

Tricuspid edge-to-edge repair: step by step



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Barcelona

Edge-to-edge repair

SGC insertion
intro RA
Navigation

CDS
advancement
into RA and
Steering
Navigation

Axial
Alignment
of CDS

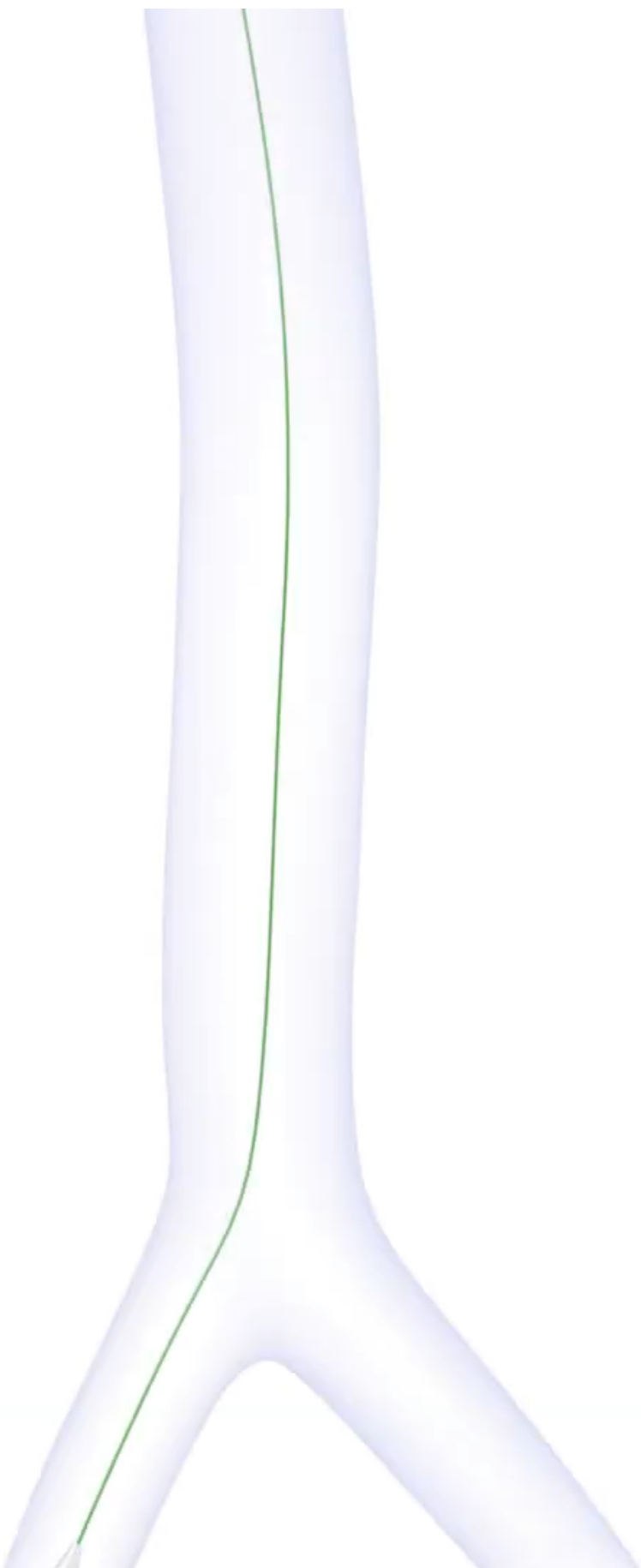
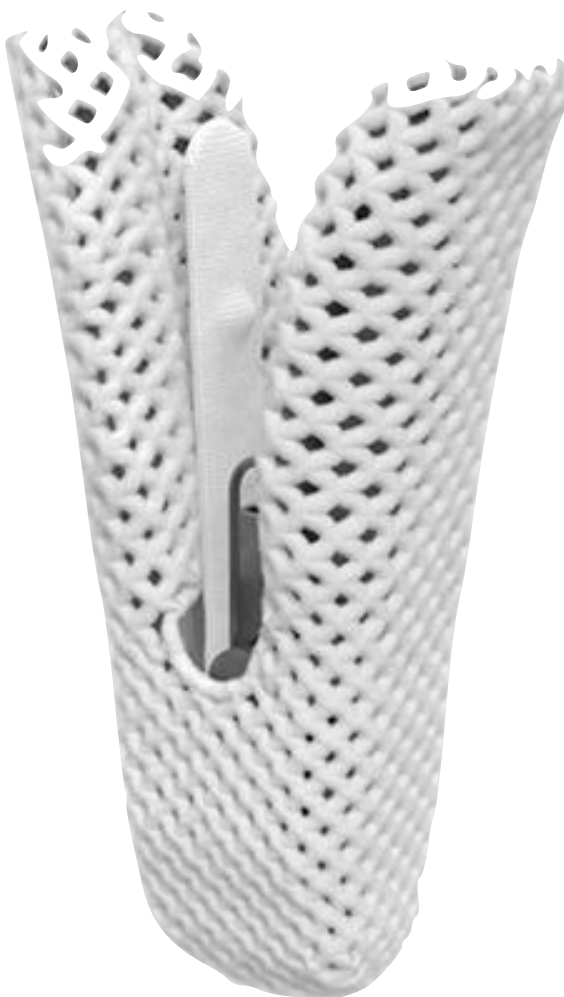
Device Arms
Orientation

Leaflet
capture

Result
evaluation
before and after
deployment

System
Removal

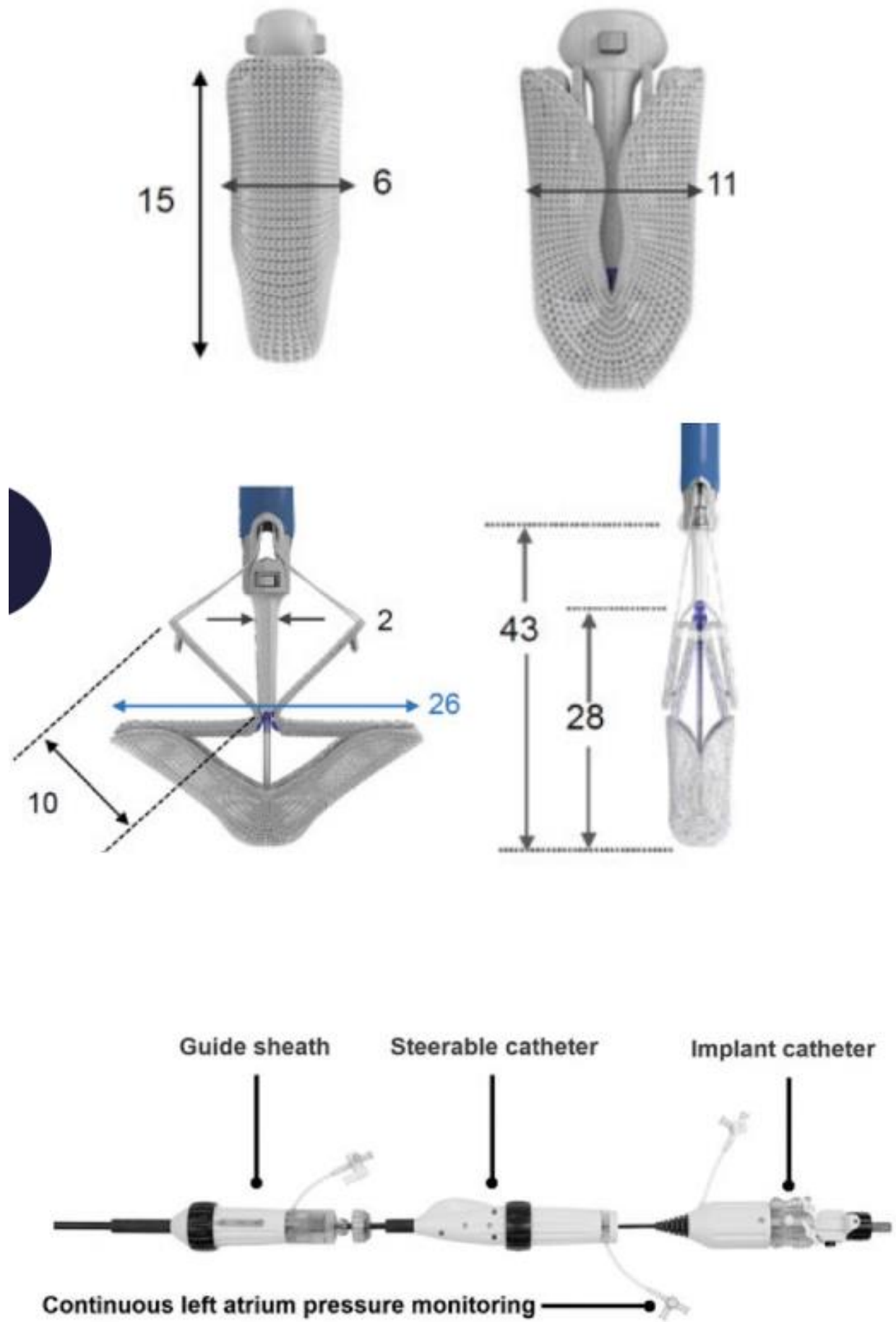
TriClip



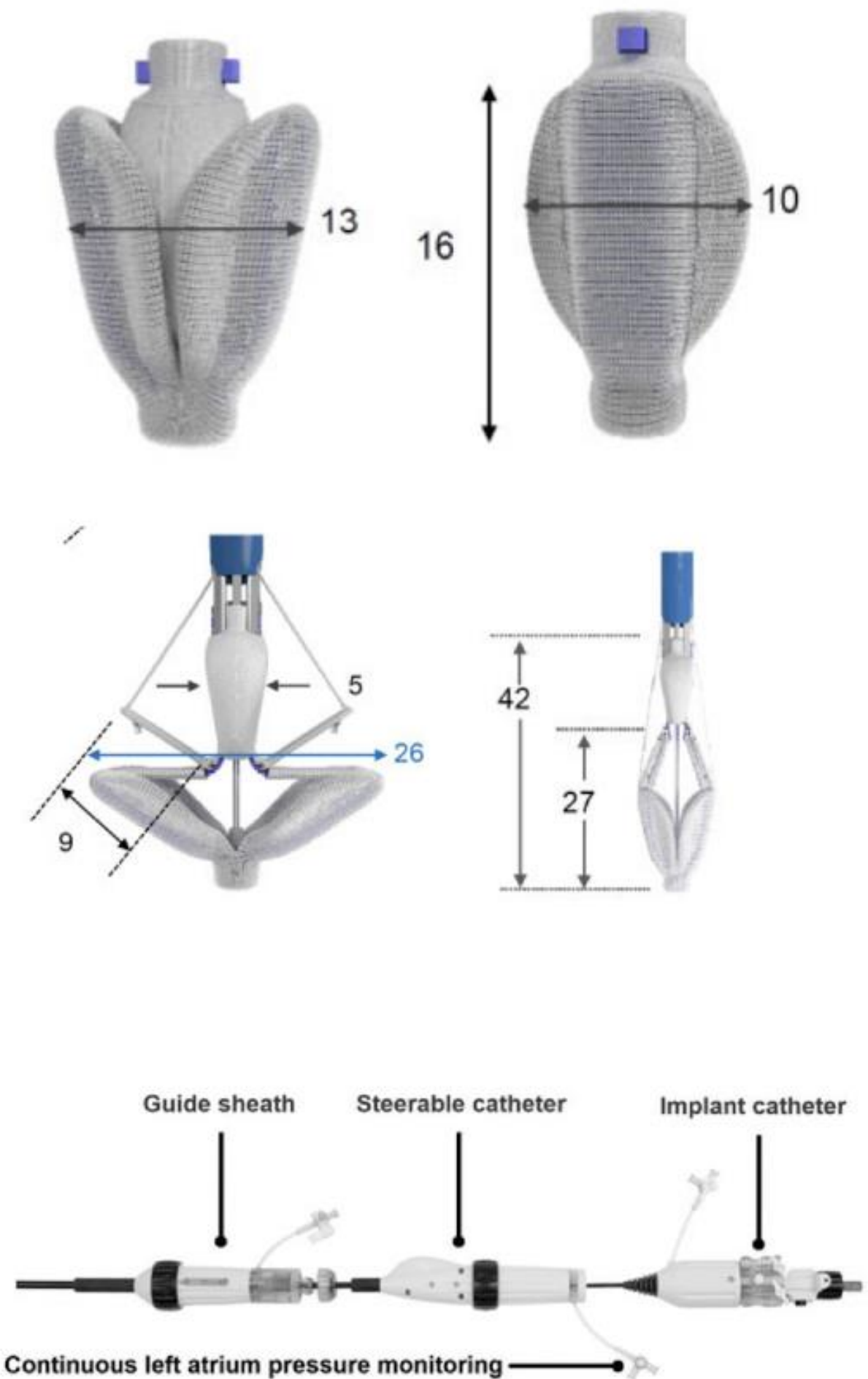
PASCAL
Ace



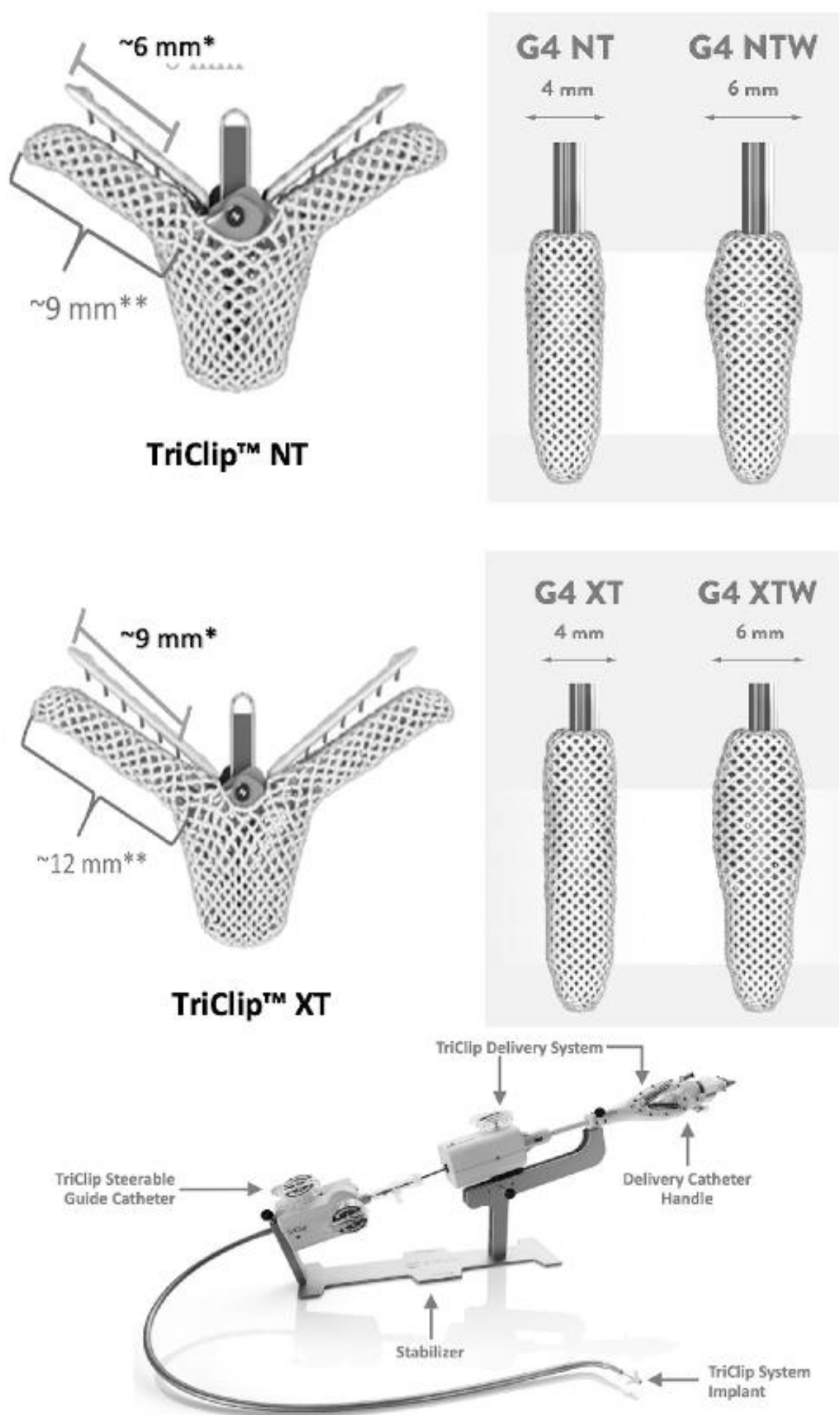
PASCAL Ace

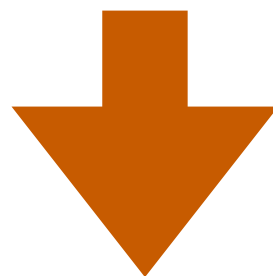


PASCAL

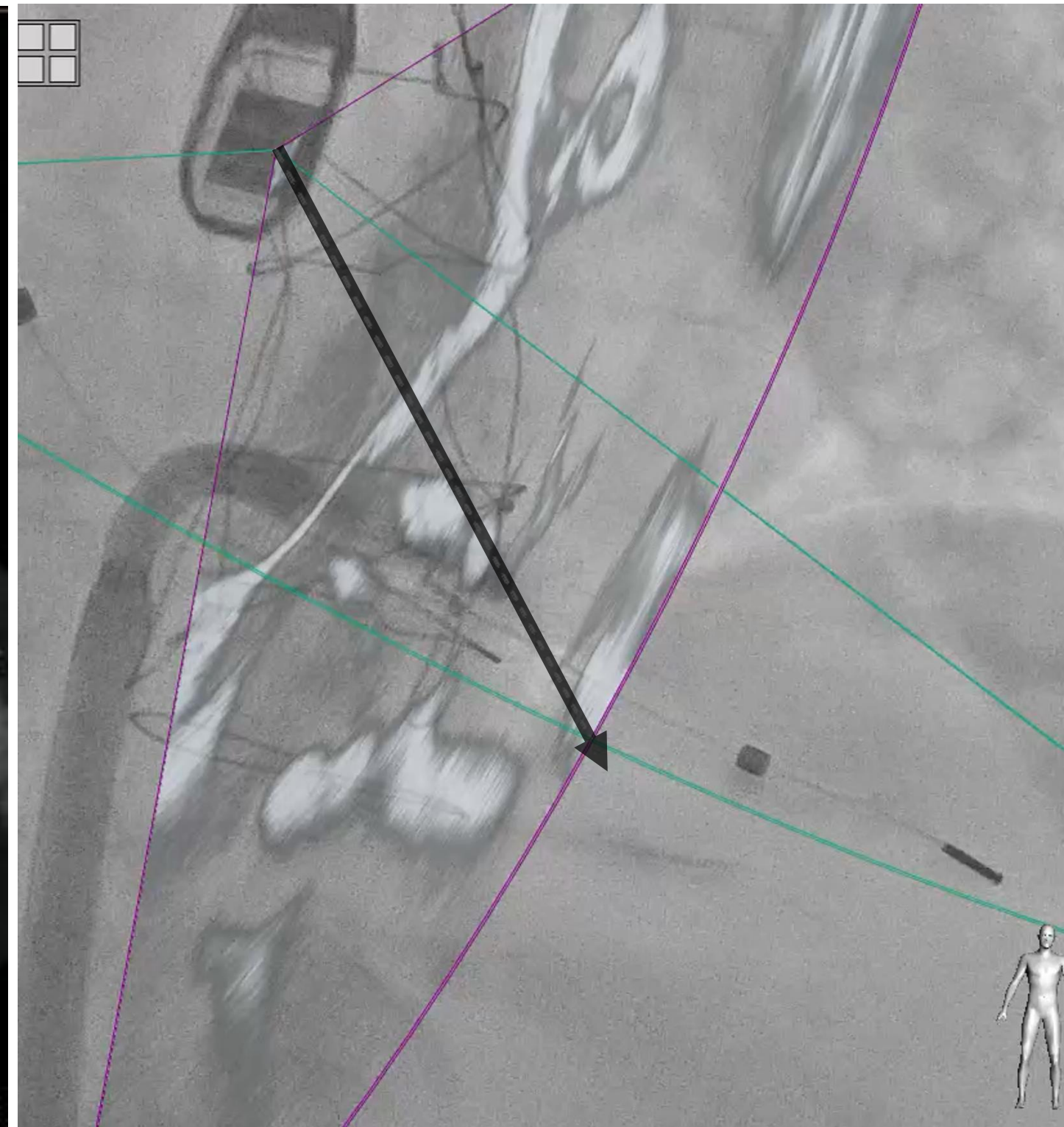
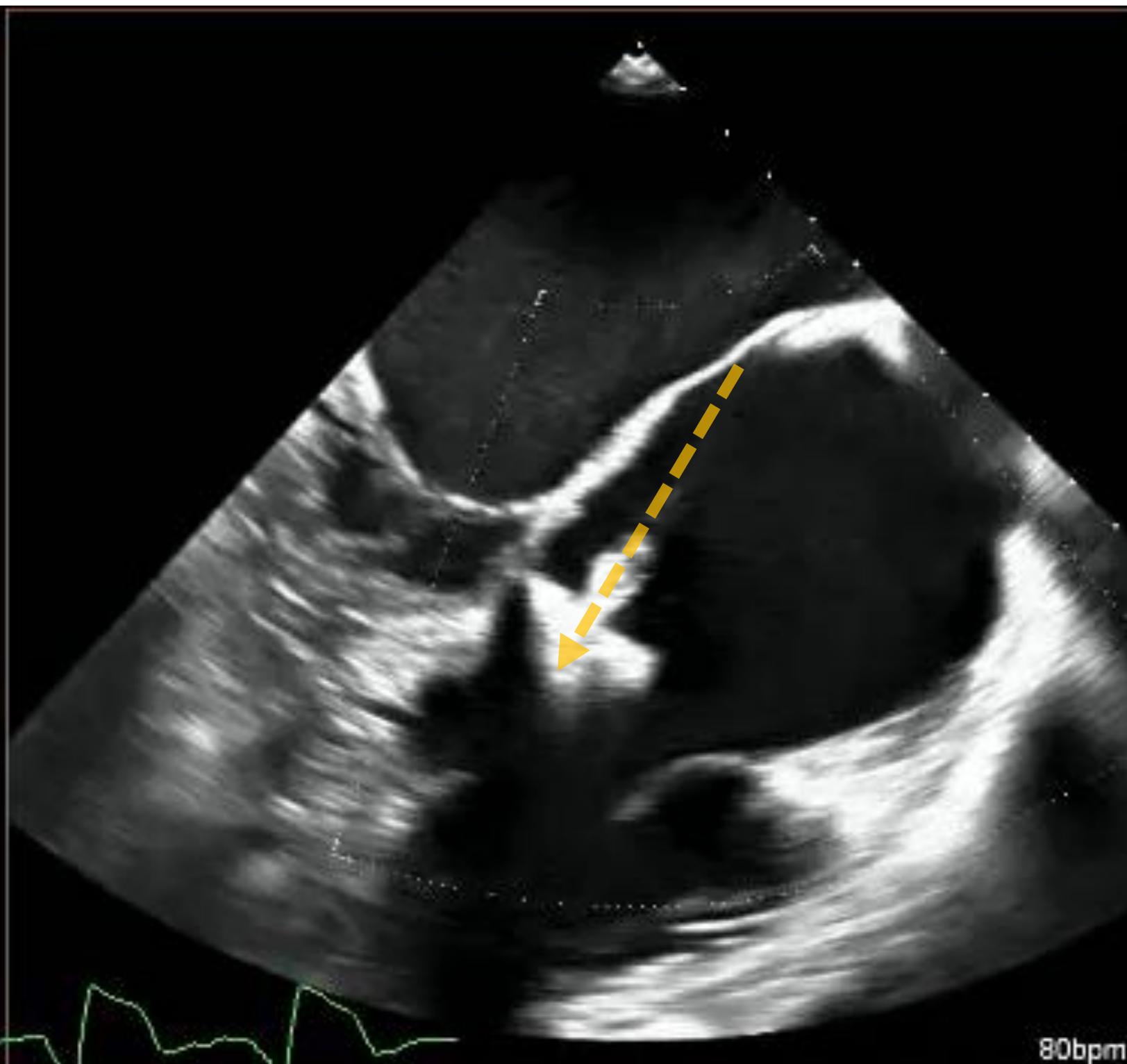
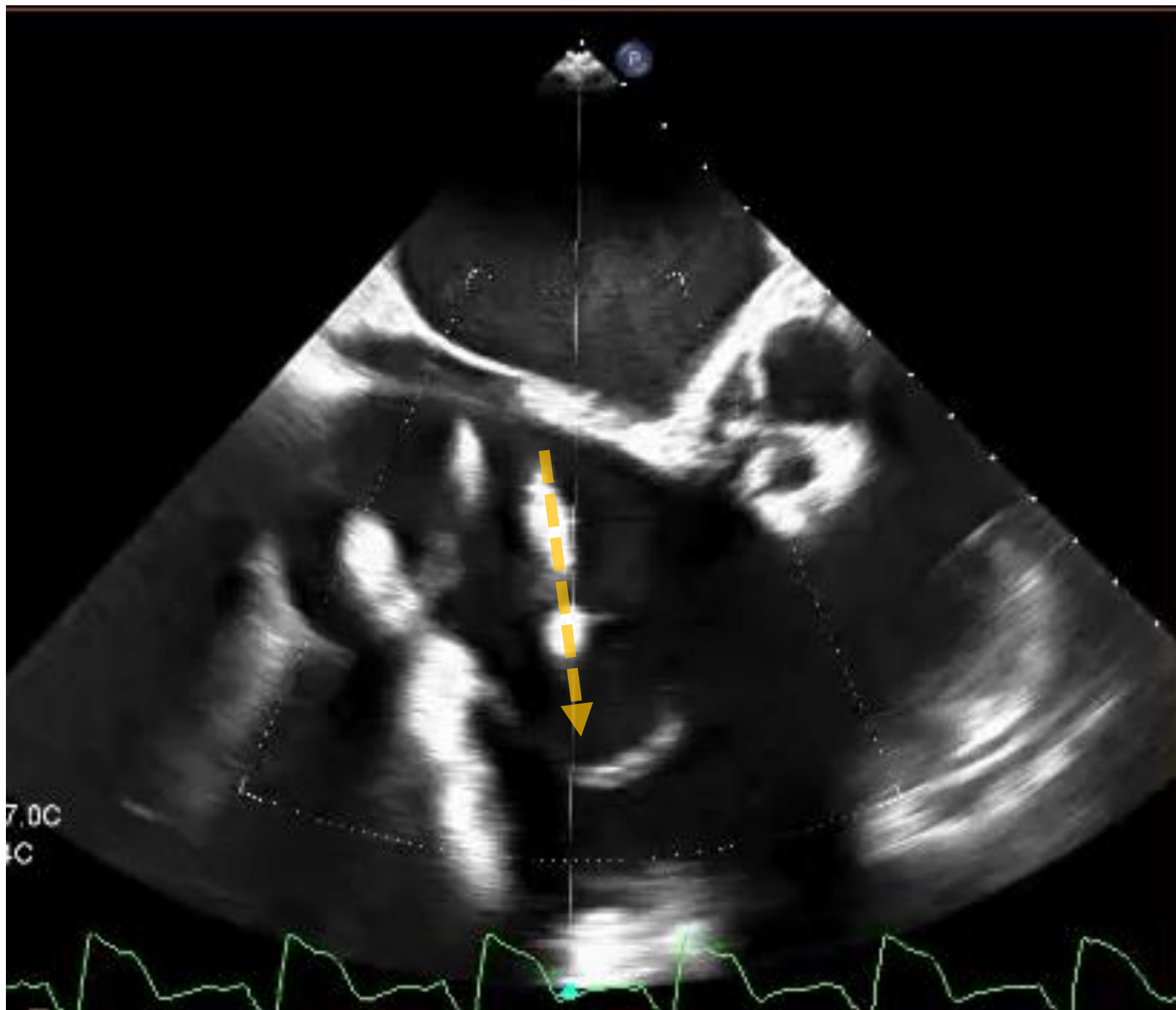


