

Access and Closure: Focus on TAVR

Although new and evolving procedures tend to be the main topic of discussion in our offices, at conferences, and in the news, it is equally important to examine and review the techniques we use to achieve access and closure during these percutaneous interventions. As the patient population we serve begins to grow—increasing in age and comorbid conditions—the risk of complications due to unsuccessful access or closure threatens to negate the great potential benefits that new procedures intend to offer.

With the increasing use of radial artery access in cath labs worldwide, many operators are seeking to learn and master this technique with as little difficulty as possible. Jonathan S. Roberts, MD, FACC, FSCAI, and Rashmi Manur, MBBS, MPH, outline the steps for integrating ultrasound-guided radial access into your practice, which has been shown to allow reliable, rapid artery cannulation, even in difficult anatomy.

Next, we explore some of the access and closure techniques in use today by operators performing transcatheter aortic valve replacement (TAVR). During the last 5 years, TAVR devices have begun receiving approval for transapical indications in the US and abroad. Prashanth Vallabhajosyula, MD, MS, and Wilson Y. Szeto, MD, discuss the appropriate role of left ventricular apical access in patients who are not suitable candidates for open repair or transfemoral access. After the TAVR procedure, proper access site management is key to a successful outcome. Kaffer Kara, MD; Fadi Al-Rashid, MD; Polykarpos C. Patsalis, MD; Raimund Erbel, MD, FESC, FACC, FAHA; and Philipp Kahlert, MD, FESC, provide a helpful overview of the suture preclosure technique to help reduce post-procedural complications.



Due to its less-invasive nature, a totally percutaneous approach to TAVR is preferred due to the high-risk patient population approved to undergo this procedure. However, vascular complications are a major concern, so Stefan Stortecky, MD, and Peter Wenaweser, MD, describe the necessary planning and procedural steps to increase safety and favorable outcomes. In a further effort to address these concerns, Dale R. Tavis, MD, MPH, and Samantha Jacobs, BS, discuss the use of vascular closure devices and advocate the need for large, high-quality registries to assist the US Food and Drug Administration in their postmarket surveillance efforts.

Shifting focus to some of the other pressing issues in interventional cardiology, we have an overview of the new 2013 CMS coronary intervention codes for complex procedures by Jim Blankenship, MACC, FSCAI, and Cliff Kavinsky, FACC, FSCAI, who offer

many helpful examples that you may face on a daily basis.

On the imaging front, Nina C. Wunderlich, MD; Jennifer Franke, MD; Hüseyin Ince, MD, PhD; and John D. Carroll, MD, report on new integrative multimodality imaging approaches, which have the potential to further improve patient selection, procedural planning, success rates, and procedure times when treating structural heart disease.

Reza Sepehrdad, MD, and Jason H. Rogers, MD, then provide an update on valvular therapies, with a review and case report of percutaneous paravalvular leak closure after mitral valve replacement.

Finally, we close with an interview with Susheel Kodali, MD, who speaks to us about the current practice and research of aortic and mitral valve therapies.

As always, we hope *Cardiac Interventions Today* will help you keep up with the ever-expanding number of journals and presentations by synthesizing the current status of important topics in interventional cardiology. ■

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