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"That should not be
too difficult"

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Disclosures

Physician name	Company	Relationship
Horst Sievert	Abbott, Ablative Solutions, Acoredis, Atrium, Biosense Webster, Bioventrix, Boston Scientific, Carag, Cardiac Dimensions, CardioKinetix, Celonova, Cibiem, CGuard, Coherex, Comed B.V., Contego, CSI, CVRx, ev3, FlowCardia, Gardia, Gore, GTIMD Medical, Guided Delivery Systems, Hemoteq, InspireMD, Kona Medical, Lumen Biomedical, Lifetech, Medtronic, Occlutech, pfm Medical, Recor, SentreHeart, Svelte Medical Systems, Terumo, Trivascular, Valtech, Vascular Dynamics, Venus Medical, Veryan	Consulting fees, Travel expenses, Study honoraria
	Cardiokinetix, Access Closure, Coherex, SMT	Stock options

R.V., m, 78 yrs

- Symptomatic aortic stenosis
- CABG 2002
- Good LV function

- TEE: Aortic annulus 25mm

Annulus to RCA ostium height

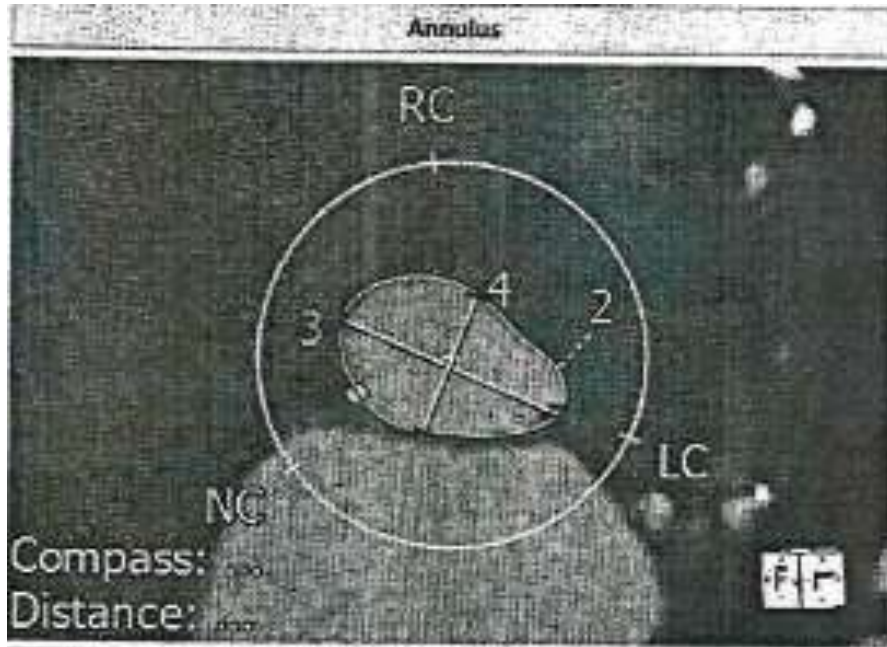


ID Type	Label	Value
2	Vessel Length Annulus to Right Coronary Ostium Length	17.8 mm

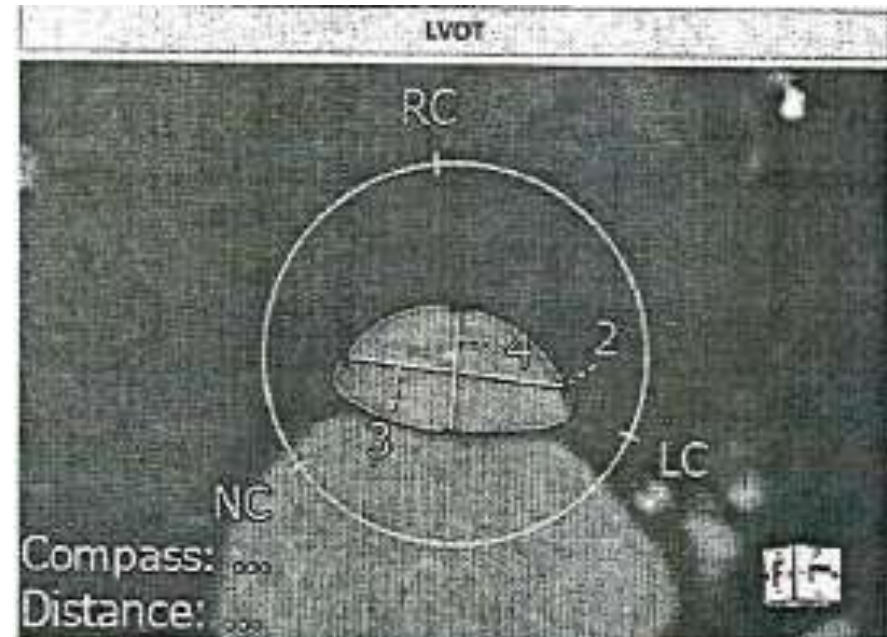
Annulus to LCA ostium height



ID Type	Label	Value
2	Vessel Length Annulus to Left Coronary Ostium Length	14.9 mm



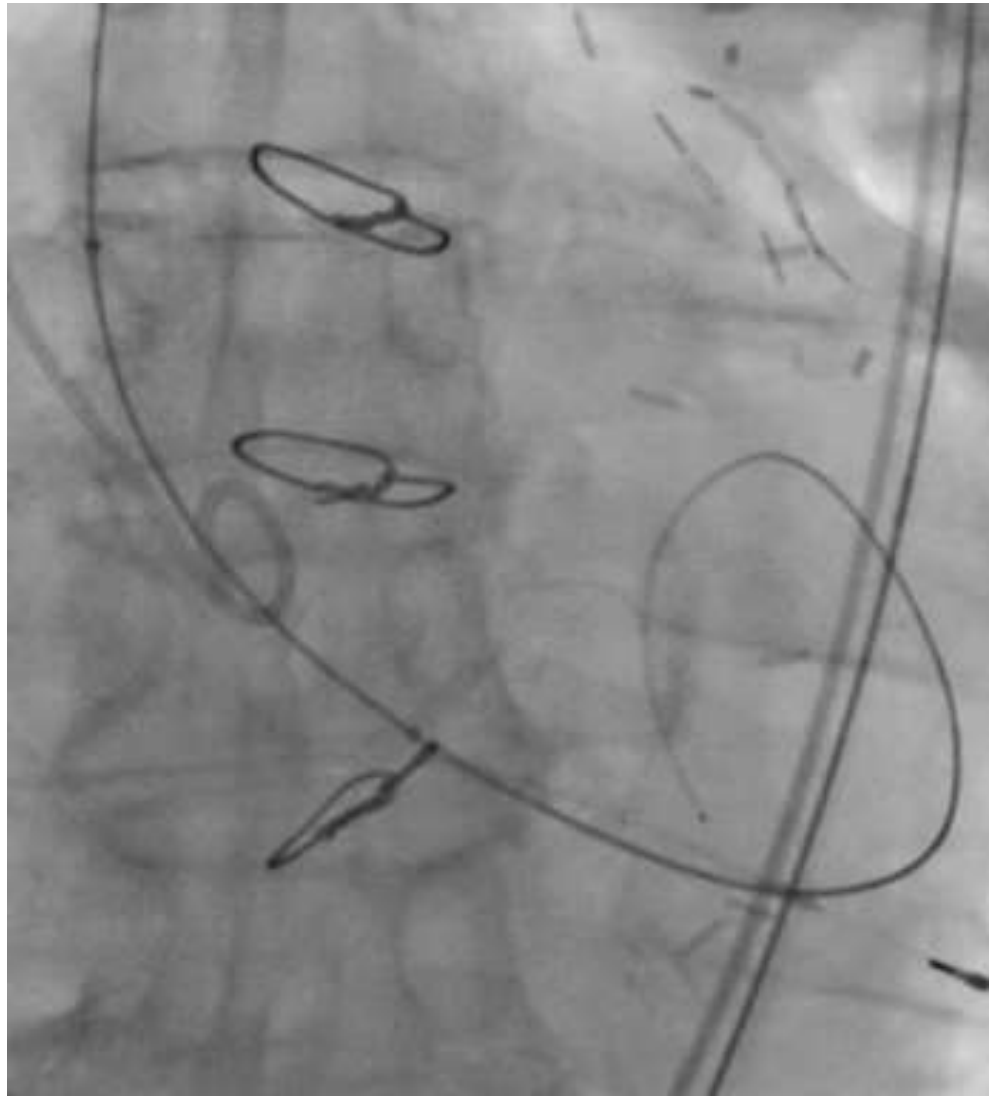
ID Type	Label	Value
2	MasterSplineAtCurve Area derived Ø	23.7 mm
	Perimeter derived Ø	25.0 mm
	Area	442.4 mm ²
	Perimeter	78.7 mm
3	Diameter	30.5 mm
4	Diameter	18.9 mm



ID Type	Label	Value
2	MasterSplineAtCurve Area derived Ø	21.8 mm
	Perimeter derived Ø	24.0 mm
	Area	372.5 mm ²
	Perimeter	75.4 mm
3	Diameter	28.9 mm
4	Diameter	15.9 mm

"That should not be too difficult"

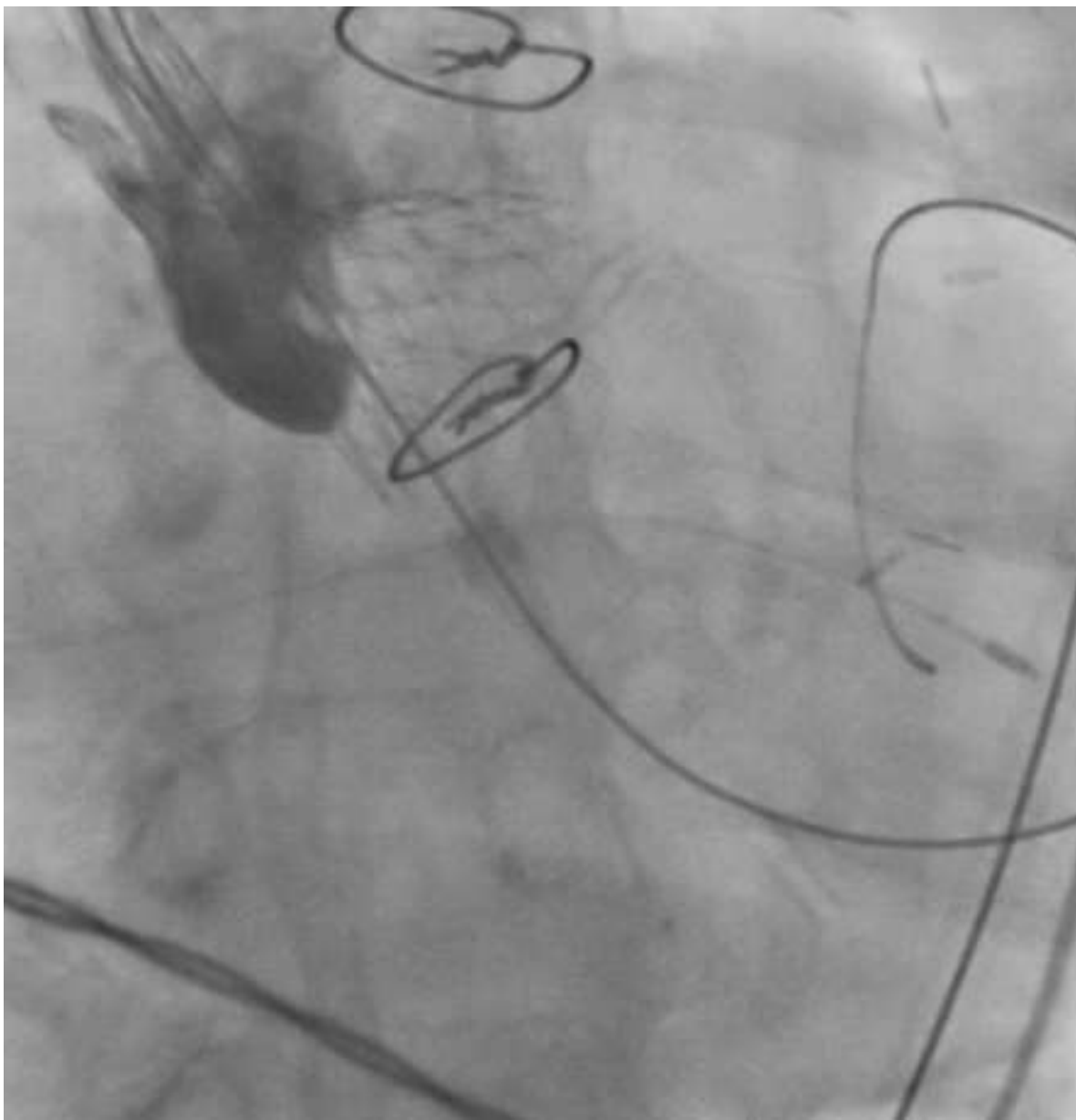
- 23 mm balloon
 - Angio shows some flow into the LV
- TEE 25mm
- CT 24-25mm
- Which valve size?



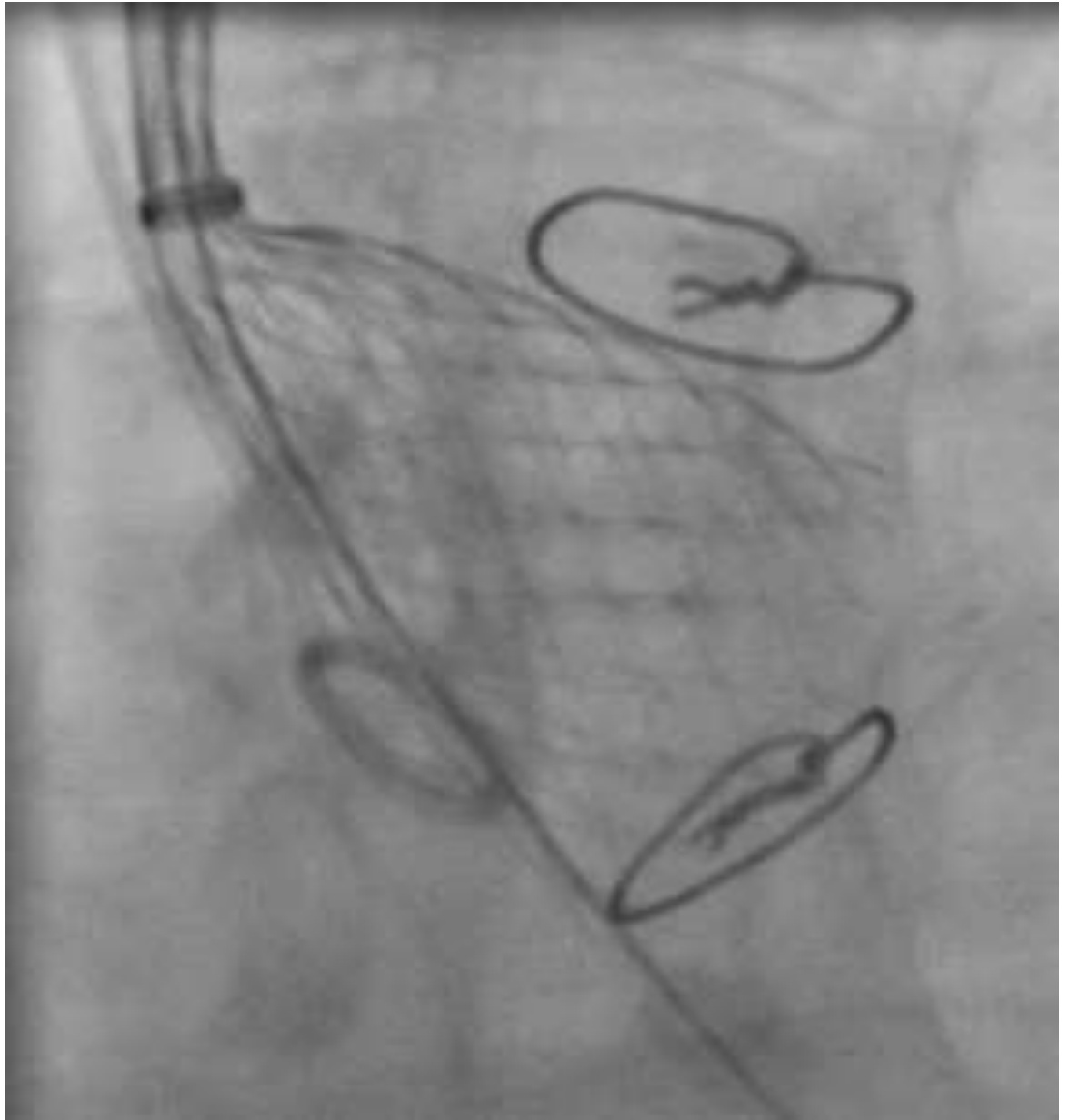
- 29 mm
CoreValve
- Position
correct?



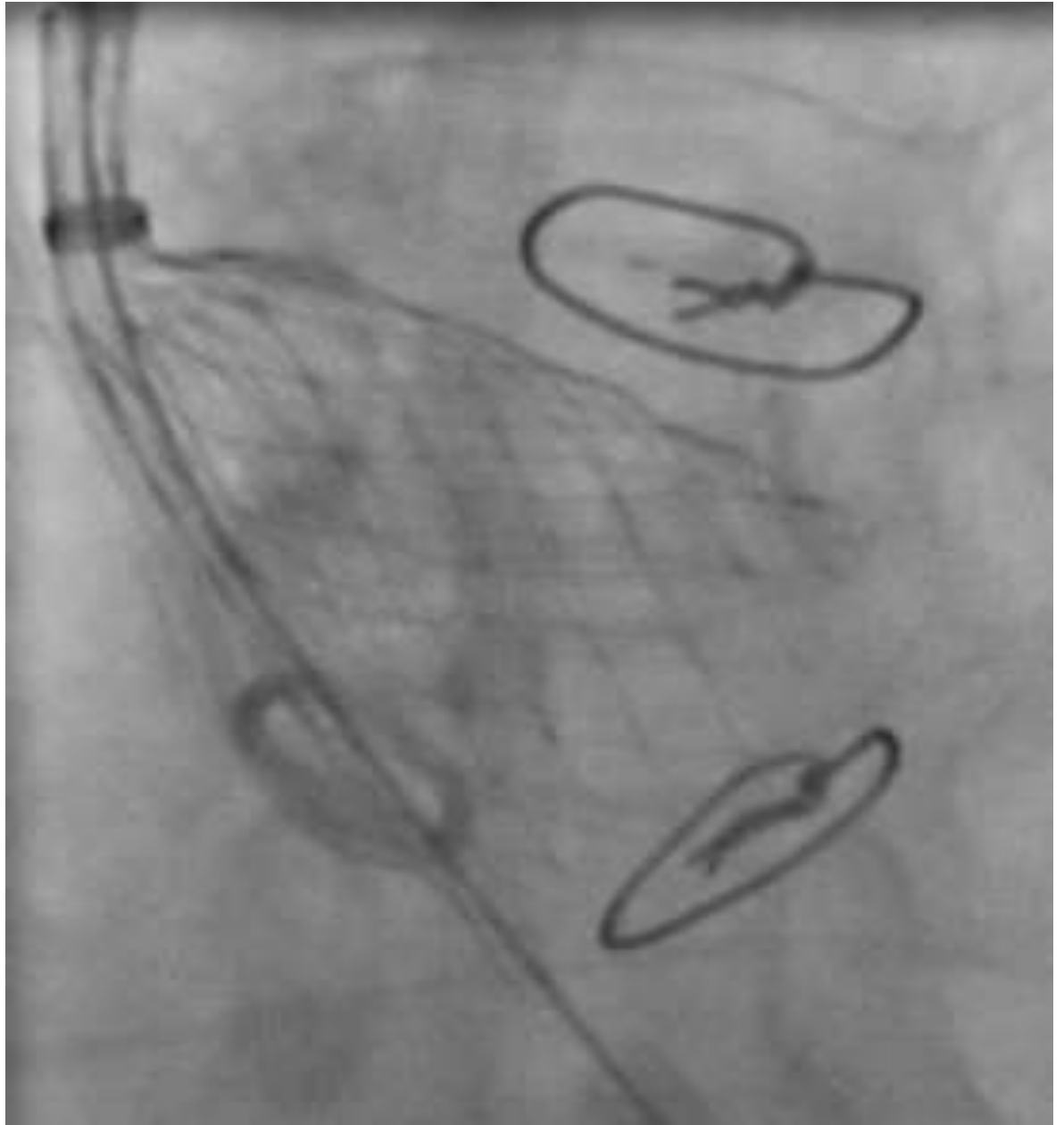
• ?



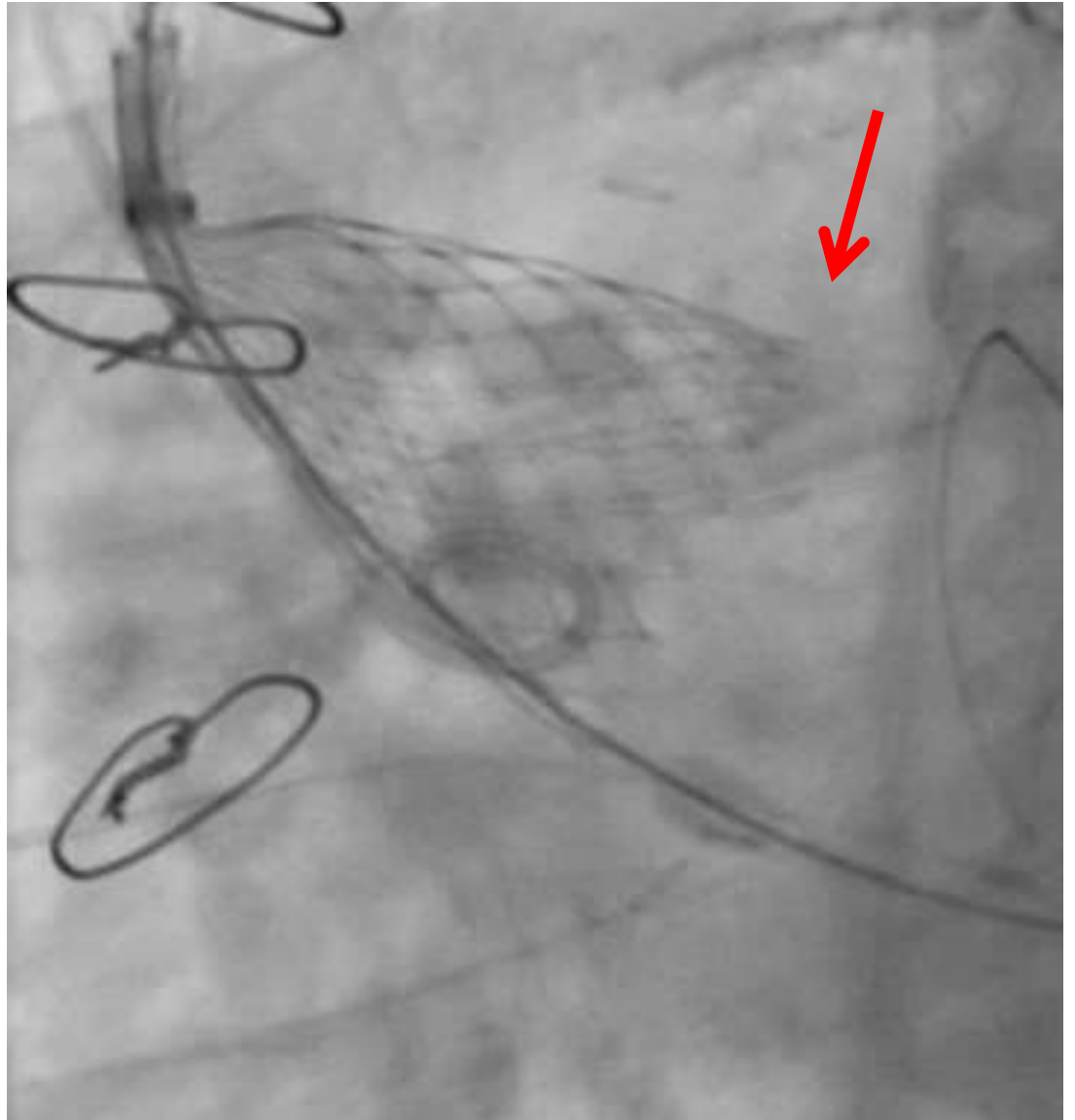
• ?



• ?



- LAO
 - ?
 - "Too high!"
- "That should not be too difficult – just retrieve the valve"

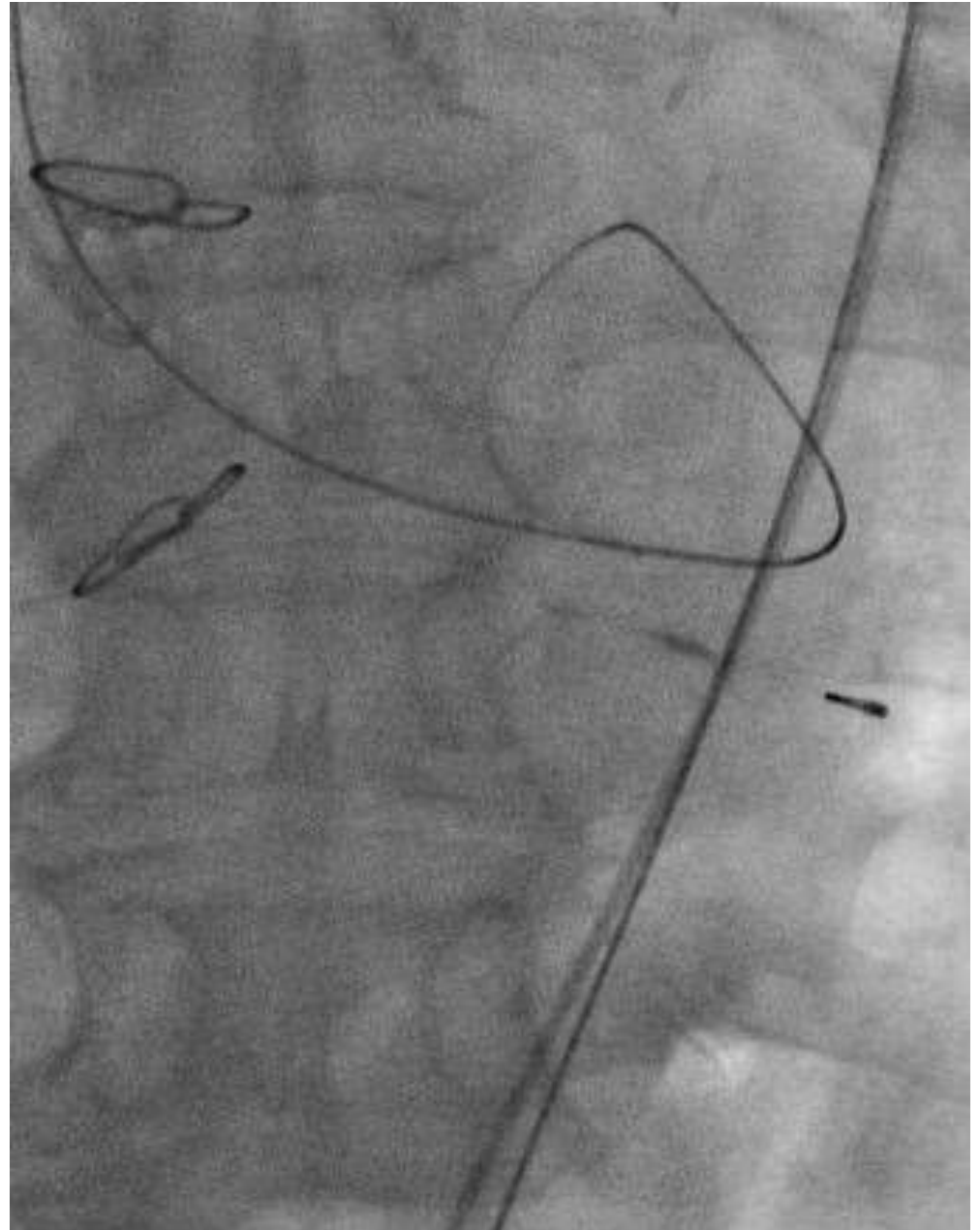


- Valve pulled down but could not be retrieved into the sheath

"That should not be too difficult"