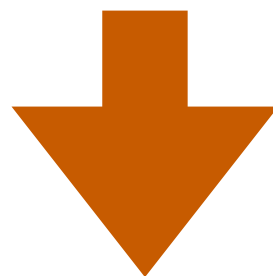
Triclip G4 –NT-NTW-XT-XTW



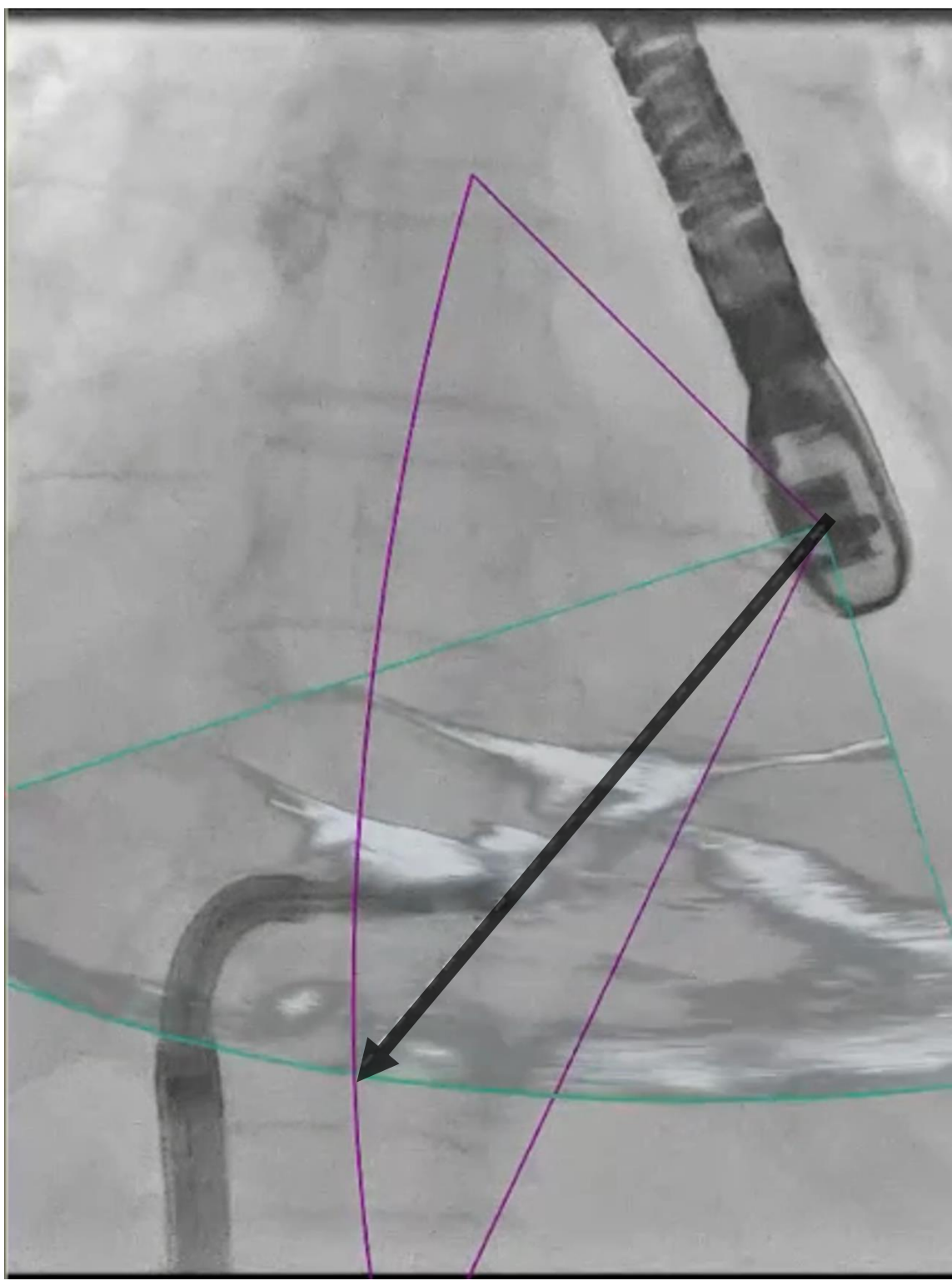
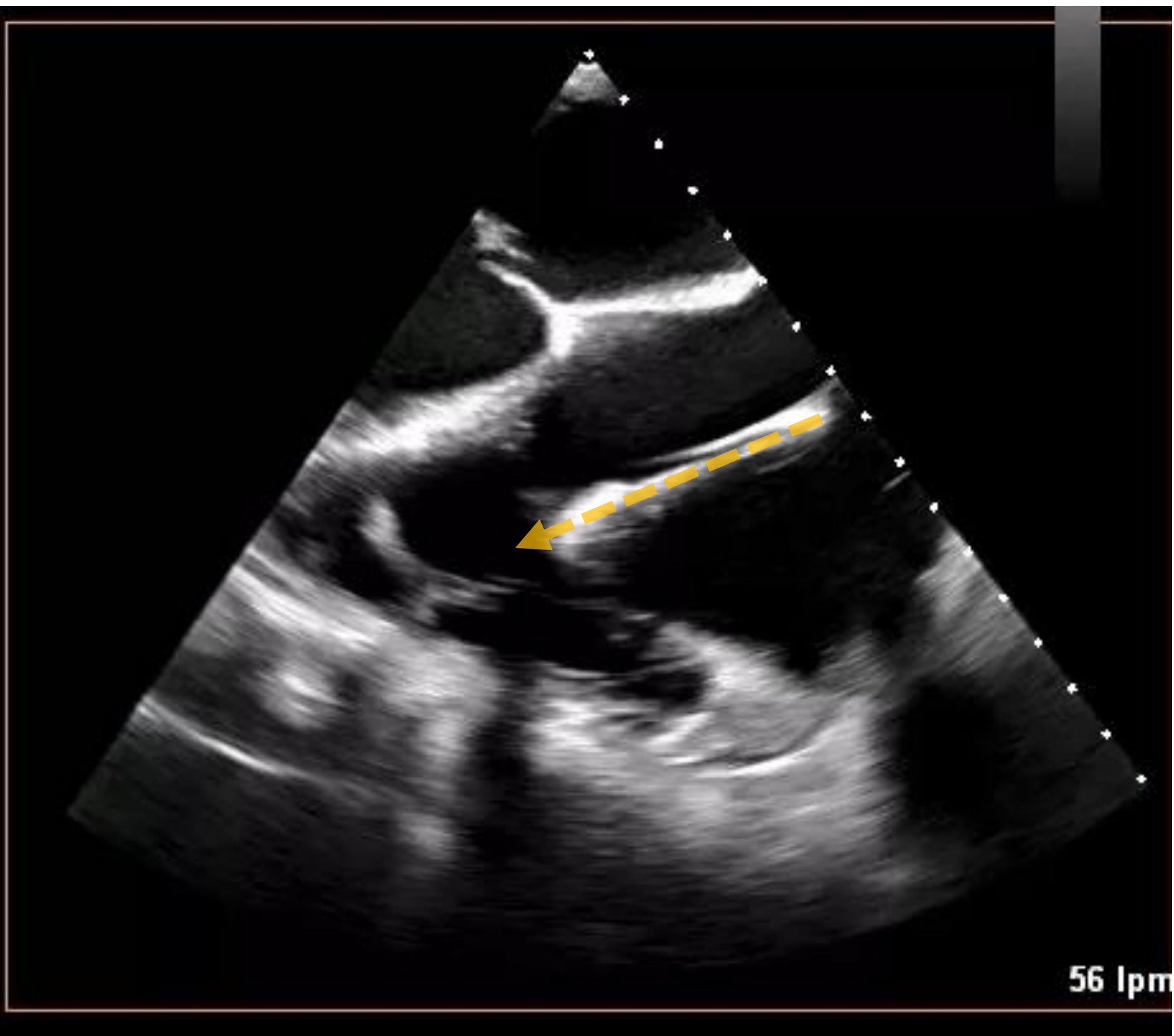
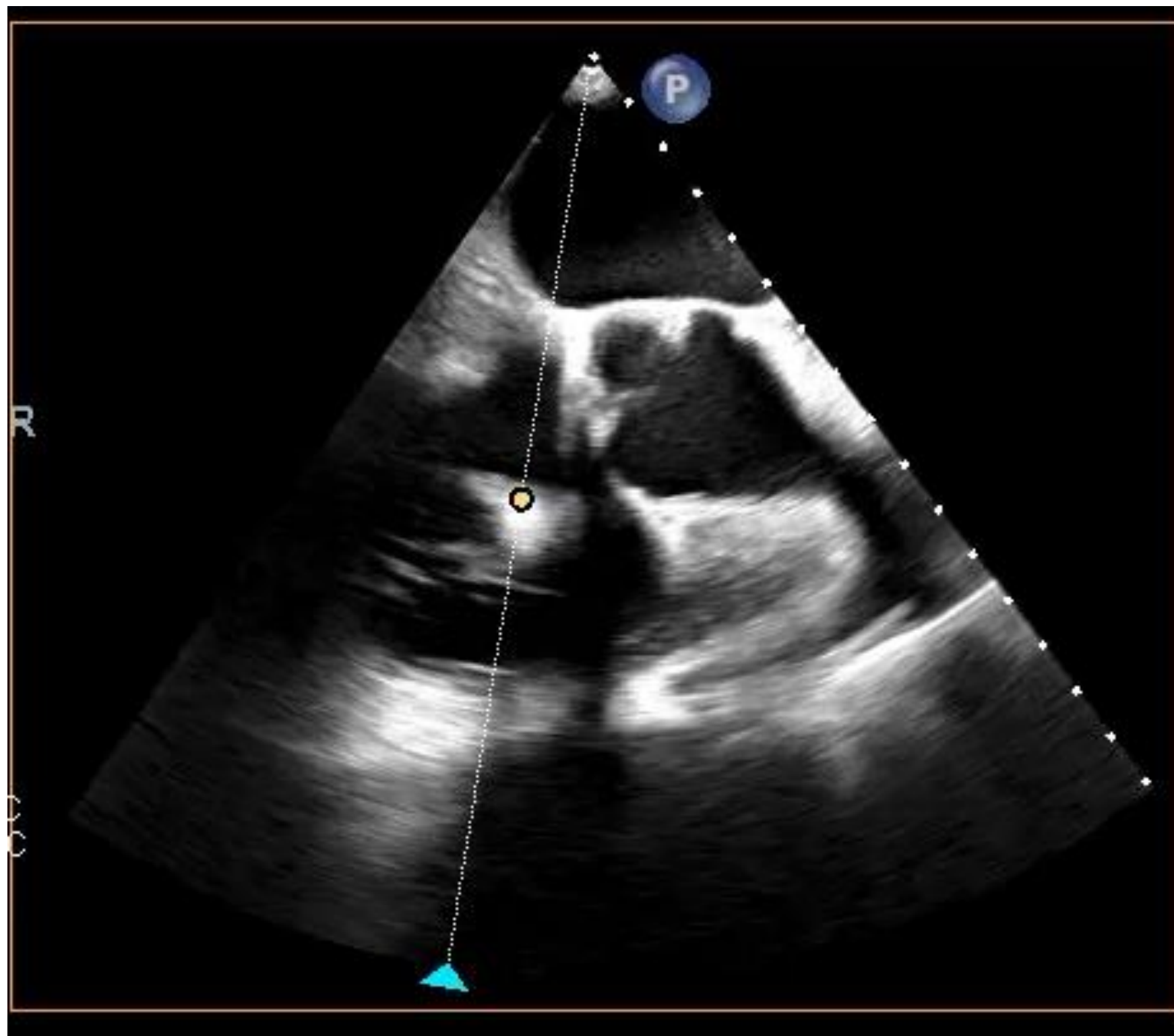


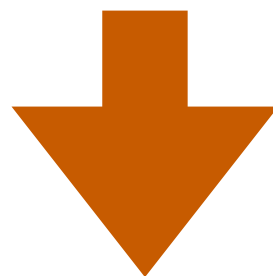
Ideal view



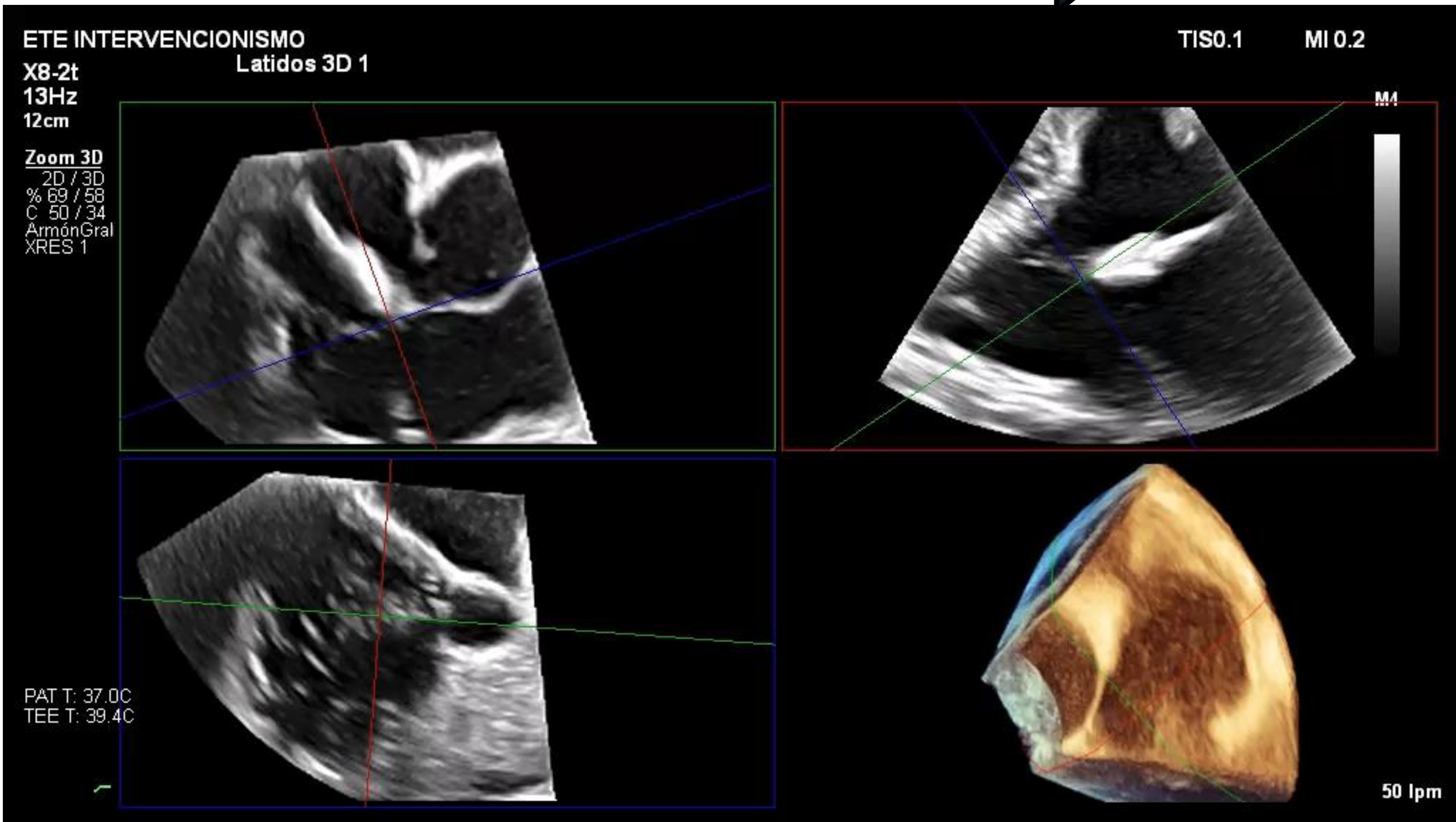


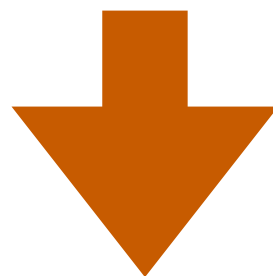
Usual view



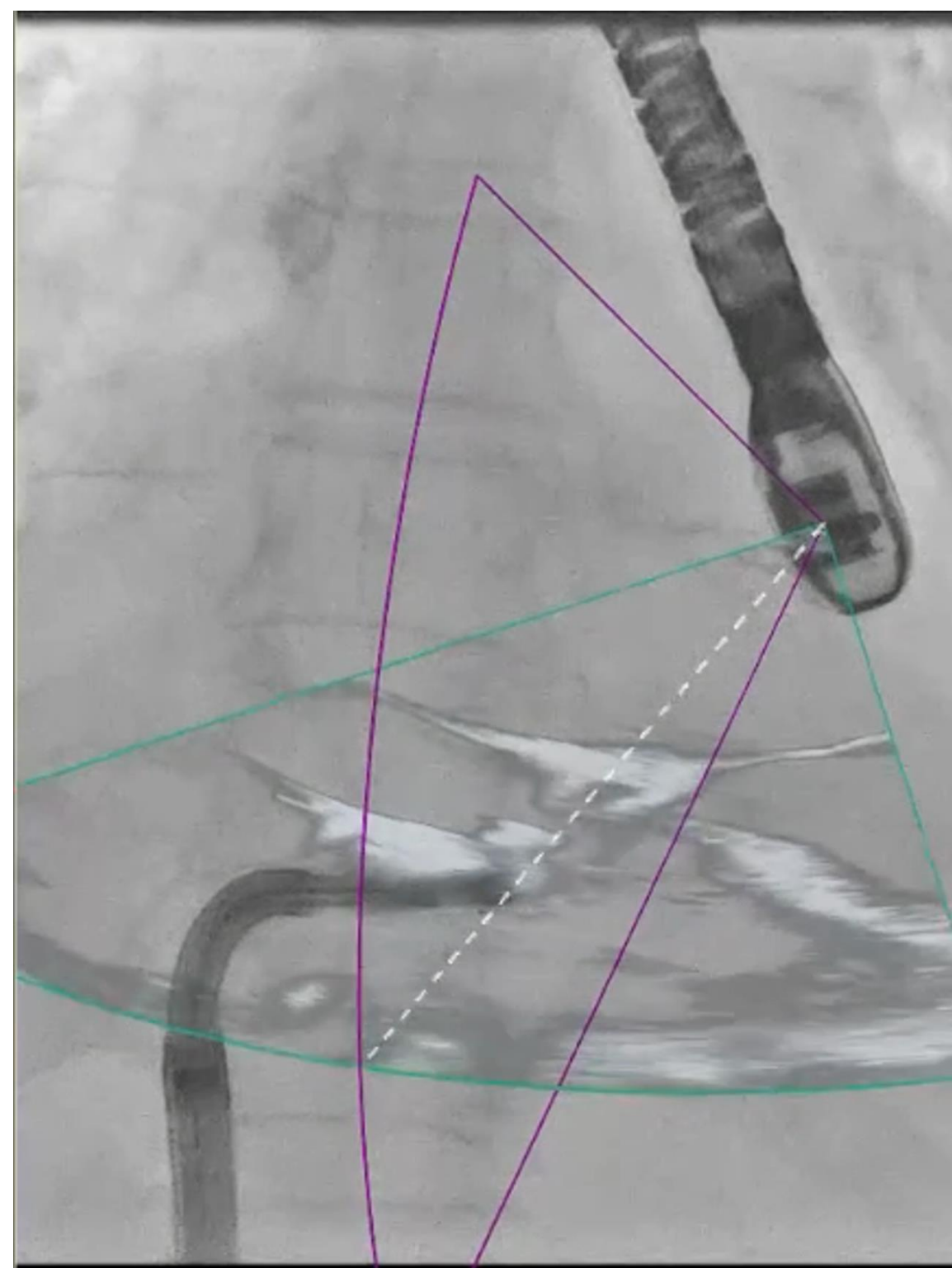
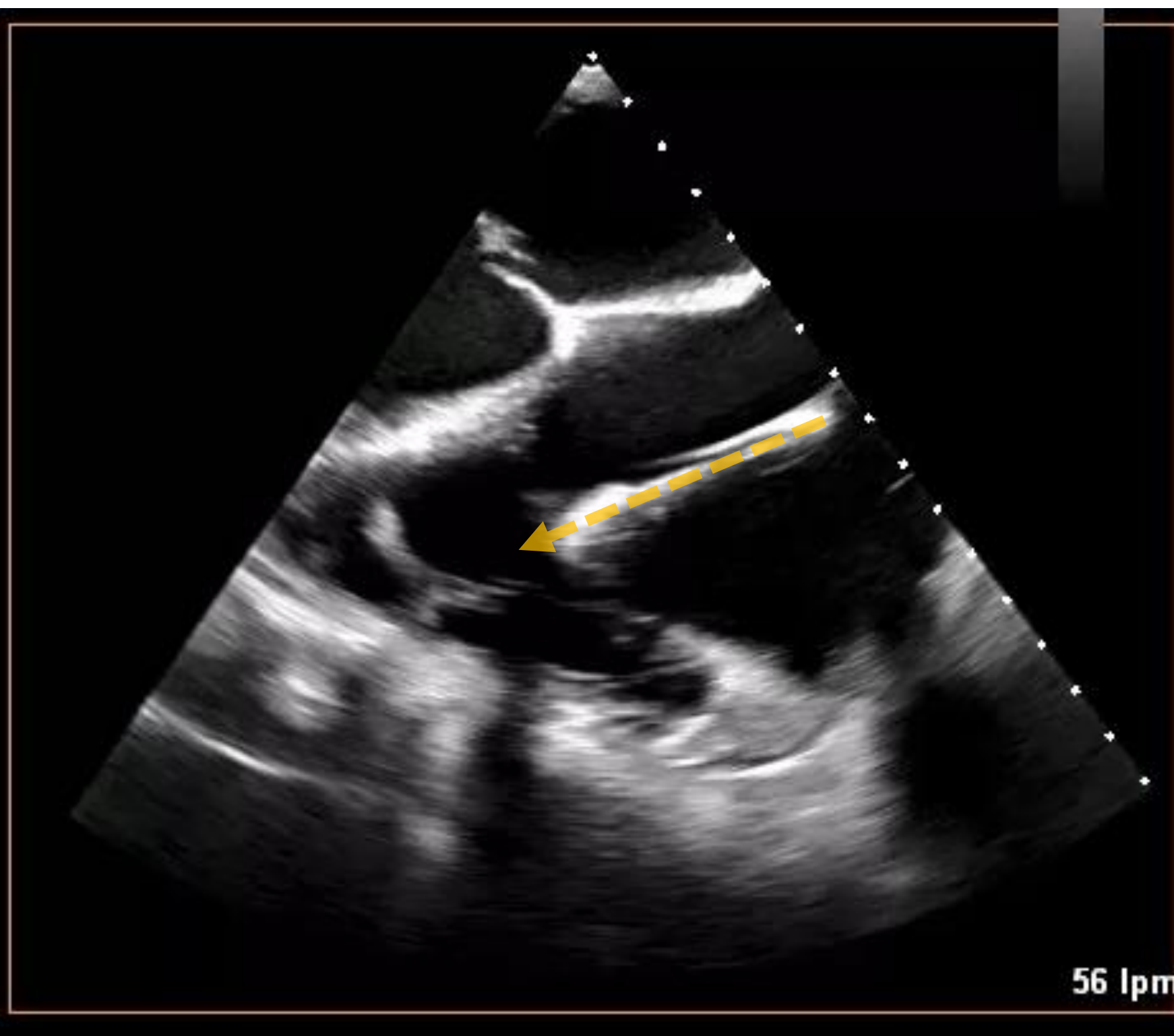


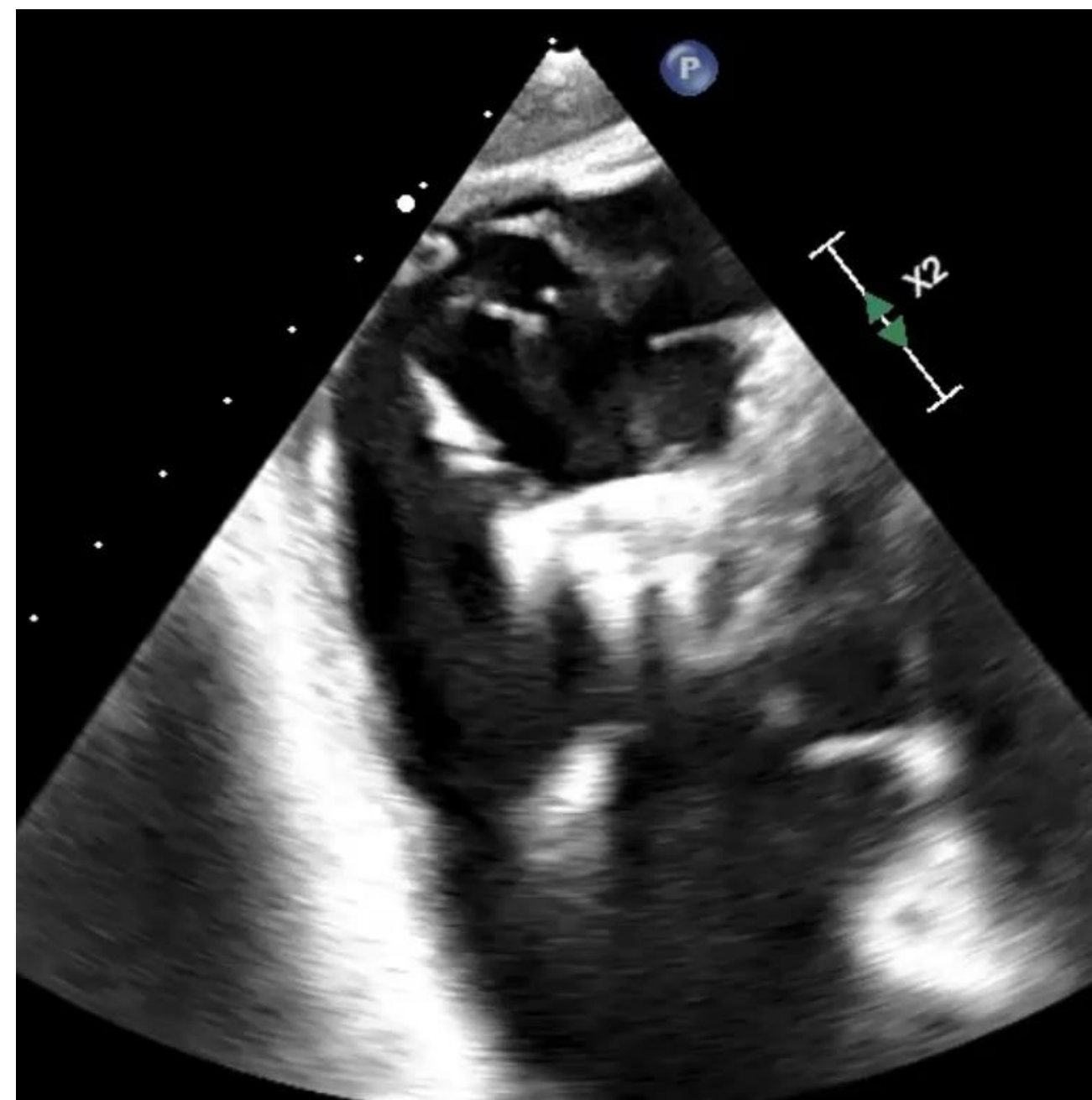
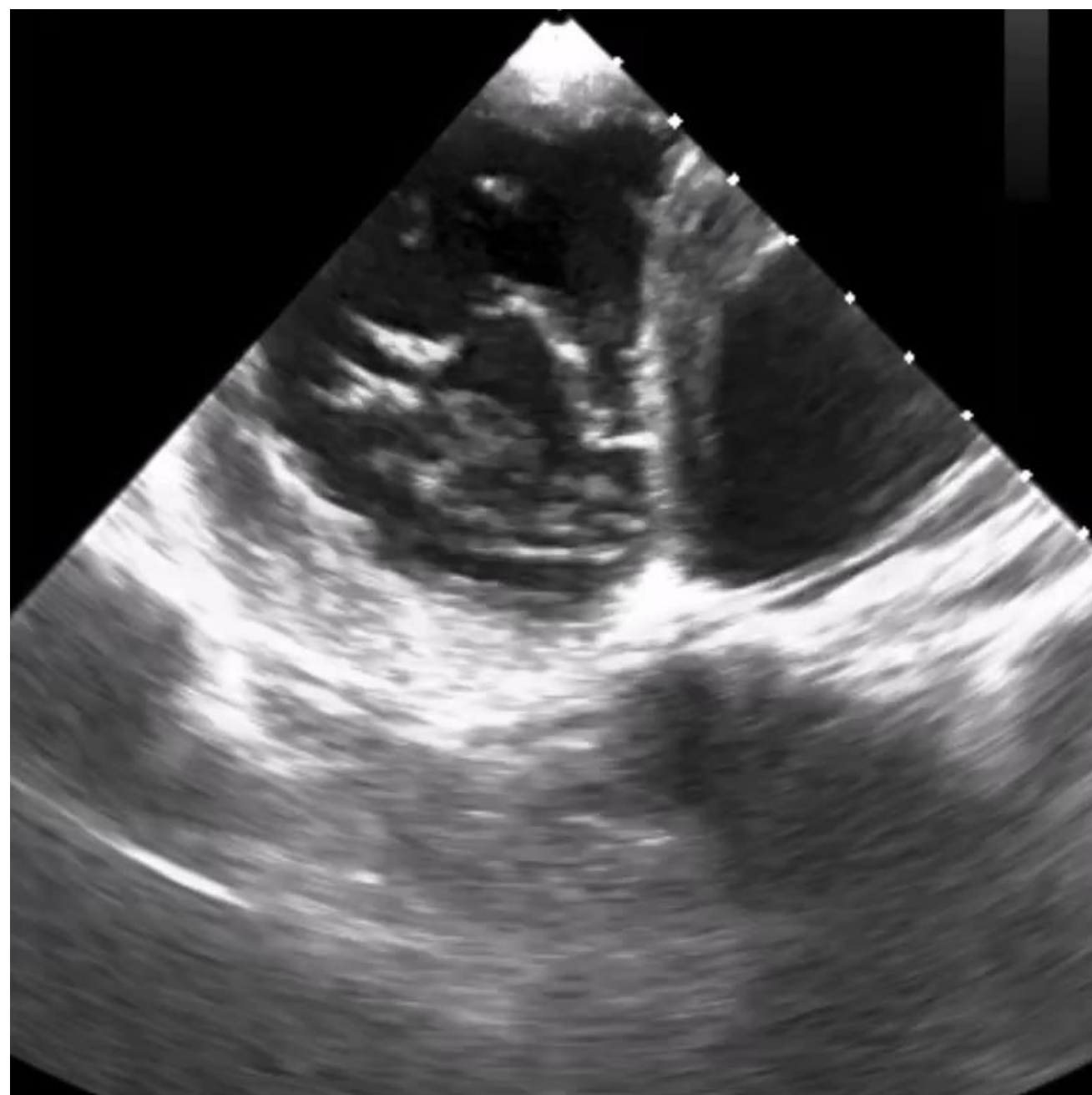
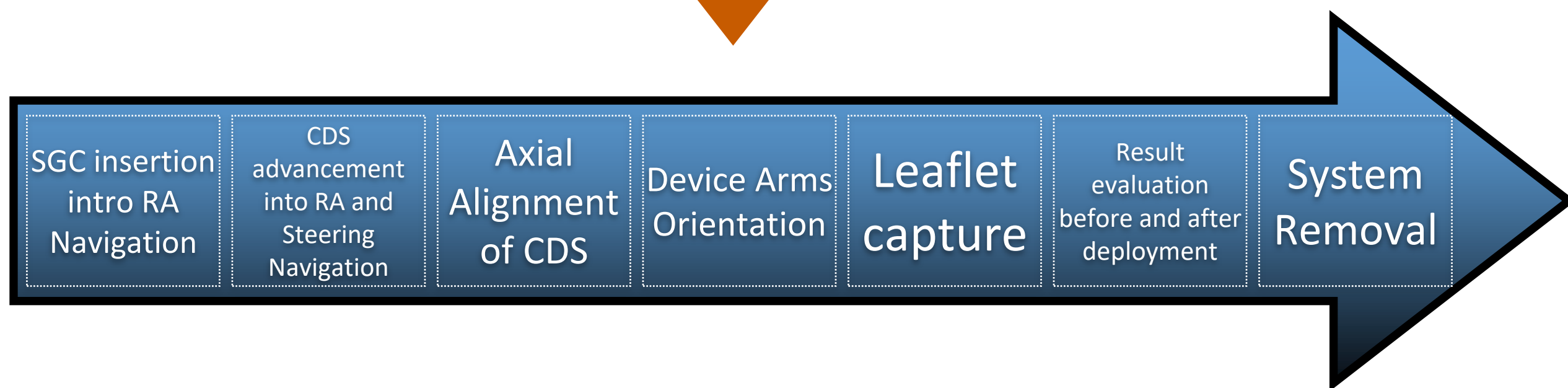
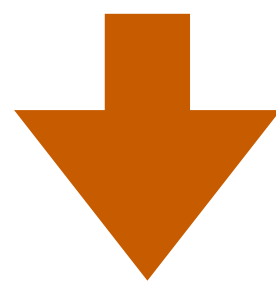
Alternative 1

