**POST-TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR) AND AV BLOCK – PACING OUTCOMES**

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*Background*: Transcatheter aortic valve replacement (TAVR) is an increasingly prevalent therapy in patients with severe symptomatic aortic stenosis (AS) deemed inoperable or at high risk for complications with surgical aortic valve replacement (SAVR). Atrioventricular (AV) conduction disturbances requiring permanent pacemaker (PPM) implantation may complicate TAVR. We report single-center data on 207 consecutive patients undergoing TAVR with placement of the Edward SAPIEN valve who required post-TAVR permanent pacemaker implantation for complete AV block.

*Methods*: A retrospective analysis of prospectively collected data includes clinical, procedural, echocardiographic, ECG and device interrogation of 207 consecutive patients who underwent TAVR procedure with placement of Edward SAPIEN valve at our institution from March 2012 to February 2016. We excluded 23 patients with prior permanent pacemaker. No patients met guideline indications for pre-TAVR permanent pacing.

*Results*: A total of 24 patients (13%) required post-TAVR permanent pacemaker. At 30 days post-TAVR, 7 of these patients (29.1%) required 100% ventricular pacing. The remaining 17 (70.9%) patients who received pacemakers had resolution of AV block by 30 days post-TAVR and did not require significant ventricular pacing (<1% ventricular pacing).

*Conclusion*: Despite 13% of post-TAVR (SAPIEN valve) patients receiving permanent pacemakers for complete AV block, 70.9% of these patients had resolution of AV block at 30 days post-TAVR and did not require ventricular pacing. This suggests a significant number of post-TAVR pacemakers may not be necessary at 30 days. Further clinical studies are required to avoid unnecessary pacemaker placement and assess possible alternative strategies including clinical observation with re-assessment of AV block 30 days post-TAVR.