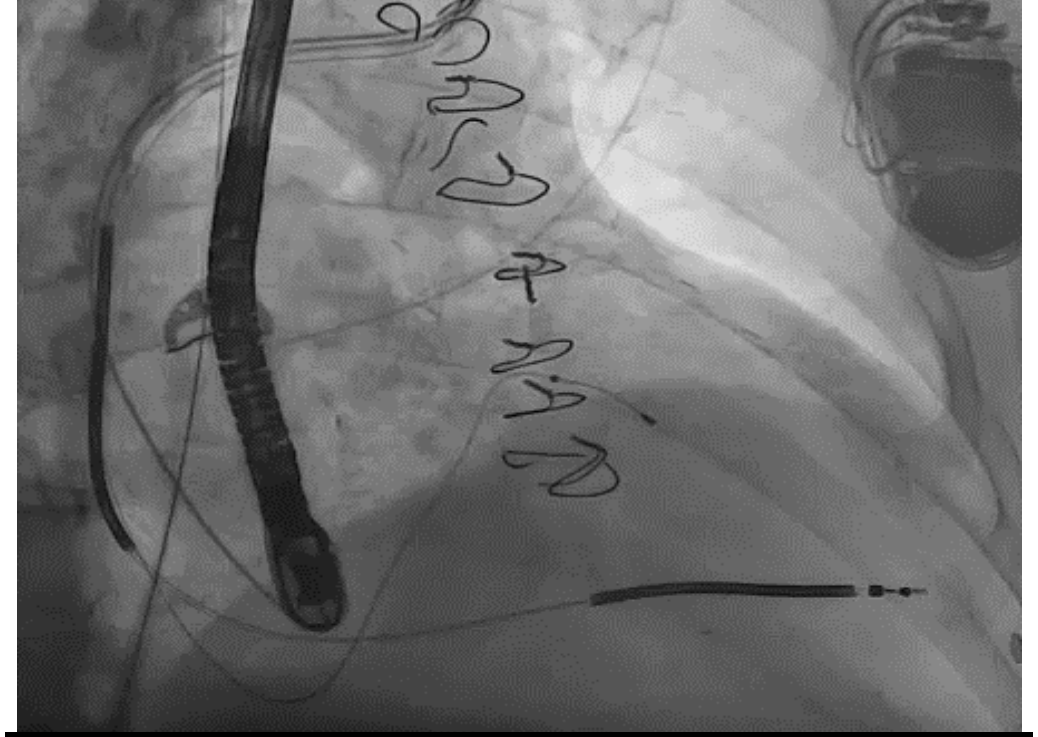
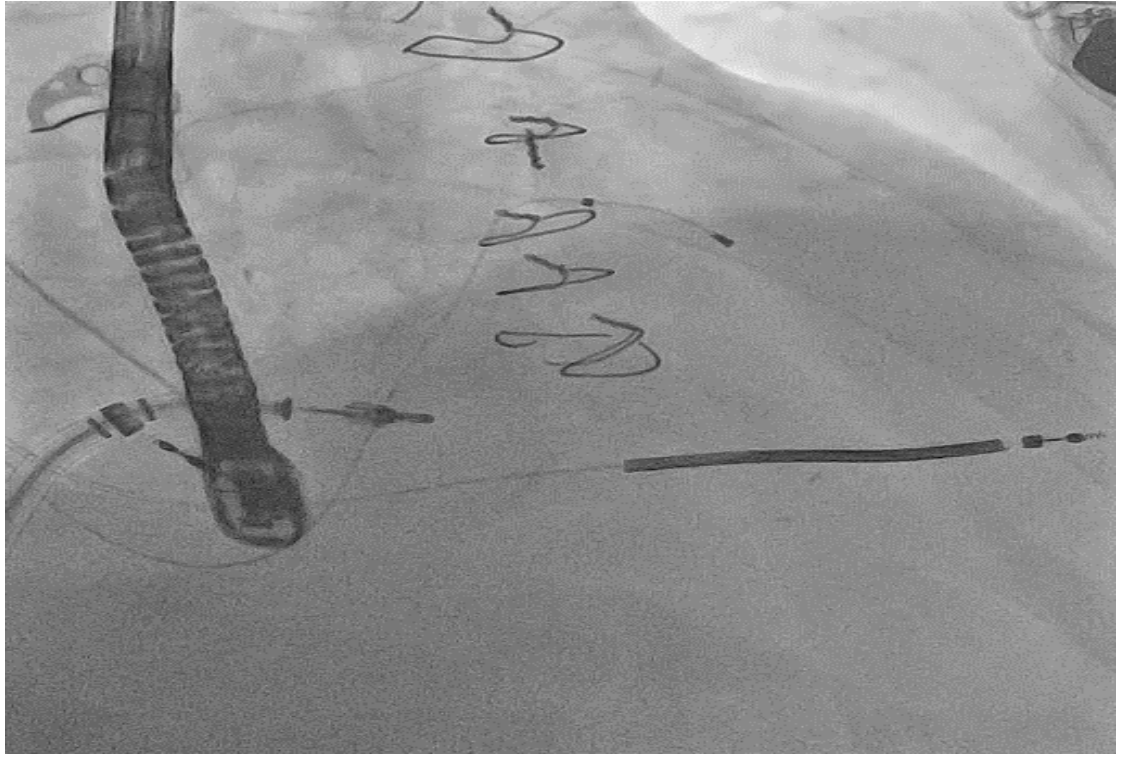
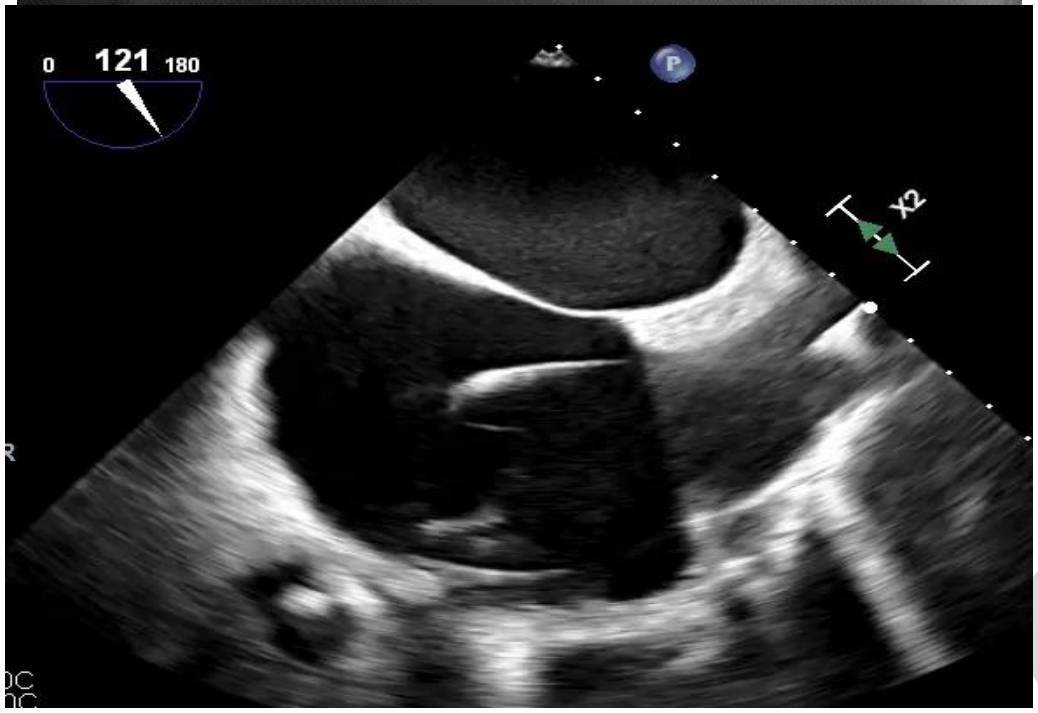
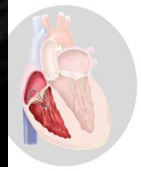
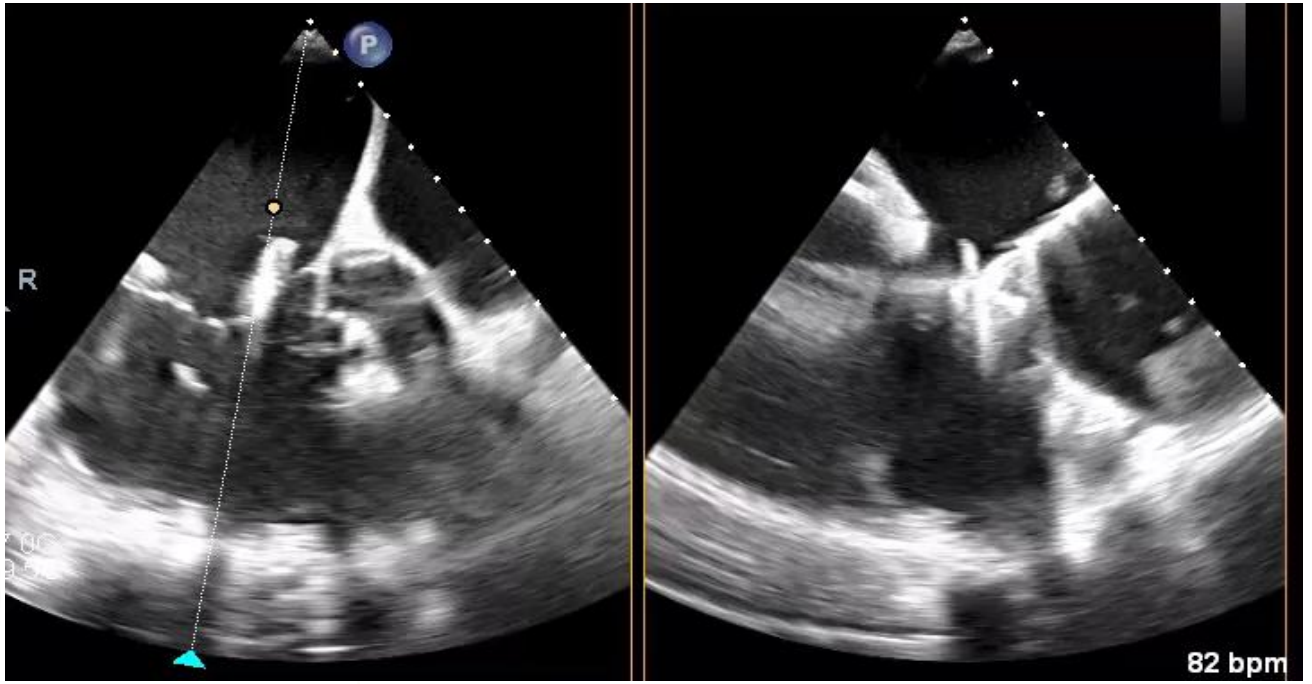
Ход операции тракскатетерной пластики ТК системой TriClip G4