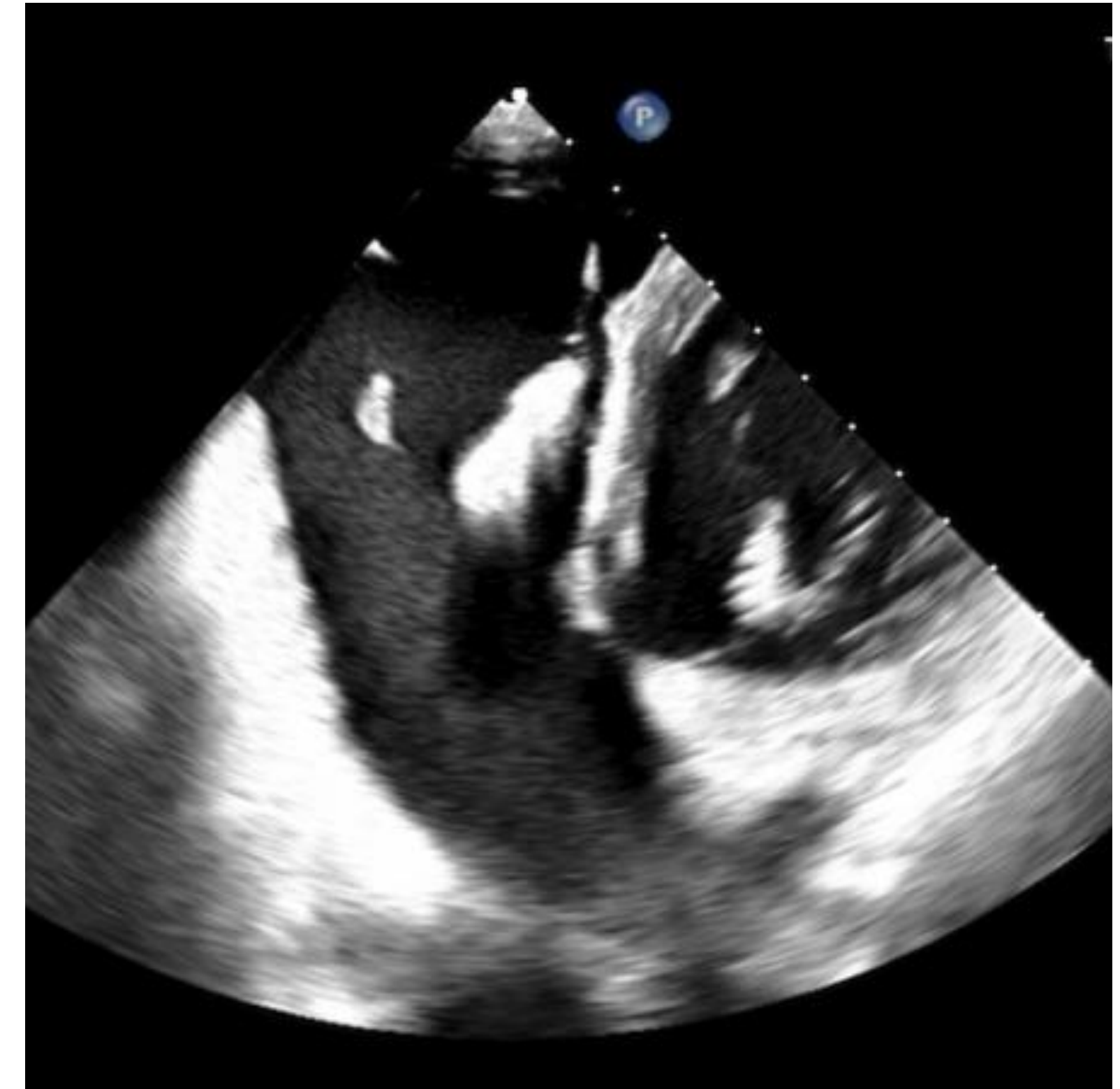
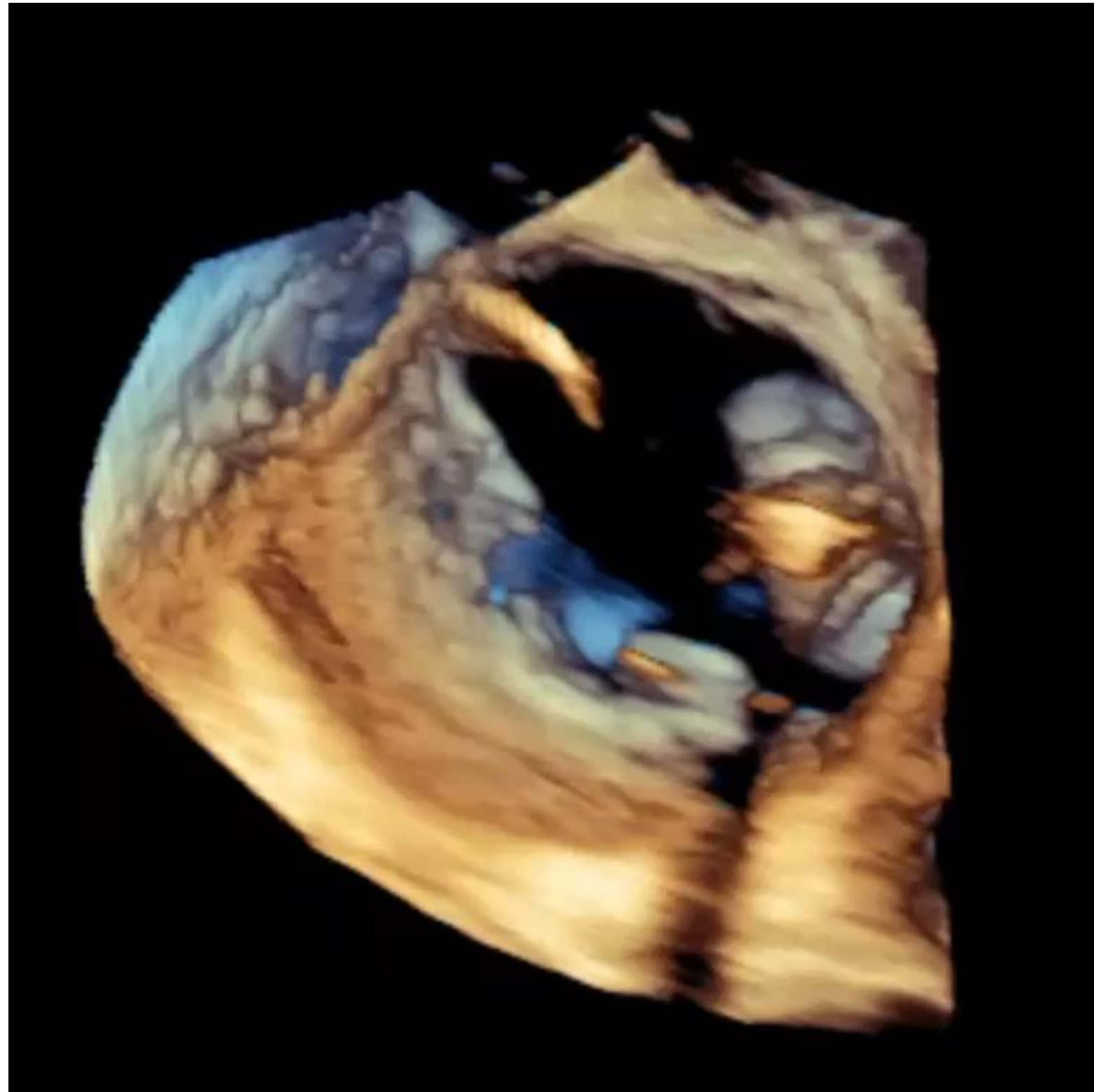


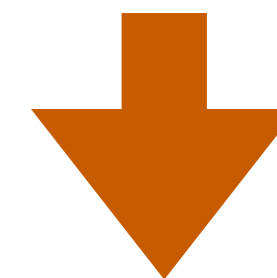


Alternative 2

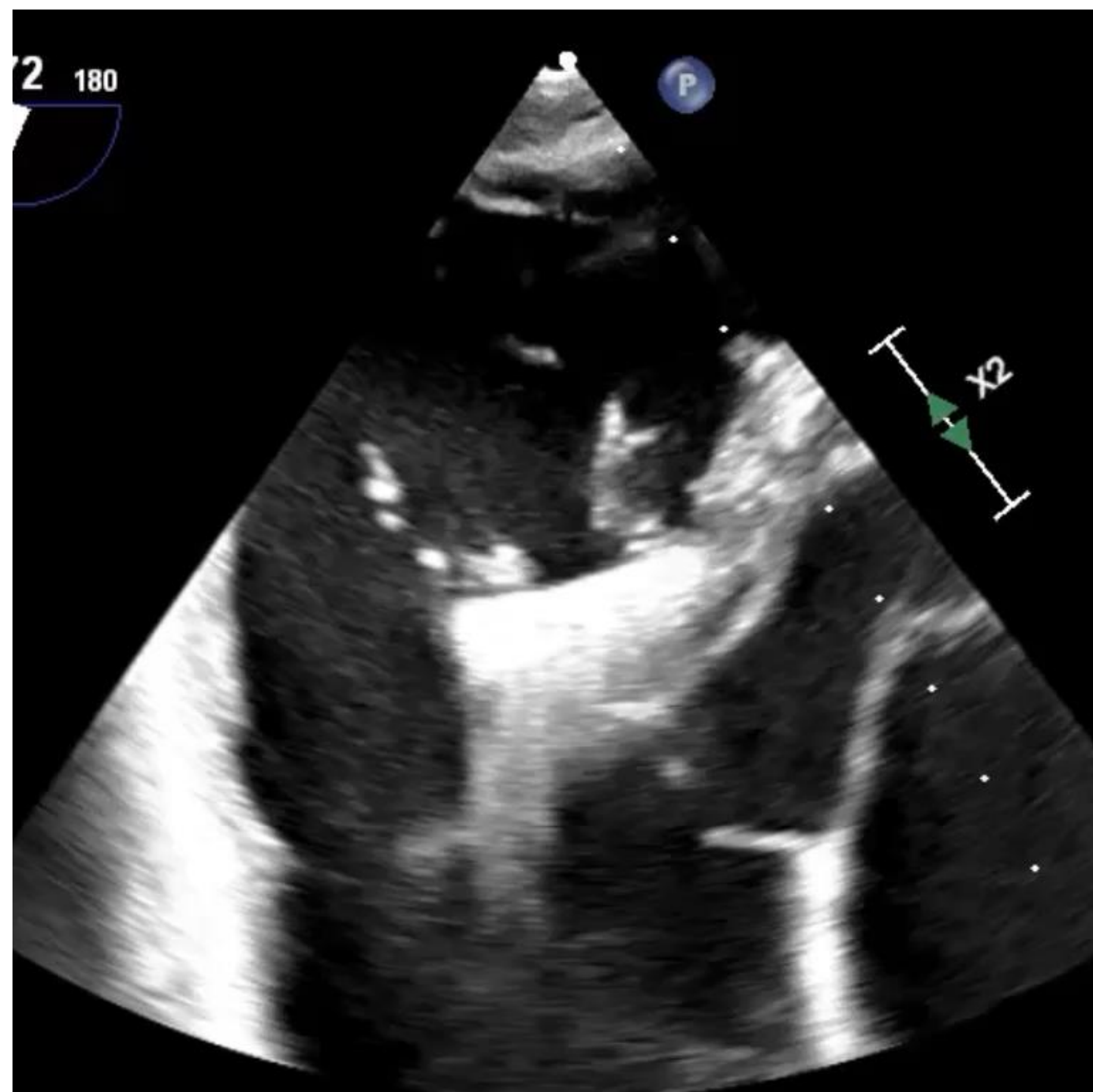




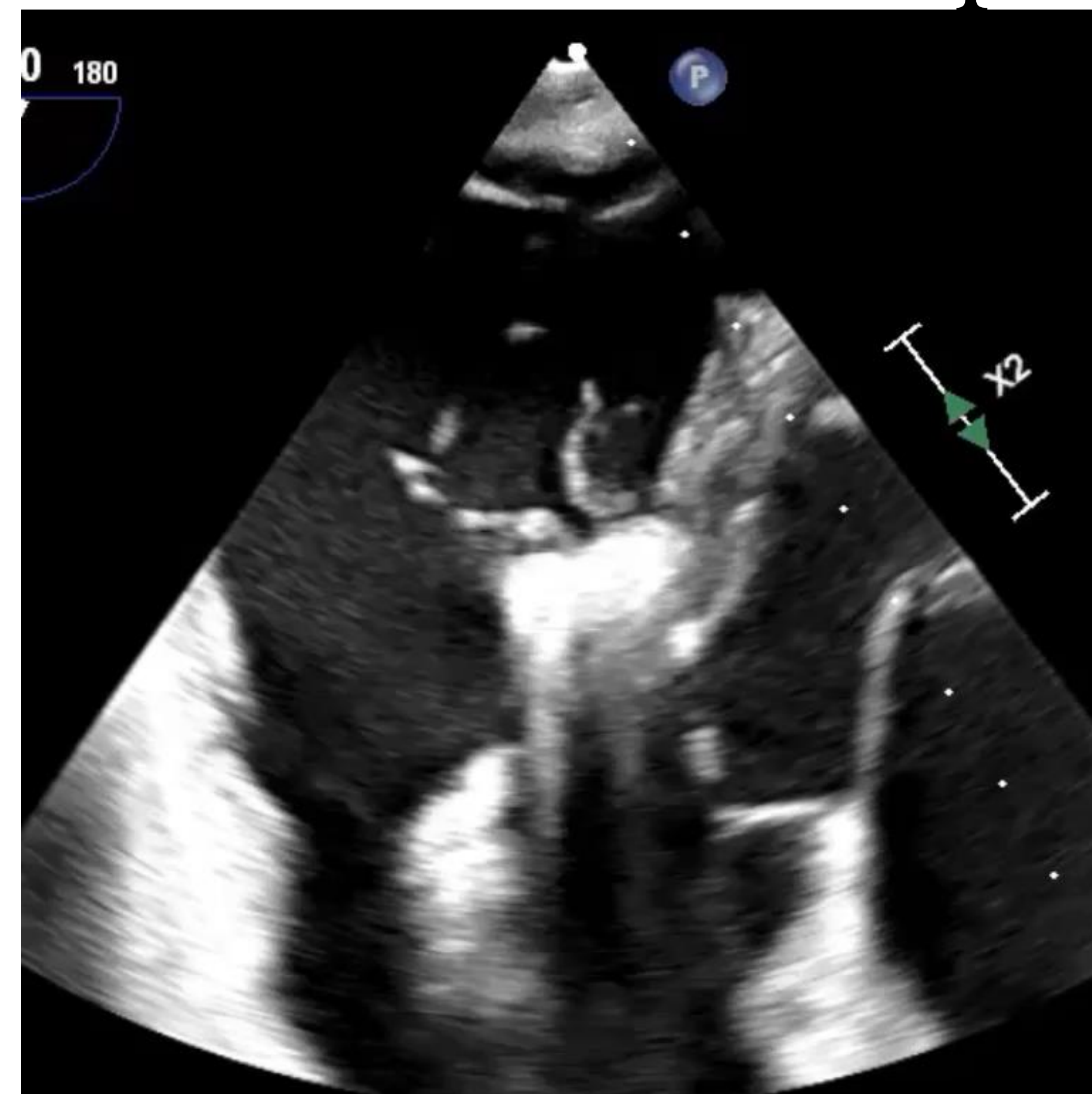




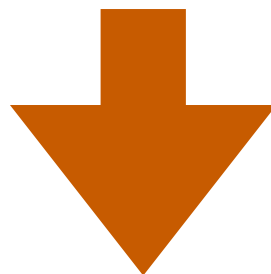
Indirect signs
of leaflet
capture



Leaflets rest over the device



Leaflets bringing closer



SGC insertion
intro RA
Navigation

CDS
advancement
into RA and
Steering
Navigation

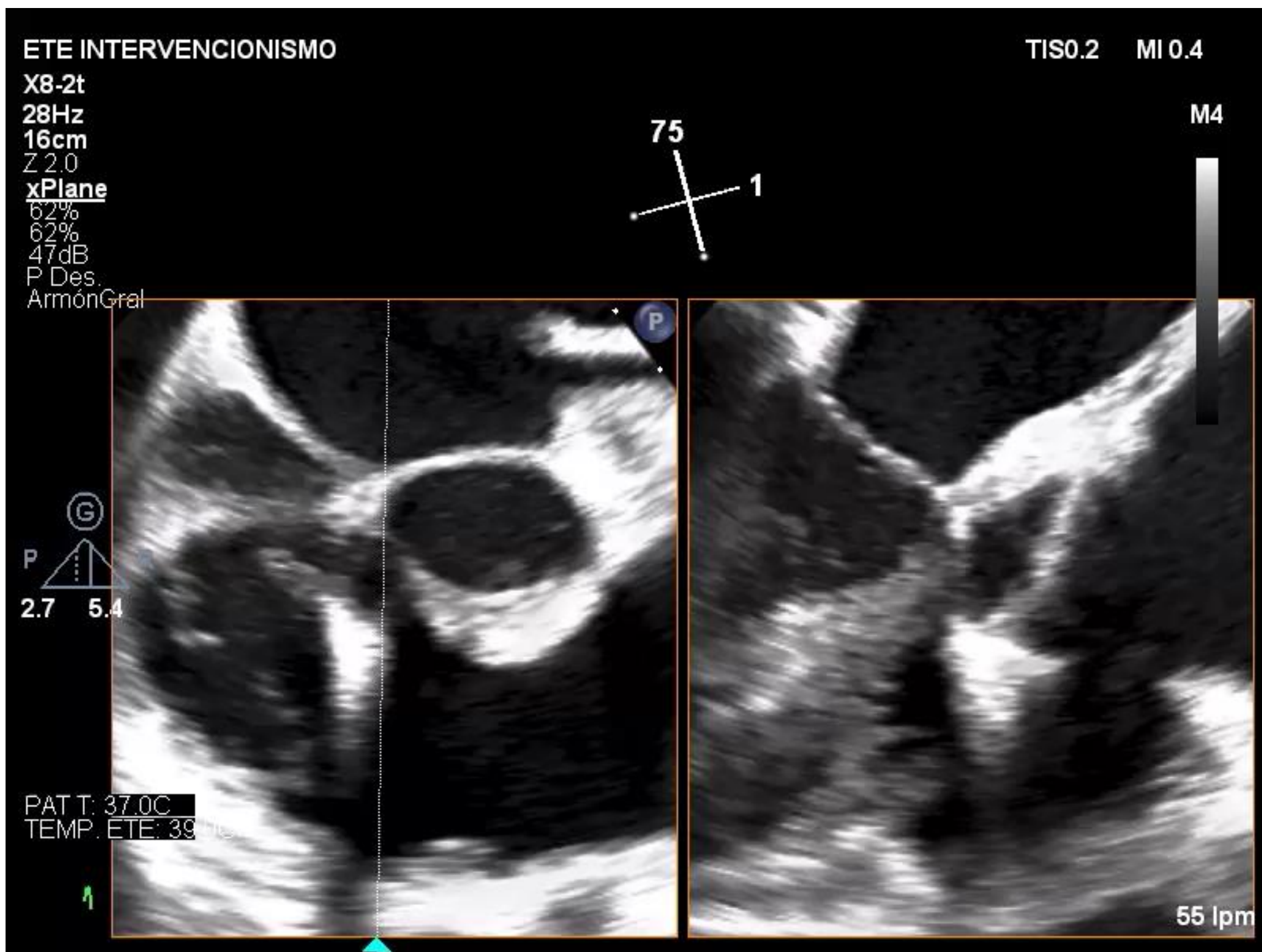
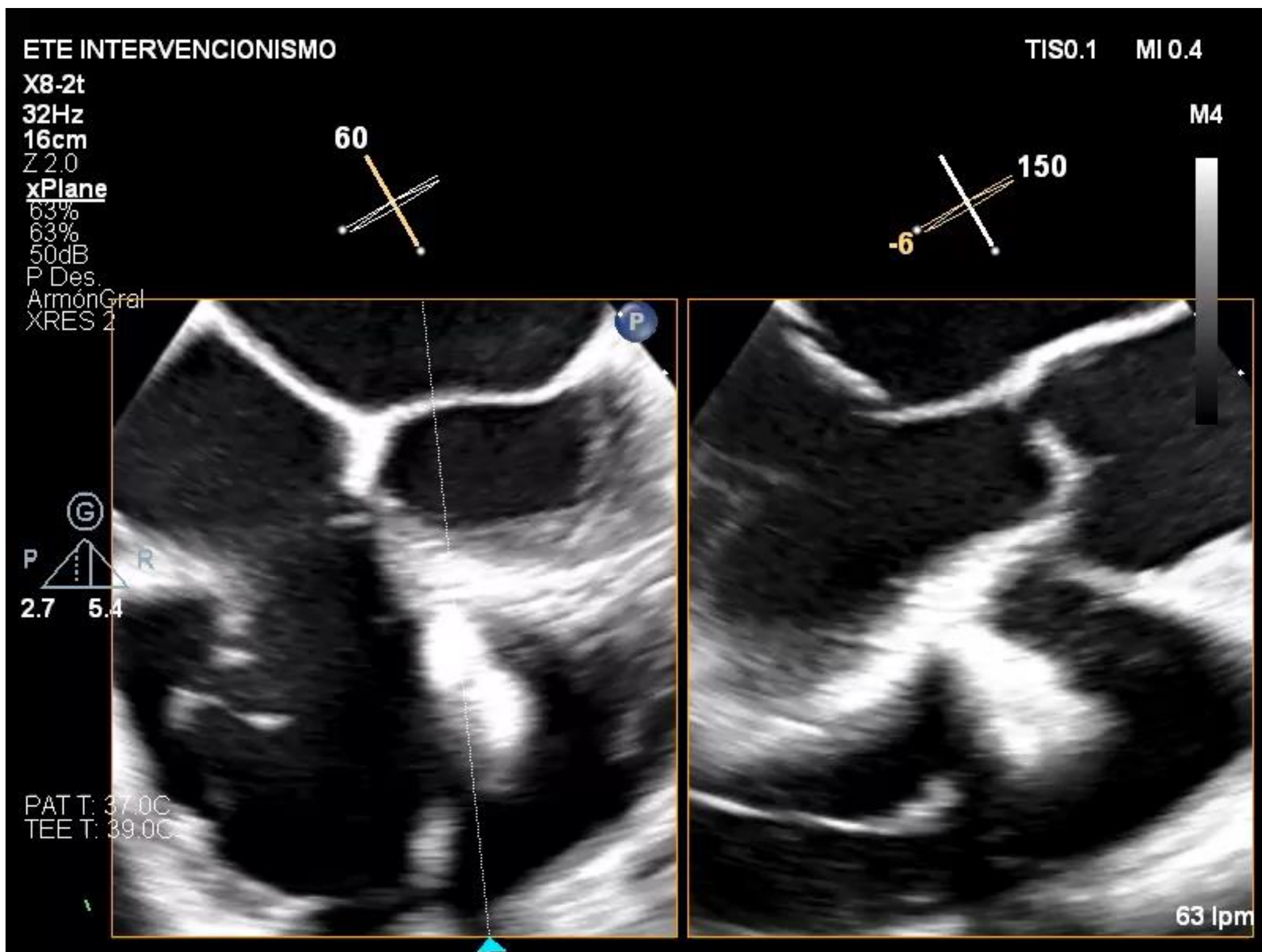
Axial
Alignment
of CDS

