**RHYTHM DISTURBANCES AFTER TRANSCATHETER AORTIC VALVE REPLACEMENT: A STRATEGY OF SURVEILLANCE**

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**Background:** Pacemaker implantation is frequent after transcatheter aortic valve replacement (TAVR), and is partly dependent on depth of implantation, valve type, and native cardiac rhythm. Although sustained complete heart block is a clear indication for pacemaker implantation, there is not broad consensus about the management new bundle branch, supranodal block, or transient complete heart block.

**Methods**: Beginning March 2017, we deployed an algorithm for the management of post-TAVR rhythm disturbances (Figure). Pre- and post-procedure characteristics, demographics, electrocardiographic rhythms and post-TAVR outcomes were collated. Results: A total of 43 patients were included in this interim analysis. Roughly half (49%) were women, all cases were transfemoral, 25 (58%) utilized CoreValve, and 18 (42%) SAPIEN prostheses. Transient or persistent complete heart block occurred in 3 (7.0%), all of which were referred for permanent pacemaker. New rhythm disturbances occurred in 19 (44.2%), most of which were new LBBB (11/19; 57.9%). Each of these patients received a 30-d monitor. Subsequent heart block was not identified in any of these subjects, although atrial dysrhythmias were identified in 3 (21.4%).

**Conclusion**: A strategy of surveillance in the setting of new LBBB after TAVR is not associated with the short term subsequent heart block, urgent pacemaker, or sudden cardiac death. Ongoing observations are necessary to corroborate these findings in a larger population.

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