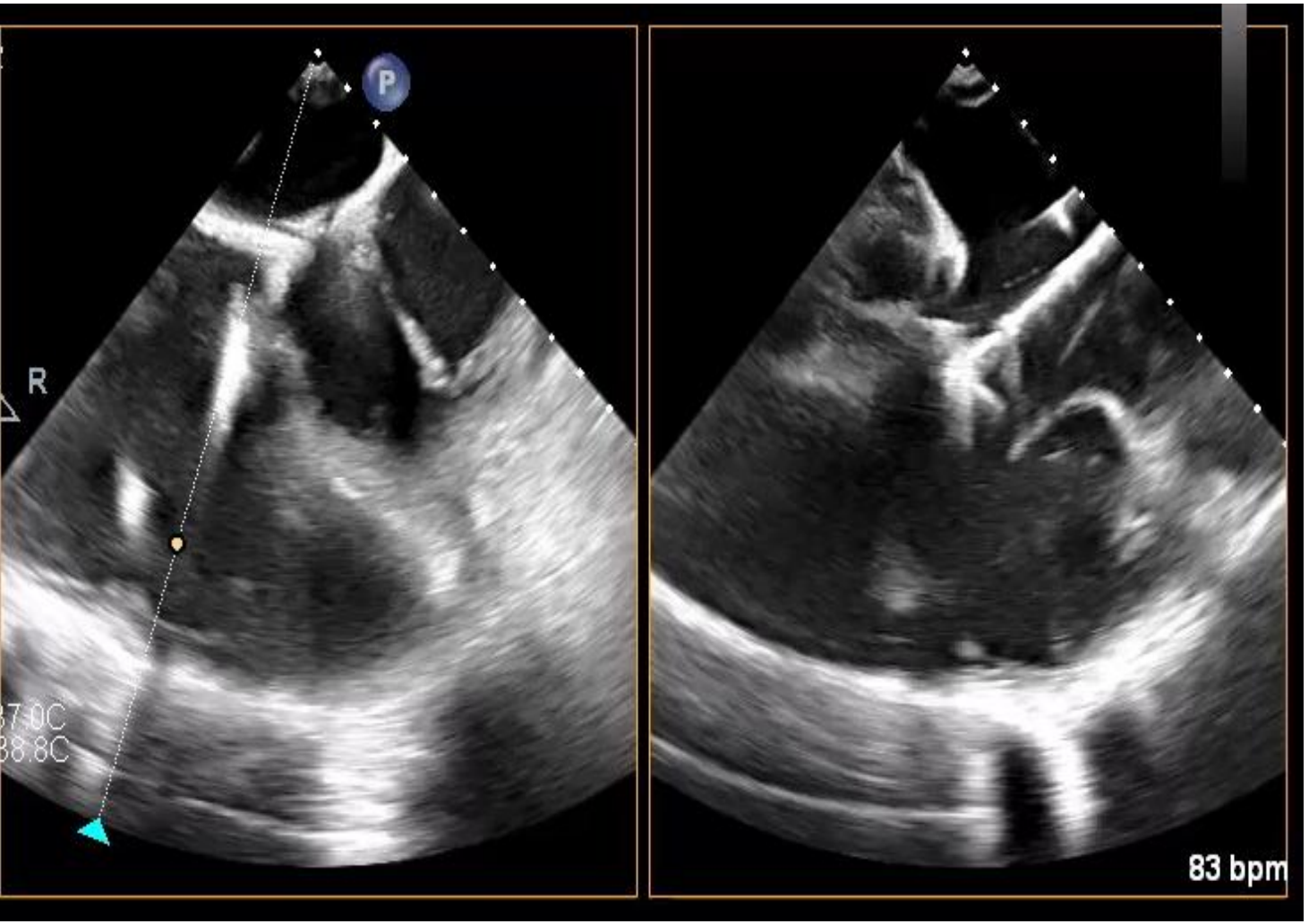


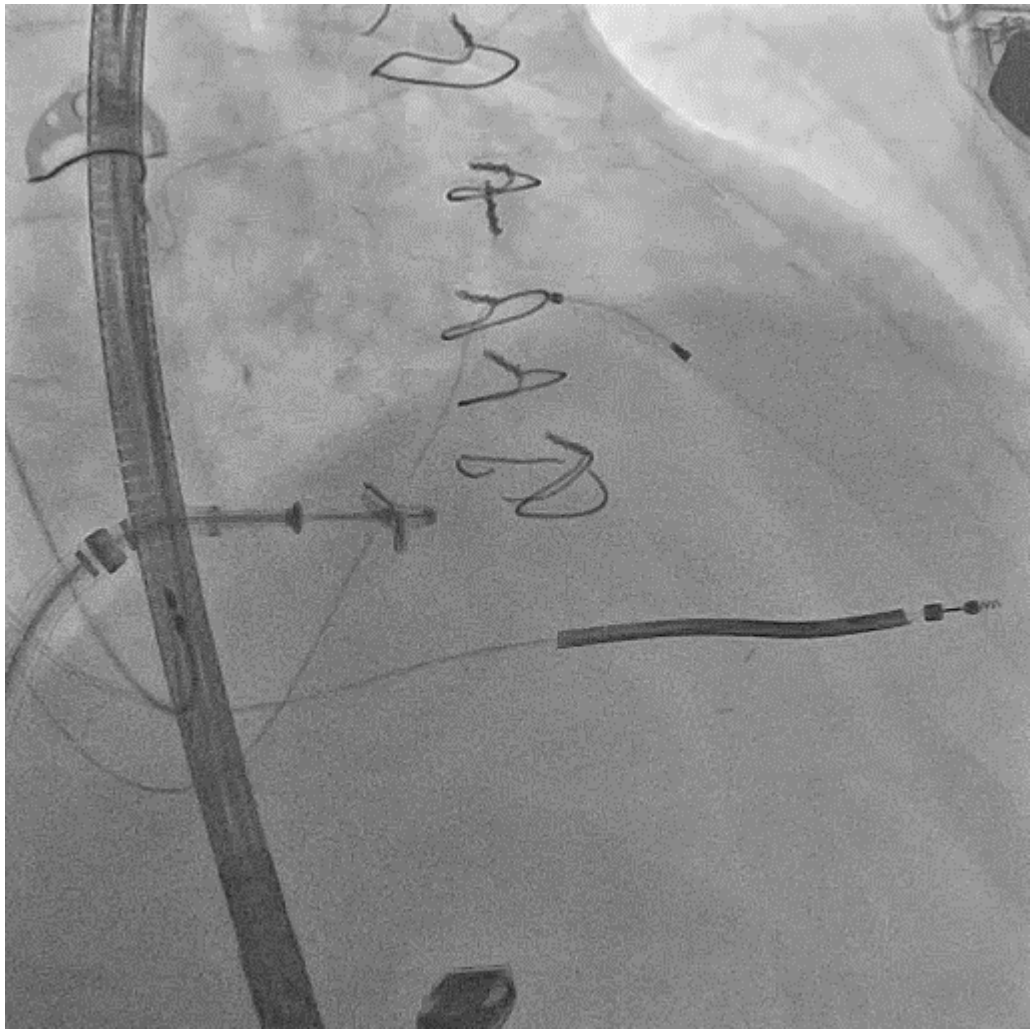


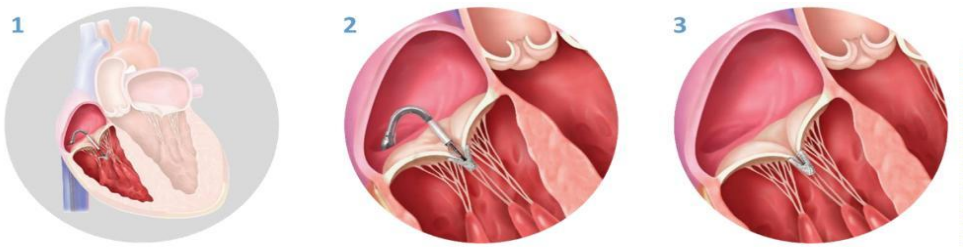

0
121
180
P
x2




P
R
82 bpm


P
R
83 bpm




1
2
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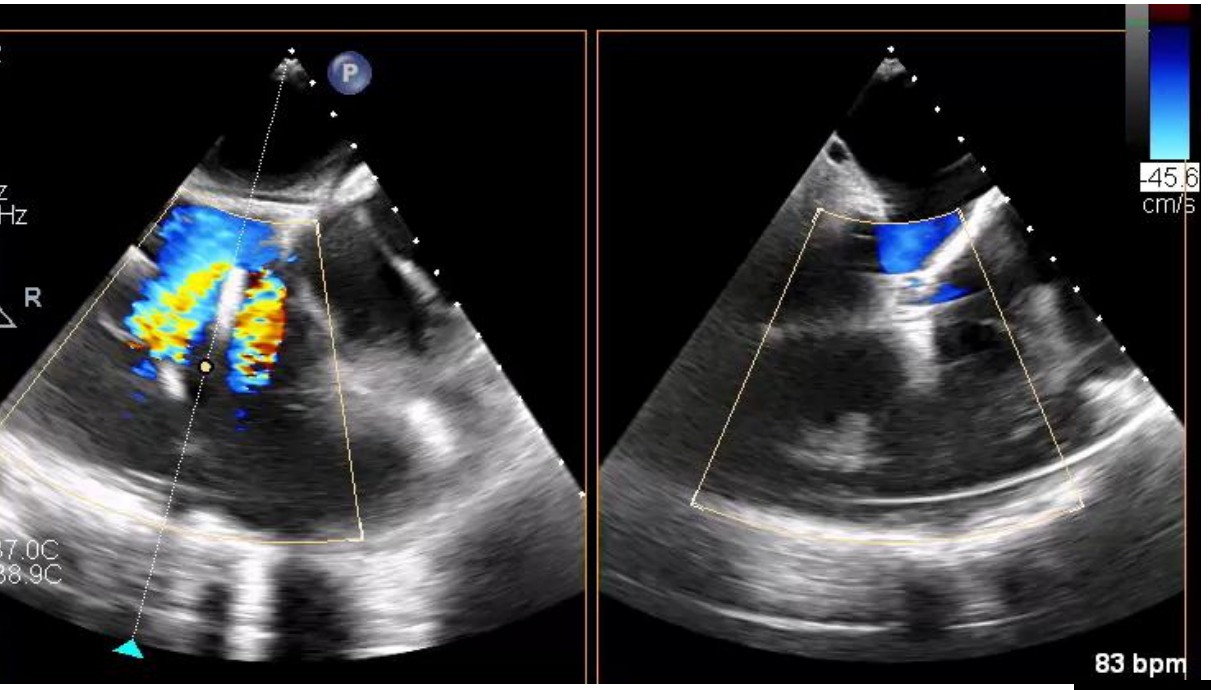
