

Impact of COVID-19 on TAVI and the management of patients with severe symptomatic aortic stenosis

The COVID-19 pandemic has been a catalyst for change in healthcare systems worldwide. The resulting adaptations are opportunities for sustained change to an often empirically derived TAVI service framework.¹

COVID-19 has had a significant impact on the management of patients with aortic valve disease. It is estimated that as much as 50% of cancelled or delayed procedures may result in significant harm, indicating that delays in elective procedures to treat severe symptomatic aortic stenosis (ssAS) contribute to a hidden mortality rate of COVID-19.^{2,3}

In response to the pandemic, The Heart Team recommended that patients who may have been accepted for SAVR could be 'diverted' to TAVI.^{4,5} TAVI is preferable to SAVR, providing shorter hospitalisation and consequently less exposure of patients to COVID-19 in hospital and rehabilitation centres.³

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References

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