



Key Aortic Stenosis updates:
2025 ESC/EACTS guidelines
for the management of
Valvular Heart Disease (VHD)



Age

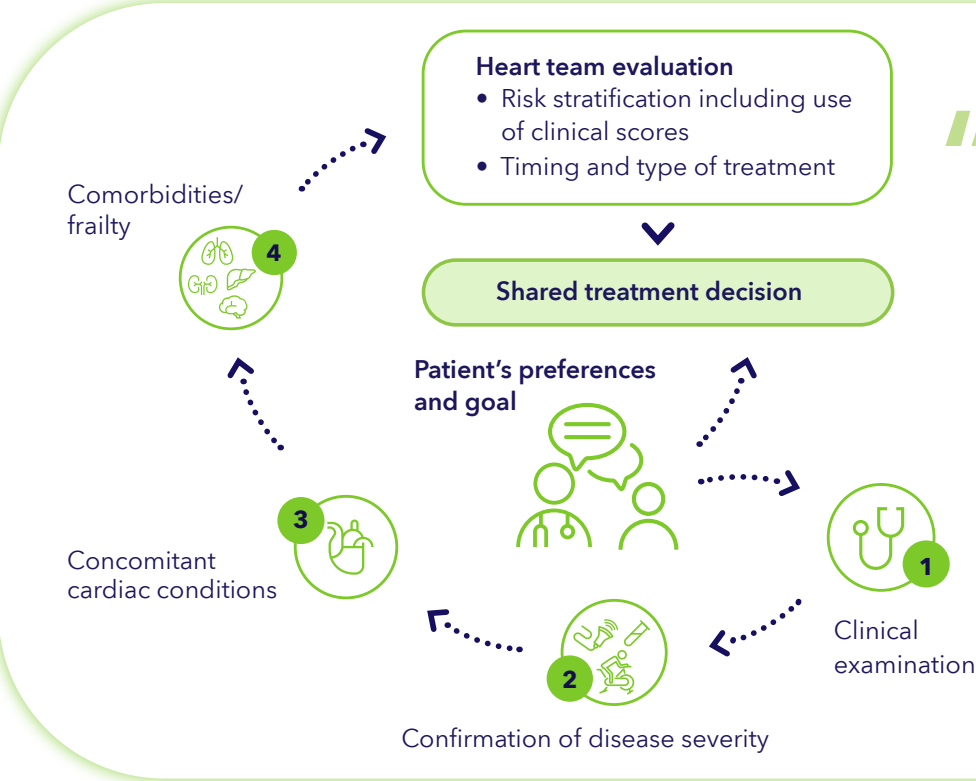
Mode of intervention		
SAVR is recommended in patients <70 years of age, if the surgical risk is low.	SAVR or TAVI are recommended for all remaining candidates for an aortic BHV according to Heart Team assessment.	TAVI is recommended in patients ≥70 years of age with tricuspid AV stenosis, if the anatomy is suitable.
I B	I B	I A
SAVR	TAVI or SAVR According to heart team discussion.	TAVI



The heart team and lifetime management

The heart team is encouraged to base their decision on clinical anatomical and procedure characteristics, including lifetime management considerations and estimated life expectancy.

Patient-centered decision making



“The heart team recommendation regarding the treatment and its modality must be based on evidence and anatomical considerations, balancing the risks and benefits of available treatment options. The patient and patient’s relatives need to be well informed about the rationale leading to the Heart Team recommendation, and given ample time to share personal preferences. At the end of the process, a shared decision is made between the treating team and the informed patient and relatives.”



Bicuspid Aortic valve stenosis



Severe asymptomatic aortic valve stenosis*

Symptomatic patients with severe aortic stenosis

TAVI may be considered for the treatment of severe BAV stenosis in patients at increased surgical risk, if the anatomy is suitable.

IIb

B

Asymptomatic patients with severe aortic stenosis

Intervention should be considered in asymptomatic patients (confirmed by a normal exercise test, if feasible) with severe, high-gradient aortic stenosis (AS) and LVEF $\geq 50\%$ as an alternative to close active surveillance, if the procedural risk is low.

IIa

A



Sex specific considerations

No recommendation but expanded section on women with AS acknowledging a potential advantage of TAVI. Paradoxical low-flow, low-gradient constellations are frequent and may both contribute to the underdiagnosis of severe AS in women and delay an intervention.

Key Takeaways



Patient ≥ 70 years with severe tricuspid AS should be referred for TAVI discussion.



The Heart Team is encouraged to base their decision on clinical anatomical and procedure characteristics, **including lifetime management considerations.**



Women with AS may present differently and could benefit from TAVI.

BHV = Biological heart valve; **AV** = Aortic Valve; **VHD** = Valvular Heart Disease;

LVEF = Left Ventricle Ejection Fraction; **BAV** = Bicuspid Aortic Valve.

* The Evolut™ TAV system is not indicated for the treatment of asymptomatic aortic stenosis.

The information in this document is intended for educational purposes based on an identified need, it is not meant to constitute medical advice or in any way replace the [ESC/EACTS guidelines](#) or the independent medical judgment of a trained and licensed physician with respect to any patient needs or circumstances. Please refer to full ESC/EACTS guidelines for detailed explanation of patient populations. The physician is solely responsible for all decisions and medical judgments relating to the treatment of their patients.

Reference:

1. Fabien Praz, (ESC Chairperson) (Switzerland), Michael A. Borger, (EACTS Chairperson) (Germany), Jonas Lanz, (ESC Task Force Co-ordinator) (Switzerland), Mateo Marin-Cuartas, (EACTS Task Force Co-ordinator) (Germany), Ana Abreu (Portugal), Marianna Adamo (Italy), Nina Ajmone Marsan (Netherlands), Fabio Barili (Italy), Nikolaos Bonaros (Austria), Bernard Cosyns (Belgium), Ruggero De Paulis (Italy), Habib Gamra (Tunisia), Marjan Jahangiri (United Kingdom), Anders Jeppsson (Sweden), Robert J.M. Klautz (Netherlands), Benoît Mores (Belgium), Esther Pérez-David (Spain), Janine Pöss (Germany), Bernard D. Prendergast (United Kingdom), Bianca Rocca (Italy), Xavier Rossello (Spain), Mikio Suzuki (Serbia), Holger Thiele (Germany), Christophe Michel Tribouilloy (France), Wojtek Wojakowski (Poland), and ESC/EACTS Scientific Document Group, 2025 ESC/EACTS Guidelines for the management of valvular heart disease: Developed by the Task Force for the management of valvular heart disease of the European Society of Cardiology (ESC) and the European Association for Cardio-Thoracic Surgery (EACTS), European Heart Journal, 2025; <http://bit.ly/47e3acd>

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