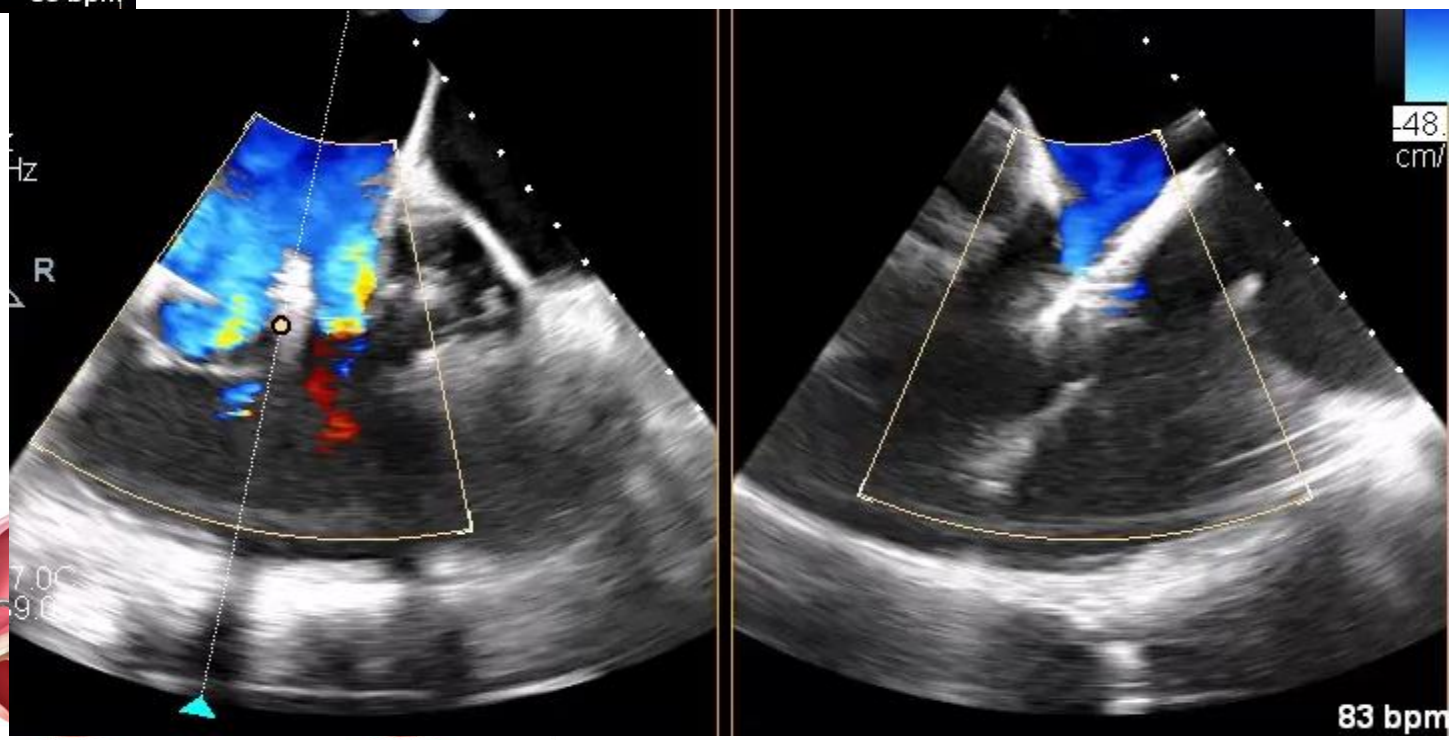
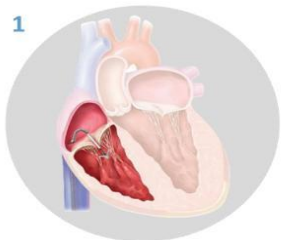

P
R
-45.6
cm/s
83 bpm


R
-48.
cm/
83 bpm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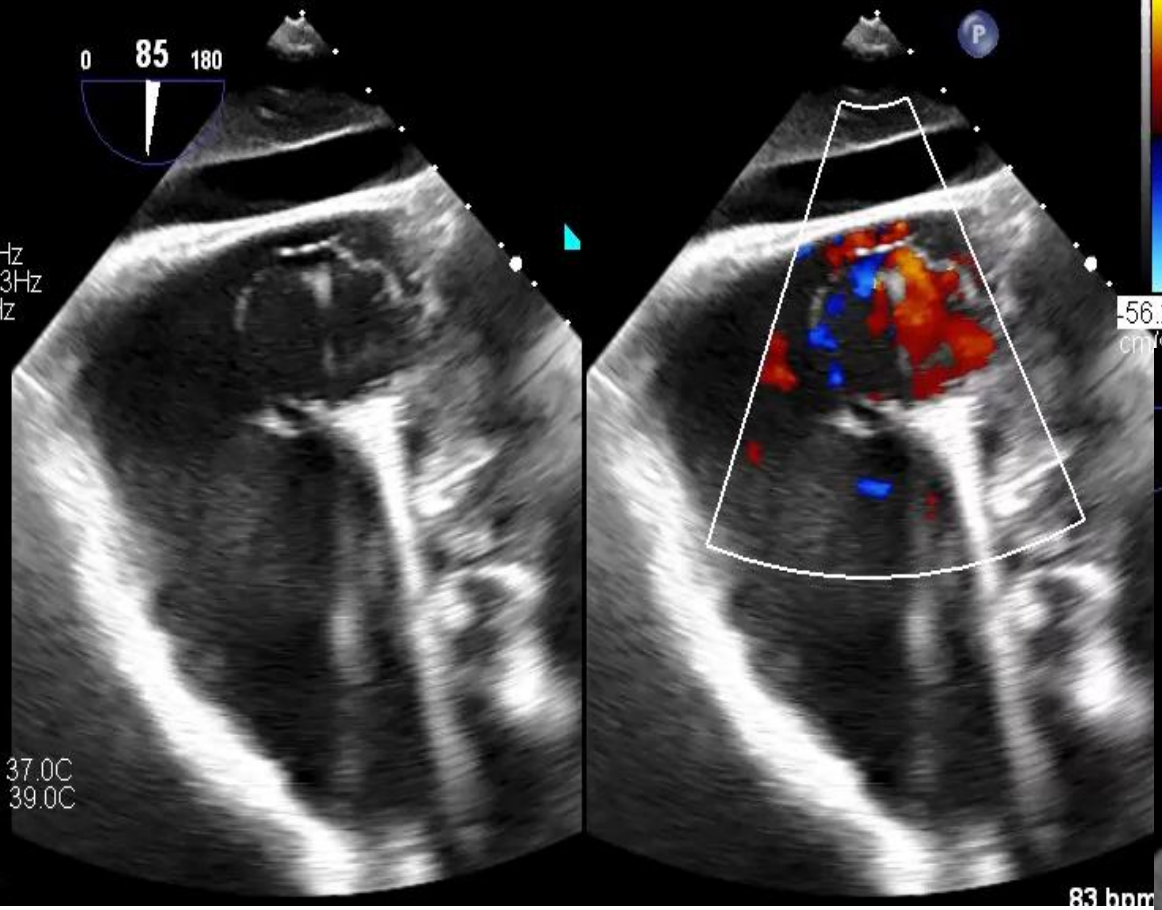
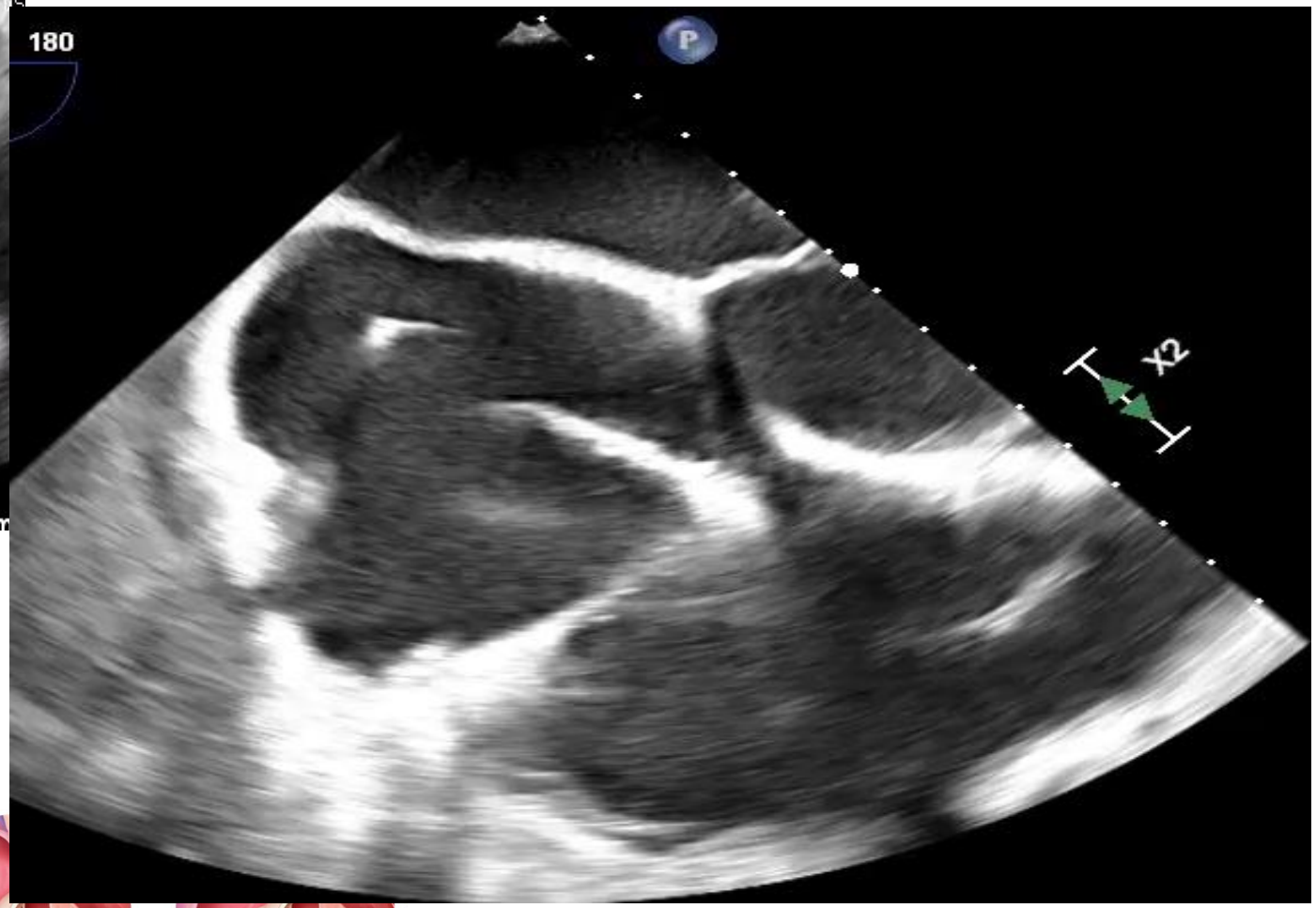

0
85
180
37.0C
39.0C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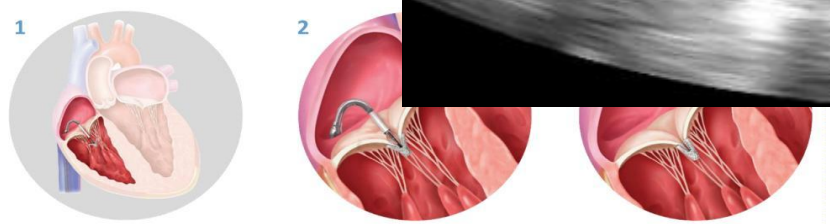
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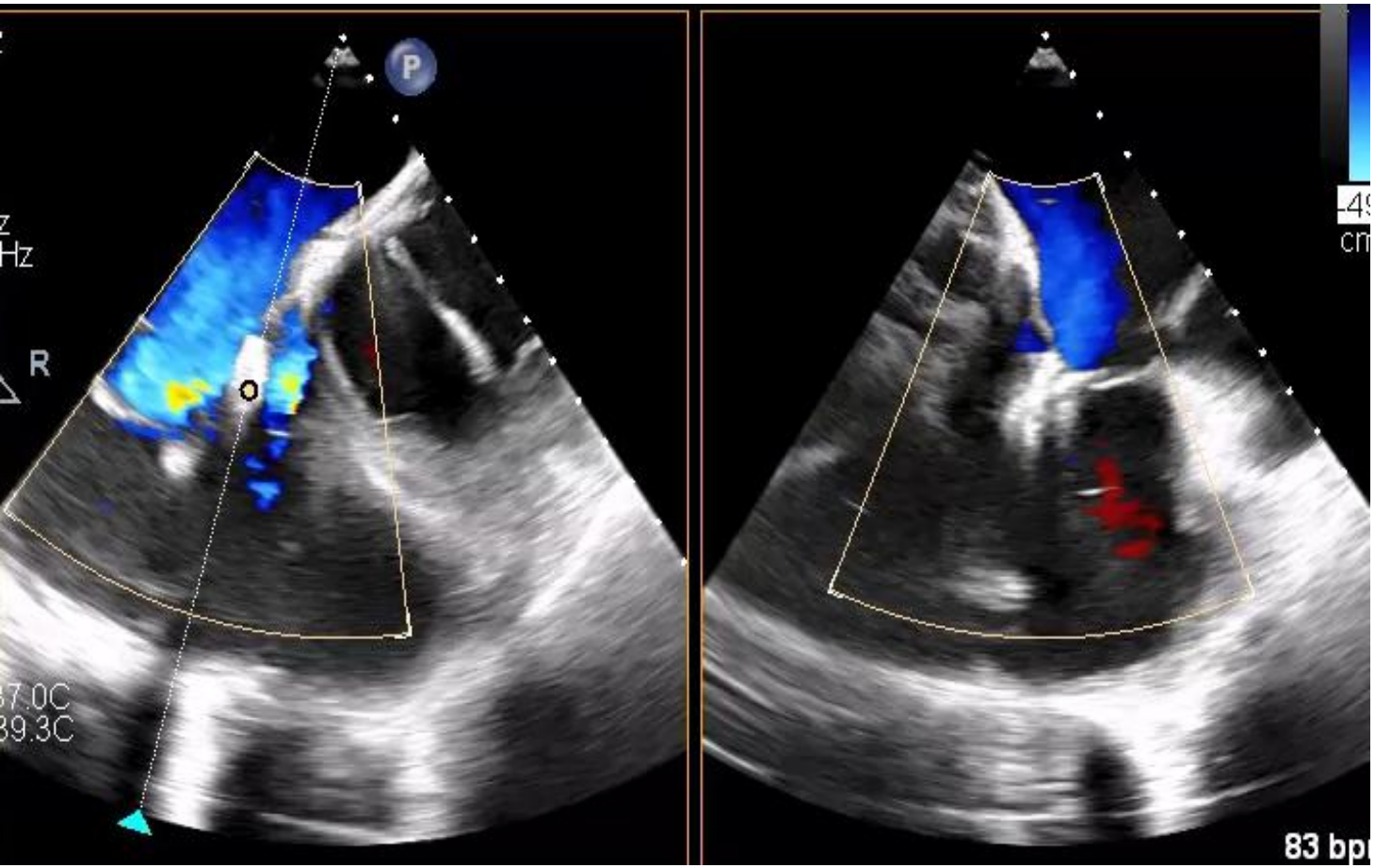
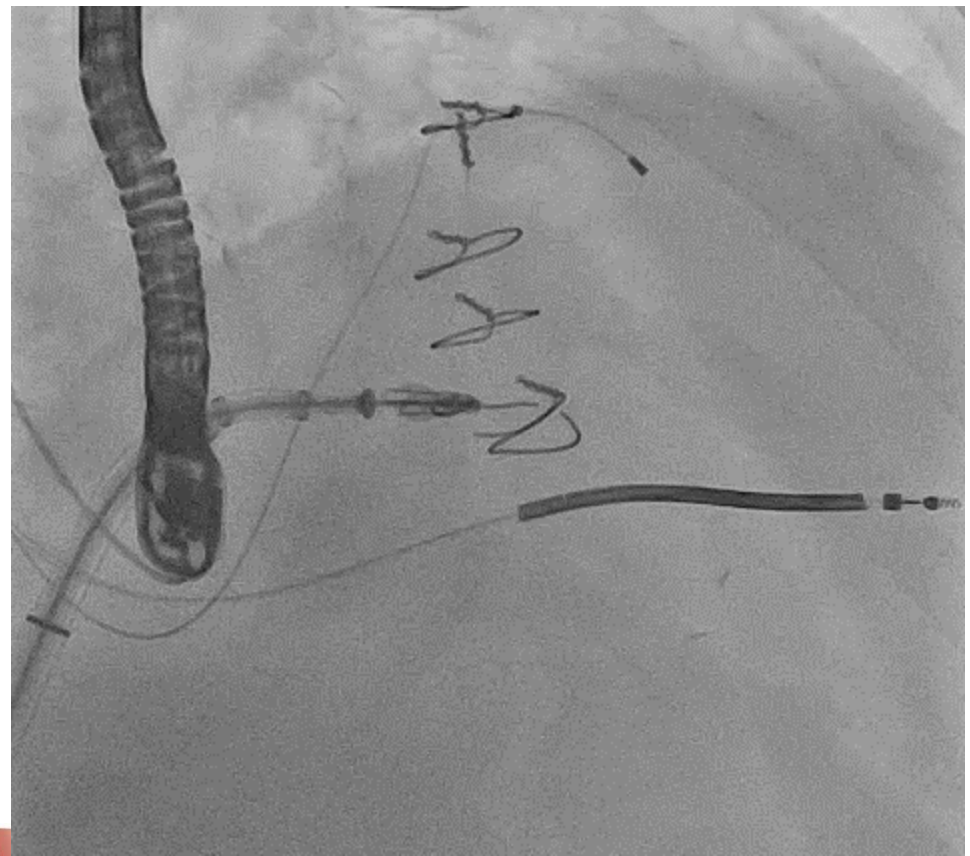
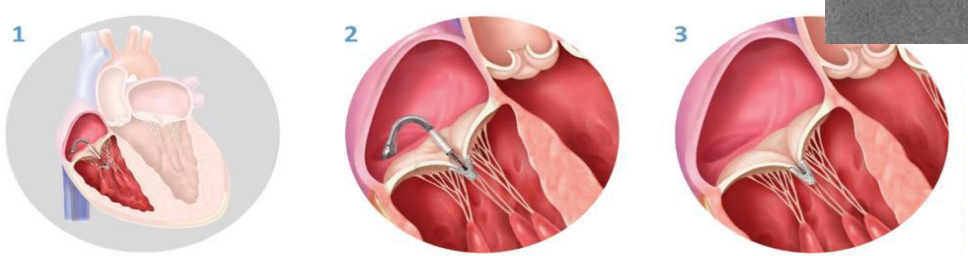

