**INTERMEDIATE-TERM PACEMAKER DEPENDENCY FOLLOWING TRANSCATHETER AORTIC VALVE REPLACEMENT**

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**Objective**: This study evaluated permanent pacemaker (PPM) dependency after three months in patients requiring PPM following transcatheter aortic valve replacement (TAVR).
Background: Conduction abnormalities requiring PPM implantation remain a potential complication post-TAVR. Reported rates of PPM implantation range between 8 and 30 percent of TAVR patients. However, there is limited data regarding continued PPM dependency over time.

**Methods:** This was a single center study with a total of 325 consecutive patients without prior PPM who underwent TAVR between 2012 and 2017. Of these, 27 patients required PPM during their index hospitalization, with 5 patients excluded due to inadequate follow-up, leaving 22 patients for analysis. Baseline demographics and procedural characteristics were obtained. Interrogation data from the PPM were collected at one day and three months post-implant. Pacemaker dependency was defined using the standard definition as absence of ventricular escape rhythm or presence of high degree atrioventricular (AV) block with ventricular pacing lowered to 30 beats per minute for 10 seconds.

**Results**: We found that 8.3% of patients required PPM implantation during their index hospitalization following TAVR. The mean time from TAVR to PPM was 4 ± 4 days (median 2, range 1-19 days). The most common indication for PPM was high grade AV block (20 of 22). After three months, only 32% (7 of 22) of patients were pacemaker dependent.

**Conclusion**: Pacemaker dependency post-TAVR decreased substantially over the first three months following implantation. The extent to which PPM implantation may be avoided by waiting for native conduction to return is unknown. More study is needed to optimize patient selection for PPM post-TAVR.