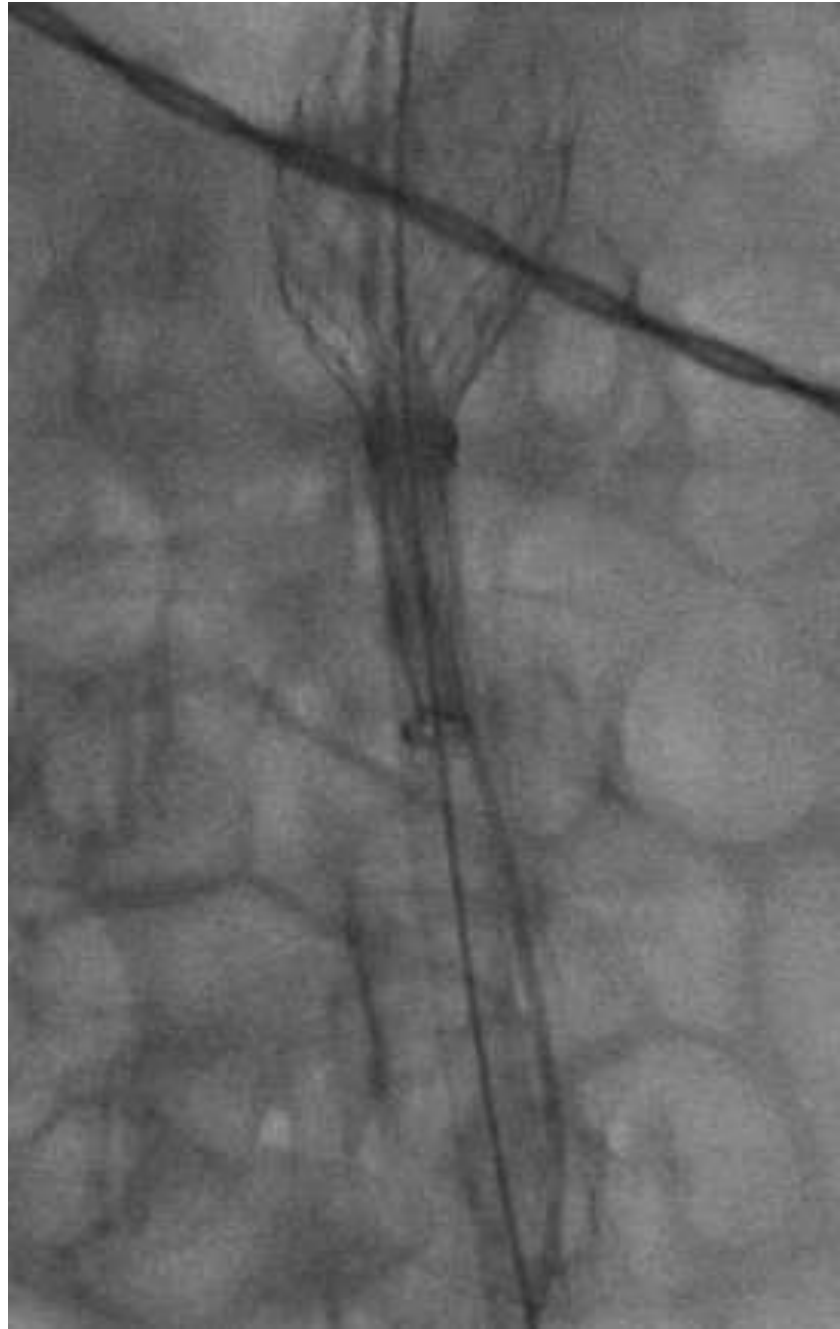


- Check position of the wire in the LV
- Then pull
- Some resistance



- Puuuuuuuulllll

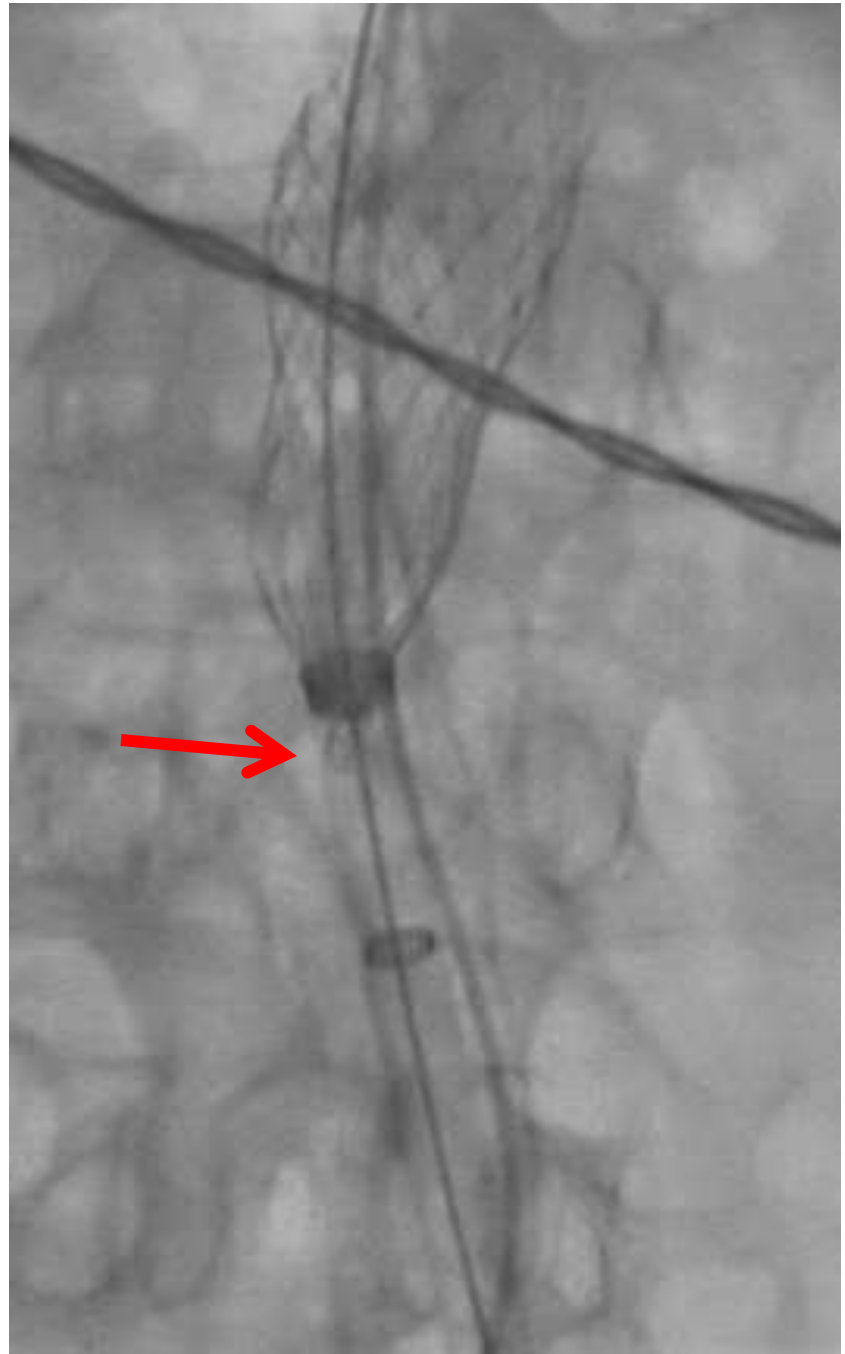
- Whooops



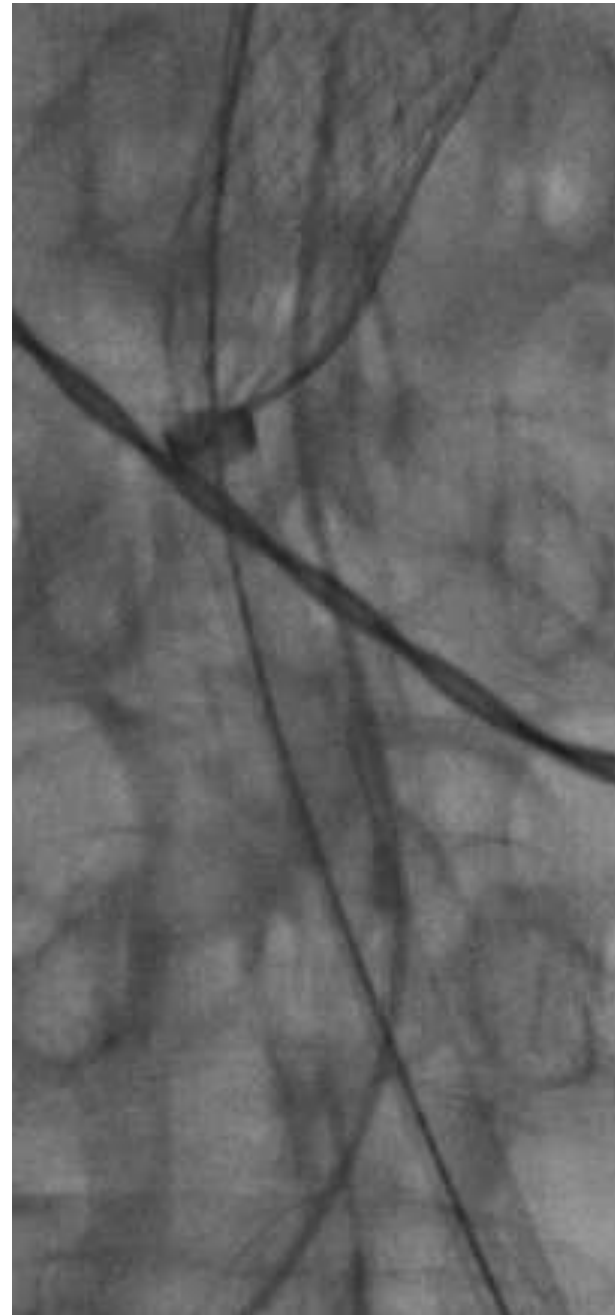
- What now?

- "Can we grab it?"

