AORTIC STENOSIS REFERRAL GUIDELINE

For more information or referral questions, contact your local cardiology practice. For a complete listing, visit mainehealth.org/services/cardiovascular/service-locations

HIGH RISK

SUGGESTED EMERGENT CONSULTATION

SYMPTOMS AND LABS

Stage C & D: Symptomatic, dyspnea on exertion, exertional chest pain, lightheadedness, lower extremity edema, PND, orthopnea or syncope

Significant heart murmur on exam

Severe leaflet calcification with reduced leaflet mobility AVA< 1cm2, Aortic Vmax > 4 m/s, Mean trans aortic pressure is > 40mmHg, SVI < 35ml/m2, with or without reduced LV function.

Patients with a mean trans-aortic gradient of greater than 60mmHg

MODERATE RISK SUGGESTED

CONSULTATION OR CO-MANAGEMENT

SYMPTOMS AND LABS

Asymptomatic Stage B

Heart murmur by exam

Echocardiogram showing moderate aortic stenosis: V max 3.0-3.9m/s, AVA > 1.0, mean gradient 20-40mmHg. Normal LV function, early diastolic dysfunction

LOW RISK

SUGGESTED ROUTINE CARE

SYMPTOMS AND LABS

Asymptomatic Stage A & B

Heart murmur by exam

Echocardiogram showing mild aortic stenosis (Vmax 2.0-2.9m/s)

SUGGESTED PREVISIT WORKUP

Referral to cardiology or advanced heart valve clinic at the Maine Medical Center

For acute symptoms, consider hospitalization

Cardiac catheterization

SUGGESTED WORKUP

Monitor and educate patient on symptoms

Echocardiogram every 1-2 years

Guideline Directed Medical Therapy for HTN

Consider referral to cardiology

SUGGESTED MANAGEMENT

Monitor for symptoms

Echocardiogram every 3-5 years or based on clinical findings

Guideline Directed Medical Therapy for HTN

CLINICAL PEARLS

Stages of Aortic Stenosis

- A: At Risk
- B: Progressive- mild to moderate in severity
- C1: Asymptomatic Severe Stenosis when the LV/RV are compensated
- C2: Asymptomatic Severe when the LV/RV are decompensated



A department of Maine Medical Center

Approved by MMC/MH Advanced Valve Team 7/31/19, Clinical owner: David Butzel, MD; Administrative owner: Richard Veilleux

- D1: Symptomatic patients with high flow high gradient AS
- D2: Symptomatic patients with low flow low gradient AS
- D3: Symptomatic patients with paradoxical low flow low gradient AS



These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances. V1.0 10/19