Timely Evaluation for Surgical Treatment of Aortic Valve Disease



Time is of the essence...

The pathology of aortic valve disease (AVD) typically develops over many years, and symptoms may not appear until the condition is severe. When symptoms develop, the rates of morbidity and mortality among patients are high.¹

If AVD is left untreated or medically managed...

For aortic regurgitation (AR)^{2,3}



25% of patients who have asymptomatic moderate-to-severe AR will die within 5 years after diagnosis, and 50% will die within 10 years



25% of patients with symptomatic (NYHA class III/IV) moderately severe or severe AR will die within 1 year of diagnosis

For aortic stenosis (AS)⁴



56% of patients who have moderate AS and 67% of those who have severe AS will die within 5 years of diagnosis



21% of patients who have moderate AS and 29% of those who have severe AS will die within 1 year of diagnosis

2020 ACC/AHA Guideline recommendations for treatment of AVD⁵

- Aortic regurgitation: Surgical aortic valve replacement (SAVR) is recommended for the treatment of symptomatic severe aortic regurgitation and asymptomatic chronic severe AR with left ventricular (LV) systolic dysfunction
- Aortic stenosis: SAVR is recommended for patients who have symptomatic or asymptomatic severe AS with LV dysfunction and are <65 years of age or have a life expectancy >20 years

Proportion of patients with AVD in recent studies undergoing treatment after diagnosis



Only 26% of patients who have symptomatic severe AR received SAVR within 1 year of diagnosis⁶



Among patients who have symptomatic severe AS, only 31% received aortic valve replacement in the first year after diagnosis⁷



Among aortic valve replacement options, **SAVR** is the only guideline-directed treatment indicated to treat both **AS and AR.**



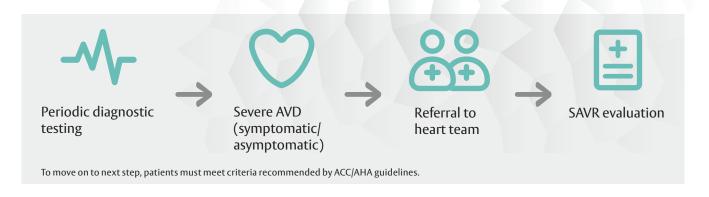
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Timely evaluation can lead to timely intervention for patients...

The current convention for treating asymptomatic severe AVD is to provide treatment once symptoms develop. However, advances in surgical techniques and aortic valve prostheses may help change this.⁸

Referral for SAVR

SAVR treatment is a class 1 indication (ie, is strongly recommended) for patients who have asymptomatic severe AR with LV systolic dysfunction and for patients who have asymptomatic severe AS. Guidelines suggest that postoperative outcomes are better when surgery is performed early or before the onset of symptoms.⁵



Important Safety Information: For Indications, contraindications and general warnings related to use of any RESILIA valve, please refer to the detailed Instructions for Use of the relevant product

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CAUTION: See Instructions for Use for full prescribing information.

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