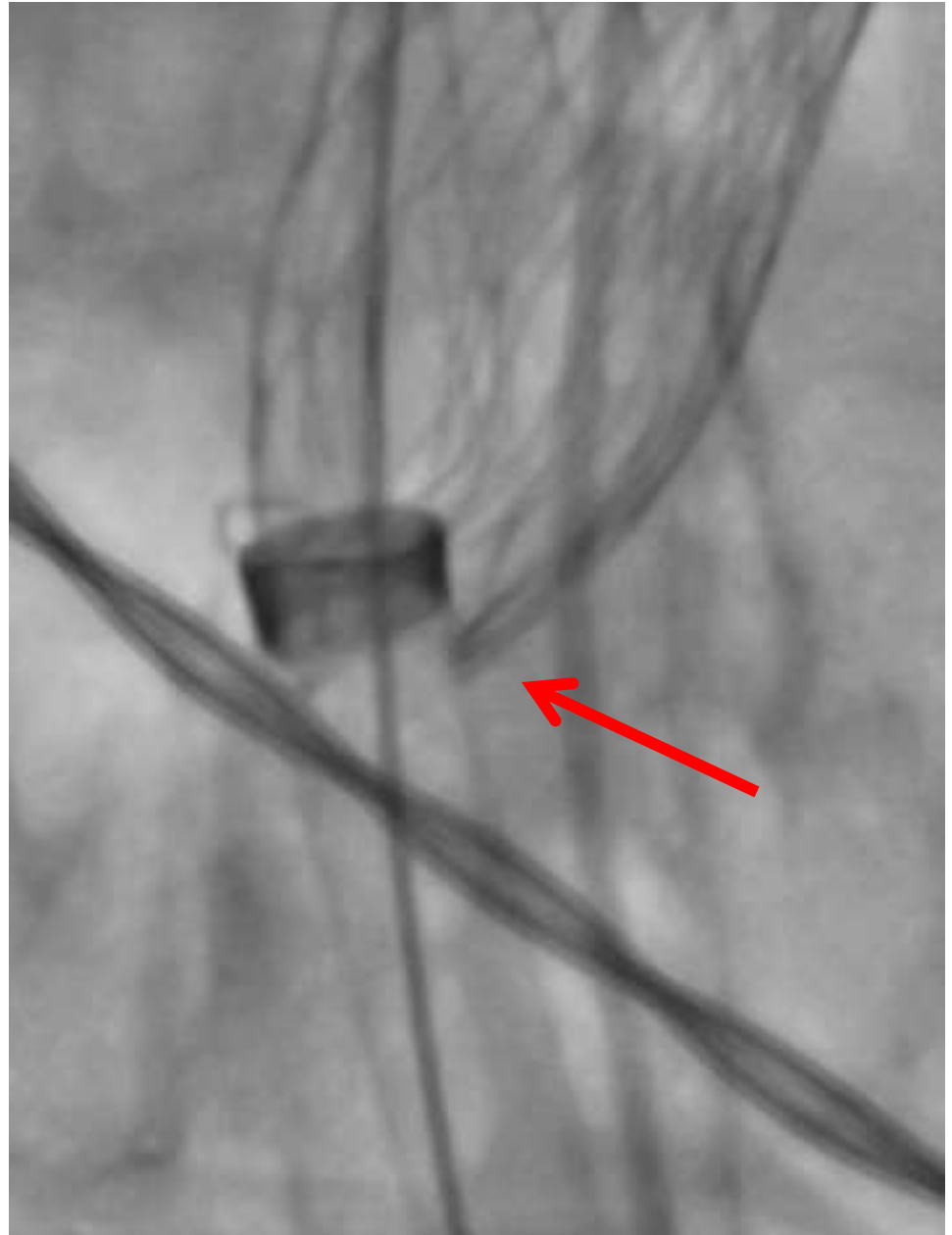
"That should not be too difficult"



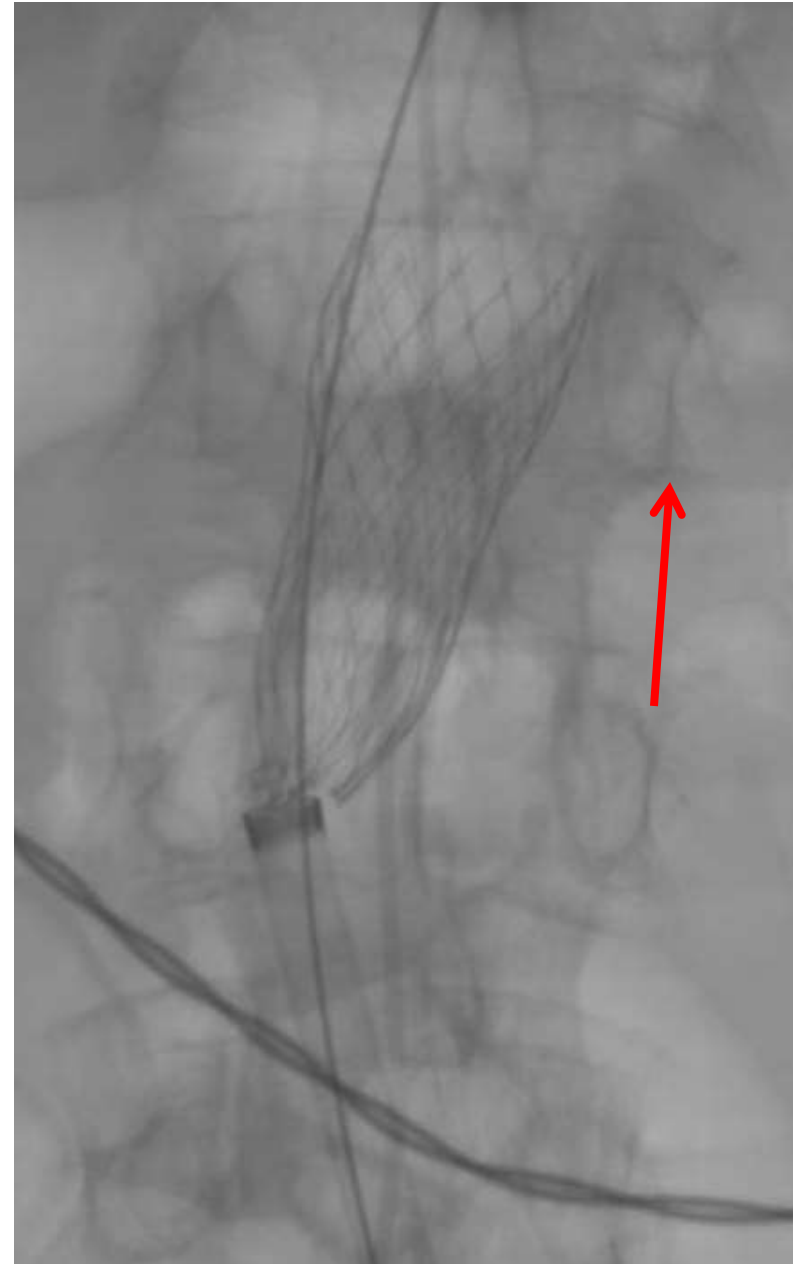
- But it moved up before I had the snare ready!



- Now the valve is partially out of the sheath!



- ... and the valve is at the level of the renal arteries



- I managed to grab the valve with a snare ...