P
R
83 bp

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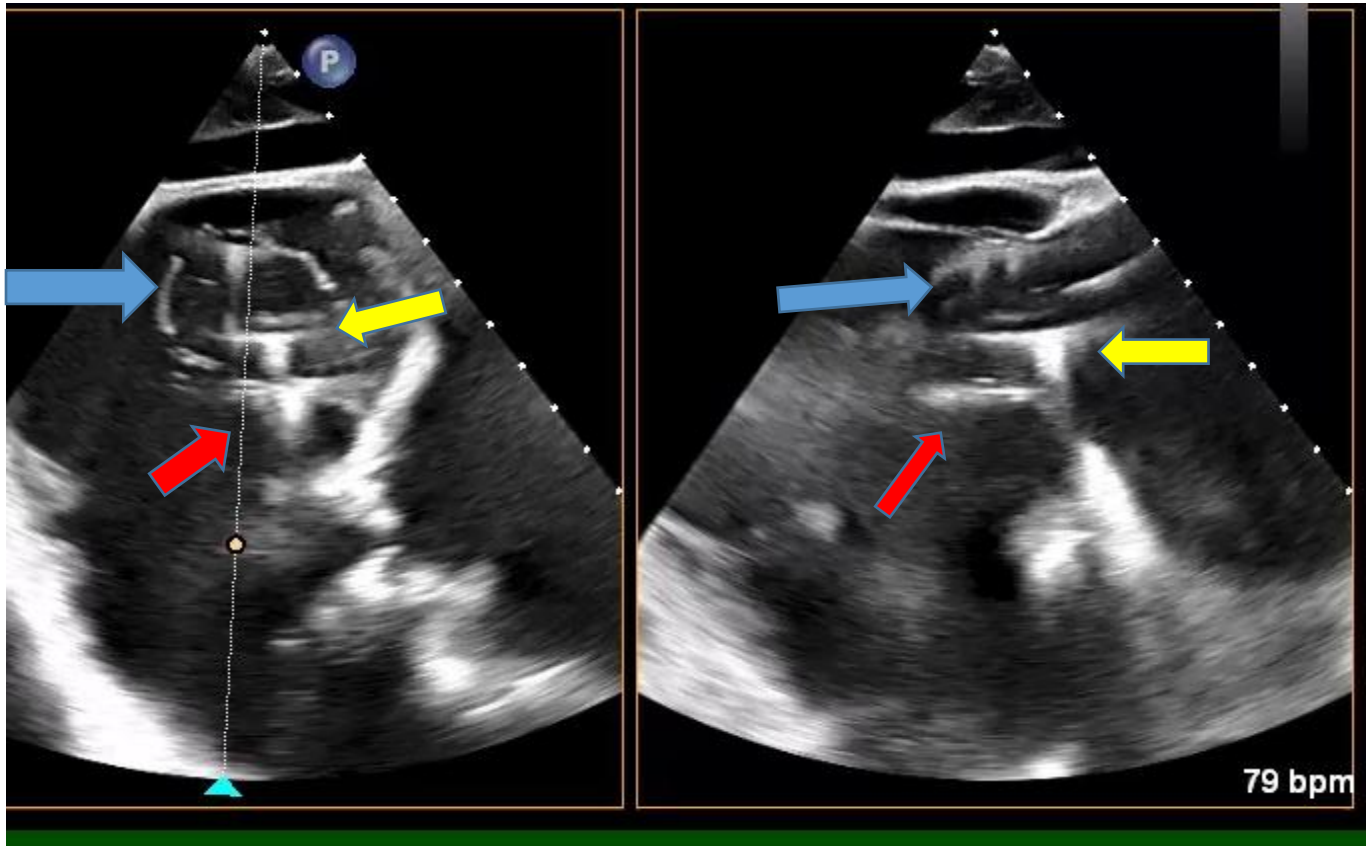
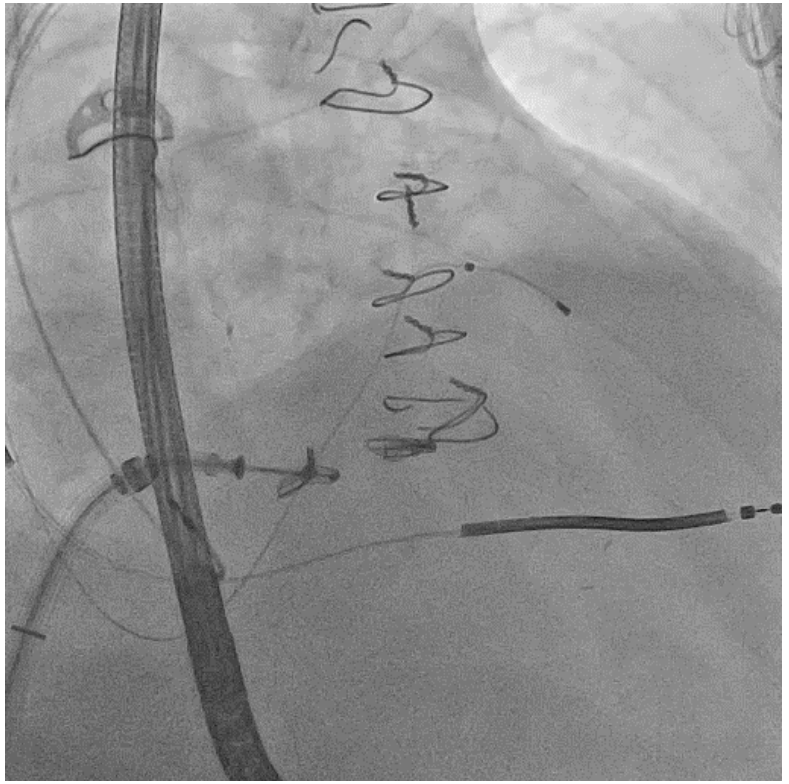
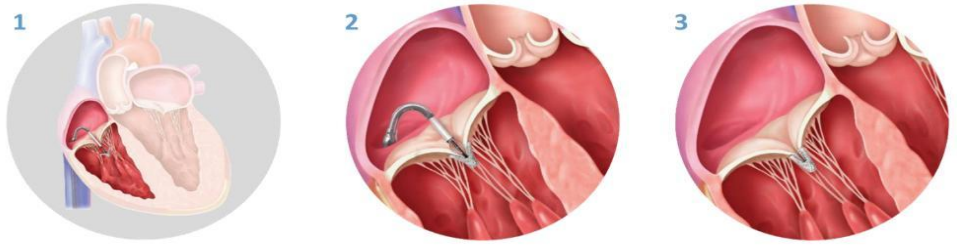

P
79 bpm

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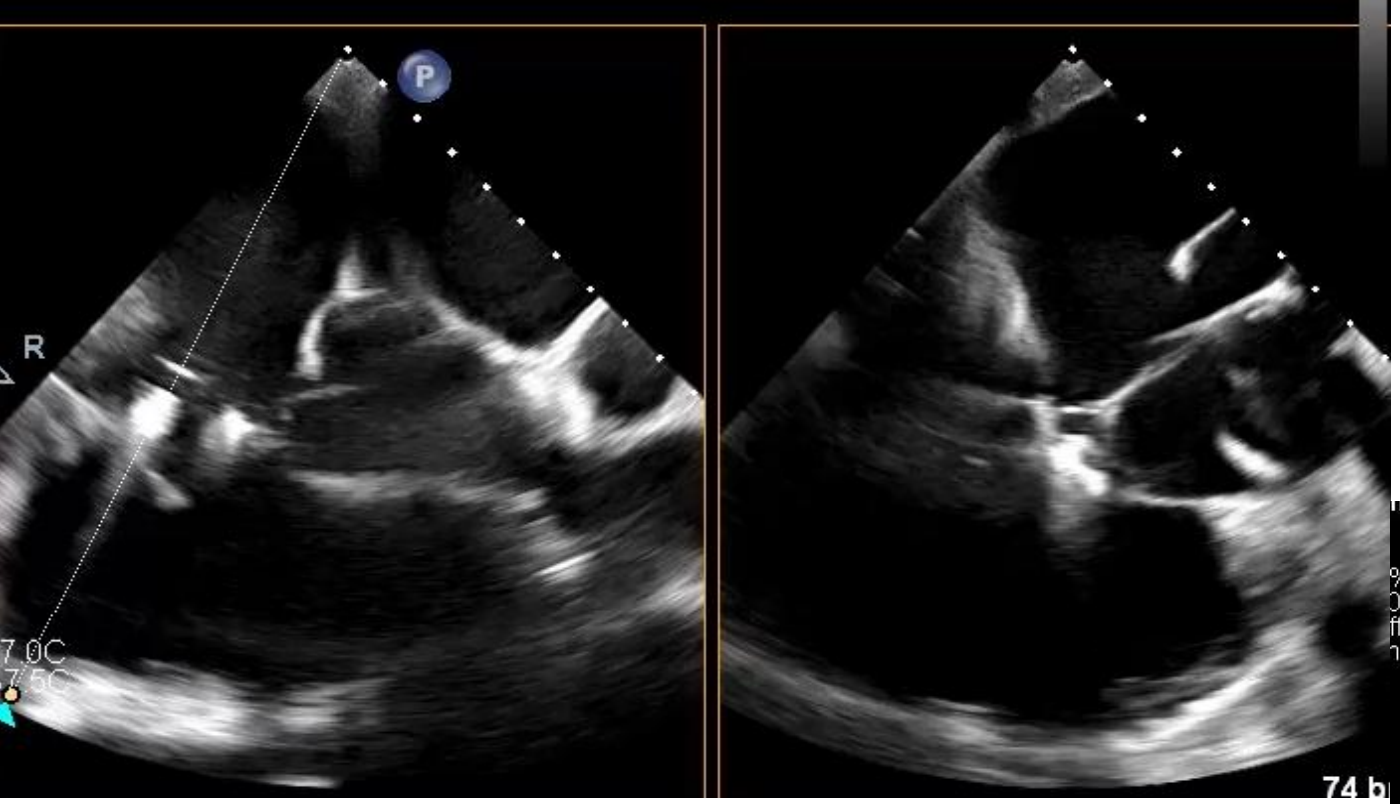
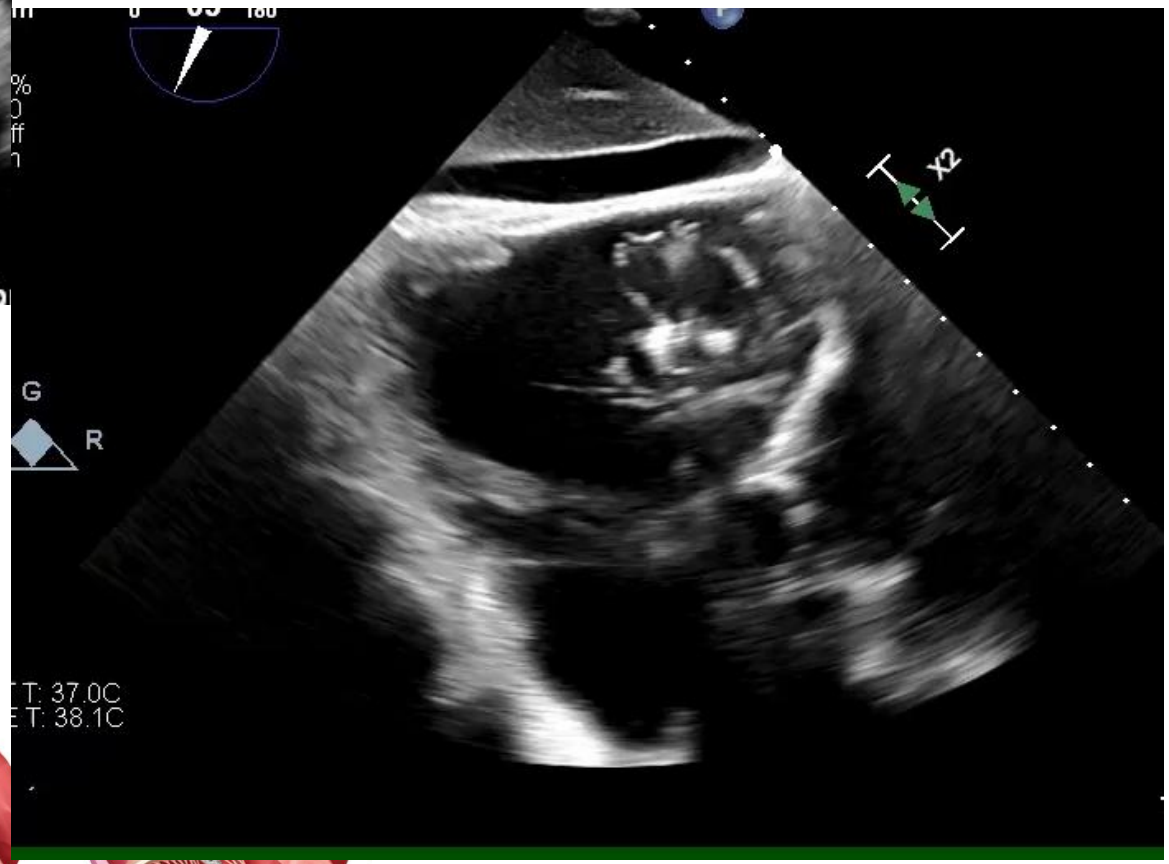
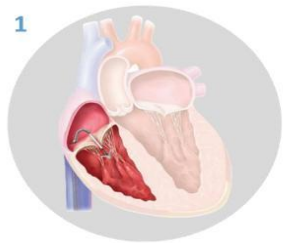
2
3