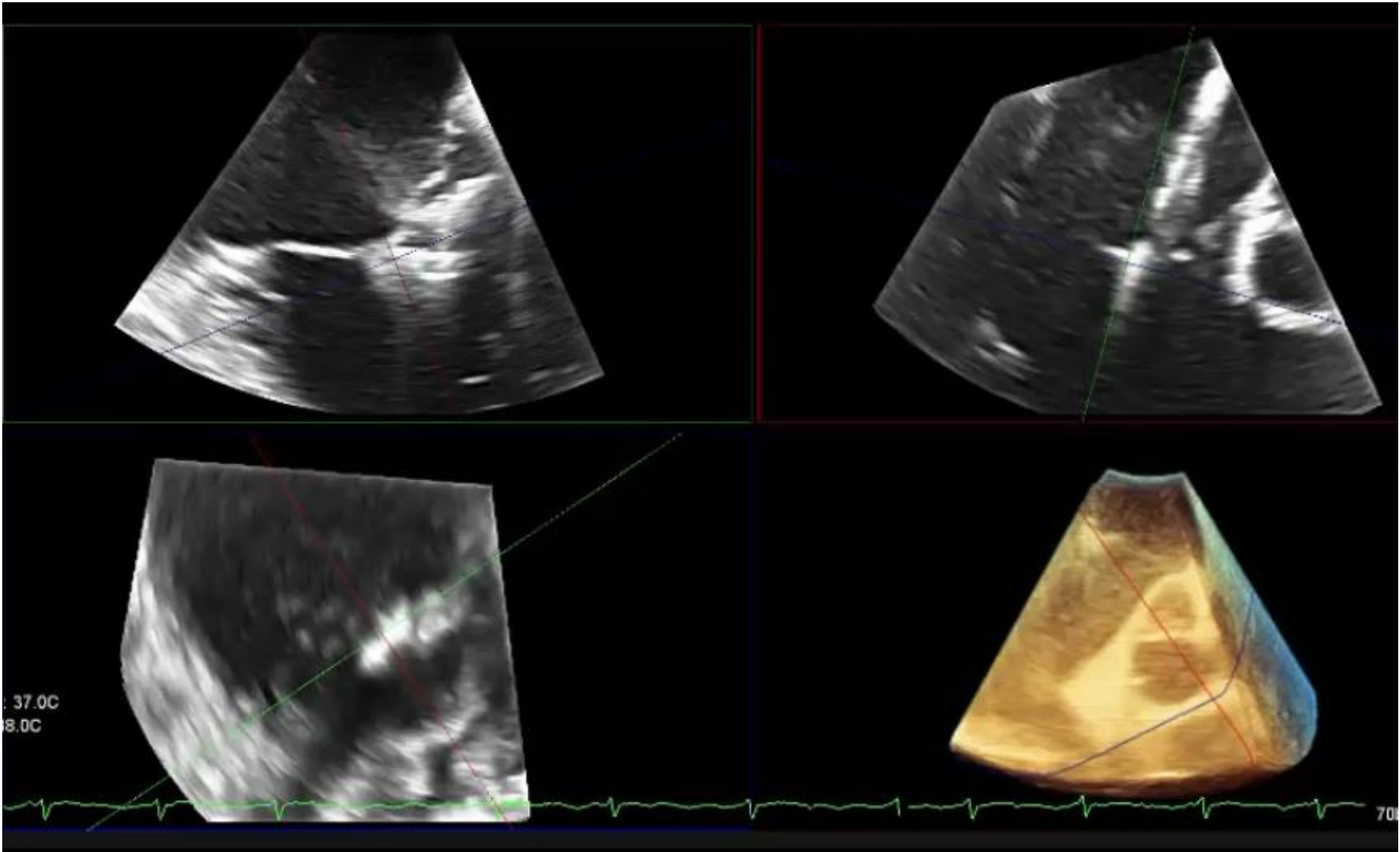
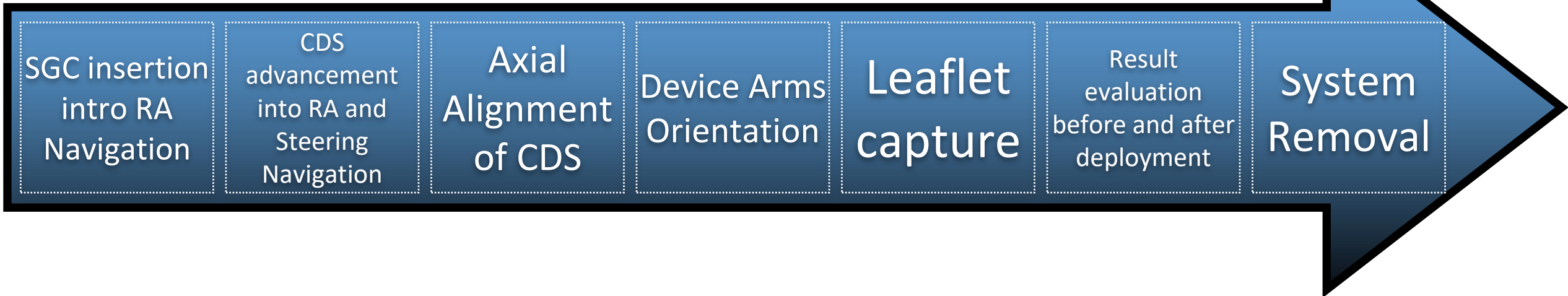
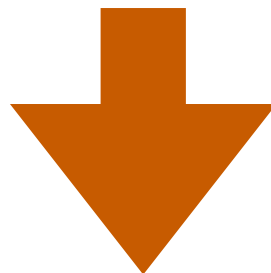
Device Arms
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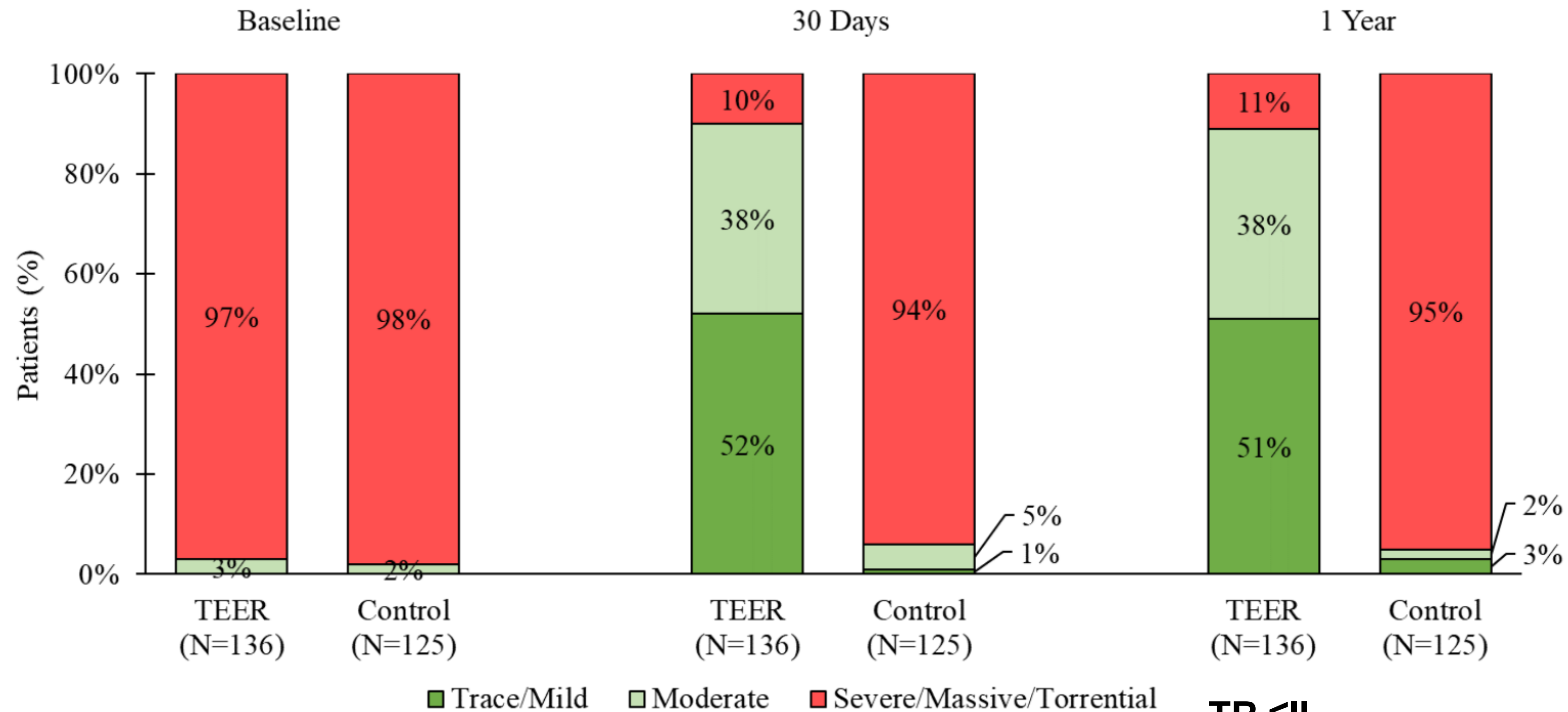




Transcatheter Repair for Patients with Tricuspid Regurgitation

TRILUMINATE

Sorajja P, et al. N Engl J Med. 2023 Mar 4.

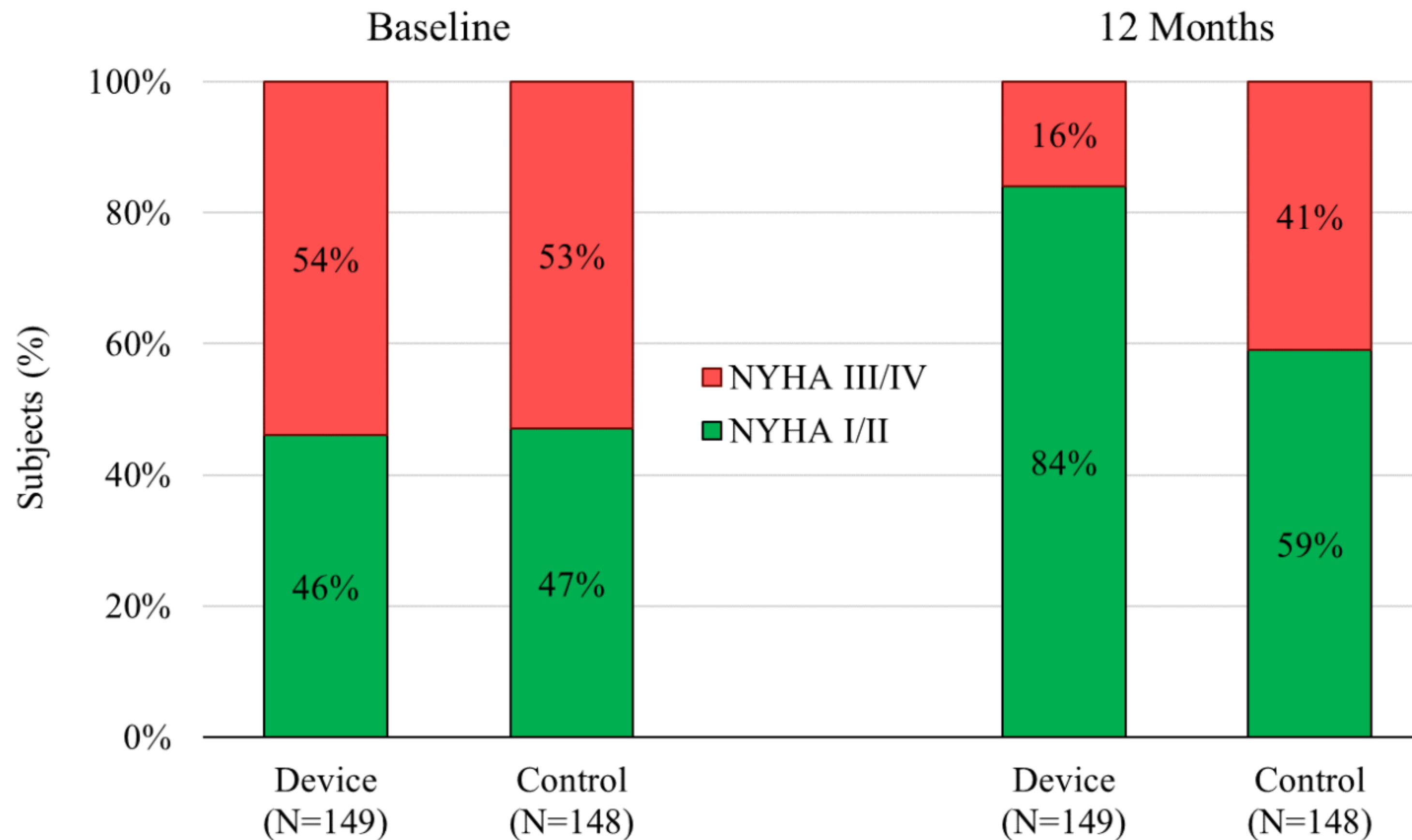


**TR ≤ II
89%**

Transcatheter Repair for Patients with Tricuspid Regurgitation

TRILUMINATE

Sorajja P, et al. N Engl J Med. 2023 Mar 4.

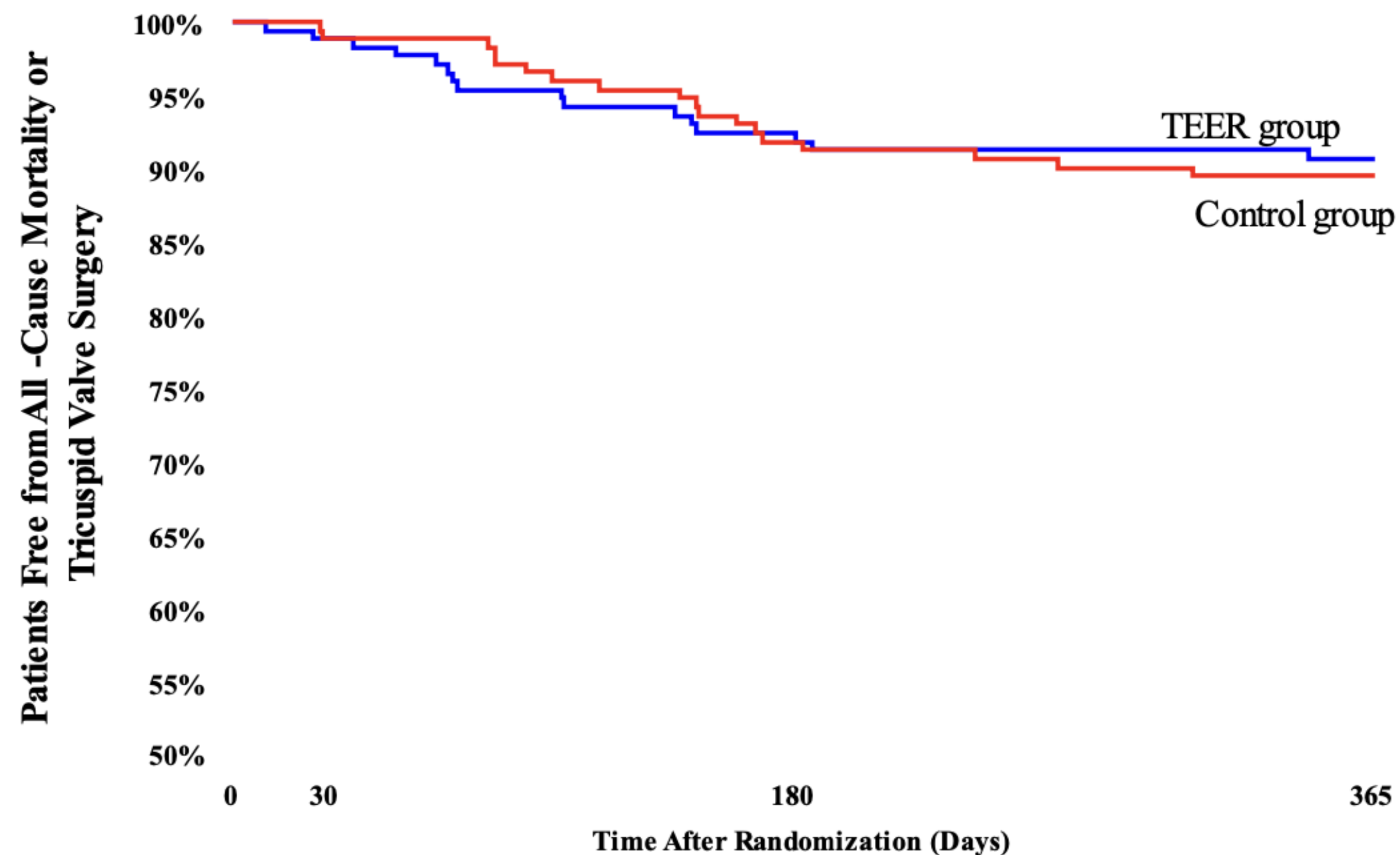


Transcatheter Repair for Patients with Tricuspid Regurgitation

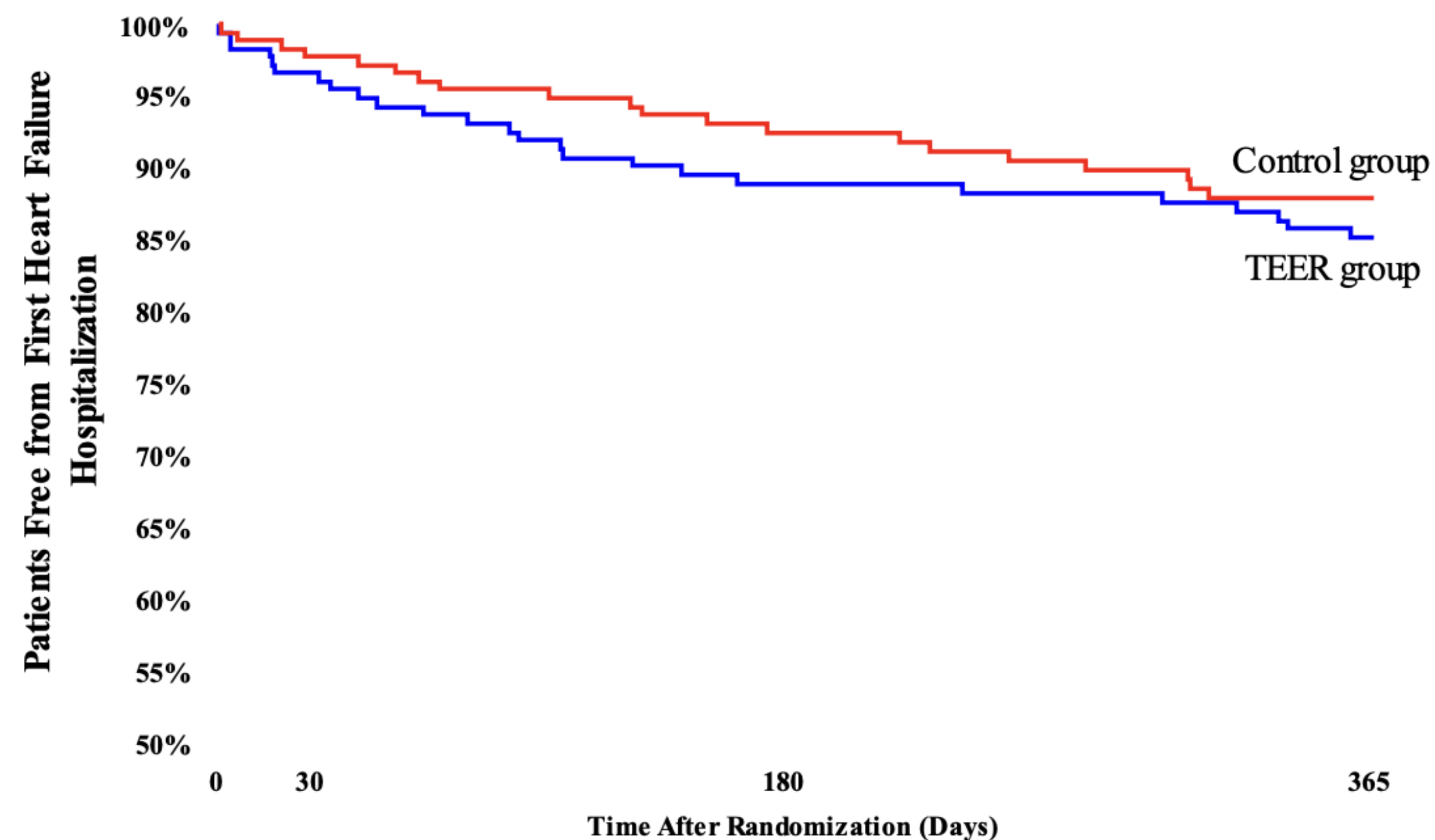
TRILUMINATE

Sorajja P, et al. N Engl J Med. 2023 Mar 4.

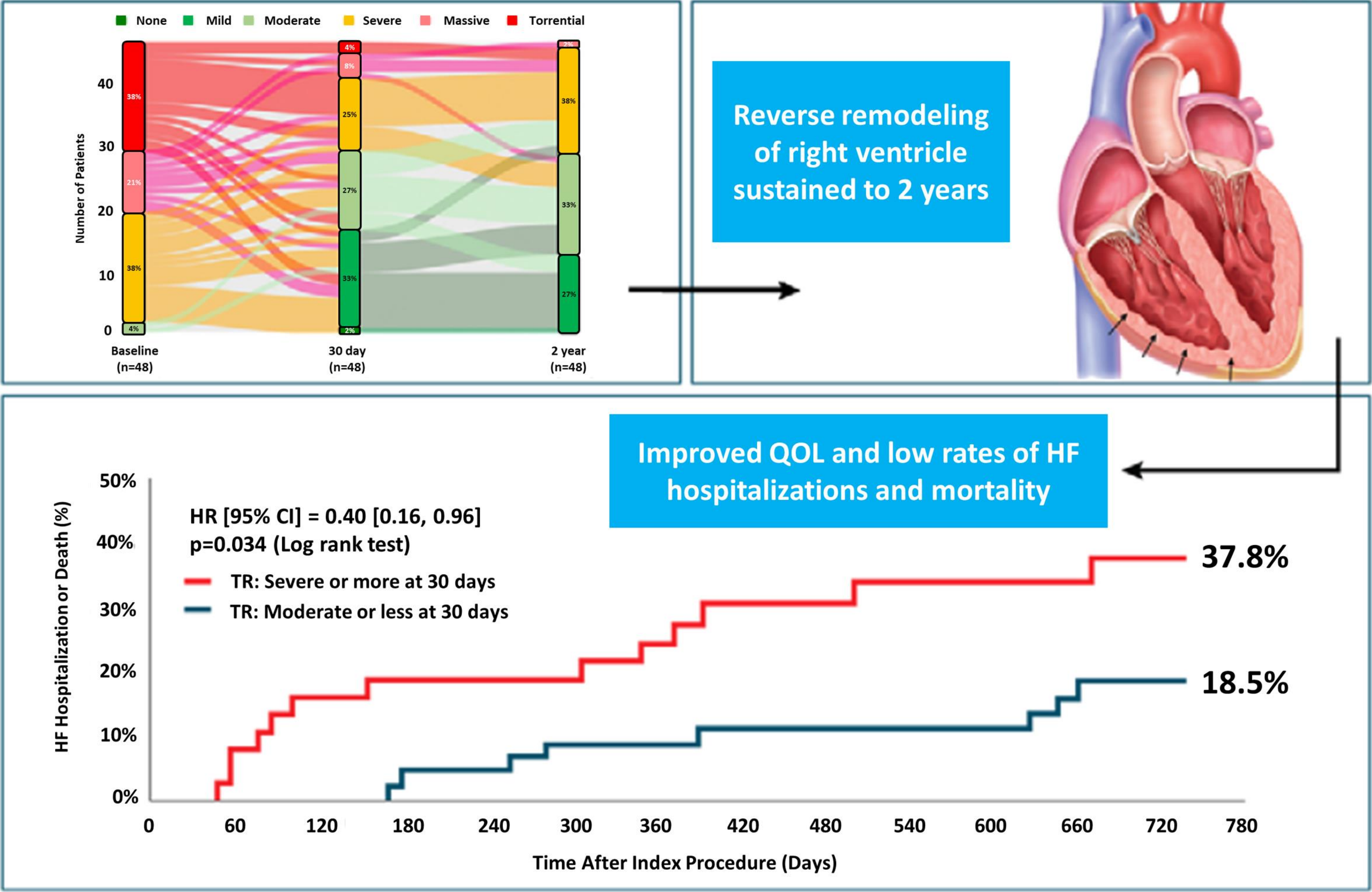
Freedom from All -Cause Mortality or Tricuspid Valve Surgery