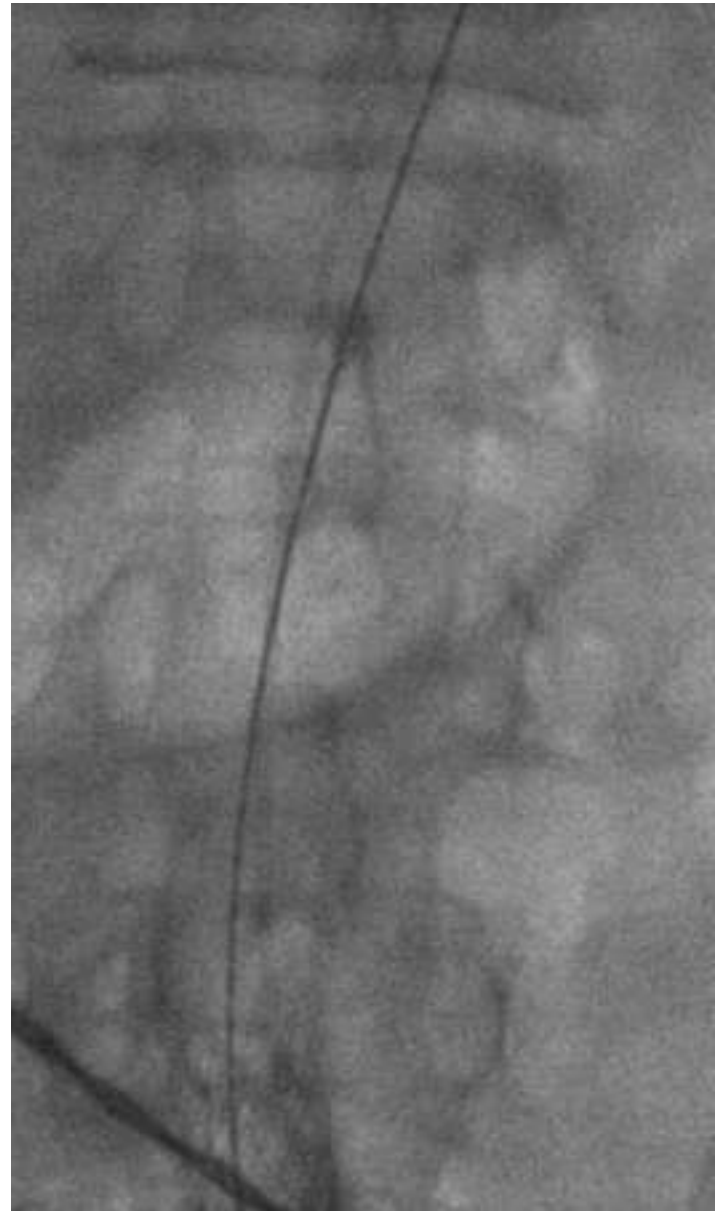
- but failed to cine that



- Then I pulled the valve down to the aortic bifurcation

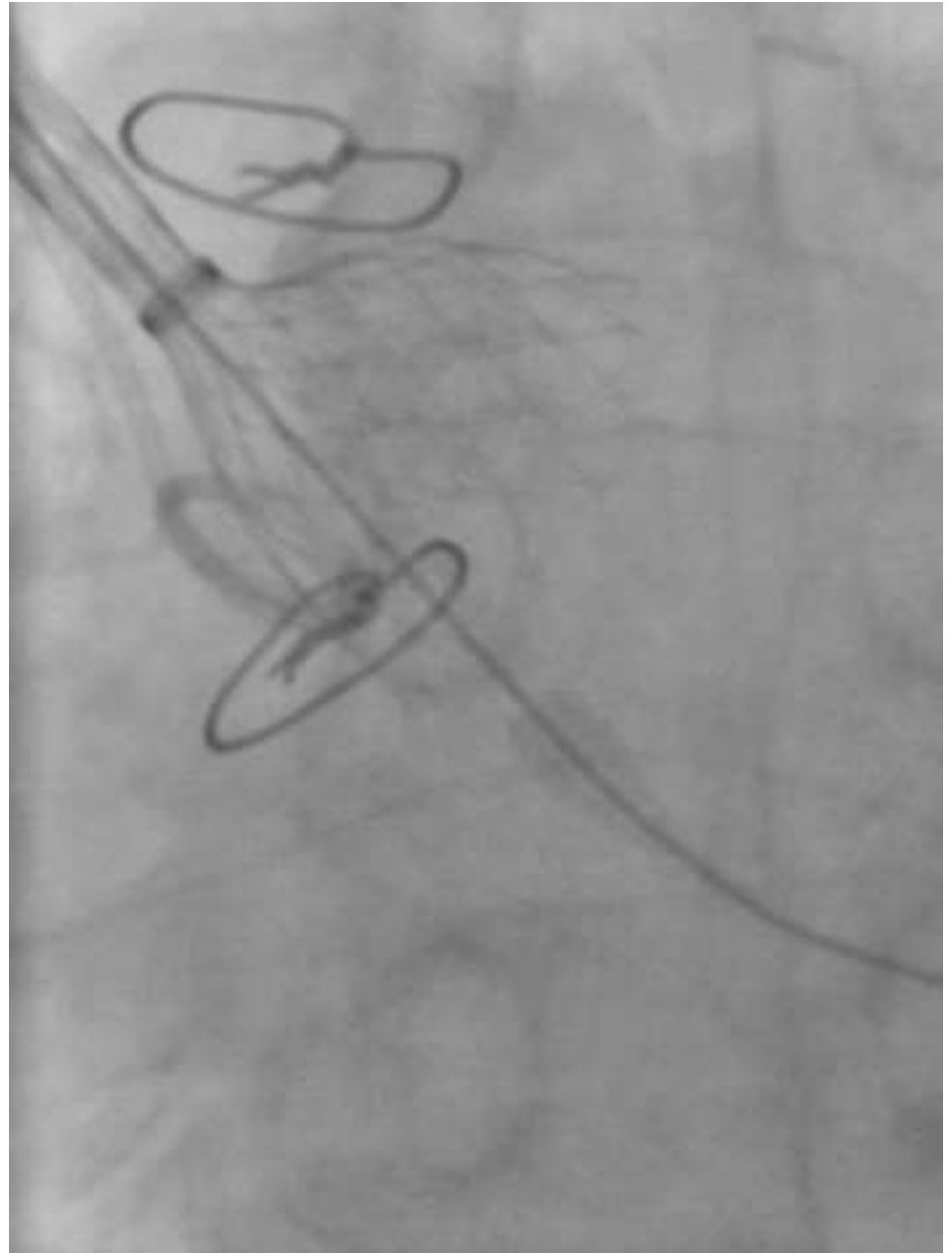


- Check the wire position
- 18 F sheath re-advanced

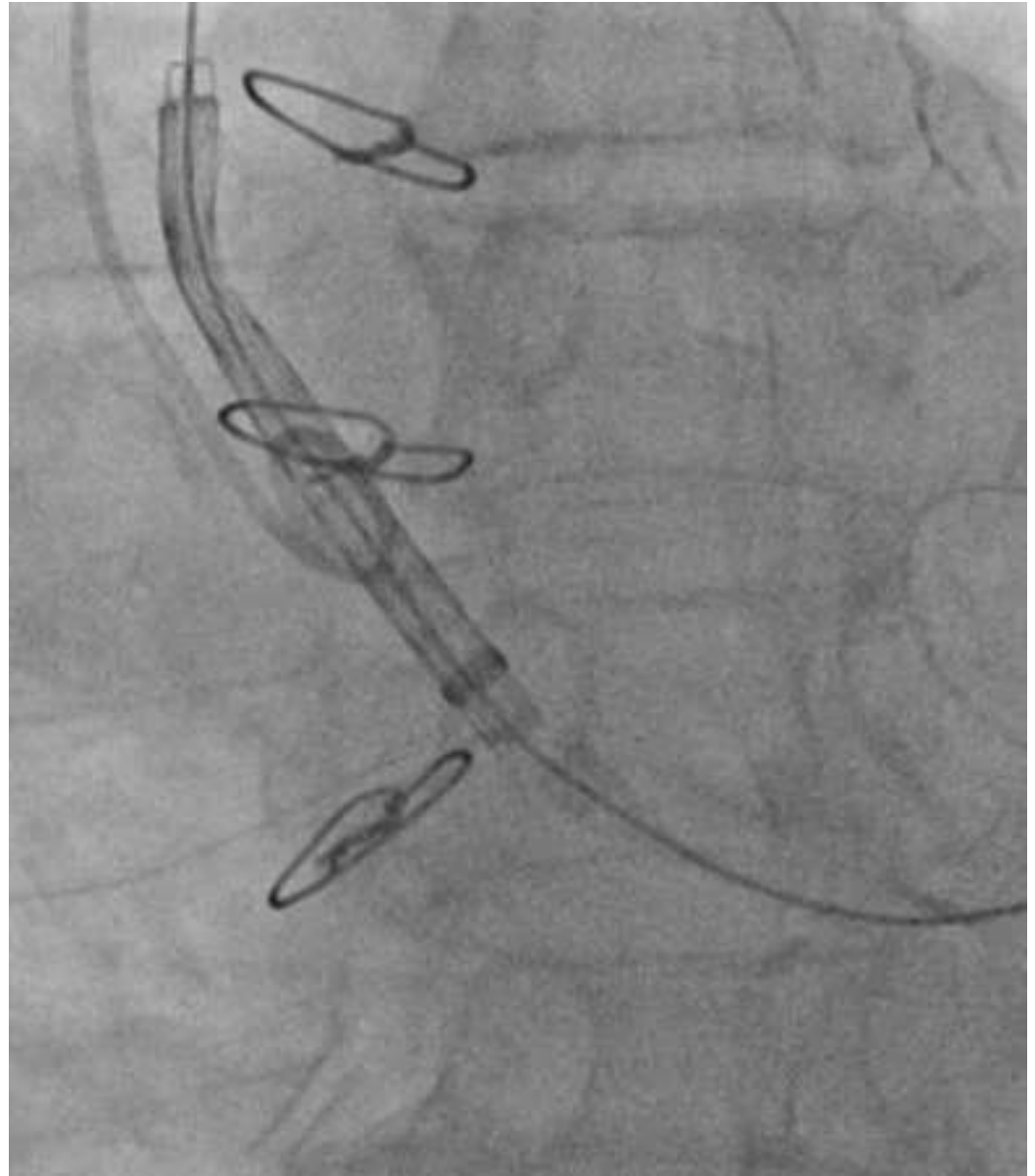


- 2nd valve
- Position ok?

- "Too high!"
- Valve retrieved



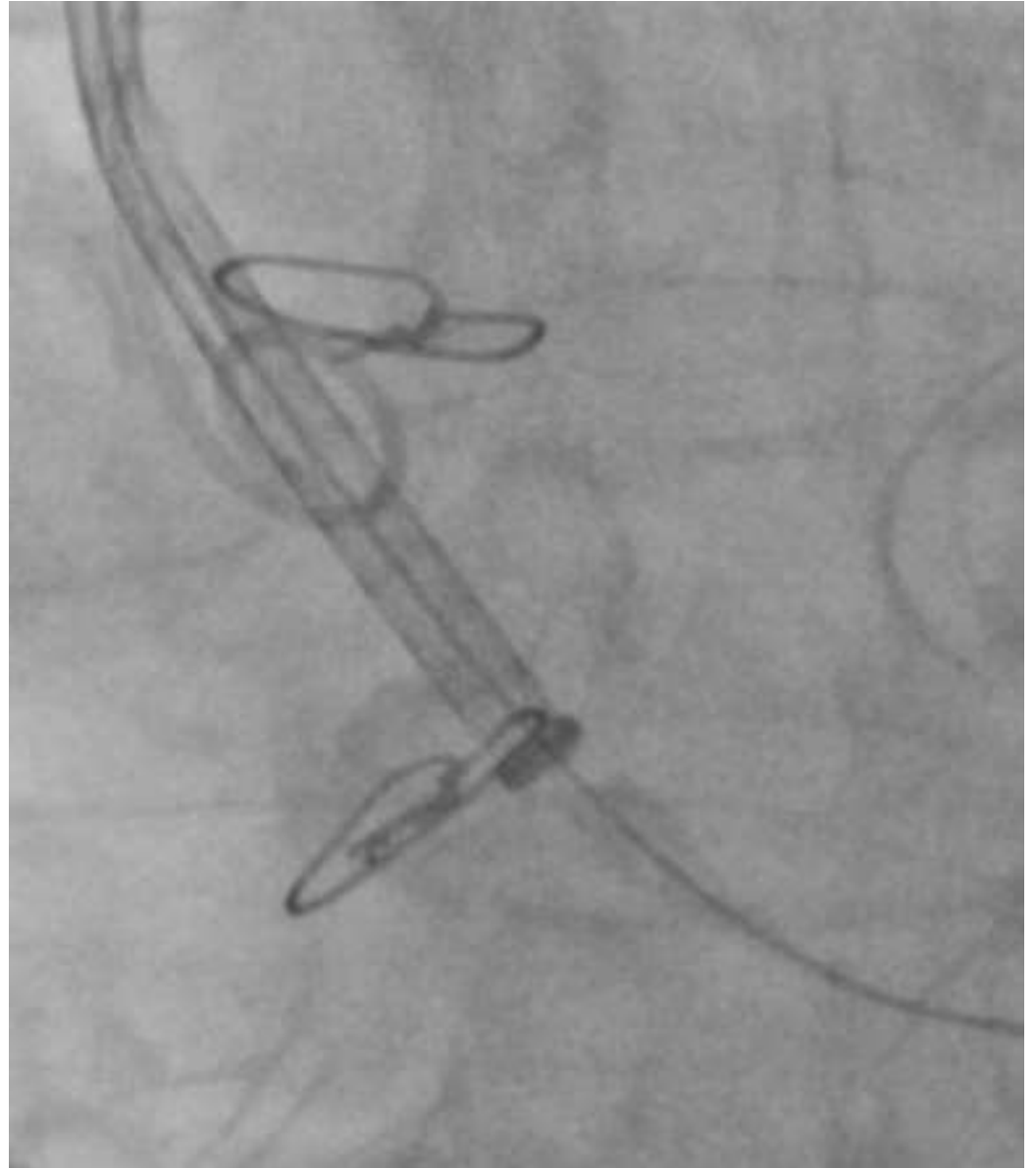
- Let's start deeper!