P
R
7.0C
7.5C
74 b


X2
G
R
T: 37.0C
T: 38.1C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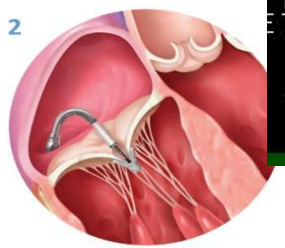
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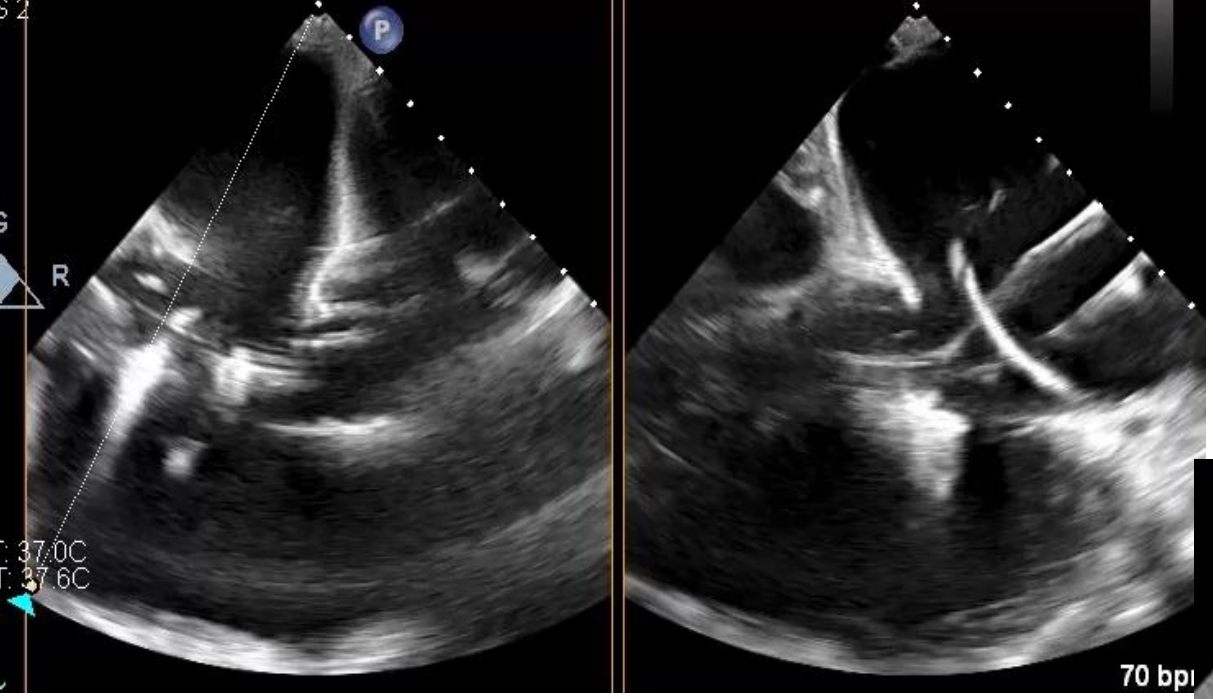
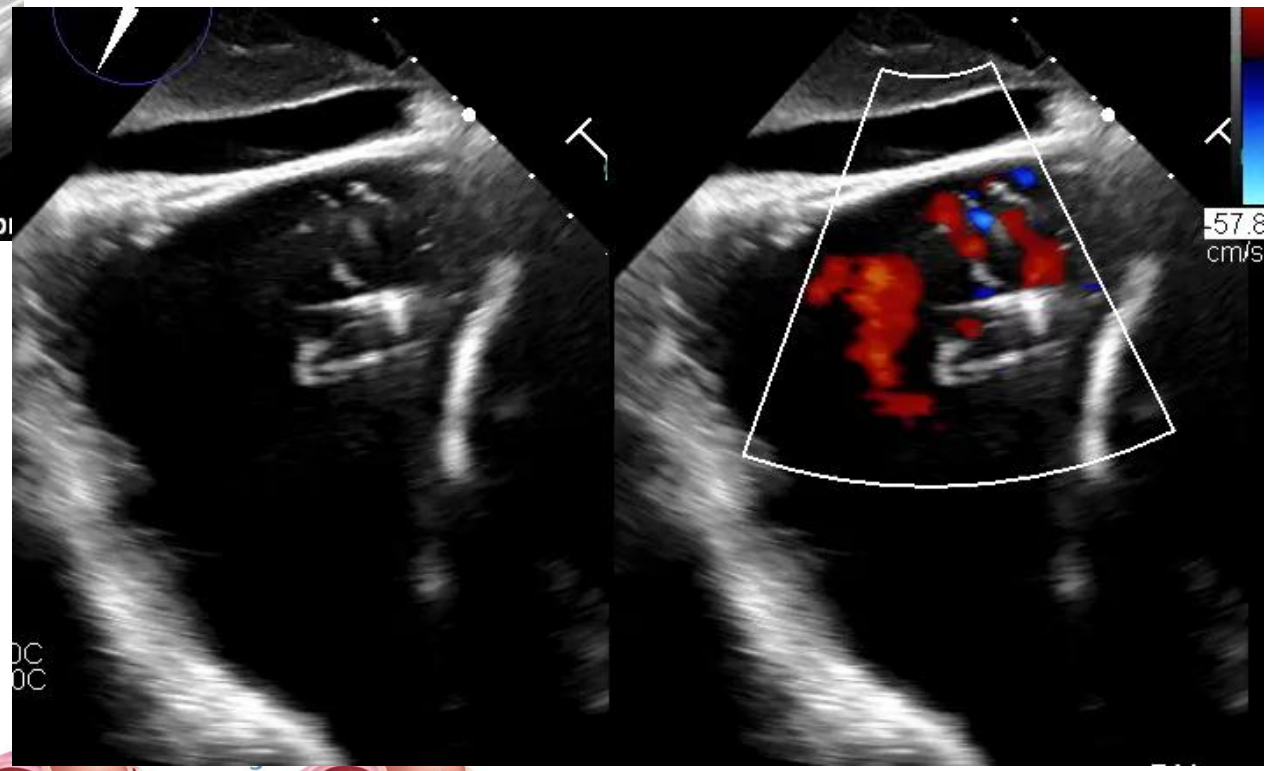
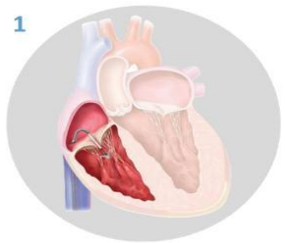

