Hybrid via Geneva & Edwards Masters

Summary & Highlights, Sessions 1-3

## Thursday, March 16, 2023

### Session 1

### Latest trends: management of aortic stenosis

To start things off, the course co-directors **Prof. Augusto D'Onofrio** and **Prof. Hendrik Treede** began by discussing what still needs to be learned about aortic valve surgery, where they discussed various relevant topics in that realm. Building on the previous presentation, **Prof. Ralph Stephan von Bardeleben** touched on asymptomatic aortic valve stenosis and provided some early indicators of ventricular dysfunction. Next, the idea of enhanced recovery after surgery (ERAS) was presented by **Prof. Evaldas Girdauskas** who stressed the importance of reducing the burden of minimally invasive aortic valve surgery from the time of patient referral, up to the operation, and beyond. Next, a patient case discussion followed, where **Dr. Bernhard Winkler** laid out a scenario where an asymptomatic young patient presented with aortic stenosis, and there were multiple treatment options on the table. To conclude the session, **Dr. Giovanni Domenico Cresce** presented a live-in-a-box to show a video thoracoscopic aortic valve implantation, which was followed by a panel discussion.

### Session 2

## The Achilles' Heels: aortic valve replacement

The middle session of the afternoon began with **Ralph Stephan von Bardeleben** returning to shed light on the incidence and prognosis of patient-prosthesis mismatch after surgical aortic valve replacement and transcatheter aortic valve implantation. Next **Dr. Keti Vitanova** joined the course to describe how to select the most appropriate valve substitute. In line with the title of the session, the following presentation by **Bernhard Winkler** stressed that minimally invasive surgical techniques are safe, result in good patient outcomes, and can serve as a treatment option for patients for whom TAVR is not an option. He concluded by indicating that the underuse of minimally invasive techniques is an issue that needs to be addressed, especially for isolated aortic valve replacement. **Hendrik Treede** then returned to present a live-in-a-box presentation to show a minimally invasive aortic valve replacement with annular enlargement, which was followed by an interesting panel discussion.

### Session 3

### Does it really matter? Gender and aortic valve repair

The afternoon's final session kicked off with **Dr. Jessica Forcillo** discussing the topic of gender medicine and aortic valve replacement. **Dr. Katja Buschmann** then led a patient case discussion where a female under 75 years old presented with aortic stenosis and multiple treatment options were available. Regardless of age, other aortic valve complications, such as bicuspid aortic valve disease, may present themselves. Next, **Evaldas Girdauskas** elaborated on the possible gender differences in patients with bicuspid aortic valve disease. **Jessica Forcillo** then returned to bring up important points to consider when managing valvular diseases in the context of pregnancy, which transitioned well into the next presentation on personalized medicine by **Prof. Sabine Bleiziffer**. All of these interesting topics provided more than enough discussion points for the final roundtable discussion, concluding the first day of the course.



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Summary & Highlights, Sessions 4-6

# Friday, March 17, 2023

### Session 4

### Hot off the press: lifetime management is now the focus

To begin the second day of the course, **Prof. Michael Borger** discussed the idea of lifetime management of aortic stenosis where he elaborated on both the potential and the limitations of transcatheter aortic valve implantation (TAVI) and surgical aortic valve replacement (SAVR). Building on that, **Prof. Hendrik Treede** then touched on the decision-making process that goes in to choosing between TAVI in TAVI or a surgical TAVI explantation. If a surgical TAVI explant is necessary, it can be a tricky procedure, which was explained by **Prof. Sabine Bleiziffer** as she provided an overview of the technical aspects included in such cases. Following, **Prof. Augusto D'Onofrio** then took the audience through an interactive patient case discussion where a patient presented with endocarditis on a TAVI valve. Diving deeper in this topic, **Dr. Luigi Pirelli** showed an interesting live-in-a-box case that included surgical resection of prosthetic valve leaflets under direct vision (SURPLUS) for a redo transcatheter valve replacement.

### Session 5

### Well, that's debatable!

The next session of the morning began with **Prof. Ruggero De Paulis** discussing recent updates to the US aortic valve disease guidelines, which can always offer some debatable points. Following, **Augusto D'Onofrio** touched on the timing and lifetime management strategies of patients with a bicuspid aortic valve and an aortic aneurysm, specifically considering the age and the anatomy of each patient. **Ruggero De Paulis** then returned to lead a patient case discussion where a decision needed to be made between a Bentall procedure or a valve sparing procedure to treat a 50-year-old patient with a bicuspid aortic valve and aortic aneurysm. Naturally, the panel discussion was quite interesting with so many topics covered within the session, and a final contribution from **Michael Borger** provided interesting thoughts on the paradox of similar patient populations having different valve disease management guidelines depending on geographical location.

### Session 6

## Aortic Highlights Challenge: test your knowledge

The final session of the course, led by **Hendrik Treede** and **Augusto D'Onofrio**, was designed specifically for the on-site audience. During the session, complex clinical cases were presented, and the on-site audience worked in small groups to give their own opinions regarding the best ways to manage the patients. The friendly competition served as a summary of many of the topics covered throughout the course, allowing the participants to leave Geneva with an updated body of aortic valve disease management knowledge and expertise.



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