Freedom from First Heart Failure Hospitalization



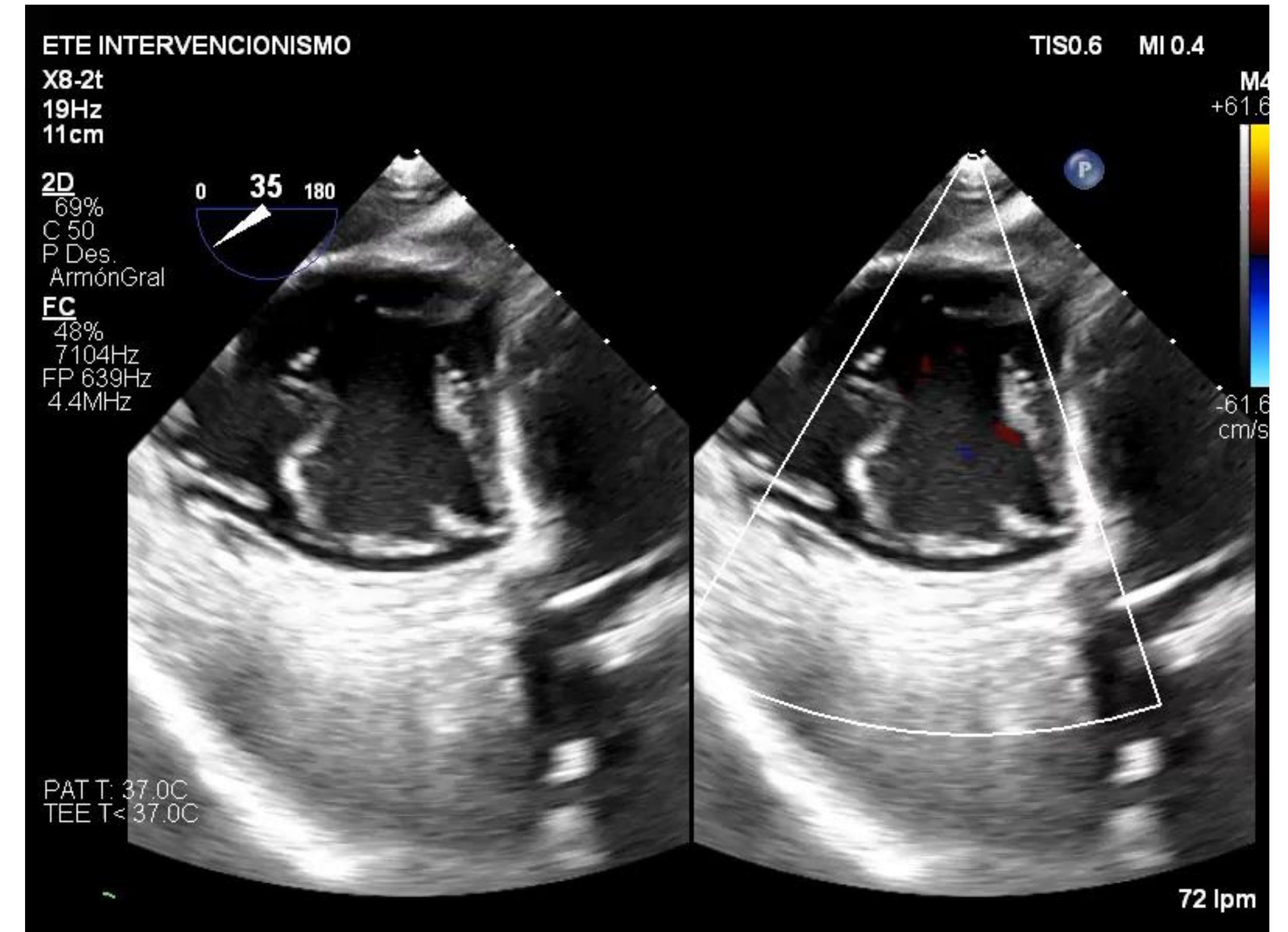
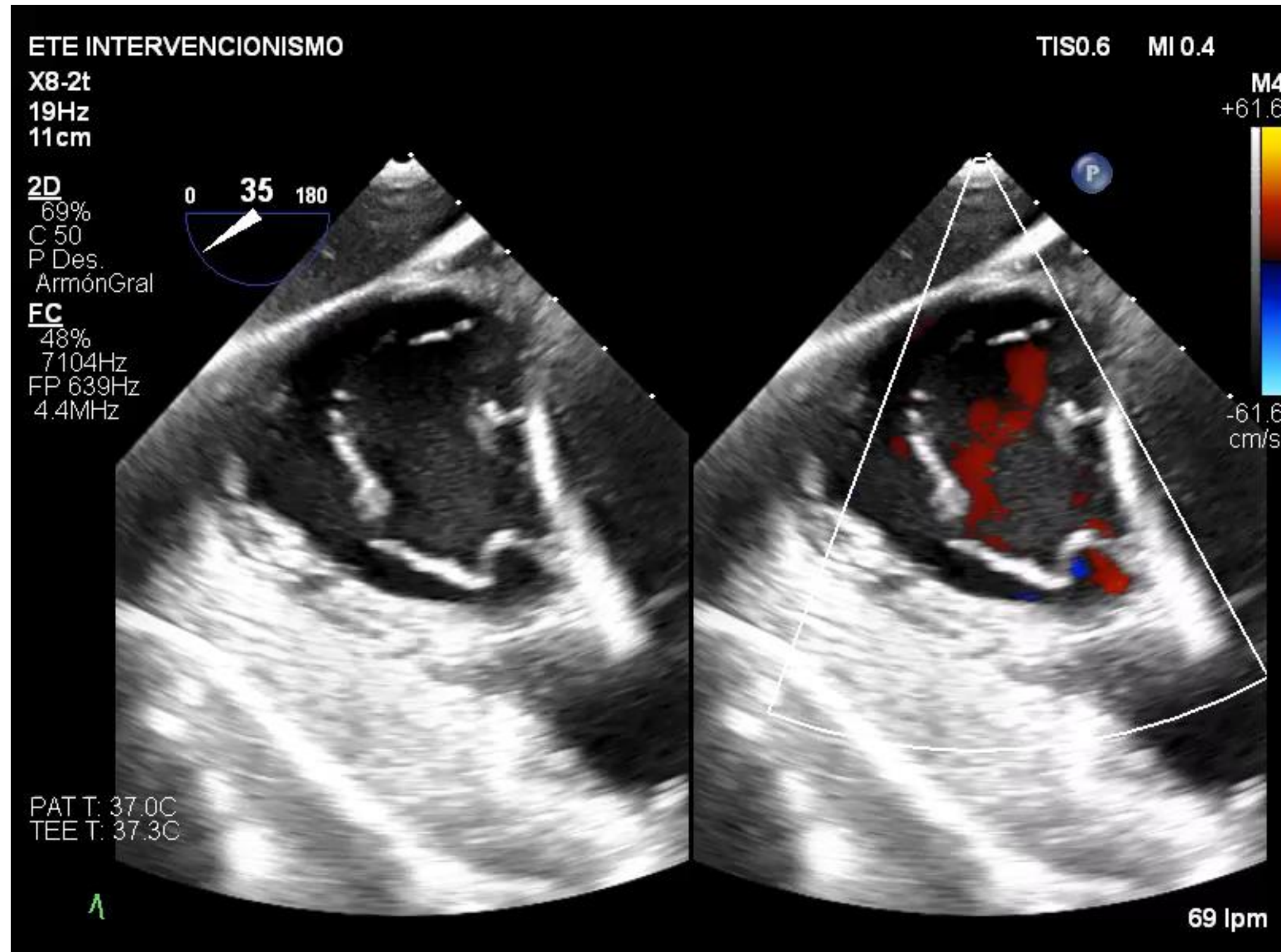
TriClip™ Transcatheter Tricuspid Valve Repair System

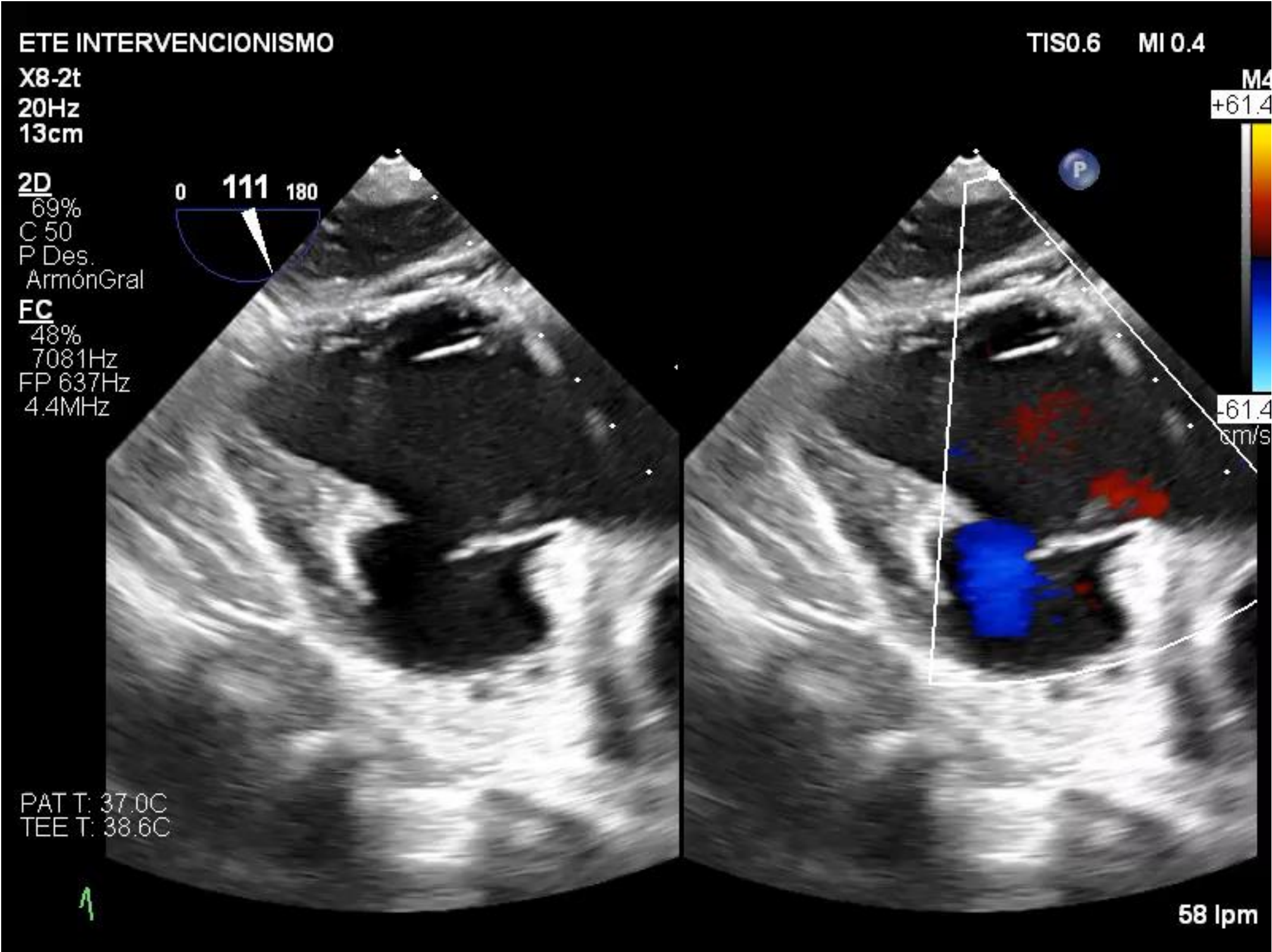
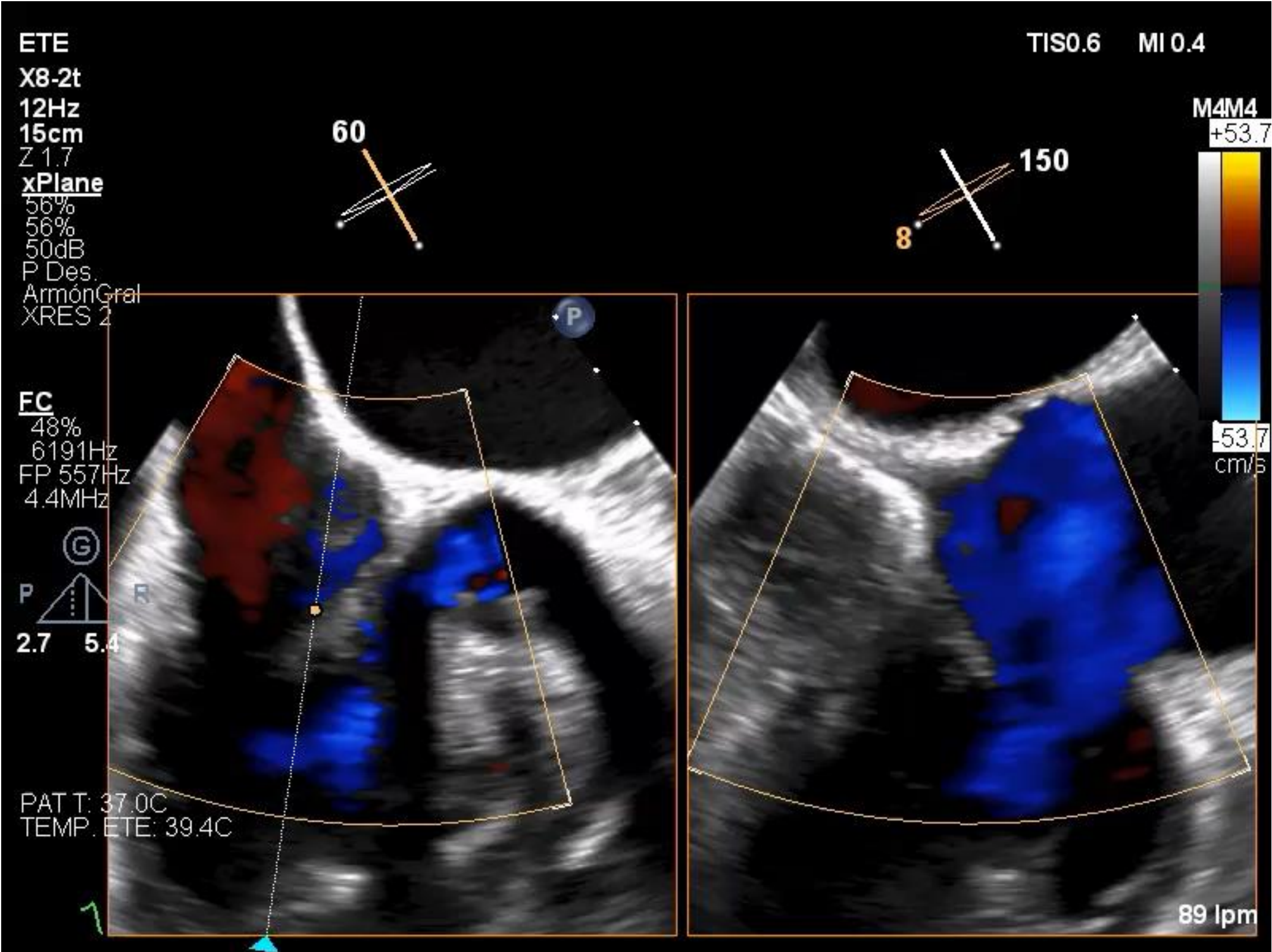


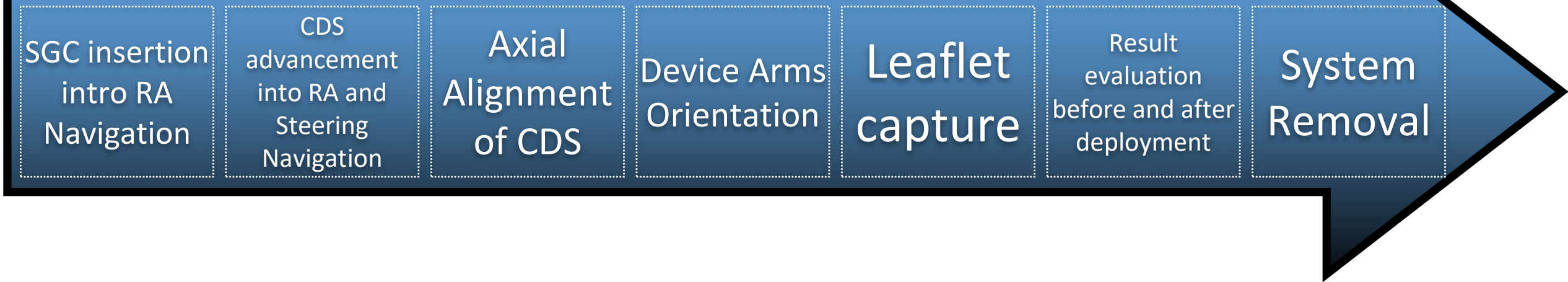
Conclusions

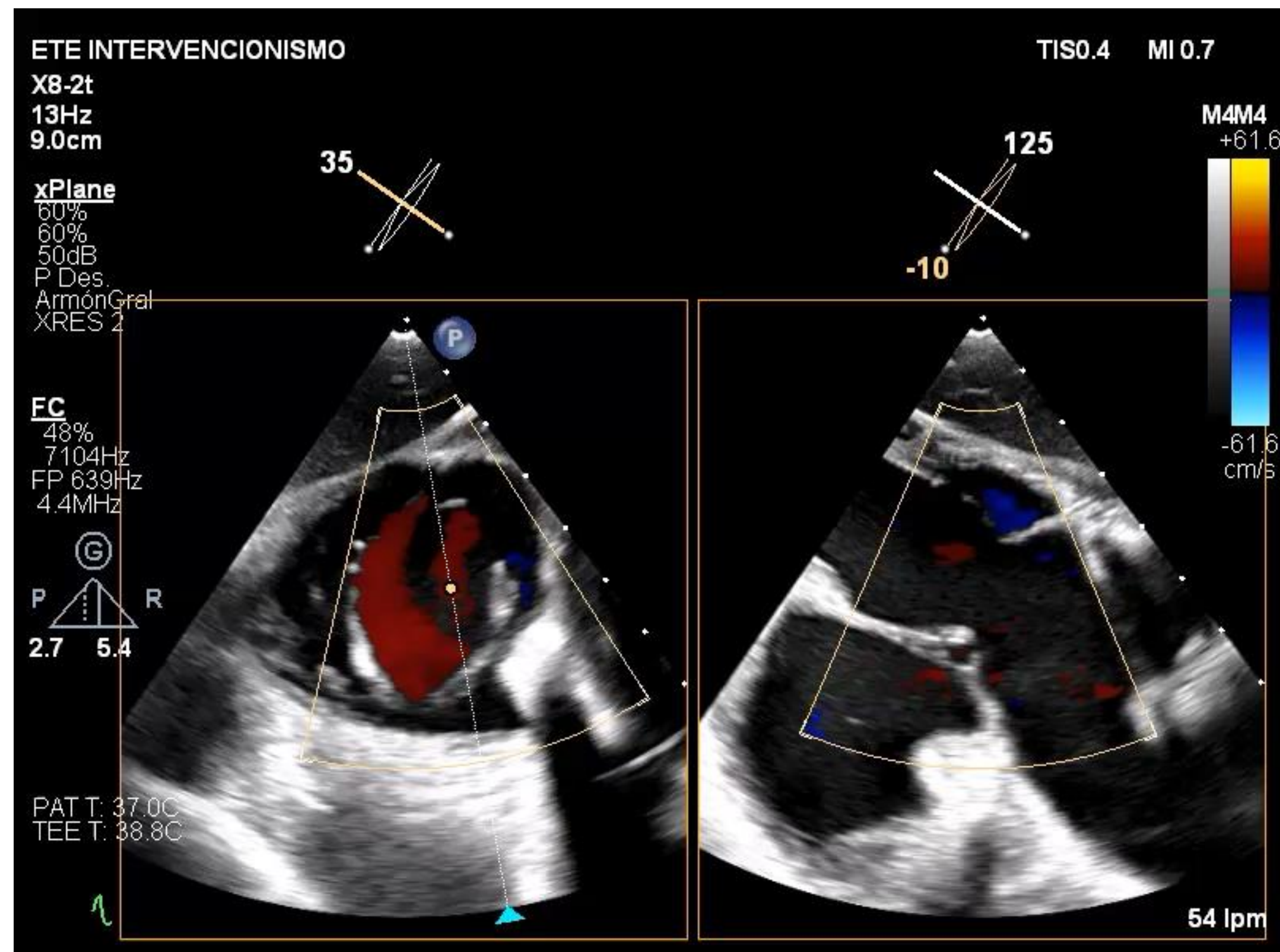
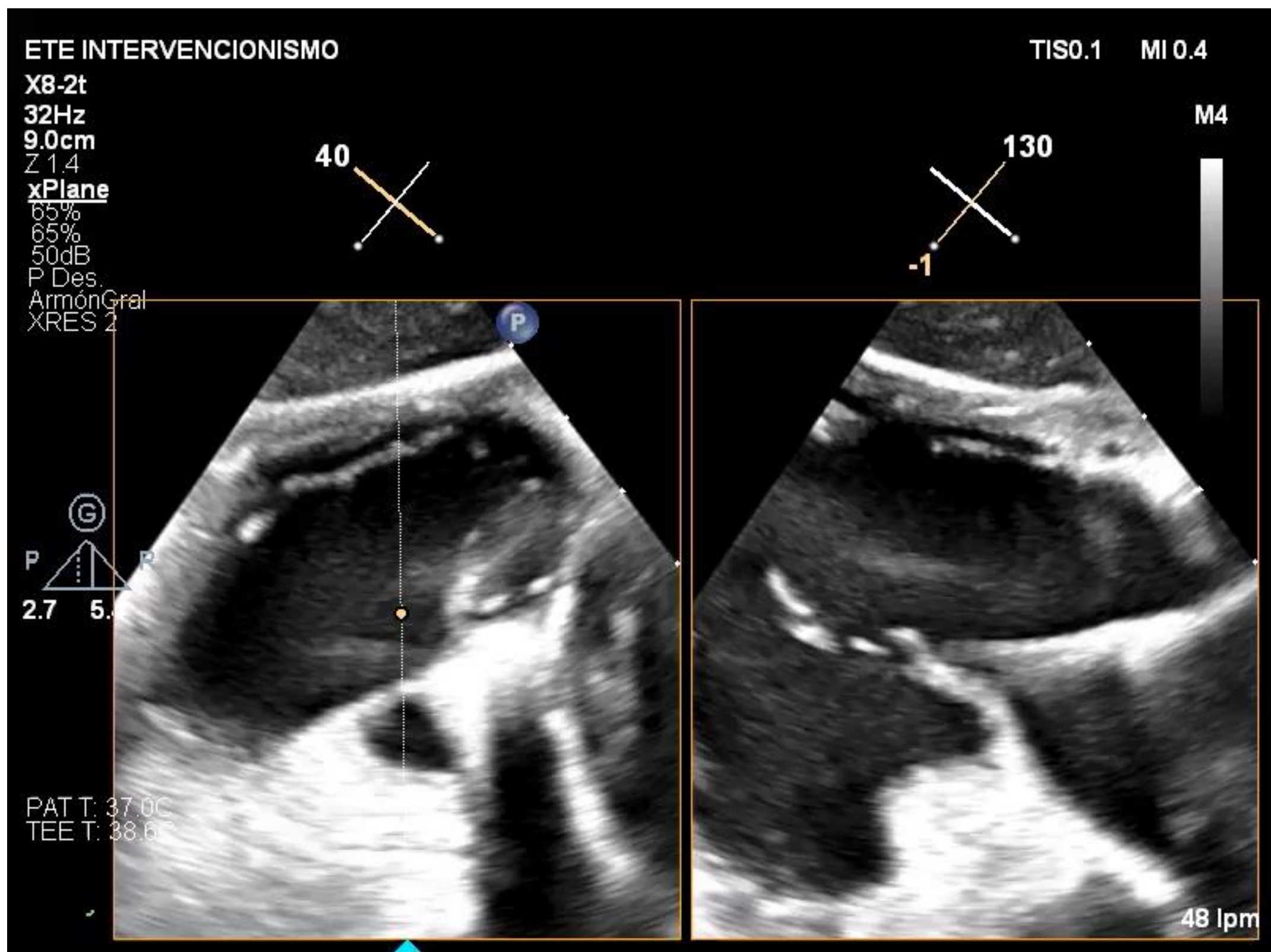
- T-TEER is the most expanded therapy for transcatheter tricuspid repair
- Devices: PASCAL Ace, TriClip G4 XT and TriClip G4 XTW
- Procedure: Transgastric and 3D image - MPR to improve image axially
- Results: Triluminate. Improve NYHA, QOL.
 - At 1y: no hospitalizations or mortality outcomes.
 - At 2y FU, mortality and hospitalization improves in TR moderate or less at 30 days.

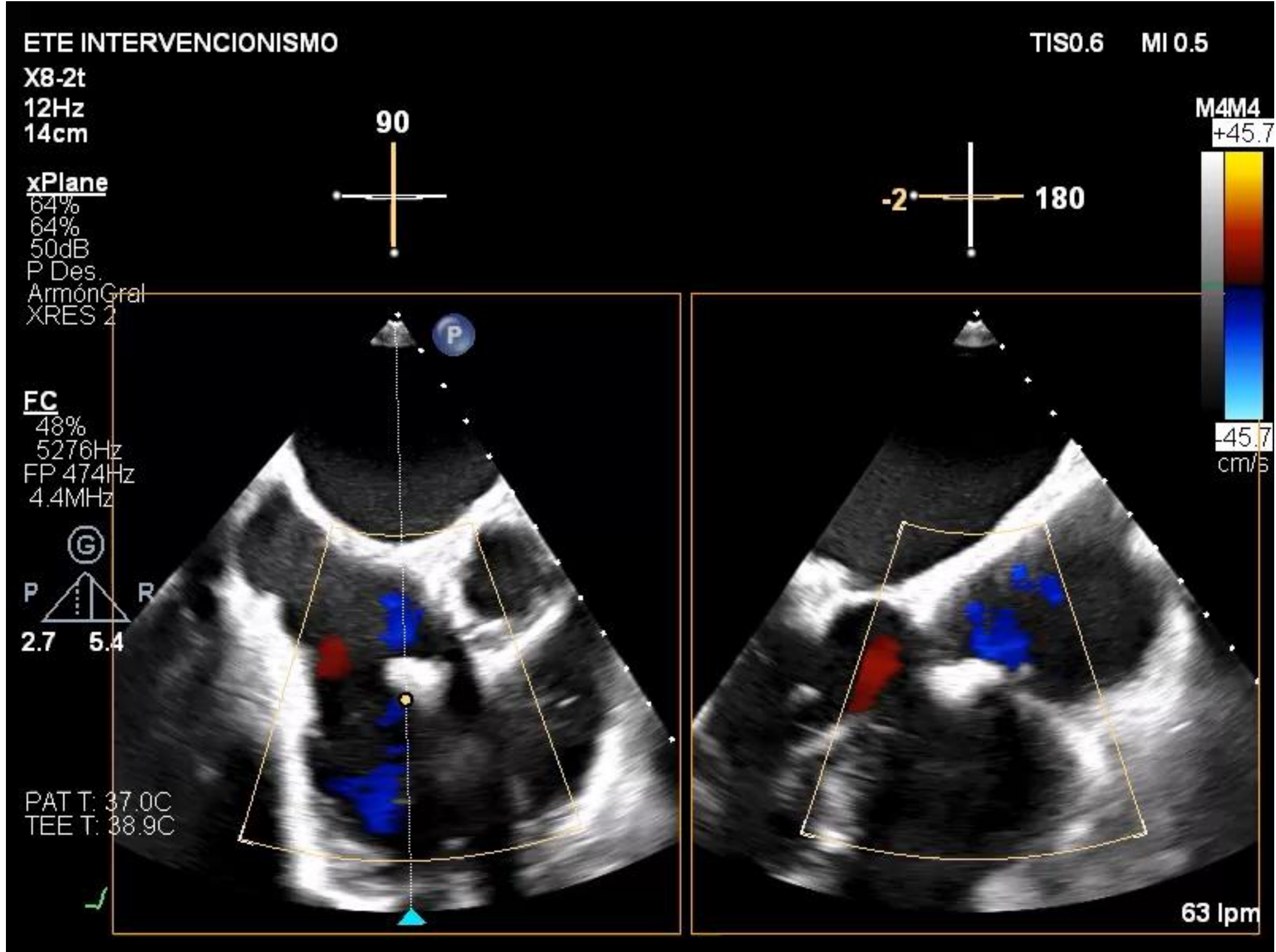
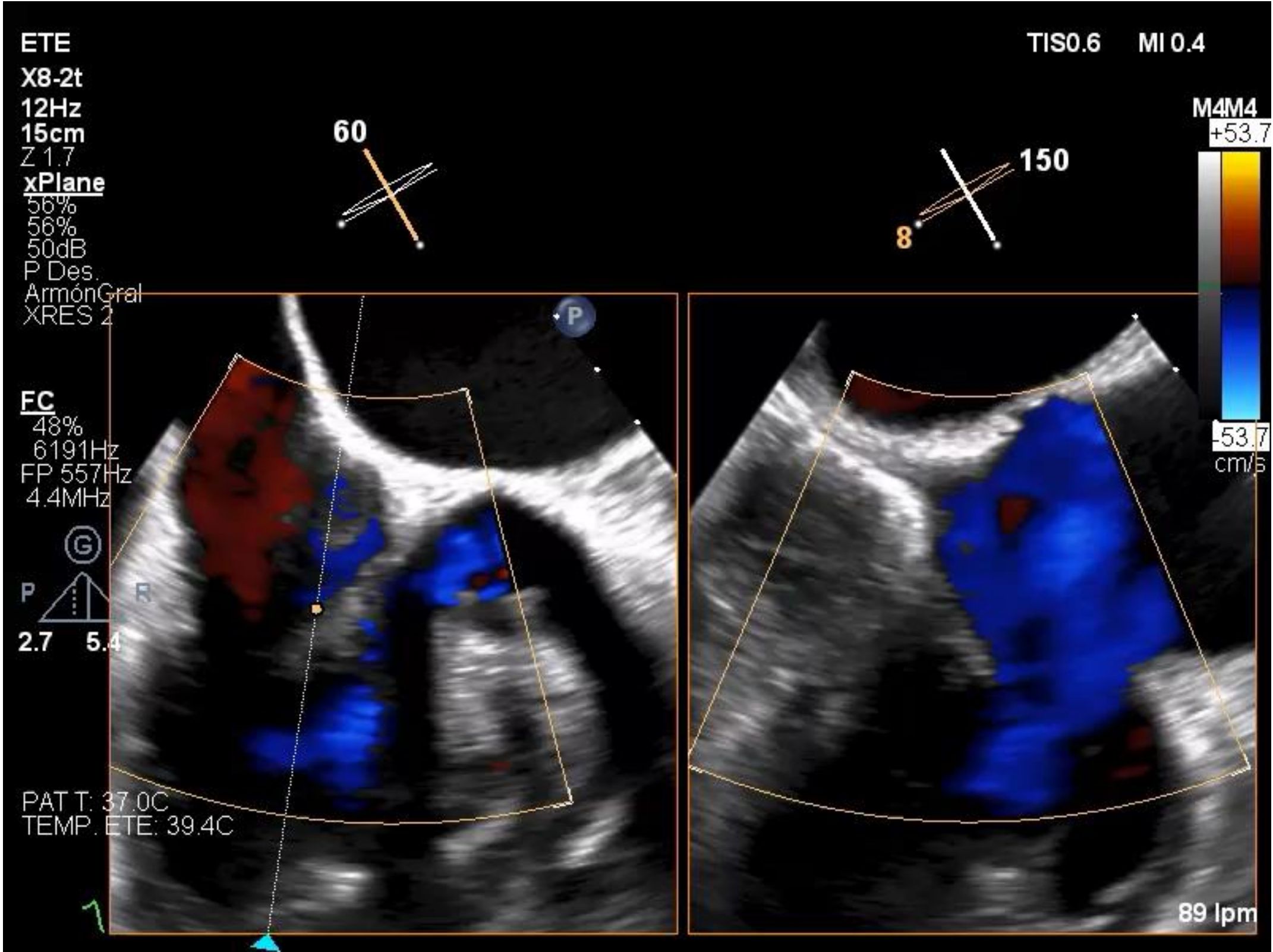
Clinical case