P
R
70 bpm


-57.8
cm/s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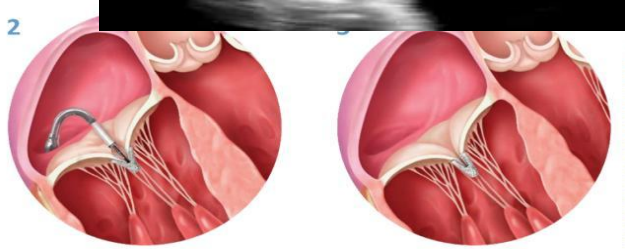
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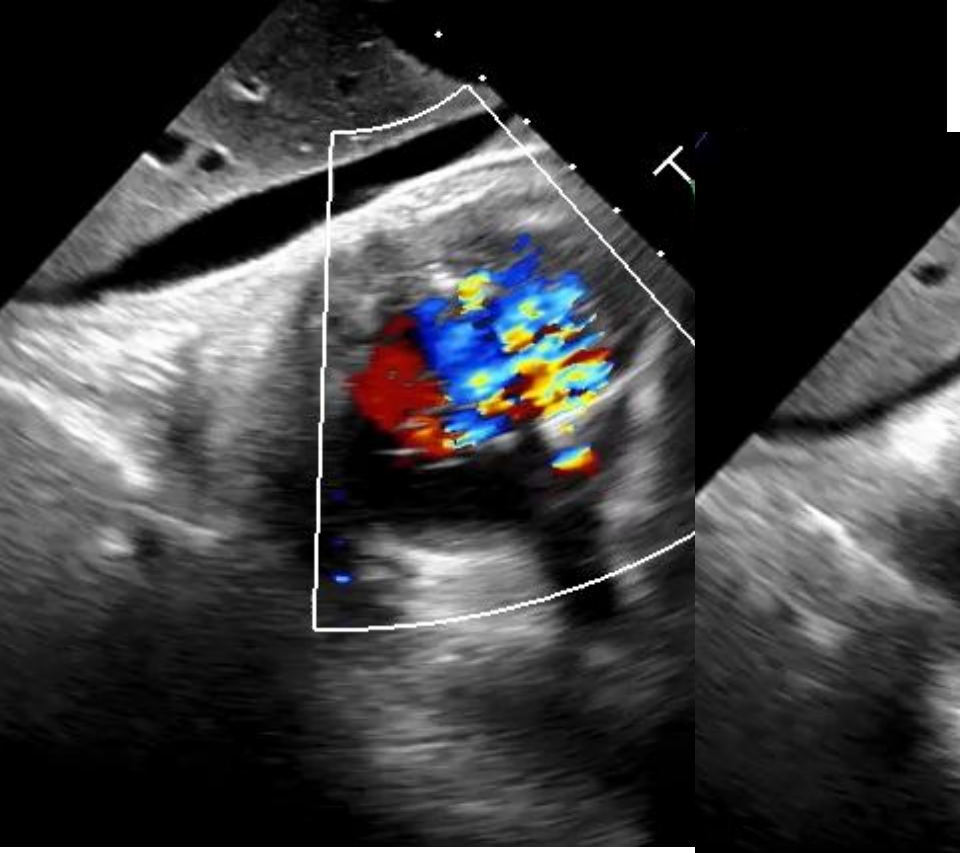
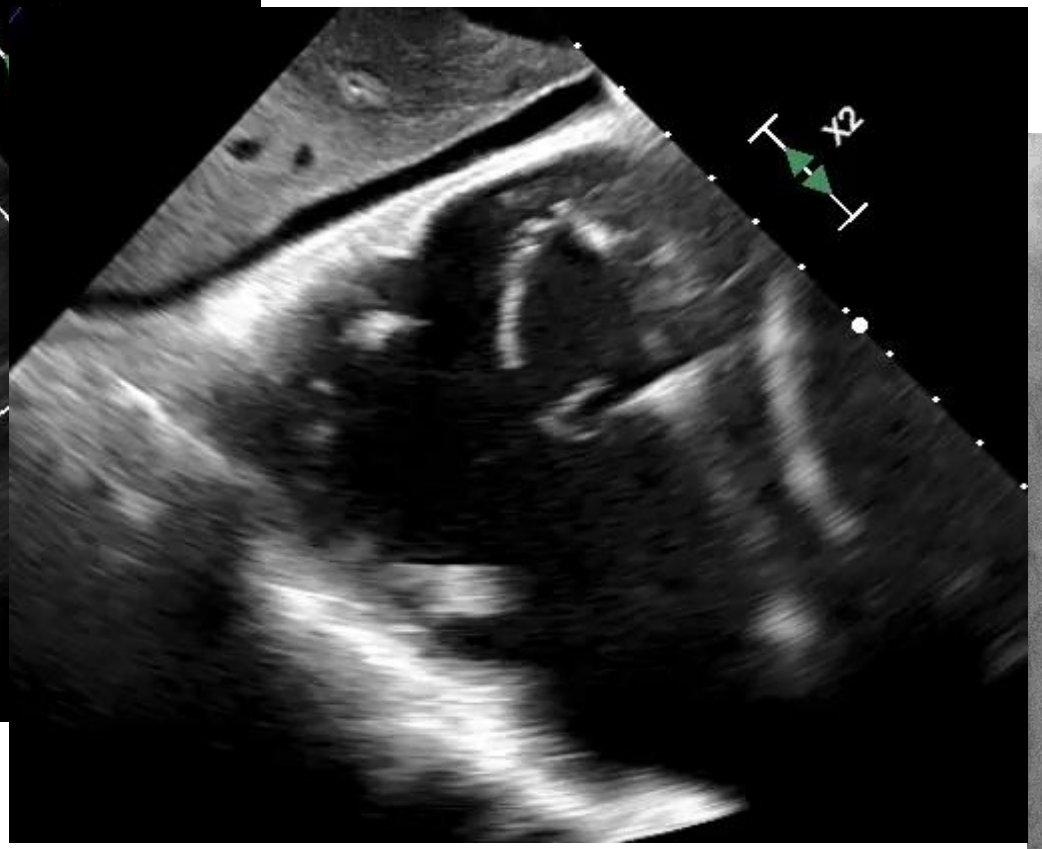
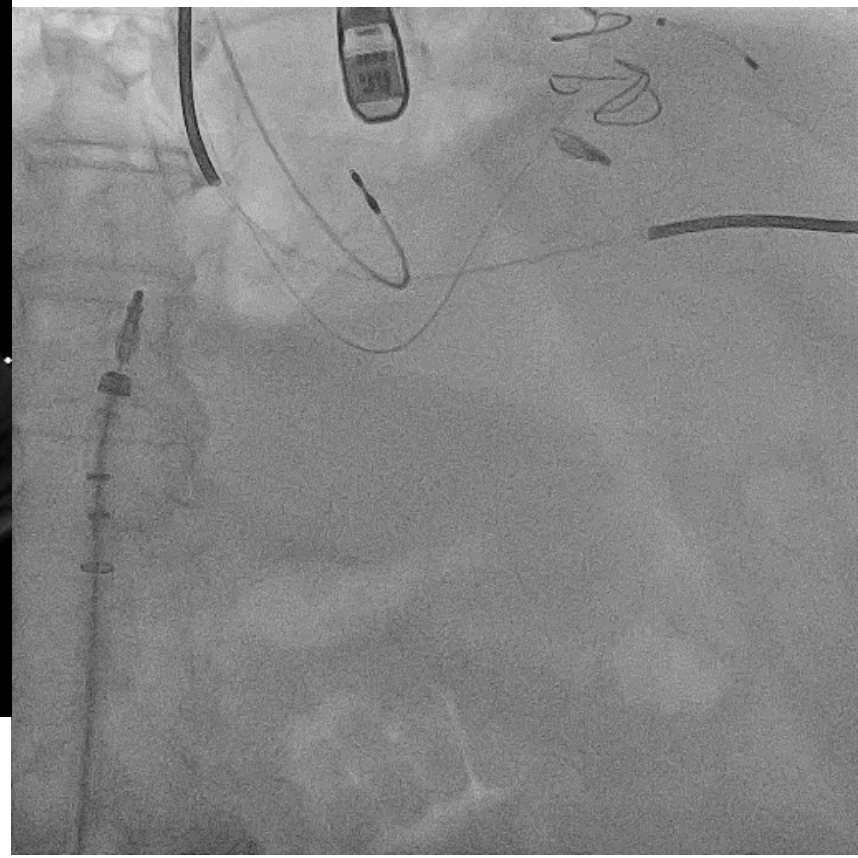
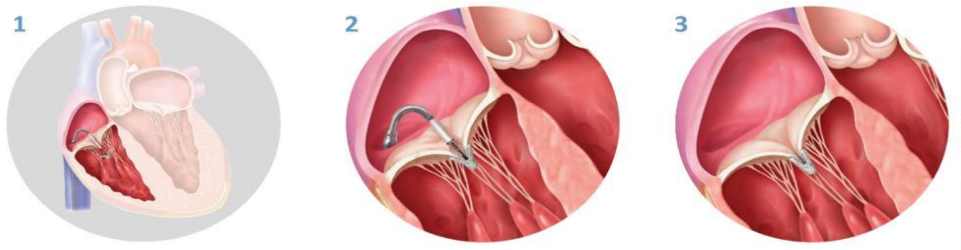



X2




1
2
3

Результаты операции

	Исходно	После клипирования
Градиент на ТК	0 мм.рт.ст	0 мм.рт.ст.
Трикуспидальная регургитация	5	4

1 клипса TriClip XTW

Состав операционной бригады

Оперирующий хирург: Имаев Т. Э.

Ассистенты: Кучин И. В., Лепилин П. М.

Анестезиолог: Ступин Н. Ю.

Анестезист: Никитина О.В.

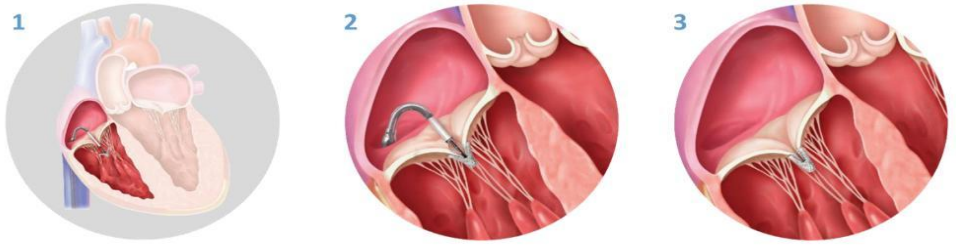
Операционная м/с: Ульянова А. А.

Длительность операции *5 ч 10 минут*

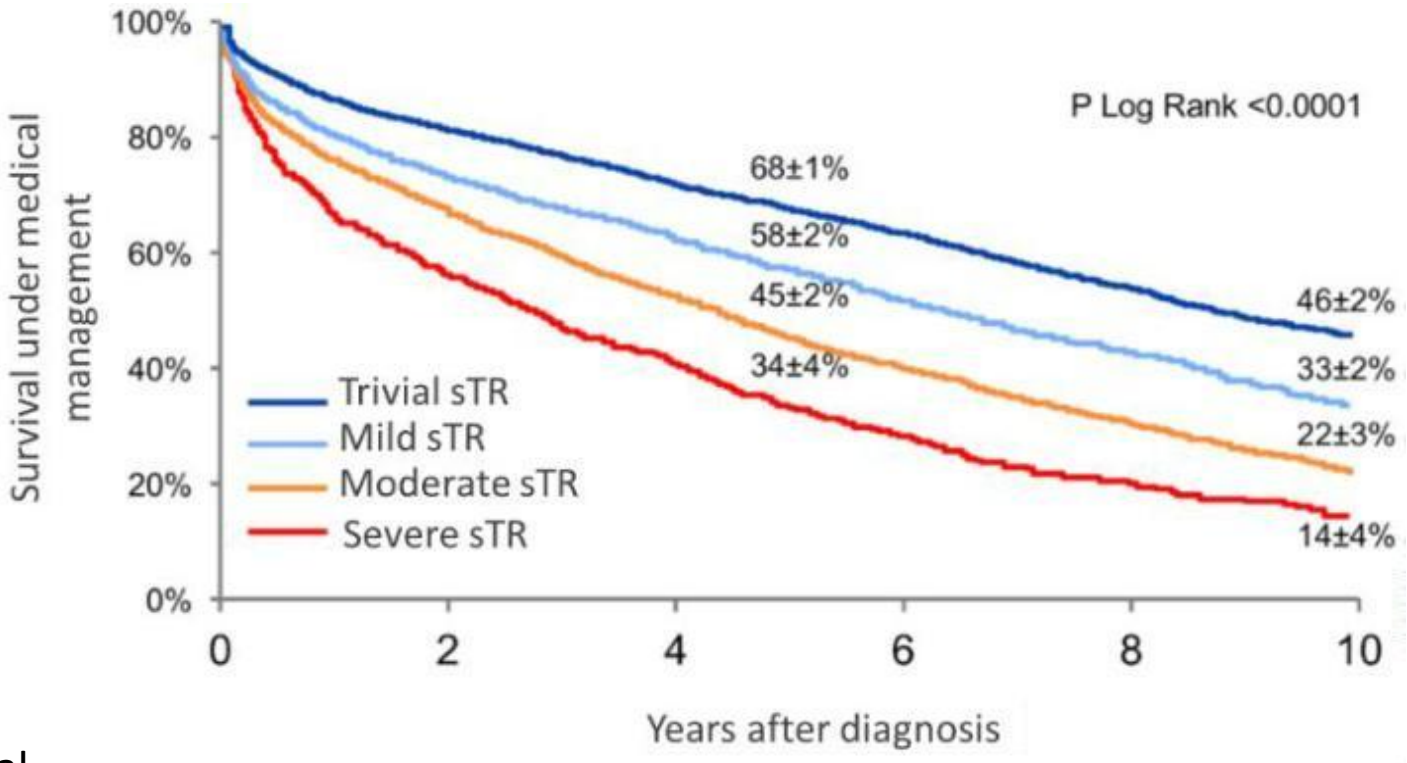
Кровопотеря во время оперативного вмешательства: *50 мл*

Время флуороскопии: *139 мин*

Лучевая нагрузка: *7080mGy*



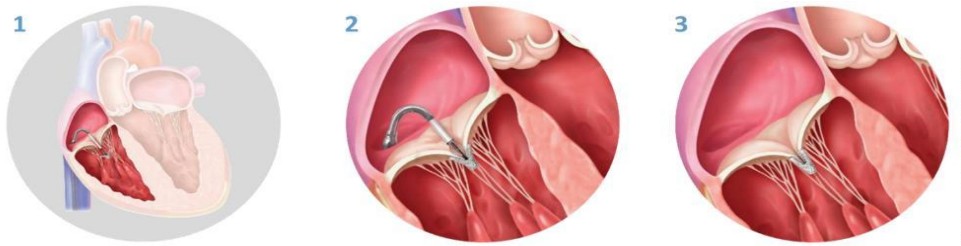
Выживаемость пациентов с ОМТ



Benfari G. et al.

