Creatinine Trends in Transcatheter Aortic Valve Replacement Patients.

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INTRODUCTION

• Omnipaque contrast dye is used for visualization in patients undergoing transcatheter aortic valve replacement (TAVR).
• Dye may impinge on the patient’s kidney health.
• A previous study reported a wide range of 15% to 57% of the TAVR patients developed acute kidney injury after the TAVR procedure.

OBJECTIVE

• This study seeks to assess the creatinine level of patients over time and analyze the effects of the TAVR procedure on kidney function.

METHODS

• This was a retrospective single-center observational study.
• Included 356 patients with severe aortic stenosis who underwent the TAVR procedure between January 2015 – June 2017 at Lehigh Valley Health Network.
• Electronic medical records were used to assess patient creatinine levels before and after surgery and record the amount of contrast dye used in the TAVR procedure.
• Descriptive statistics were used to evaluate the relationship between kidney function and the TAVR procedure.

OUTCOMES

• Creatinine Changes When Administered < 100cc Dye
• Creatinine Changes When Administered > 100cc Dye

RESULTS

• Patients with pre-existing kidney issues:
  – there was no statistical significance showing the patients who were given more dye had greater changes in pre to post procedural creatinine levels (p=0.5732).
• Patients with no pre-existing kidney issues:
  – there was no statistical significance showing that patients who were given more dye were more likely to develop a kidney disease post-TAVR (p=0.3190).
• Patients who developed a kidney issue:
  – there was no statistical significance showing the patients who were given more dye were more likely to develop a kidney disease within 30 days of the TAVR procedure (p=0.8122).

CONCLUSIONS

• This was a negative study, revealing no statistical significance that Omnipaque contrast dye injections correlate to post-TAVR kidney issues.
• Although there is always some risk that patients develop chronic kidney disease or acute kidney injury from the procedure, the results suggest that the cardiac team should not deny patients as TAVR candidates because of the possible complications from using contrast dye.
• Further research is recommended to assess the effects of other contrast dyes on kidney function and to extend the study to other tertiary hospitals.

References: