

European Society of Cardiology/European Association for Cardio-Thoracic Surgery – Updated valvular heart disease guidelines 2021

New guidelines were released as part of the ESC/EACTS Congress 2021 for the management of valvular heart disease. These guidelines included the following updated recommendations for the treatment of patients with aortic stenosis:¹

1. TAVI is now recommended for patients ≥ 75 years, regardless of surgical risk
2. TAVI is recommended for those who are < 75 years and of surgical high risk or if deemed inoperable
3. The Heart Team is central to the decision-making process: evaluating clinical, anatomical, and procedural factors
4. Patients should be encouraged to make an informed treatment choice following the Heart Team's recommendation
5. Asymptomatic patients are now considered for intervention in treatment guidelines

These updates are expected to have an impact on the management of healthcare services. It is expected that the uptake of TAVI across the EU could increase from 115,000 per annum to as much as 177,000 patients with major implications for healthcare resource planning.² The demand for TAVI may already exceed current service capacity.³

[Read the full article](#)

References

1. 2021 ESC/EACTS Guidelines for the management of valvular heart disease. Available from: <https://www.escardio.org/Guidelines/Clinical-Practice-Guidelines/2021-Valvular-Heart-Disease>. Accessed December 2021
2. Durko AP, et al. Annual number of candidates for transcatheter aortic valve implantation per country: current estimates and future projections. *Eur Heart J* 2018;0:1–8.
3. Ali N, et al. Valve for Life²: tackling the deficit in transcatheter treatment of heart valve disease in the UK. *Open Heart* 2021;8:e001547. doi: 10.1136/openhrt-2020-001547.
4. Wood DA, et al. The Vancouver 3M (Multidisciplinary, Multimodality, But Minimalist) Clinical Pathway Facilitates Safe Next-Day Discharge Home of Low-, Medium-, and High-Volume Transfemoral Transcatheter Aortic Valve Replacement Centres. *JACC Cardiovasc Interv* 2019;12:459–69.