Excess Mortality Associated With Functional

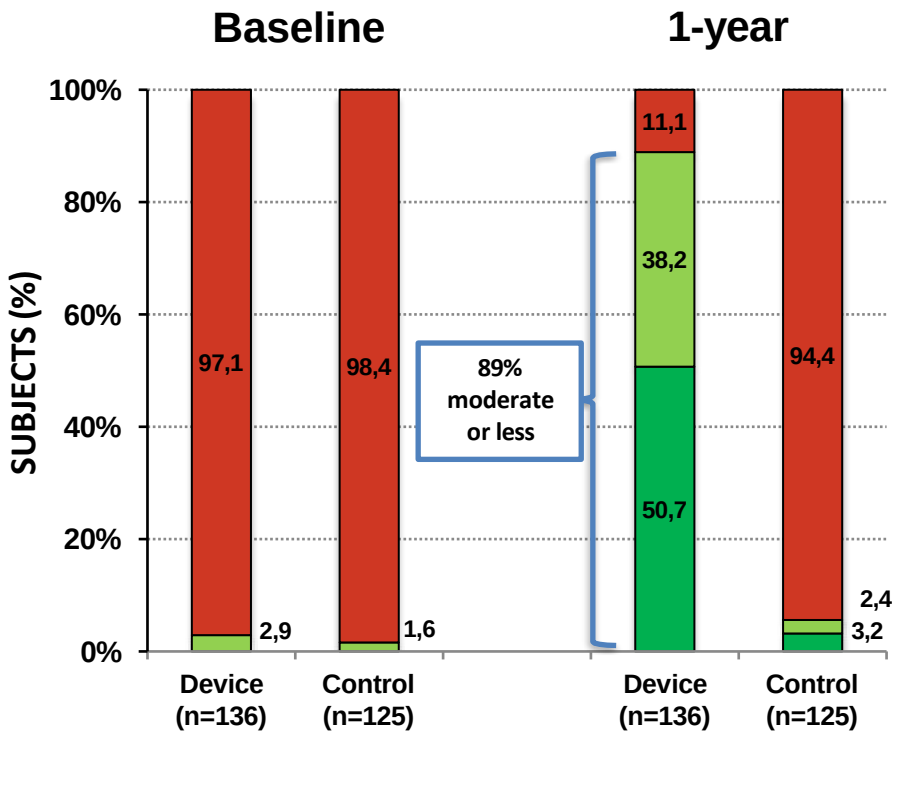
TR Complicating Heart Failure With Reduced Ejection Fraction. Circulation. 2019;140(3):196-206.



TRILUMINATE™ Pivotal
A Randomized Trial for Tricuspid Regurgitation

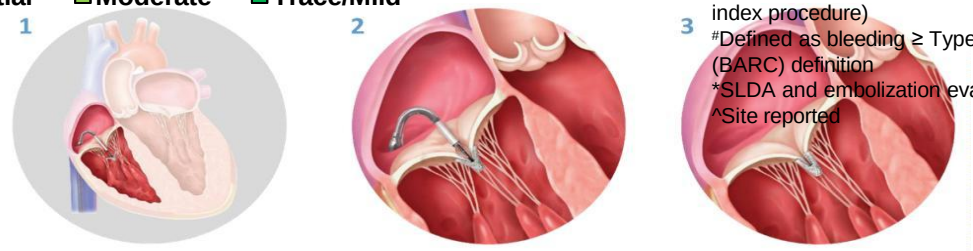
Safety and Efficacy

TR Severity



Device Group, 30-day Adverse Events†

Major Adverse Events (n=172)	**3 (1.7%)**
Cardiovascular mortality	1 (0.6%)
Endocarditis requiring surgery	0 (0%)
New-onset renal failure	2 (1.2%)
Non-elective CV Surgery, TVRS for device-related AE	0 (0%)
Any-cause mortality	1 (0.6%)
Major bleeding#	9 (5.1%)
Single leaflet device attachment (SLDA)*	12 (7.0%)
Stroke	1 (0.6%)
Myocardial infarction	0 (0%)
Device embolization*	0 (0%)
Device thrombosis	0 (0%)
New CRT/CRT-D/ICD/perm. pacemaker^	1 (0.6%)



†Attempted procedure population (3 subjects randomized to Device withdrew consent prior to index procedure)
#Defined as bleeding ≥ Type 3 based on a modified Bleeding Academic Research Consortium (BARC) definition
*SLDA and embolization evaluated through 30-day follow-up
^Site reported

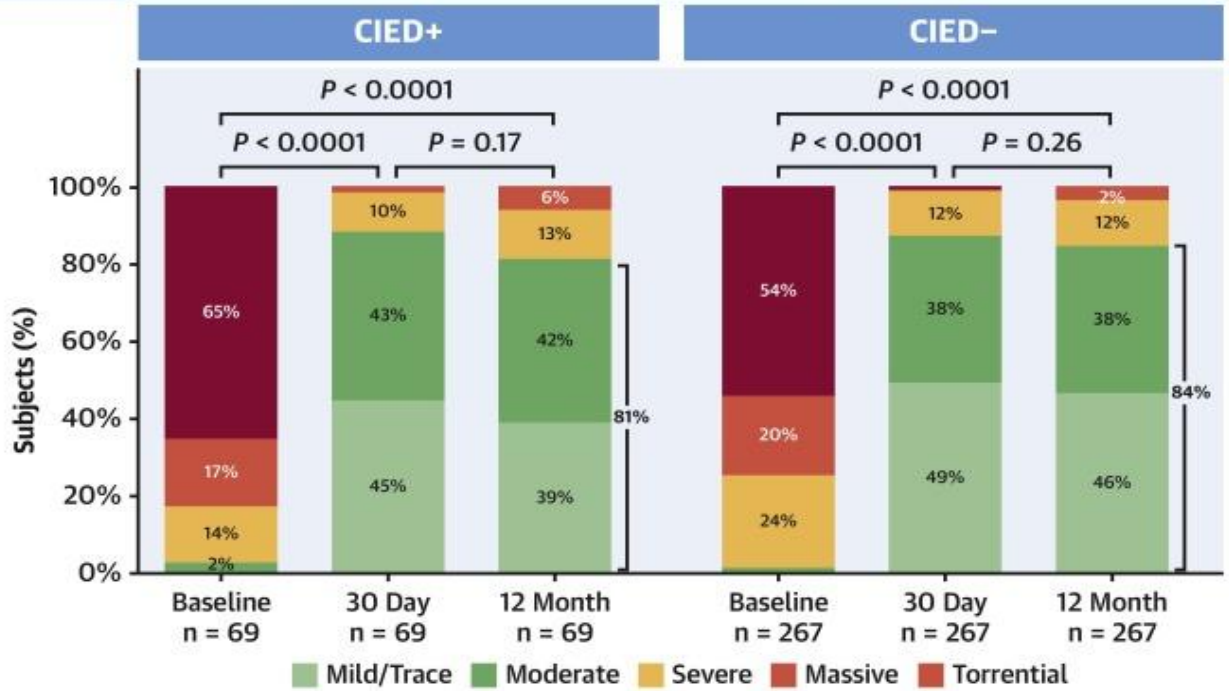
CENTRAL ILLUSTRATION: Tricuspid Transcatheter Edge-to-Edge Repair Was Safe With Few Adverse Events in Patients With Transvalvular Leads

Tricuspid Transcatheter Edge-to-Edge Repair in Patients With Transvalvular Leads: The TRILUMINATE Pivotal Trial

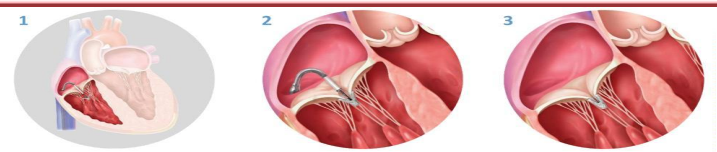
Minimal Adverse Events in Patients With Leads Within 30 Days of Procedure

0%	2%	1%	3.1%
pacemaker lead revision, replacement, or removal	single leaflet device attachment	major adverse events	major bleeding

Significant Reduction in Tricuspid Regurgitation Regardless of Lead Presence



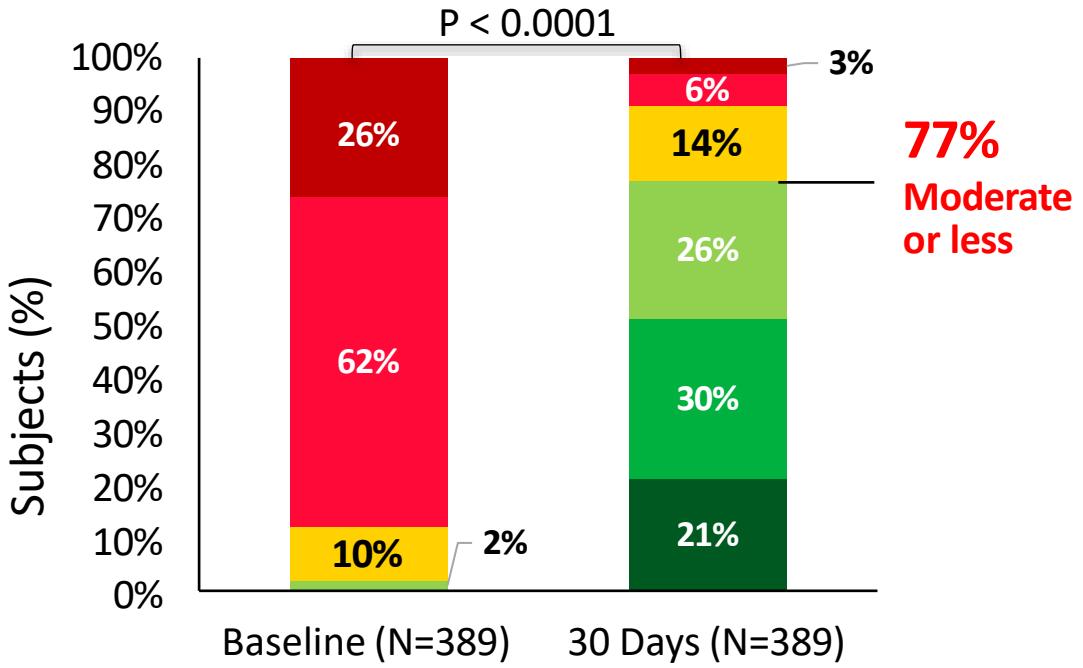
Naik H, et al. JACC Clin Electrophysiol. 2025;10.1016/j.jacep.2025.01.001



Real-world Outcomes for Tricuspid Edge-to-Edge Repair: Acute Results from the bRIGHT Study

TR reduction in subjects with baseline severe, massive, and torrential TR

Paired 30 Day TR Severity



30 Day TR Severity by Baseline TR