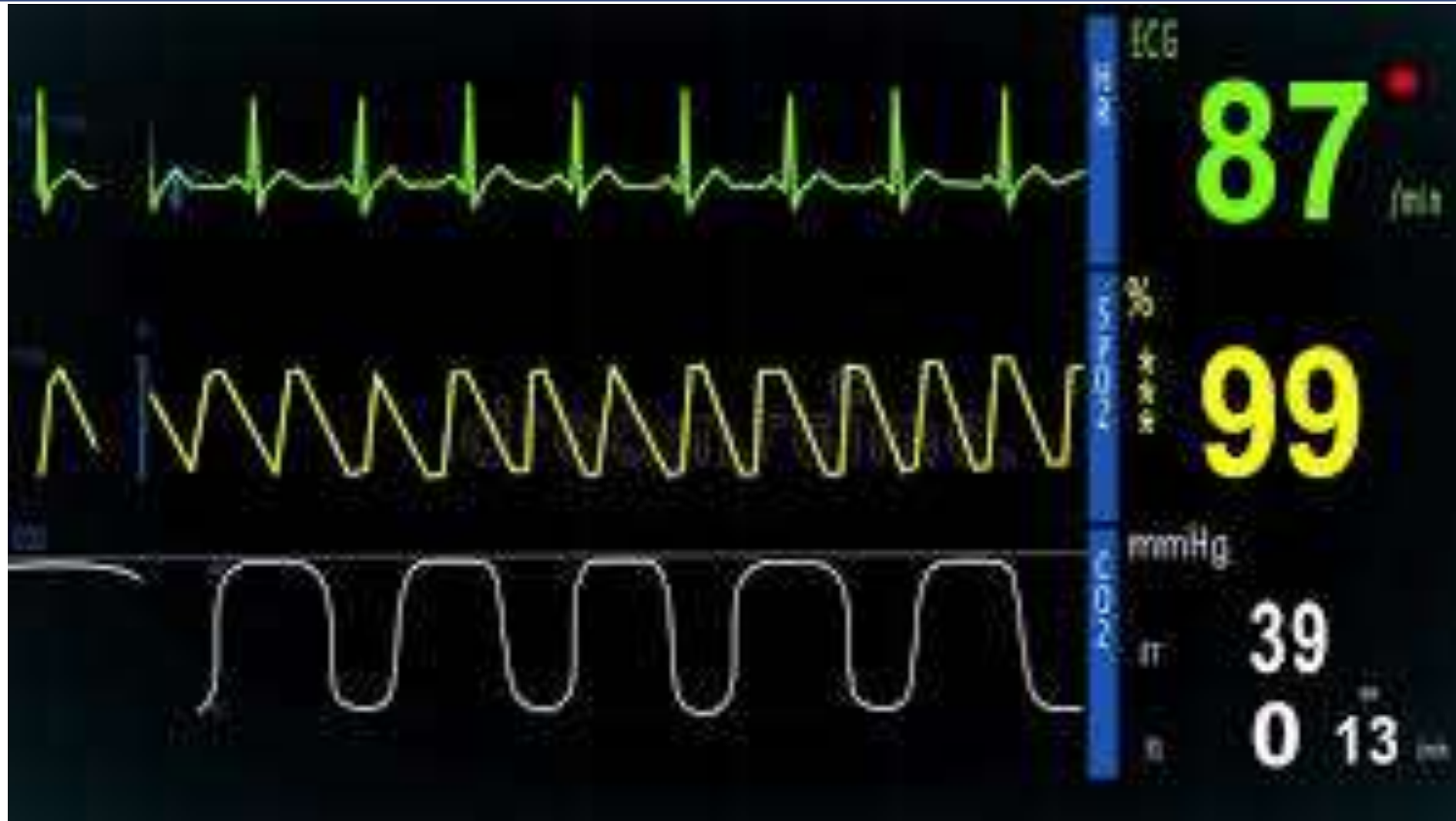
All Valve-in-Valve (ViV) Patients



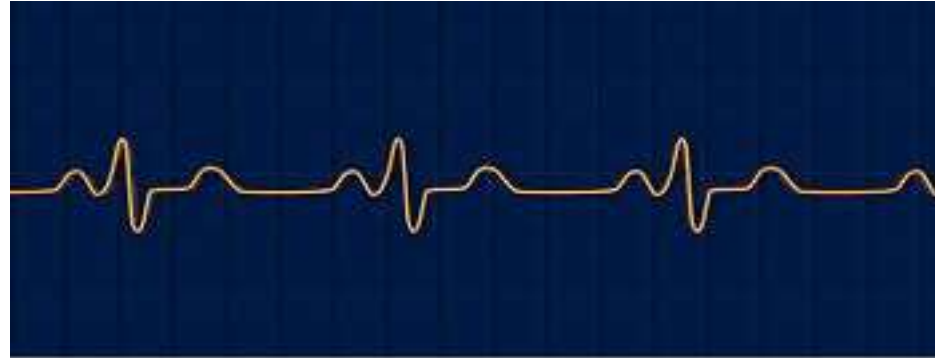
According to TAVR Valve Sizes



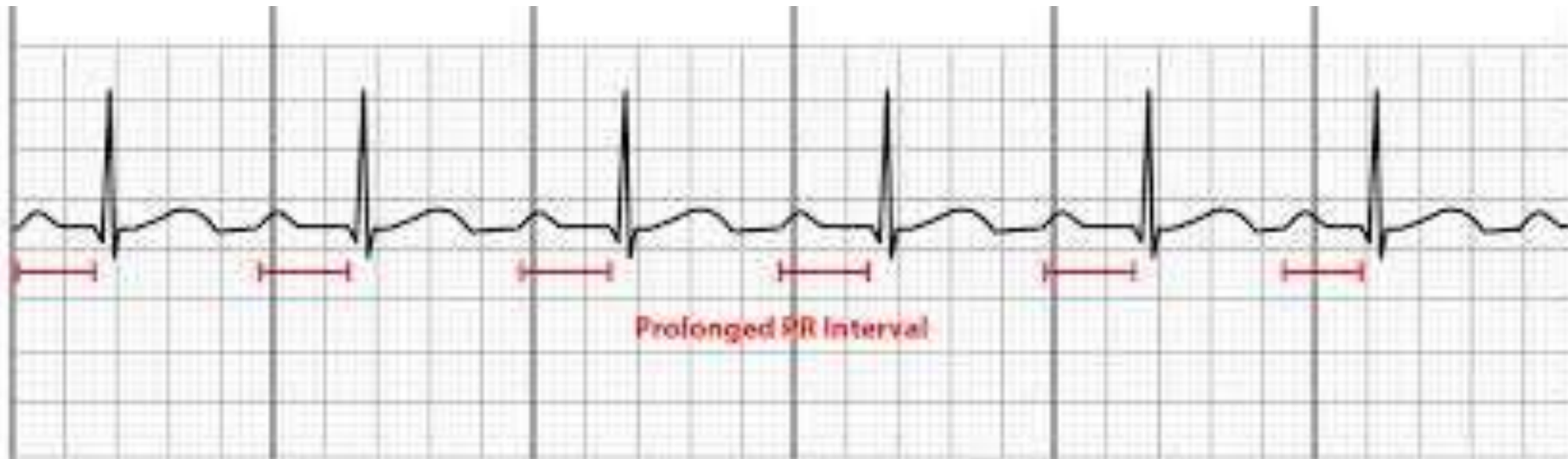
Electrical assessment



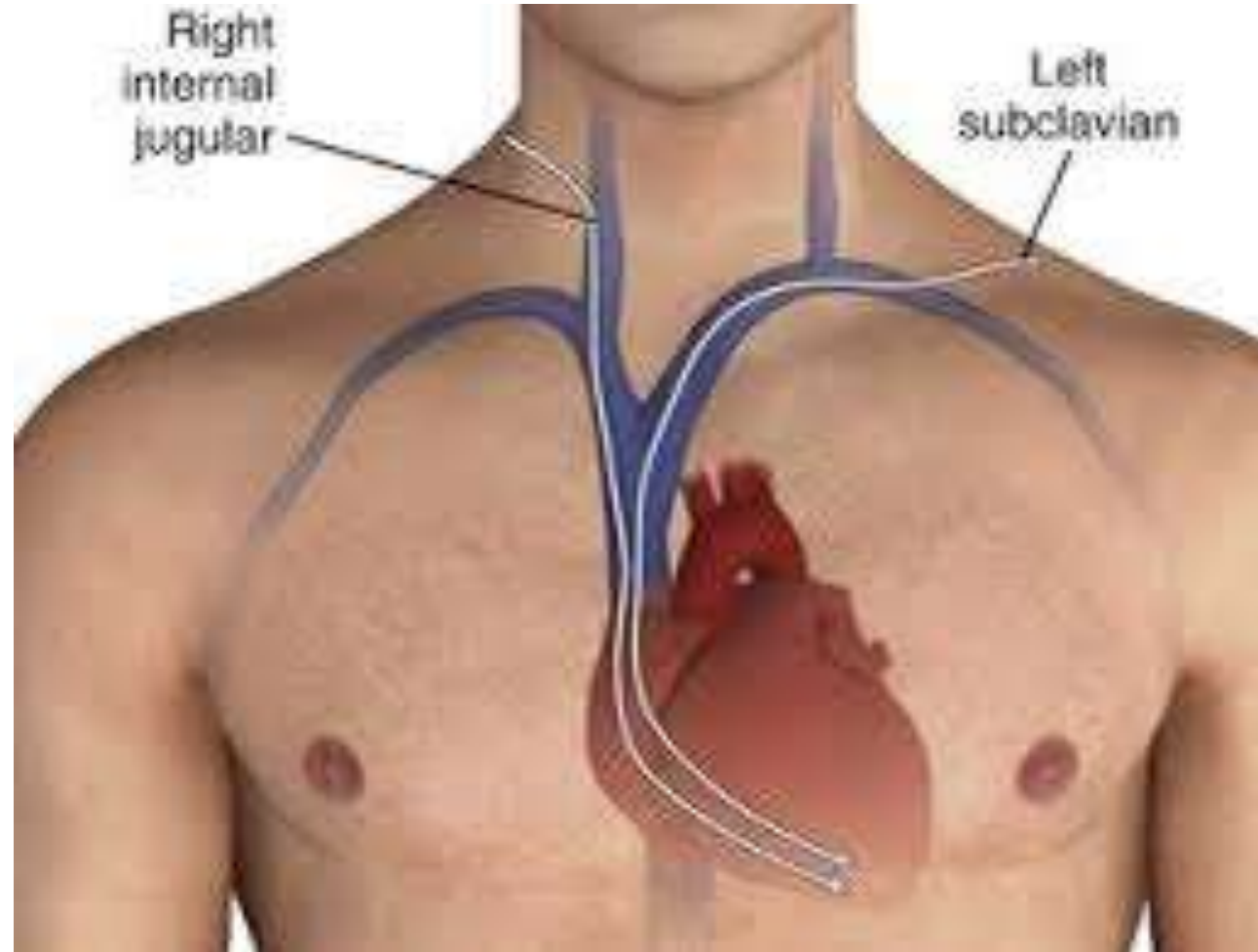
Concern increased



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Yugular temporary pacemaker preferred



Manejo eléctrico post TAVI:

Comunicación con médico intervencionista post op inmediato

Paciente sale sin marcapasos transitorio:

1. Monitoreo durante internación
2. Evaluar cambios ECG-12

Paciente sale con marcapasos transitorio:

Mantener mínimo 1 día post op

Primeras 48 hrs

1. Monitoreo
2. Evaluar cambios ECG-12
3. IC electrofisiológico

Con cambios de ECG (AV o QRS)

Sin cambios ECG (AV o QRS)

ECG basal o alta anormal (AV o QRS)

Se decide colocar marcapasos

Potencial alta 24 hrs
Orden de ECG al control

No se coloca marcapasos:
Potencial alta 48 hrs
Orden de Holter (7 días o 24 hrs según riesgo consensuado)
ECG al control

Cualquier cambio desfavorable notificar a intervencionista