Referral Decision for Aortic Stenosis Patients

Severe Aortic Stenosis (SAS)
- AVA ≤ 1.0 cm²
- Vmax ≥ 4 m/s or
- ΔP mean ≥ 40 mm Hg
  - AS Symptoms
    - YES
      - Refer for treatment evaluation by a multidisciplinary Heart Valve Team (Class I)
    - NO
      - LVEF <50% or Other cardiac surgery required or Abnormal ETT

Symptomatic Low Flow/ Low Gradient Aortic Stenosis (AS)
- Resting aortic Vmax < 4 m/s
  - LVEF < 50%
    - YES
      - Doubatamine stress echo (DSE) with AVA ≤ 1cm² and Vmax ≥ 4m/s
    - NO
      - AVA ≤1cm² and LVEF ≥ 50% AS likely cause of symptoms

At Risk/Progressive Aortic Stenosis
- AVA > 1.0 cm²
- Vmax < 4 m/s
  - Repeat Echo
    - Every 6-12 months monitor for changing signs or symptoms and Vmax ≥= 4 m/s

LVEF <50% or Other cardiac surgery required or Abnormal ETT
- Refer for treatment evaluation by a multidisciplinary Heart Valve Team (Class I)

2017 AHA/ACC Valvular Heart Disease Guidelines

> Learn more about different treatment options for severe aortic stenosis on the back.
Treatment Options

According to 2017 AHA/ACC guidelines, patients with severe valvular heart disease (VHD) should be evaluated by a multidisciplinary Heart Valve Team to determine the best treatment option (Class I recommendation).

A patient with any one of these clinical factors may be a TAVR candidate:

- A major comorbidity with an organ system compromise
- Any combination of other comorbidities
- An indicator of frailty

It only takes one

Refer to a Heart Valve Team to determine the best treatment option.

2017 AHA/ACC Valvular Heart Disease Guidelines

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