“Coming soon to a cath lab near you...”

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This article reports on a small series from a very experienced center with impressive results for a simplified “minimalist approach” (MA) to transcatheter aortic valve replacement (TAVR), which uses conscious sedation and transthoracic echocardiography instead of general anesthesia and transesophageal echocardiography.¹ The data do not allow us to conclude that the MA accounted for early discharge, because the patients who were discharged early had lower Society of Thoracic Surgeons scores. As larger experience accumulates, it may be possible to identify patient factors that favor early discharge after MA, as opposed to factors favoring early discharge after any approach. MA requires reliance on transthoracic echocardiography for assessment of paravalvular leak, and because transthoracic echocardiography cannot be compared with transesophageal echocardiography in the same patients and still follow the MA protocol, the merits of this trade-off cannot be assessed in this population. I predict that future studies will settle this question in favor of practical equivalence, but we are not there yet.

Deficiencies aside, this report is a noteworthy early milestone in the relentless simplification of TAVR, which is certain to resemble percutaneous coronary interventions more than it resembles surgery in the very near future. One important unanswered question is whether endocarditis is more frequent in patients undergoing TAVR

Tsunami warning sign, Bali, Indonesia.

Central Message

This series is a milestone in the relentless simplification of transcatheter aortic valve replacement.

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outside an operating room. Although I suspect the answer will be “yes,” this question will be left dangling until large numbers have been done in hybrid catheterization laboratories, because the frequency will be low and because the forces propelling a catheterization laboratory alternative to surgical or transcatheter valve replacement done in an operating room will be too powerful to retard on a hunch. What will the departure of TAVR from operating rooms mean for the role of the surgeon? That is for surgeons to determine. Stay involved, or say goodbye!

Reference

1. Jensen HA, Condado JF, Devireddy C, Binongo J, Leshnower BG, Babaliaros V, et al. Minimalist transcatheter aortic valve replacement: the new standard for surgeons and cardiologists using transfemoral access? *J Thorac Cardiovasc Surg.* 2015;150:833-40.