

## 'Trans-catheter management of severe aortic stenosis during the COVID-19 pandemic'

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### MCOs

1. The incidence of severe aortic stenosis in patients over 70 yrs old is:
  - a. 40%
  - b. 20%
  - c. 50-10%
  - d. 1-3%
  - e. 0.1%
2. The PARTNER 2 trial showed that:
  - a. sAVR was significantly superior to TAVI
  - b. Trans-femoral TAVI was higher risk than trans-apical TAVI
  - c. TAVI and sAVR had equivalent outcomes in high risk patients
  - d. sAVR led to a shorter hospital stay
  - e. TAVI and sAVR had equivalent outcomes in intermediate risk patients
3. Paravalvular leak after a TAVI:
  - a. Increases the risk of requiring a permanent pacemaker
  - b. Predicts a poor outcome in the medium and long-term
  - c. Is more likely to occur with valve-in-valve procedures
  - d. Is increasingly common with newer devices
  - e. Is less likely in high risk patients
4. When selecting patients in whom to perform TAVI during the COVID crisis the following should be considered:
  - a. The risk of taking the patient out of isolation vs leaving them untreated
  - b. The likelihood of developing endocarditis

- c. The cost of the device vs sAVR
  - d. The need for cerebral protection with a Sentinel device
  - e. The need for anticoagulation to prevent thrombotic complications
5. The following step-wise actions are needed in a hospital preparing for a pandemic:
  - a. Cost-effectiveness analysis of TAVI procedures
  - b. Creation of 'surge' capacity
  - c. Increasing availability of Cardiothoracic surgical cover
  - d. Increasing catheter lab utilization and availability
  - e. Increasing outpatient capacity
6. Triage of TAVI/sAVR waiting lists should:
  - a. Be done alphabetically
  - b. Take account of patient age
  - c. Identify those most at risk
  - d. Exclude difficult cases
  - e. Be done in the recovery phase