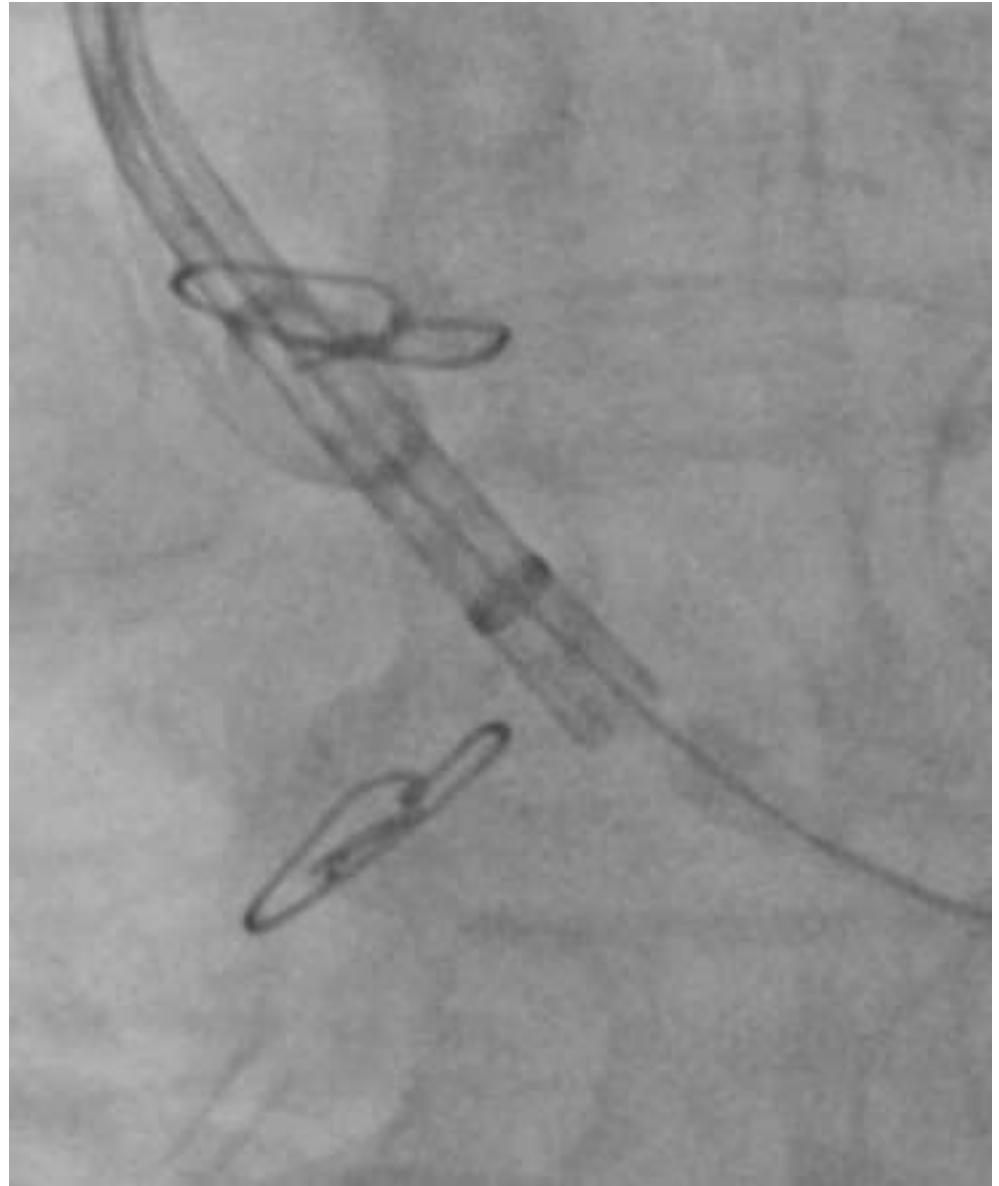
2nd valve also
dislodged

... and could be
retrieved

- 3rd attempt with 2nd valve ...



- ... starting very deep



- May be too deep?



- Slightly pulled but still deep

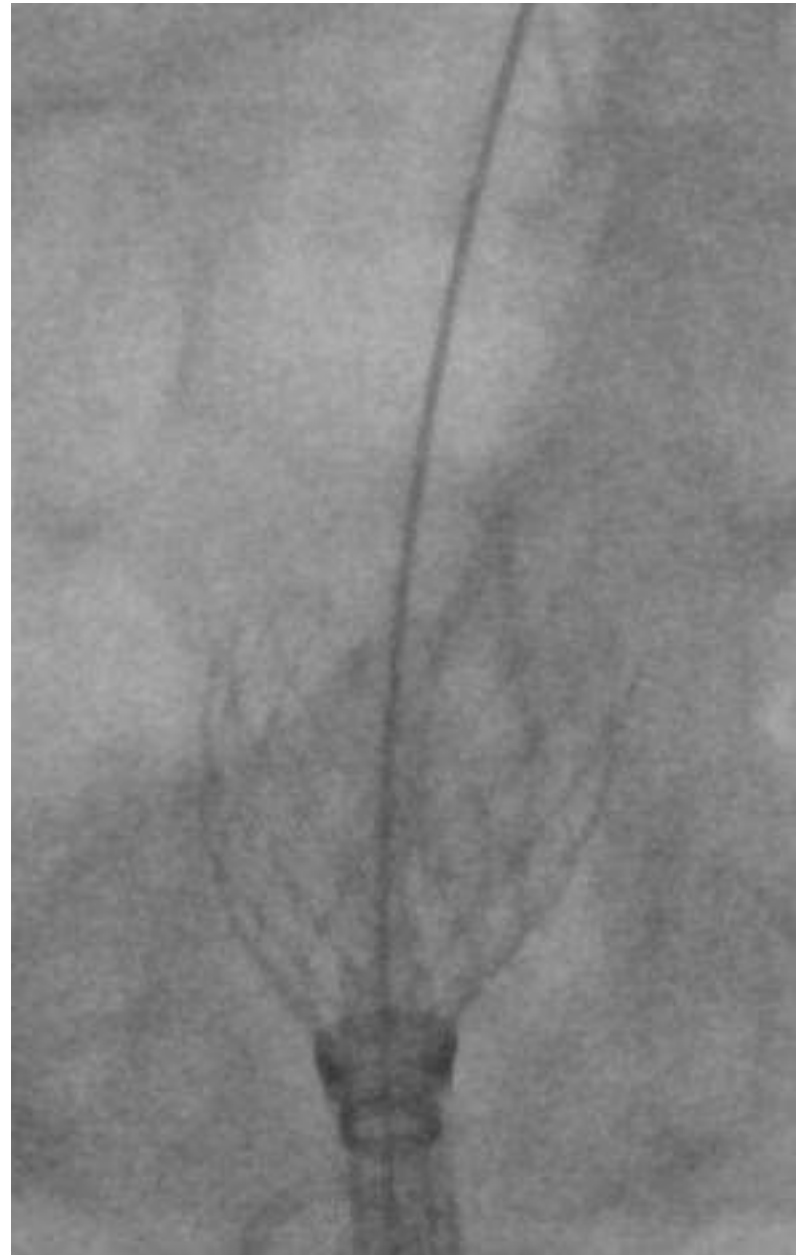


- Ended up too high ...
- ... and had to be retrieved



2nd valve also lost!

- 2nd valve lost
- Partially inside the first valve
- What now?



"That should not be too difficult"

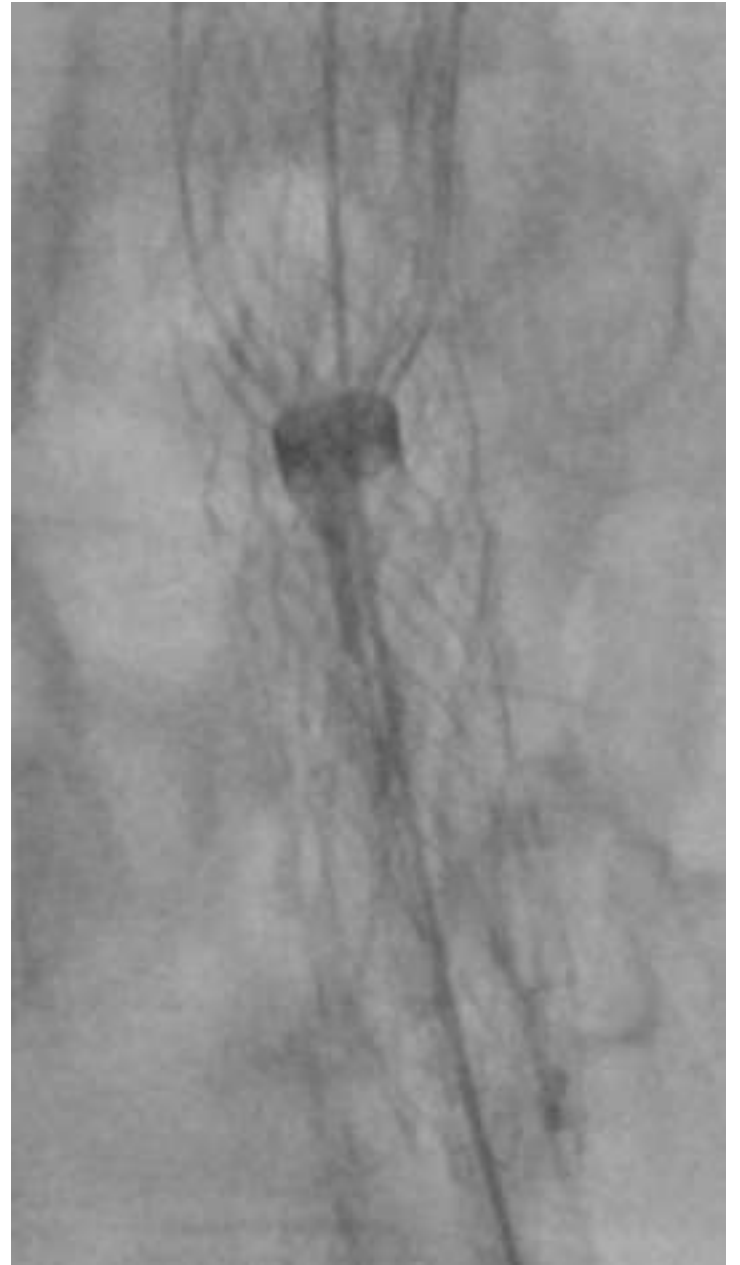
- I could grab it with a snare

...