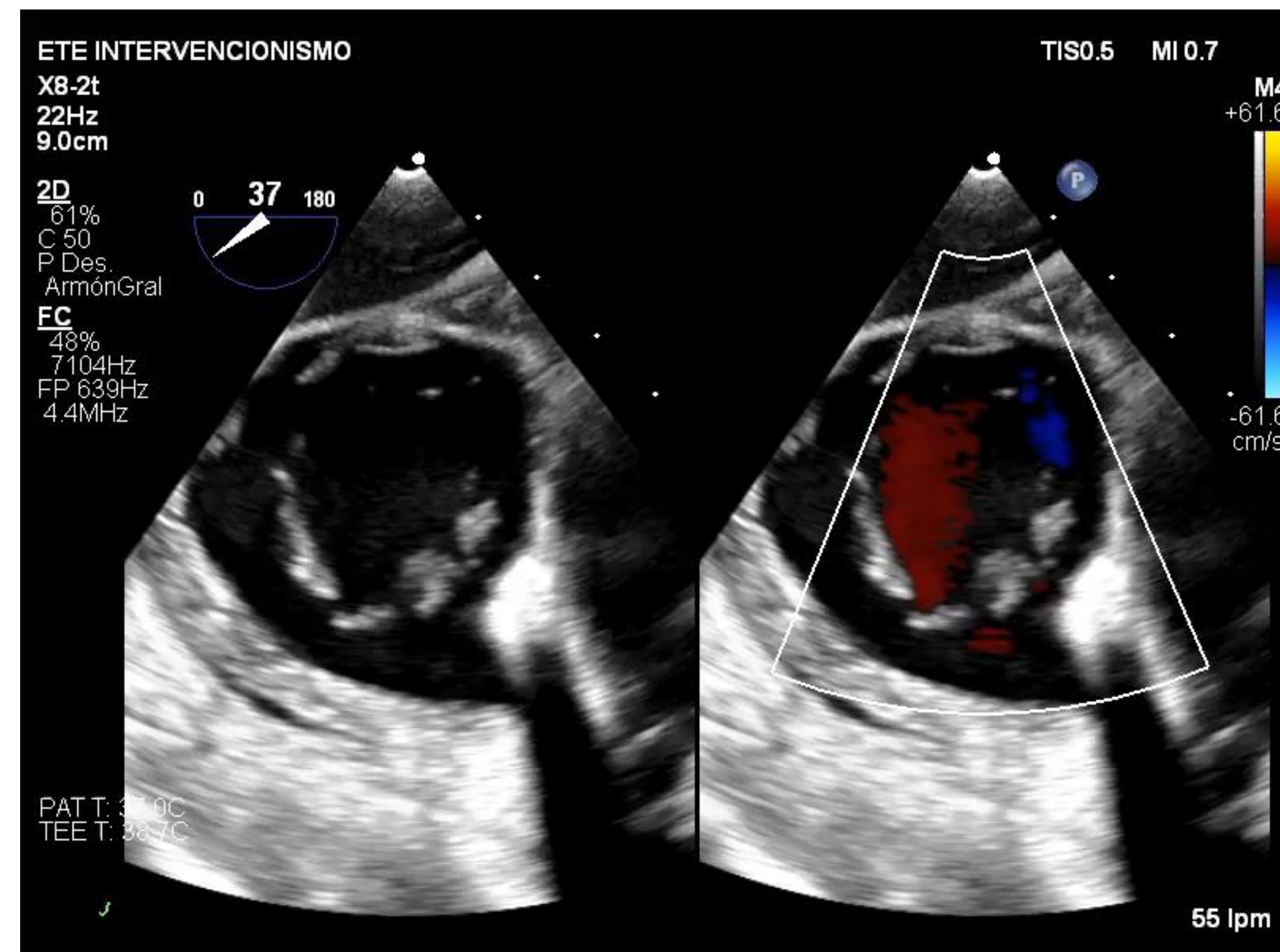
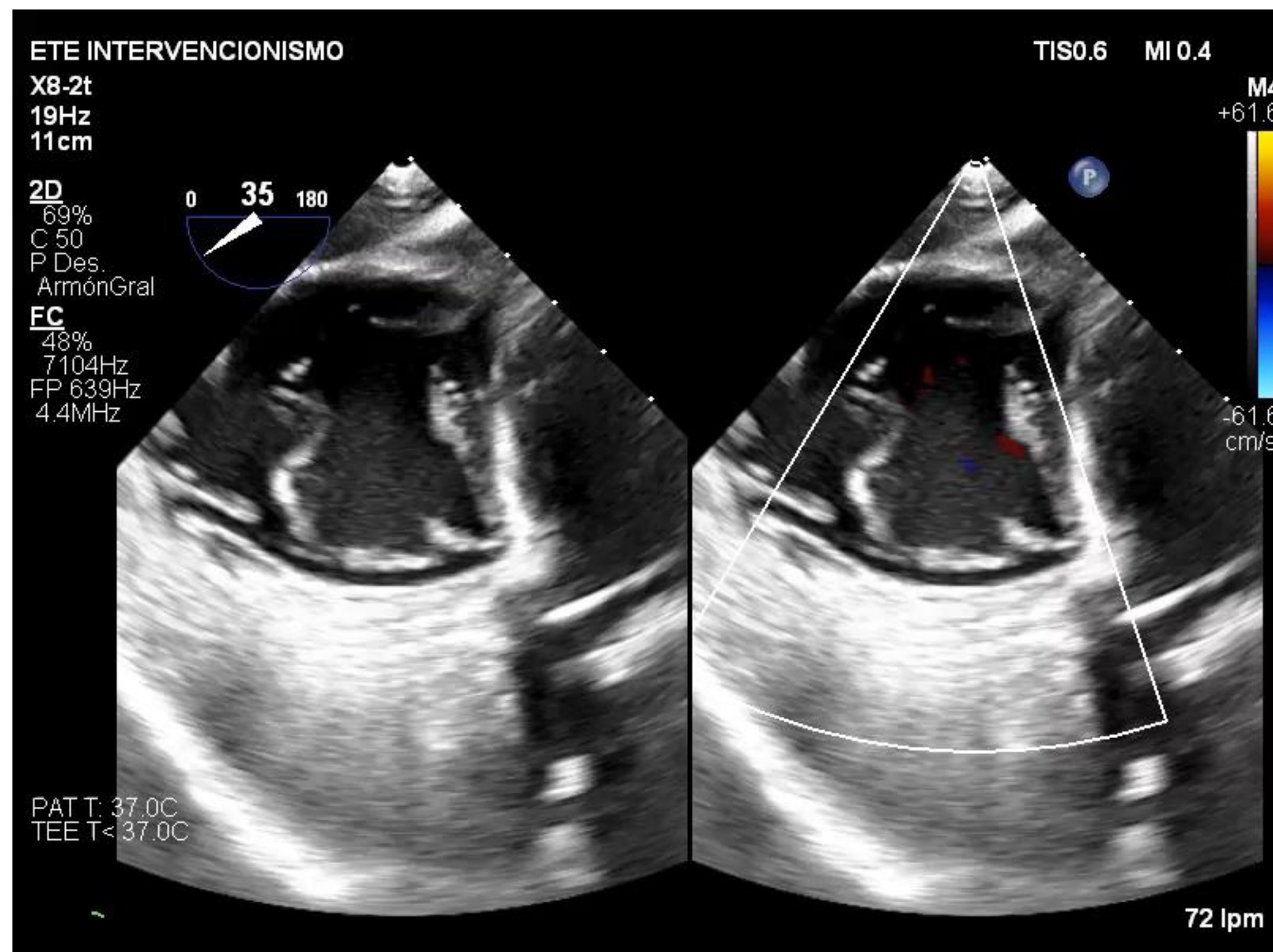








