



ACC.14

TCT@ACC-12 | innovation in intervention

A1926

JACC April 1, 2014

Volume 63, Issue 12



Valvular Heart Disease

SAFETY AND EFFICACY OF LOCAL VERSUS GENERAL ANESTHESIA IN PATIENTS UNDERGOING TRANSCATHETER AORTIC VALVE IMPLANTATION USING A TRANSFEMORAL APPROACH: VARC-DEFINED OUTCOMES IN THE FRANCE 2 REGISTRY

Moderated Poster Contributions

Hall C

Sunday, March 30, 2014, 10:00 a.m.-10:15 a.m.

Session Title: Valvular Heart Disease III

Abstract Category: 29. Valvular Heart Disease: Therapy

Presentation Number: 1206M-368B

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Background: Transcatheter aortic valve implantation (TAVI) was first performed under general anesthesia (GA) but evidence is growing that TAVI can be done using local anesthesia (LA) when using the transfemoral approach. We compared VARC-defined outcomes between patients with LA and those with GA for transfemoral TAVI using data from the French national TAVI registry "France 2".

Methods: All consecutive patients underwent transfemoral TAVI between January 2010 and December 2011 in 34 centers were included in the France-2 registry. Outcomes were analyzed by multivariate analysis including all baseline and procedural variables.

Results: A total of 2871 consecutive patients were included; 1002 with LA (34.9%), 1869 (65.1%) with GA. Younger age, female sex, lower STS score, and no peripheral artery disease or porcelain aorta were independent predictors of the choice of LA over GA. The rate of LA increased significantly over time ($P < 0.001$), representing 28% in the 1st registry year vs 41.7% in the 2nd year. The rate of device success and immediate mortality did not differ significantly between LA and GA groups (97.0 vs. 97.6; $p = 0.12$; 3.6 vs. 2.8, $p = 0.30$, respectively). Length of intensive care unit and hospital stay was greater in the GA group vs LA (3.94 ± 6.4 vs. 3.44 ± 4.1 days, $p = 0.02$; 9.8 ± 8.3 vs. 8.8 ± 7.6 days, $p < 0.001$, respectively). Mortality at 30 days and 1 year was similar between groups (8.1% in GA vs 7.6% LA group at 30 days ($p = 0.44$); 17.8% vs. 16.3% at 1 year ($p = 0.80$)). All other VARC-defined outcomes at 30 days and 1 year were similar, including a similar rate of combined safety end-point at 30 days (GA group 39.2 vs. LA group 39.6%, $p = 0.62$) and a similar rate of combined efficacy end-point at 1 year (GA group 34.3 vs. LA group 35.5%, $p = 0.09$).

Conclusion: In this large real-world registry, we observed that transfemoral TAVI performed under LA was as safe and as effective as procedures performed under GA.