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## Reply: Transcatheter Aortic Valve Implantation During COVID-19 Pandemic: The Device Also Matters

Jaffar M. Khan<sup>a</sup>, Ron Waksman<sup>b,\*</sup>

<sup>a</sup> Cardiovascular Branch, Division of Intramural Research, National Heart, Lung and Blood Institute, National Institutes of Health, Bethesda, MD, United States of America

<sup>b</sup> Section of Interventional Cardiology, MedStar Washington Hospital Center, Washington, DC, United States of America

At the time of writing, the number of people infected with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) was in excess of 25.5 million, with over 6 million cases in the United States alone. This has resulted in a huge strain on healthcare systems globally, with many hospital systems directed by the health authorities to cease elective work. With this backdrop, we published guidelines on balancing priorities in structural heart disease during the novel coronavirus disease 2019 (COVID-19) pandemic [1].

In their letter to the editor citing these guidelines, Dr. González-García and colleagues make an excellent suggestion to consider the type of transcatheter heart valve implanted with regard to hospital length of stay and use of resources [2]. They cite permanent pacemaker implantation and vascular complications as two key device-related complications that should be considered when aiming to reduce the duration of hospital stay. This is an important consideration and has to be counterbalanced with the operator and institution comfort level with the type of device, as well as other patient specific factors such as annulus size, calcification, hemodynamics, and need to access the coronary arteries [3].

In addition to the choice of transcatheter heart valve, a protocol to efficiently manage patients with conduction disease may decrease the burden on the hospital and streamline the in-patient stay [4]. Use of contemporary vascular access technique and closure device selection

[5] and radial secondary access for transfemoral transcatheter aortic valve replacement [6] may also reduce the risks of vascular complications, reducing length of stay.

### References

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\* Corresponding author at: Georgetown University, Cardiovascular Research and Advanced Education, MedStar Heart and Vascular Institute, MedStar Washington Hospital Center, 110 Irving St., NW, Suite 4B-1, Washington, DC 20010, United States of America.

E-mail address: ron.waksman@medstar.net (R. Waksman).