- ... and

- ... retrieved

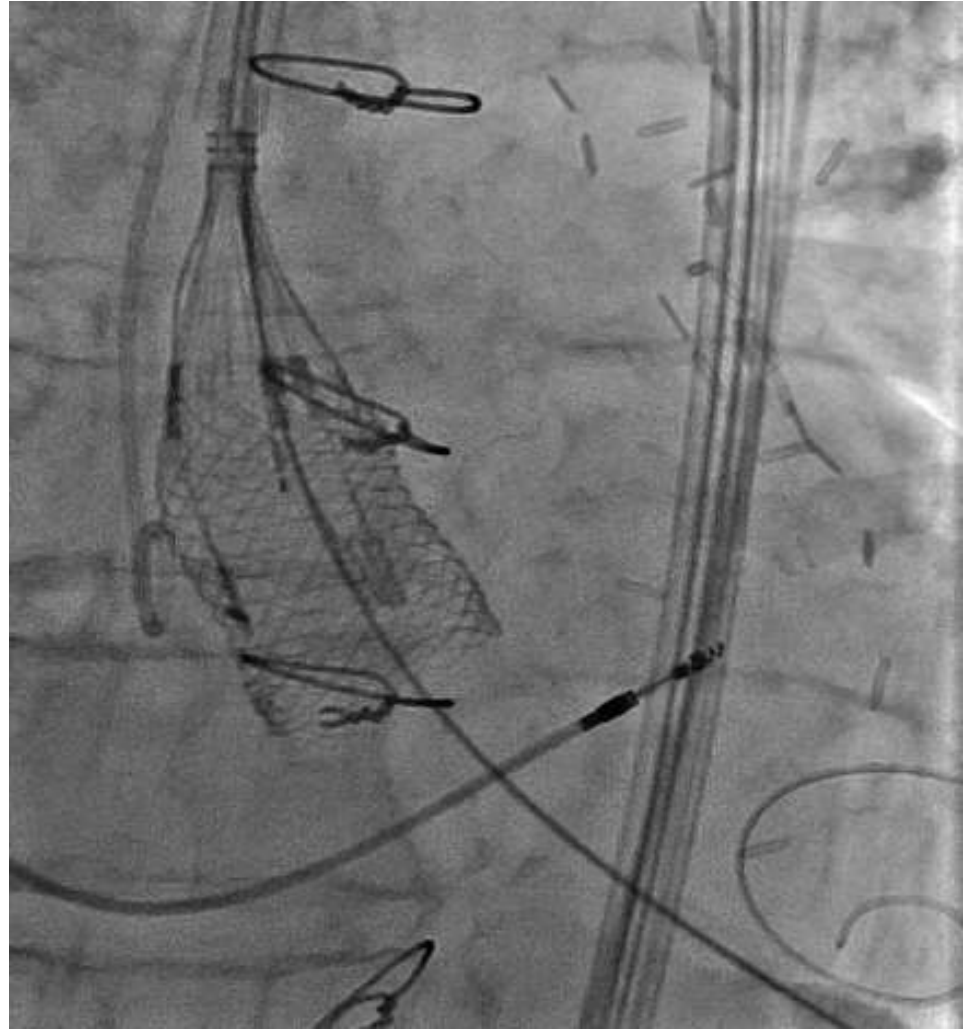


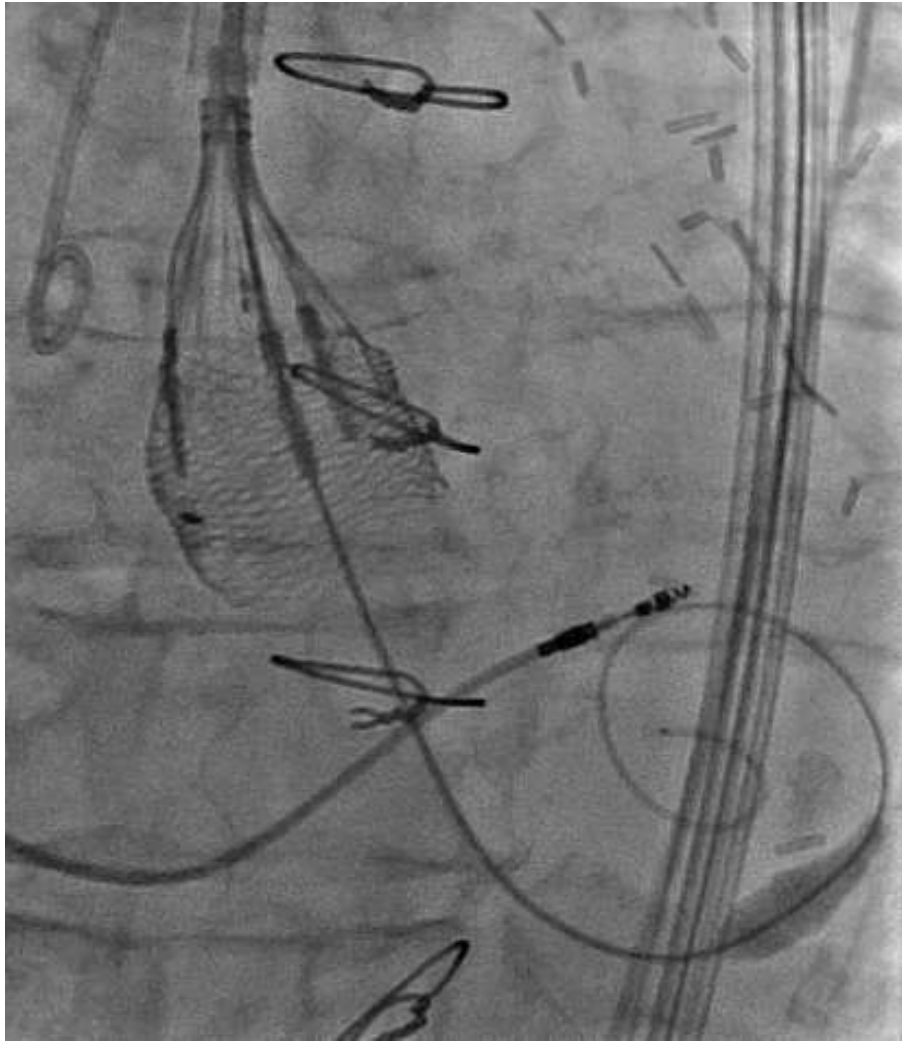
What now?

"That should not be too difficult"

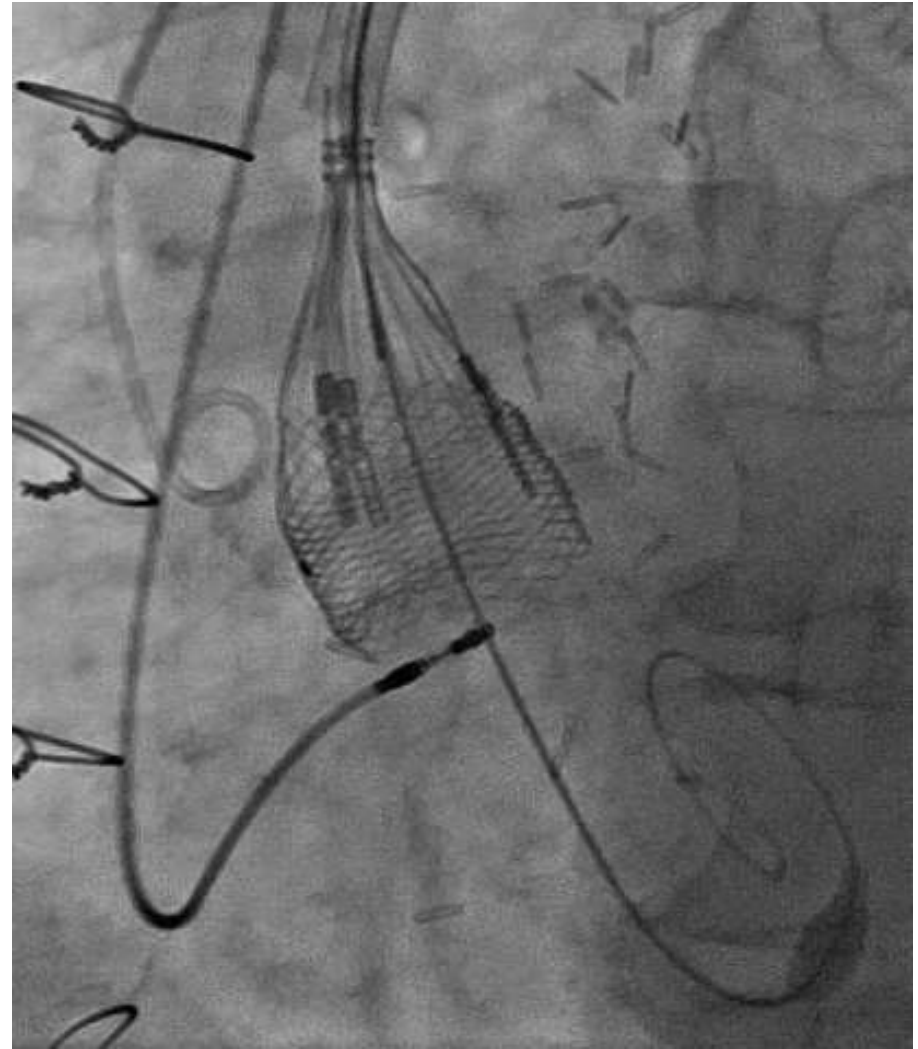
"Just take another valve"

Lotus Valve 25mm





RAO caudal



LAO cranial



"At the end,
it was not too difficult"

Thank you!

LIVE CASES

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