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## Spotlight on Special Topics

### RAPID PERCUTANEOUS MITRAL VALVE REPAIR TREATMENT PROTOCOL DURING COVID-19 PANDEMIC

Poster Contributions

Sunday, May 16, 2021, 2:45 p.m.-3:30 p.m.

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Session Title: Spotlight on Special Topics: COVID 6

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**Background:** Conventionally, candidates for percutaneous mitral valve repair (PMVr) are evaluated by transesophageal (TEE) for PMVr, treated, and discharged on separate days. Given the risk of in-hospital transmission of COVID-19 and resource constraints amid pandemic, we report a single centers experience with a rapid treatment protocol, including screening TEE, treatment, and discharge in a single day.

**Methods:** Between April and June 2020, we employed an expedited PMVr protocol for high-risk symptomatic severe MR patients who had (1) a clinical indication for PMVr (2) optimized medical management for CHF and (3) Transthoracic echocardiography (TTE) confirmed MR severity and etiology, tenting < 10mm and MVA > 3.5 cm<sup>2</sup>. Patients were evaluated with transesophageal (TEE), treated with the MitraClip (Abbott), and discharged on the same day Outcomes investigated were procedural success, in-hospital complications, readmission, and mortality within 30-days.

**Results:** During the study period, 5 patients with TTE confirmed severe MR (Mean Age: 81yrs., BMI: 28.6kg/m<sup>2</sup>, STS Risk Score: 5.8%, NYHA Class III/IV (100%)) underwent an uneventful one-stop TEE and PMVr. Procedural success was 100% -MR severity: Pre-Severe 5 (100%) vs. Post - Trace/Mild: 5 (100%). Patients were monitored post-operatively for at least 6 hours and discharged the same day with remote continuous cardiac monitoring and scheduled telehealth appointment the next day. There were no reported in-hospital complications and readmission and mortality within 30-days was none.

**Conclusion:** During the COVID-19 pandemic, rapid PMVr with a shortened period for inpatient care, including same-day discharge, was safe and feasible in a group of well-selected patients.