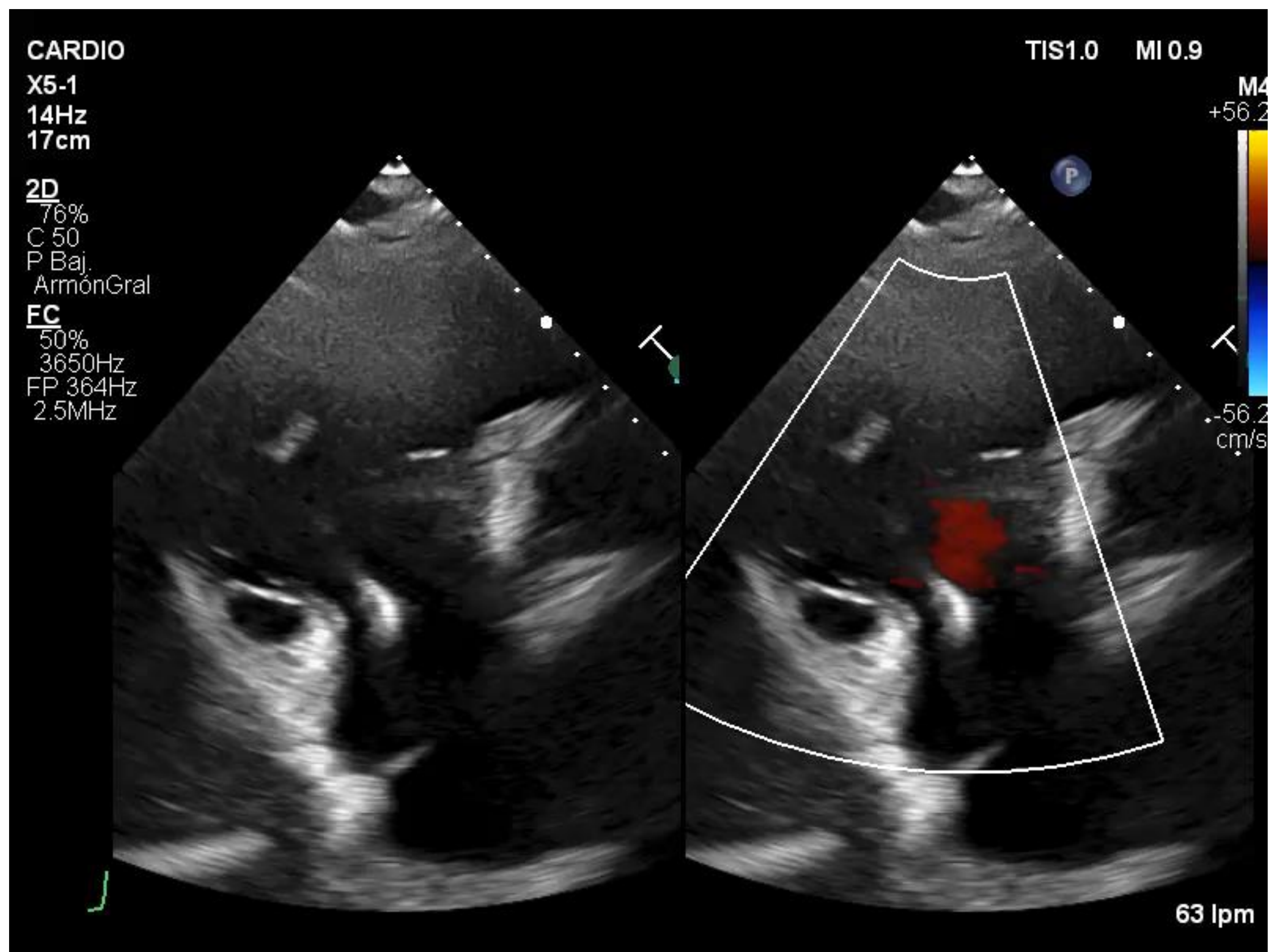


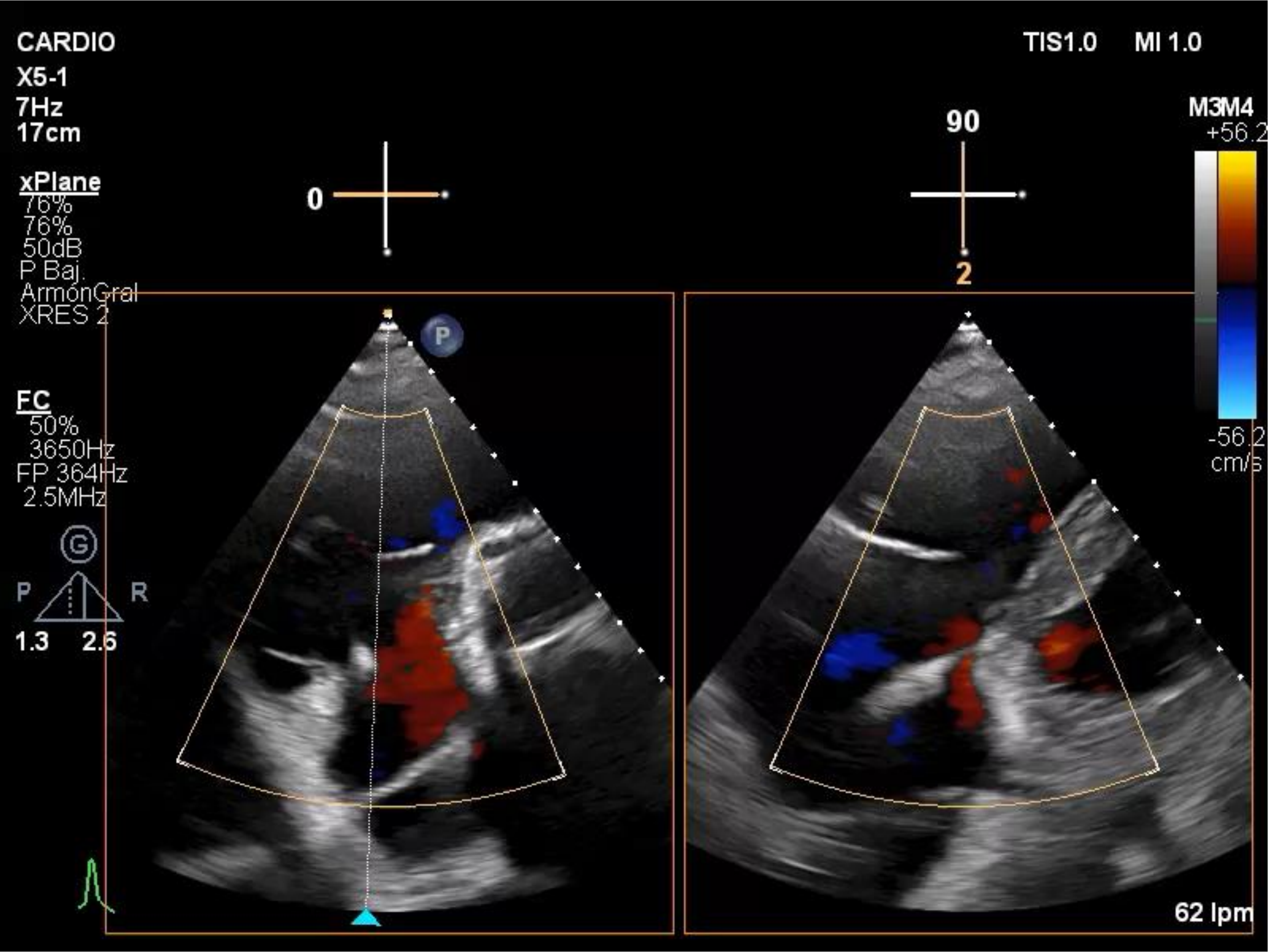


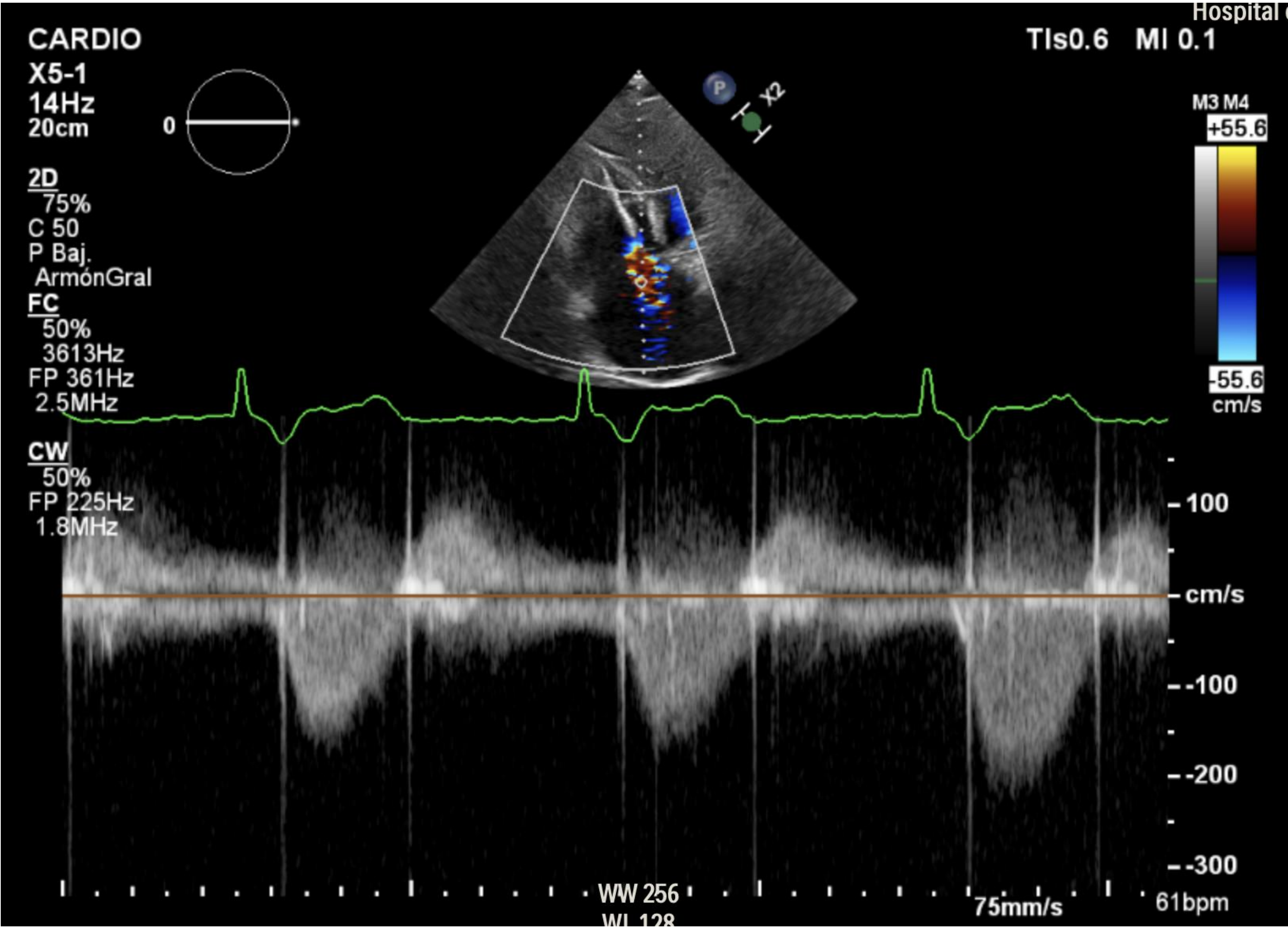
Clinical case

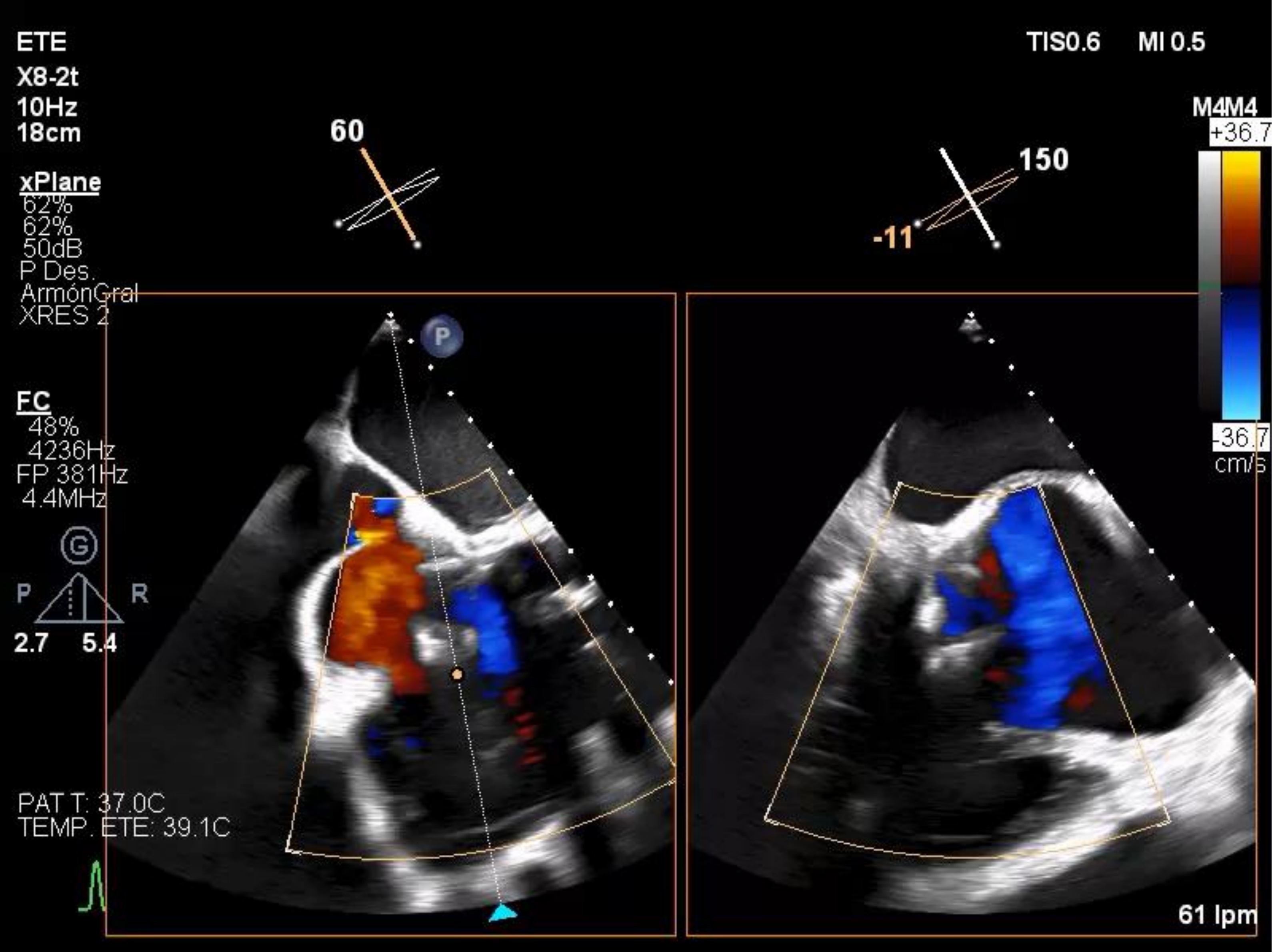
Torrential lead-related

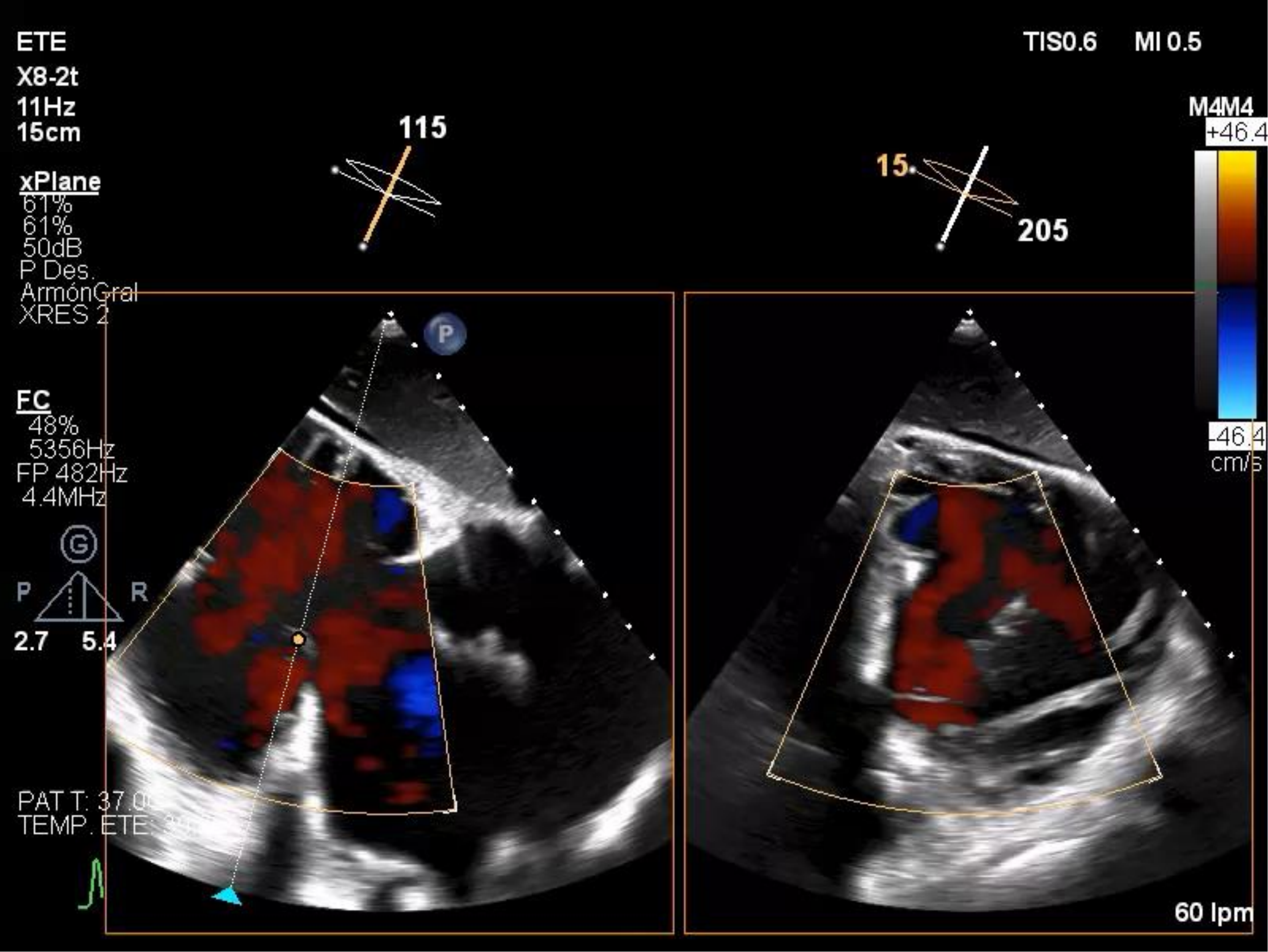
TR

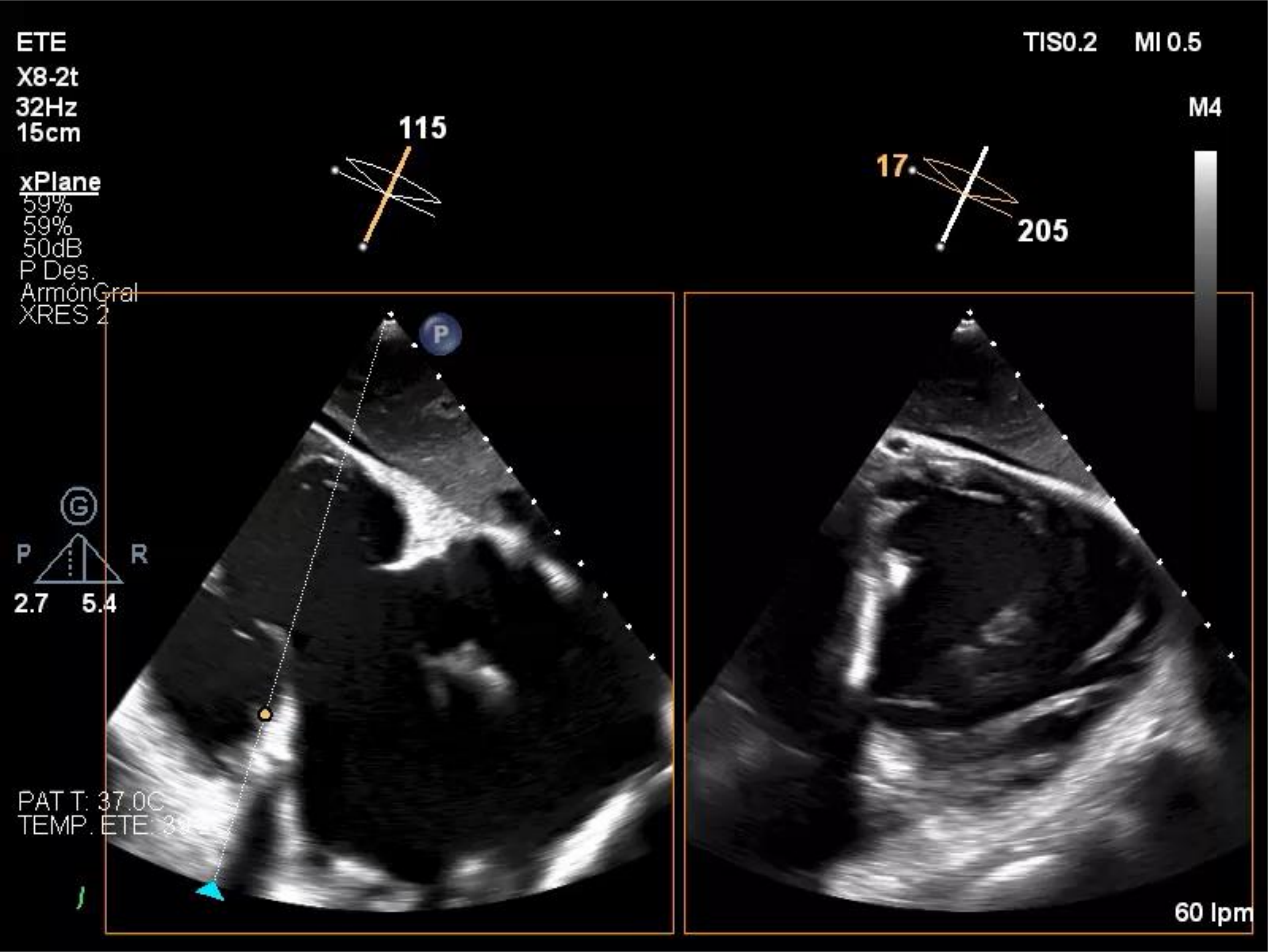




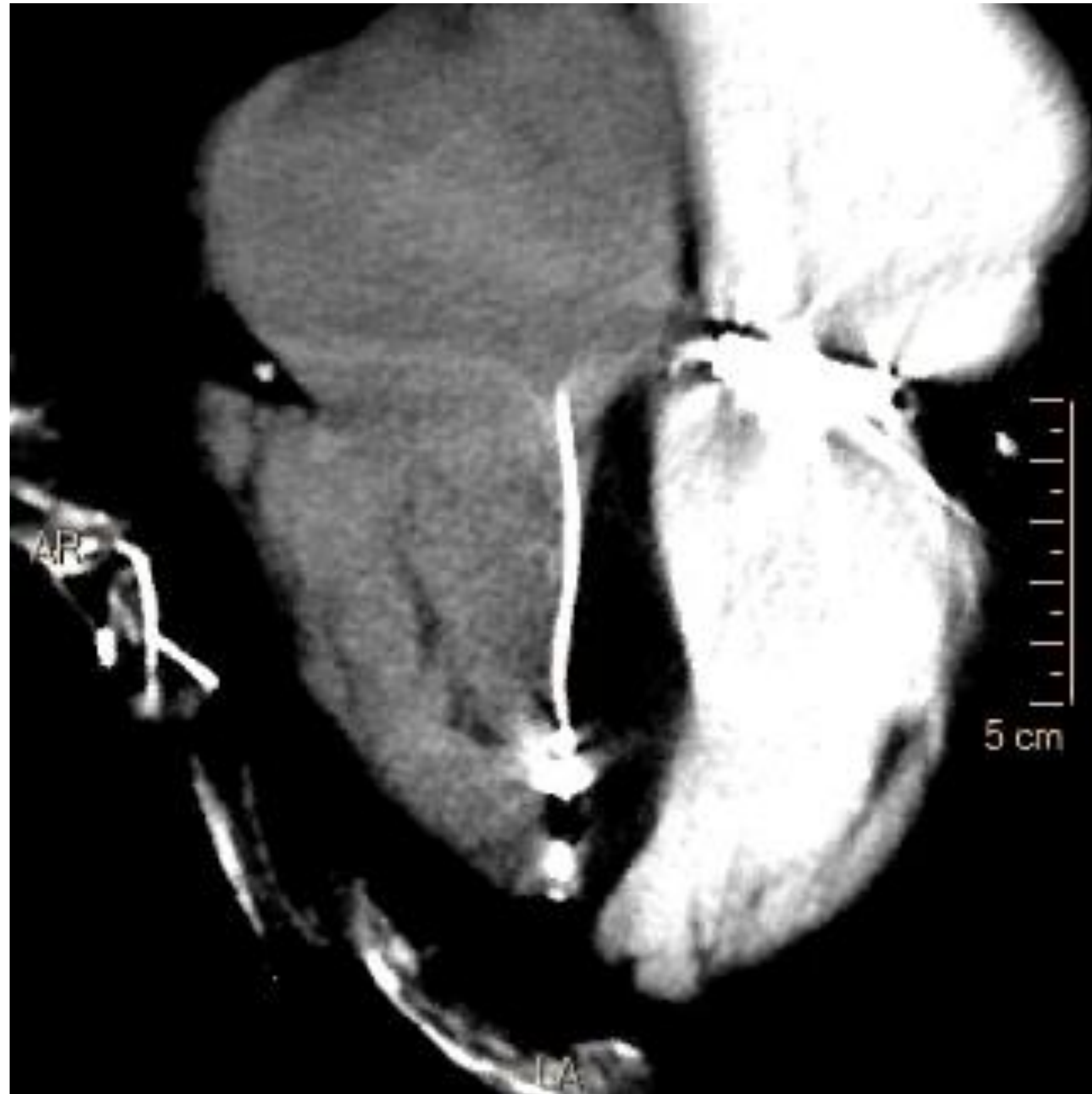


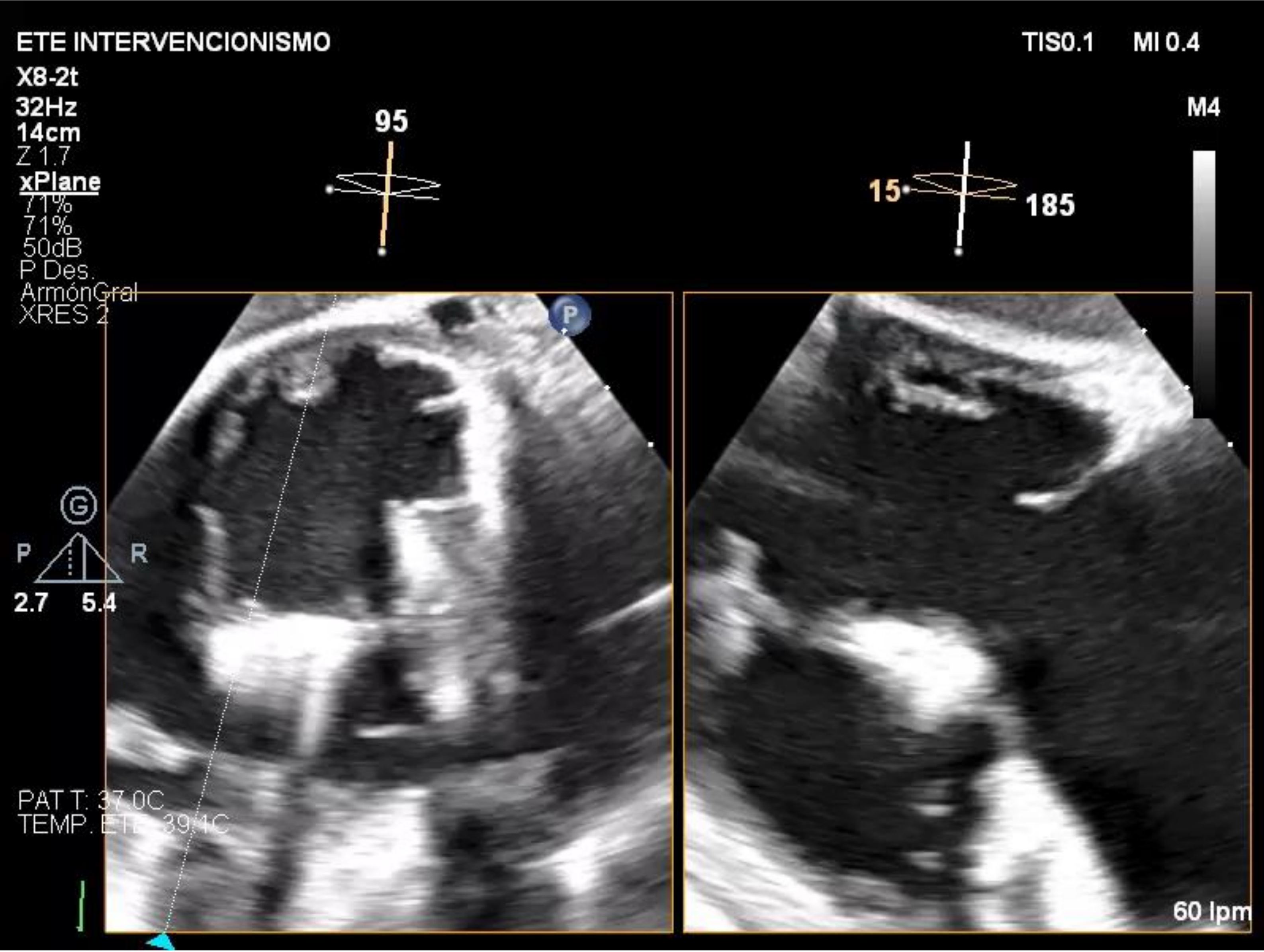














ETE INTERVENCIONISMO

TIS0.1 MI 0.4

X8-2t

32Hz

15cm

Z 2.4

xPlane

70%

70%

50dB

P Des.

ArmónGrat

XRES 2

75

M4

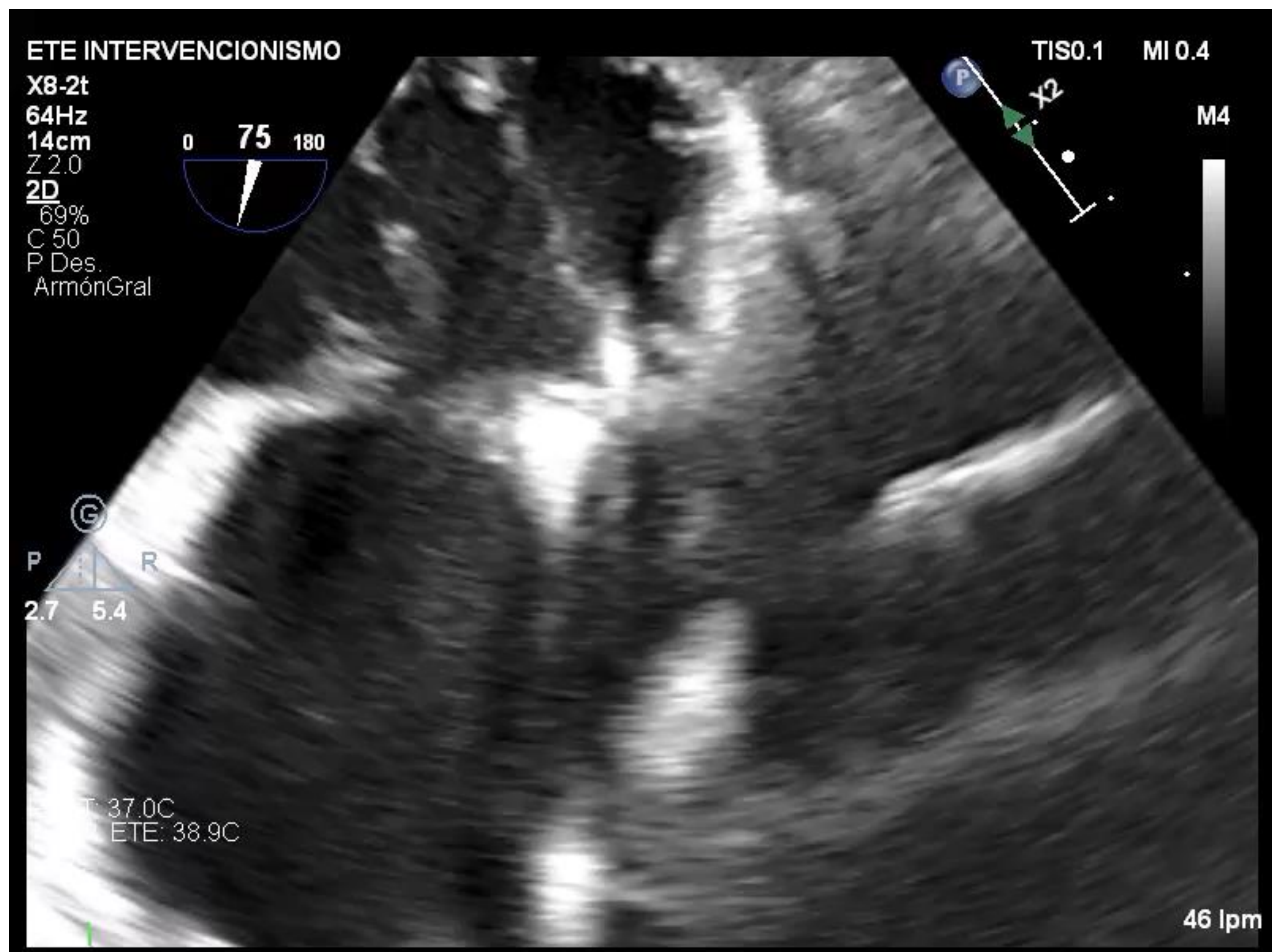
165

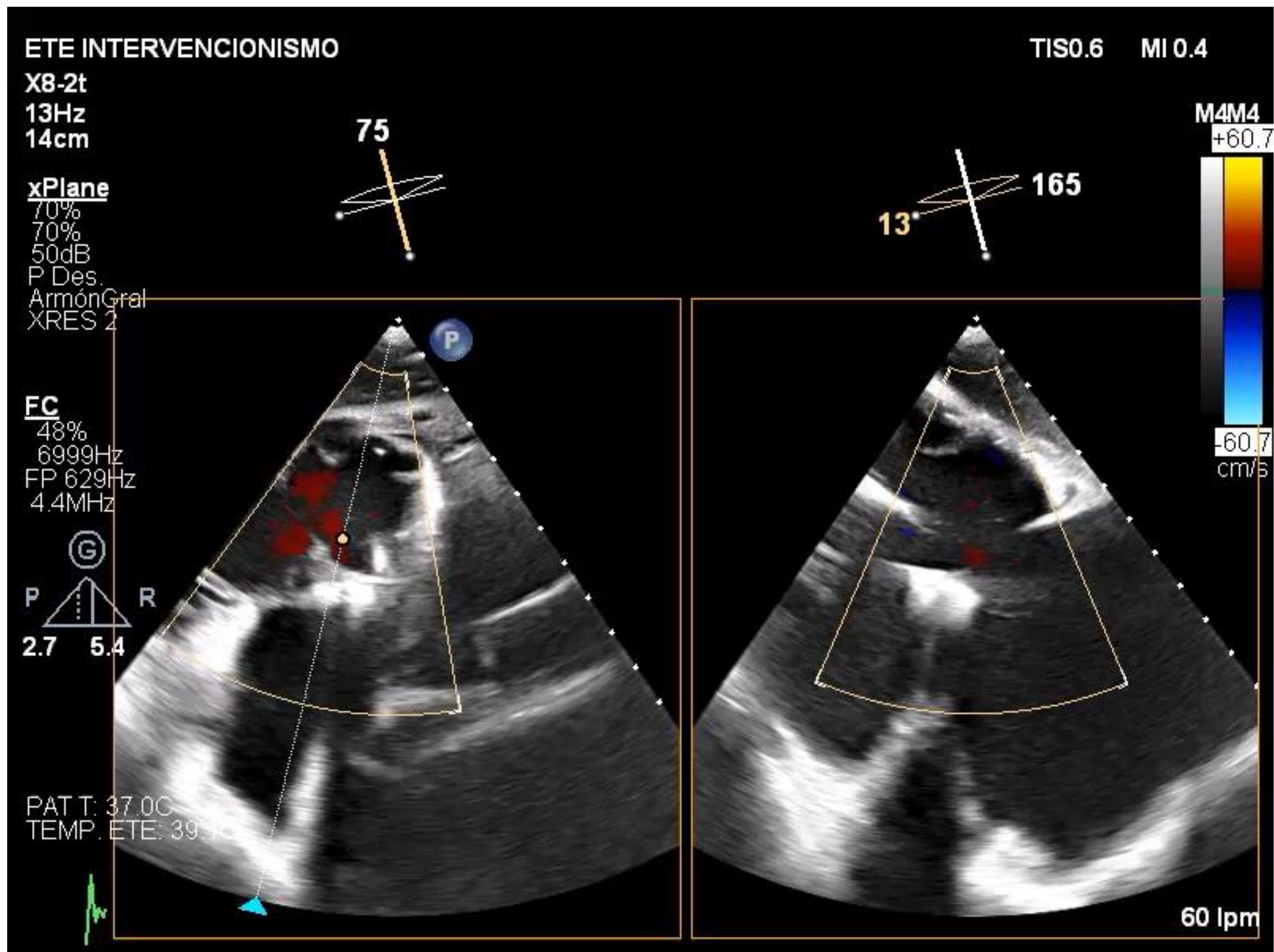
3



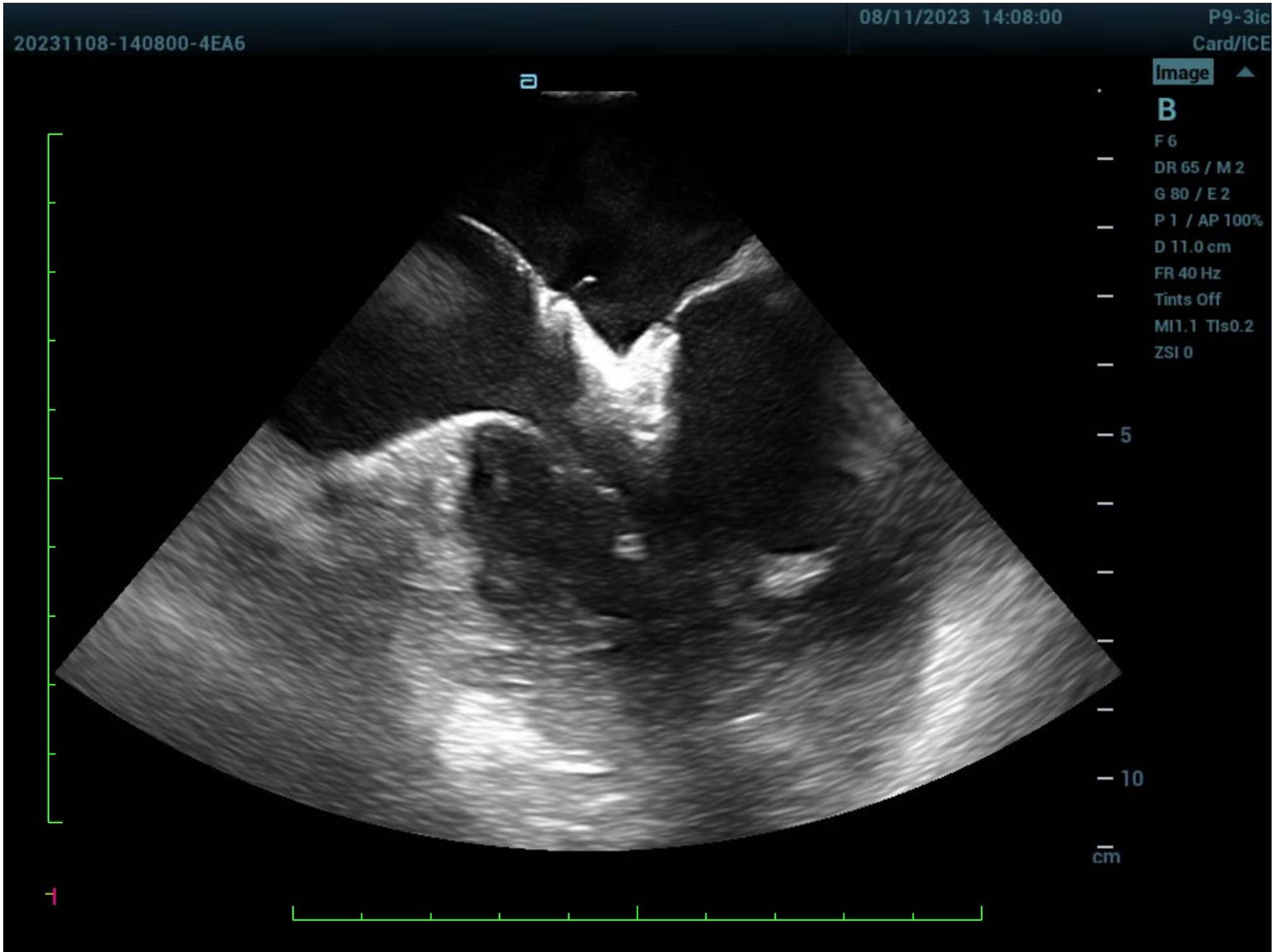
PAT T: 37.0C
TEMP. ETE: 38.9C

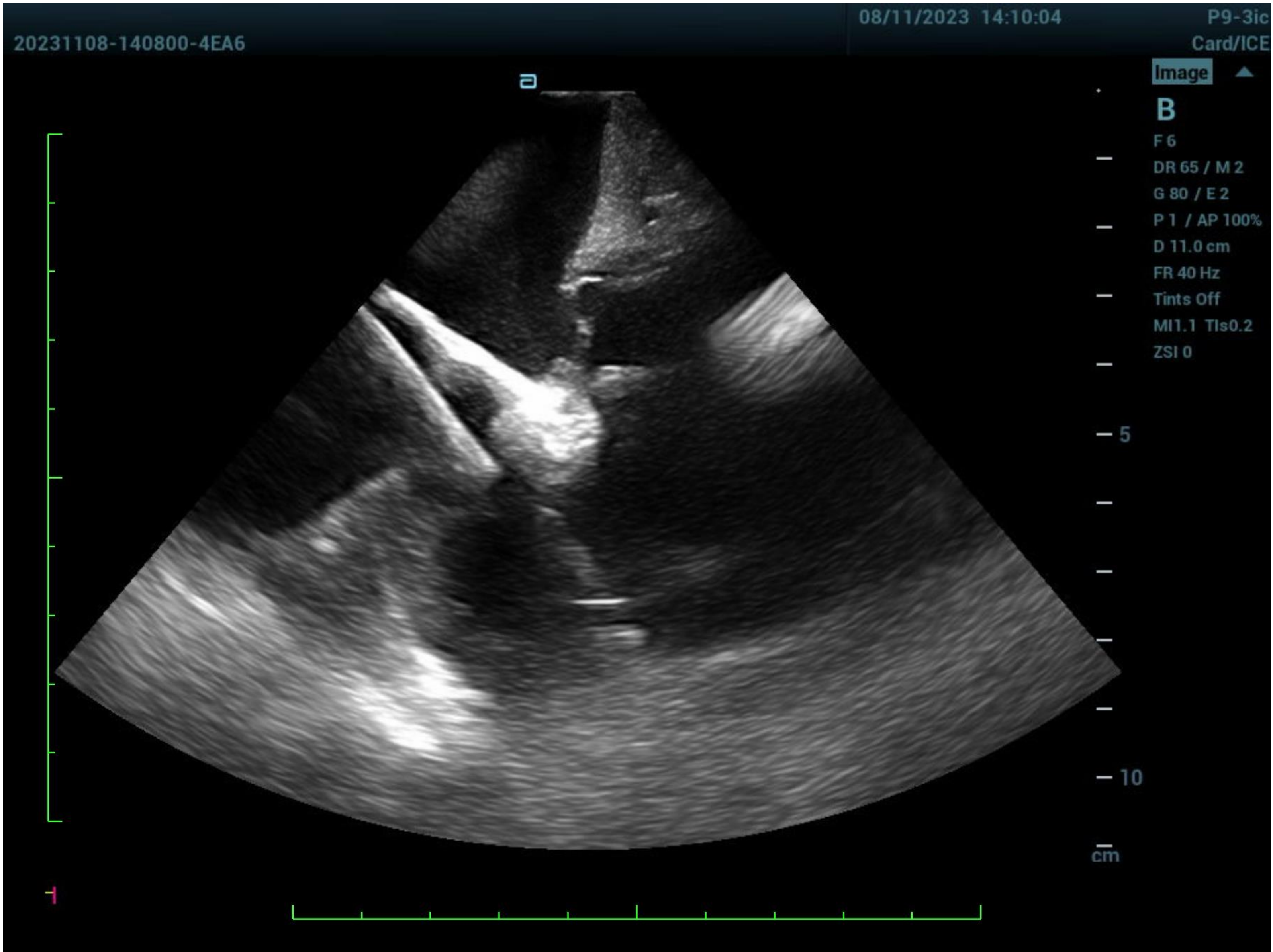
43 lpm

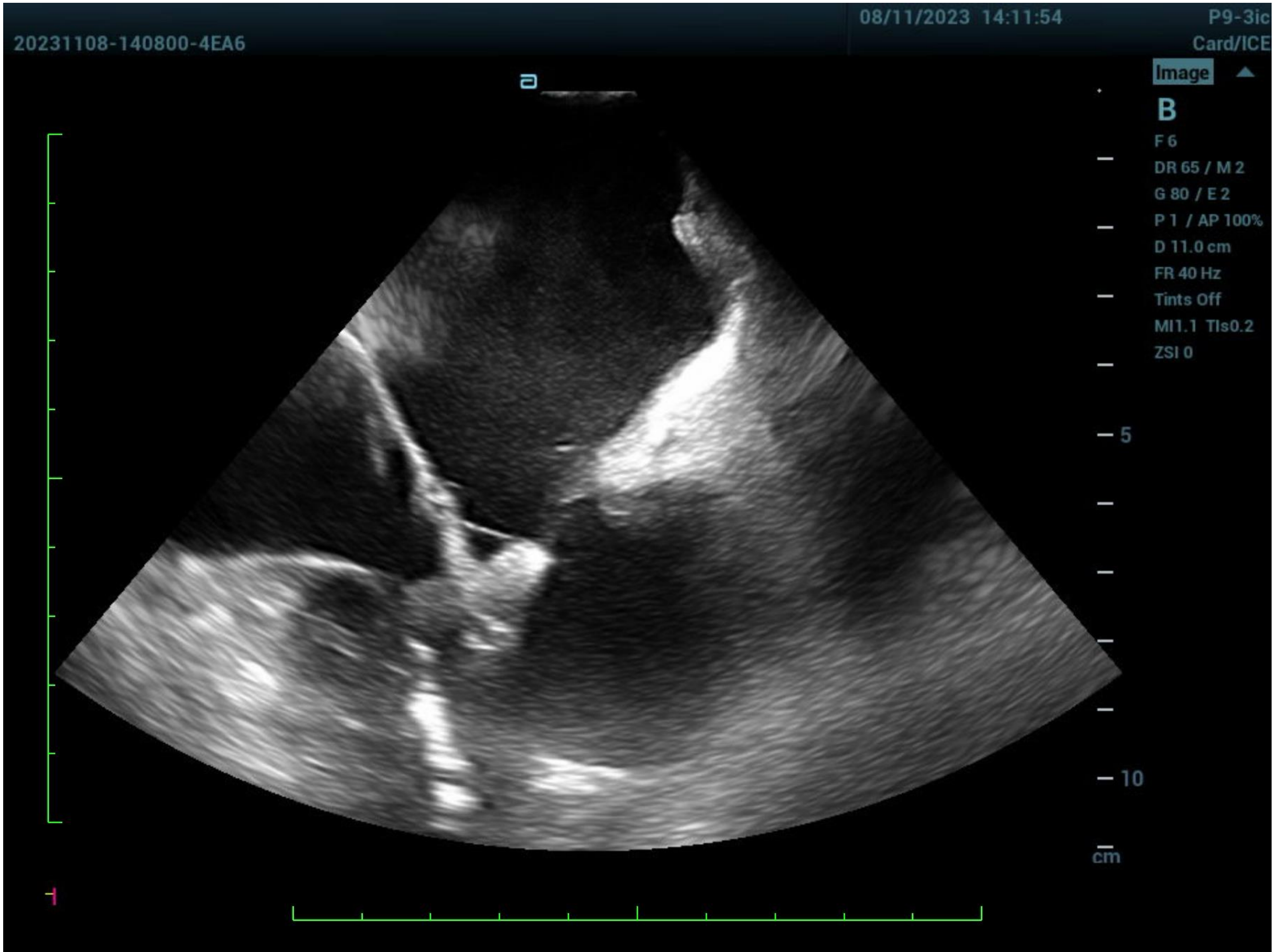


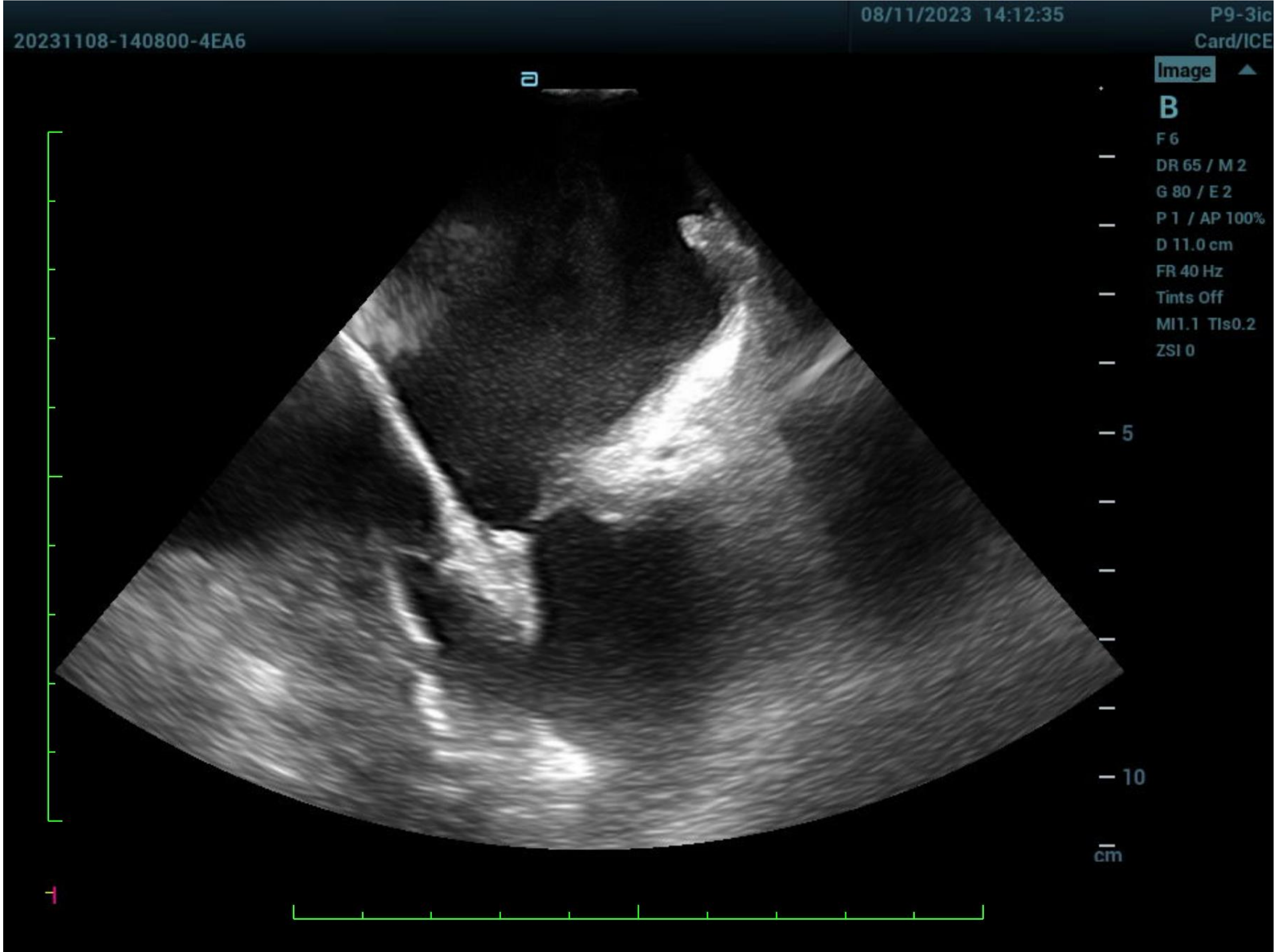


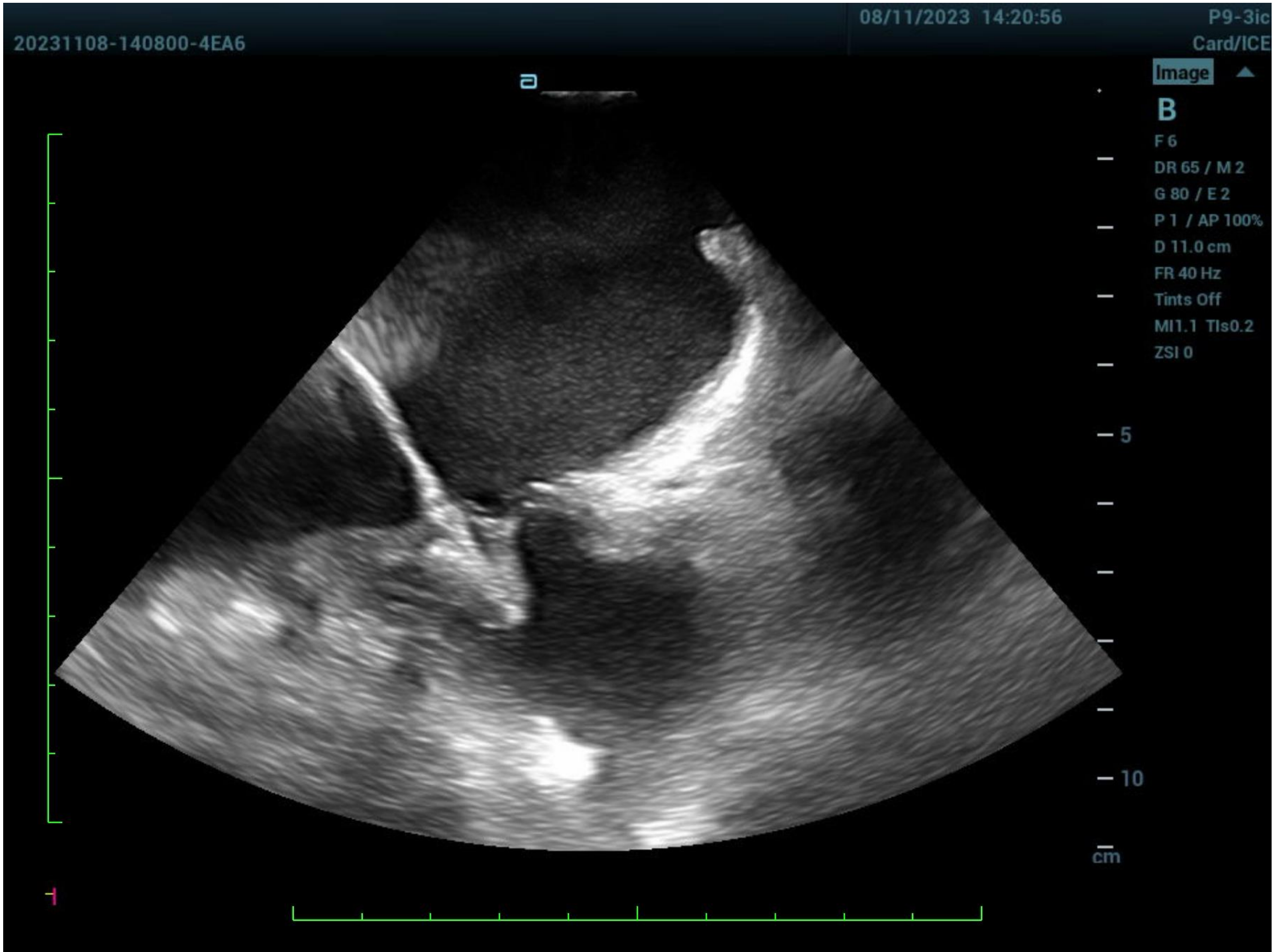


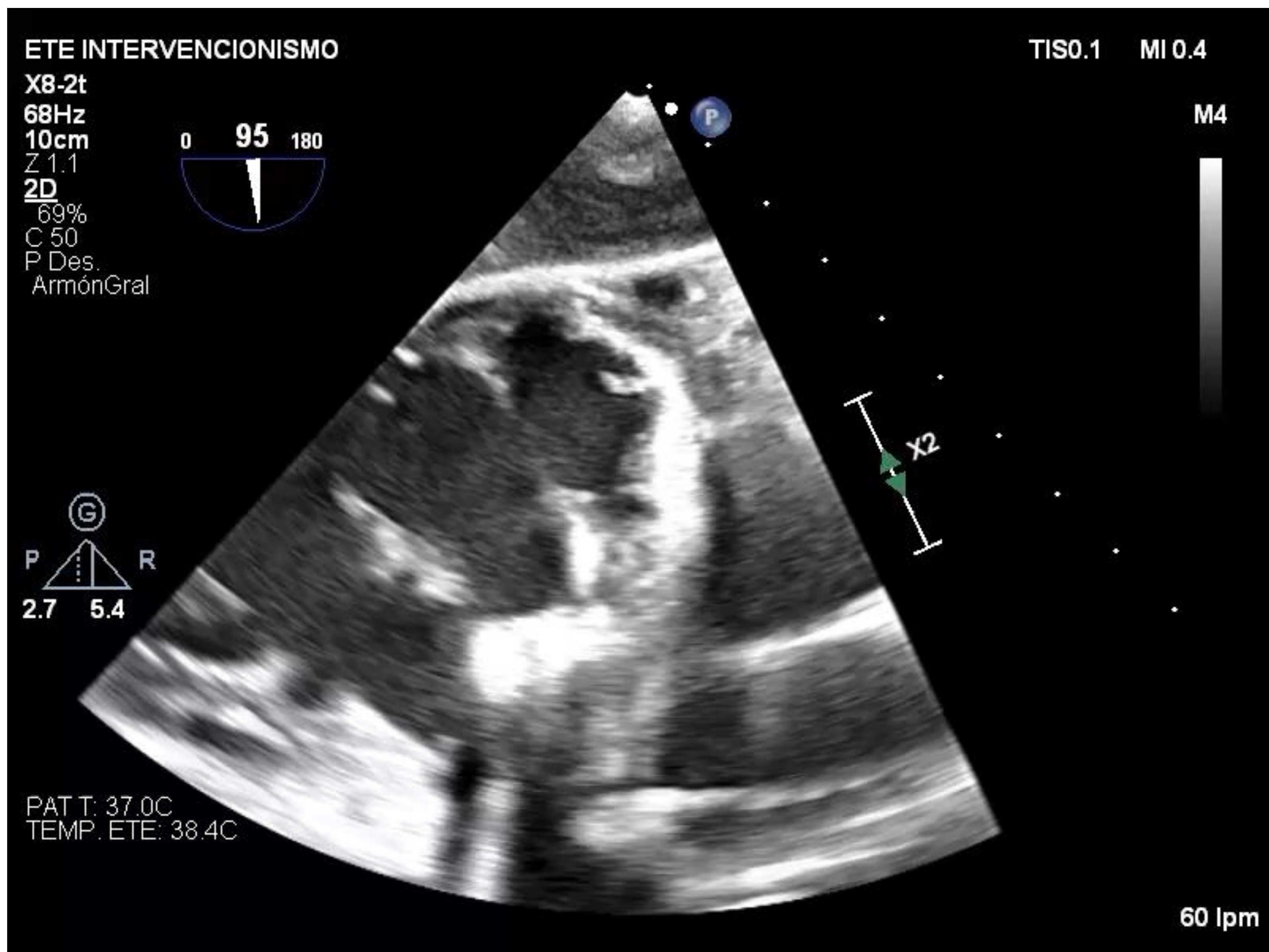


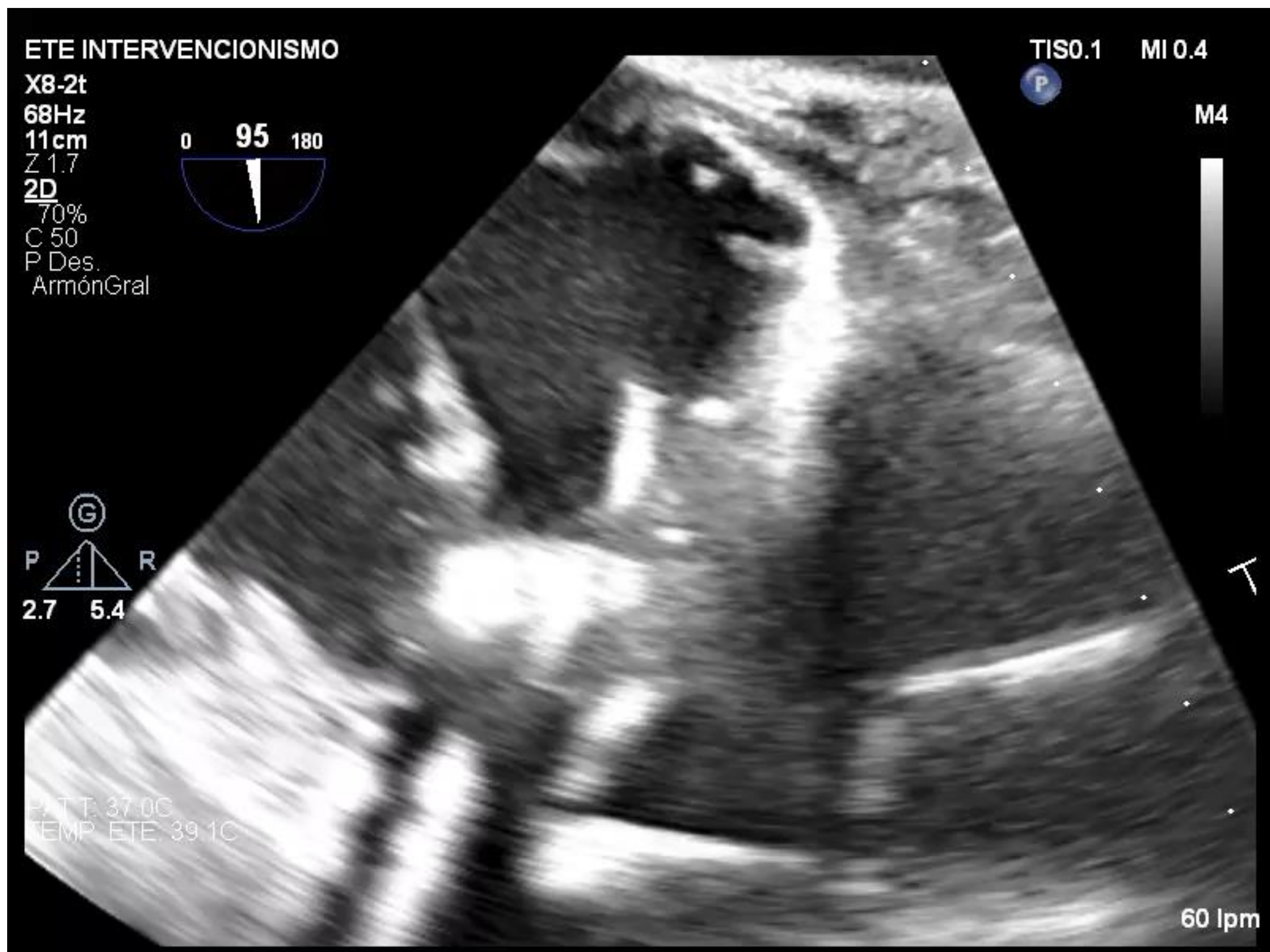


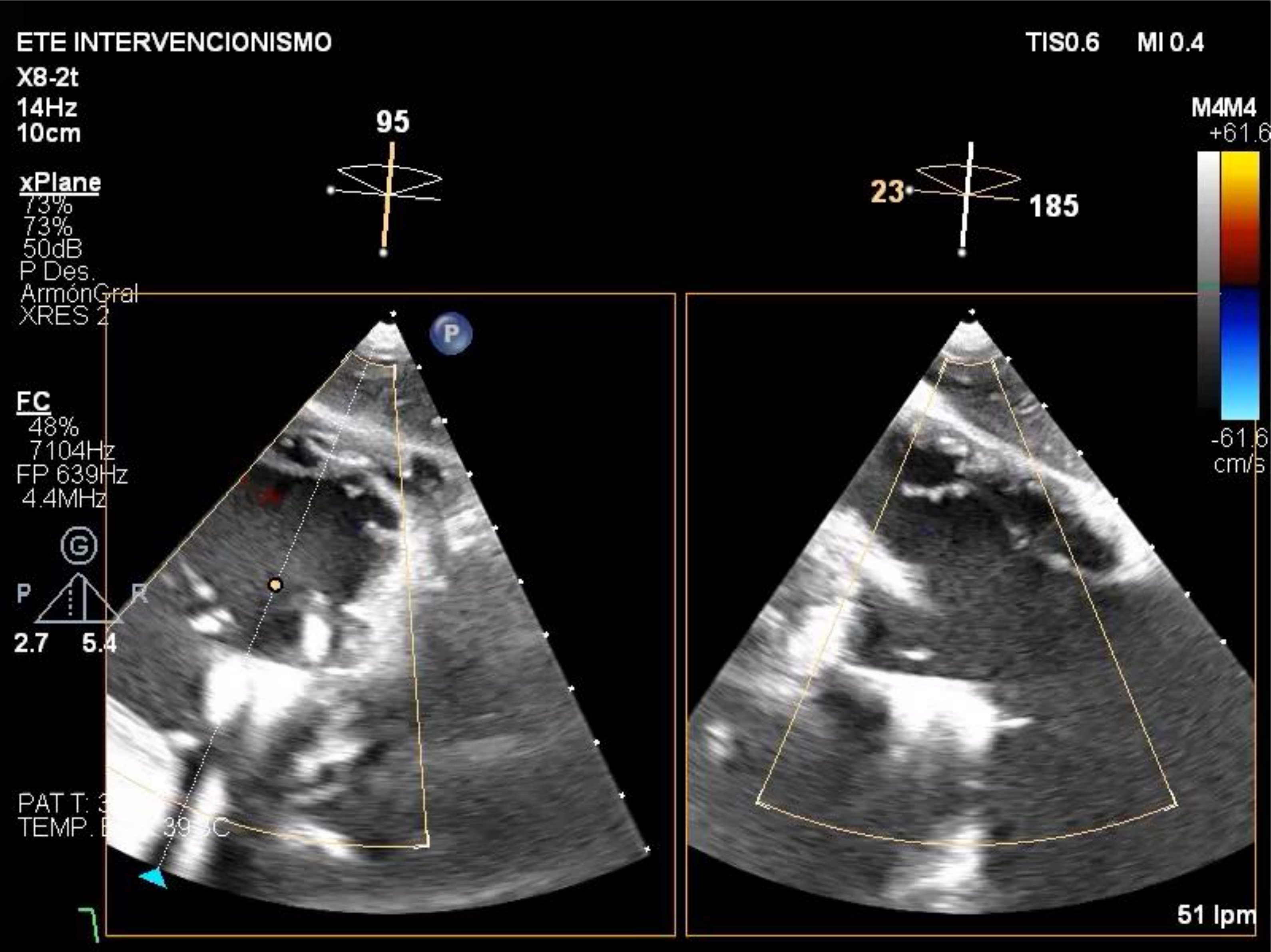














ETE INTERVENCIONISMO

TIS0.1 MI 0.4

X8-2t

32Hz

11cm

Z 1.7

xPlane

68%

68%

50dB

P Des.

ArmónGral

XRES 2

95

M4

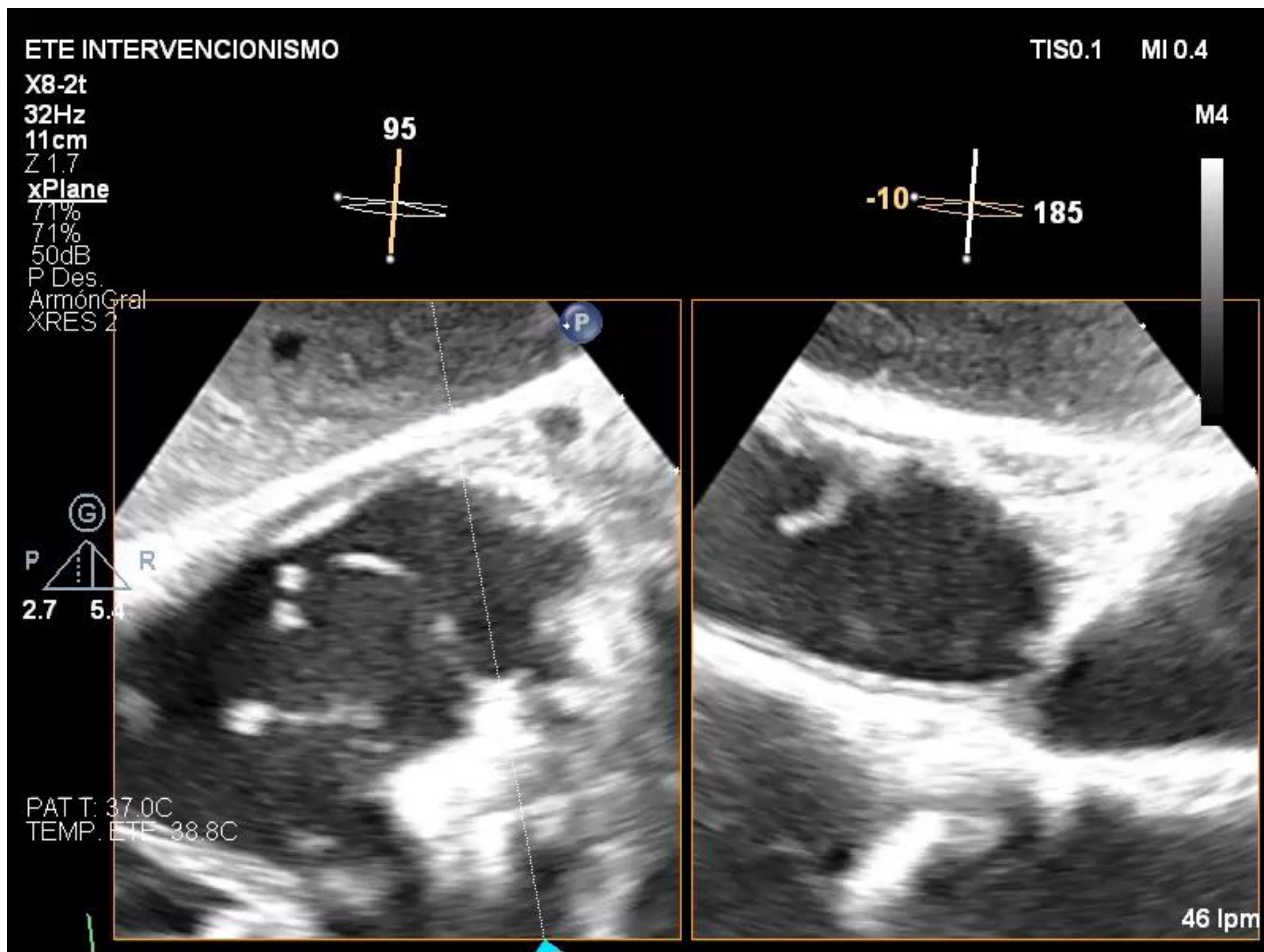
-10

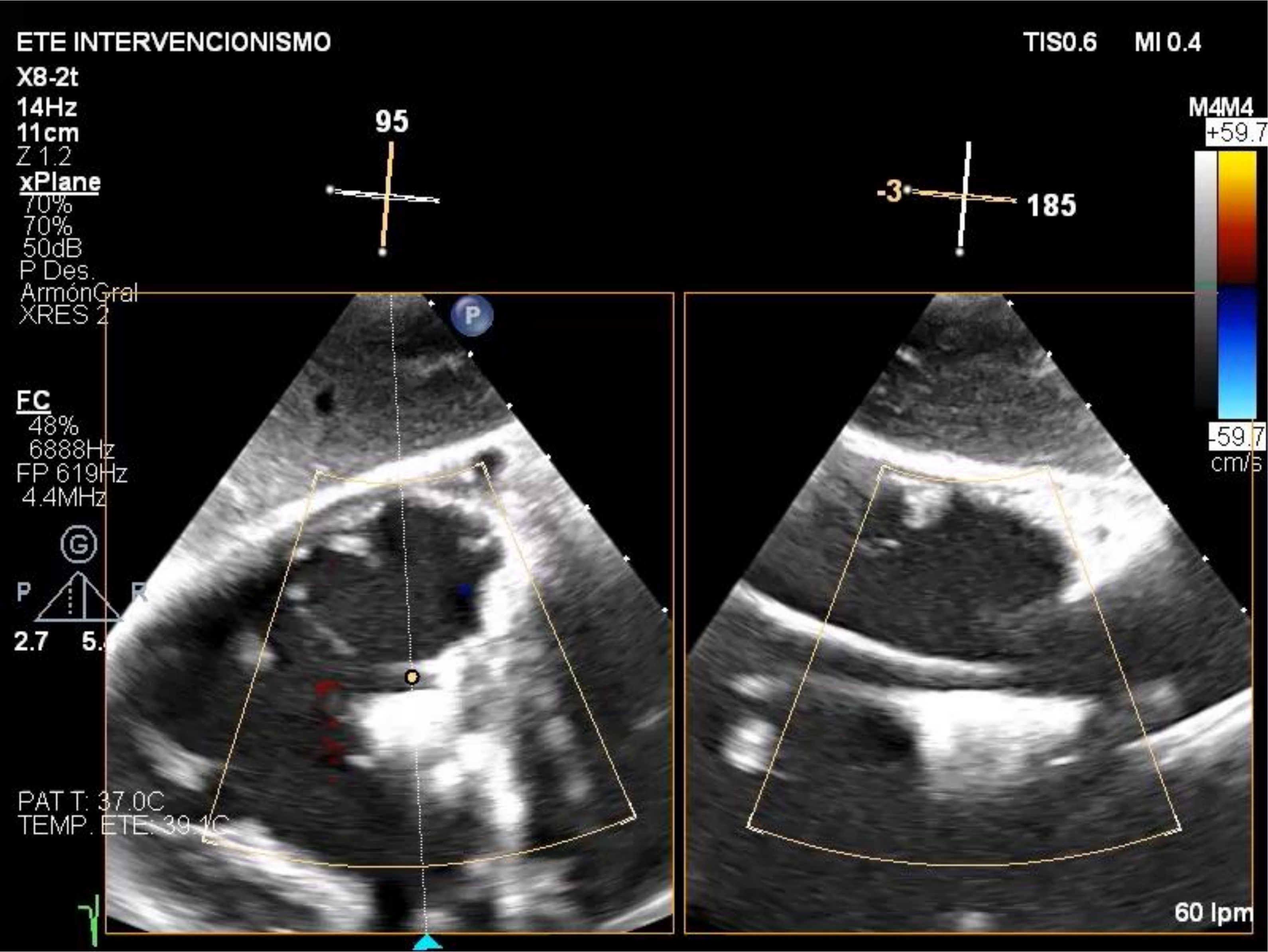
185



PAT T: 37.0C
TEMP. ETE: 38.8C

46 lpm







ETE
X8-2t
10Hz
18cm

xPlane
62%

TIS0.6 MI 0.5

M4M4
+36.7

-36.7
cm/s

ETE INTERVENCIONISMO

X8-2t
12Hz
20cm

xPlane

65%
65%
50dB
P Des.
ArmónGral
XRES 2

FC

48%
4396Hz
FP 395Hz
4.4MHz

(G)
P R
2.7 5.4

PAT T: 37.0C
TEMP. ETE: 38.7C

TIS0.6 MI 0.5

M4M4
+38.1

-38.1
cm/s

6 175

60

150

-11

61 lpm

60 lpm