

*Erratum*

## Proofreading Oversight

In the article titled “‘Simple’ Transcatheter Aortic Valve Replacement With Conscious Sedation: Safety and Effectiveness in Real-World Practice,”<sup>1</sup> published October 15, 2021, minor corrections to the final text should have been incorporated.

### **Abstract, paragraph 3**

*Original*

The *highest 30-day complication rate was associated with* new permanent pacemaker implantation...

*Correction*

The *most frequent complication at 30 days* was new permanent pacemaker implantation...

### **Introduction, paragraph 1, sentences 2 and 3**

*Original*

Improved prosthesis design has *enabled percutaneous procedures through a femoral or radial approach, resulting in* higher success rates and fewer complications. After TAVR *in patients at low* surgical risk,<sup>1,2</sup> the number of patients undergoing TAVR *is* expected to increase markedly.

*Correction*

Improved prosthesis design has *decreased the entry profile of the device, facilitating percutaneous access through a femoral approach, and leading to* higher success rates and fewer complications. After TAVR was approved for use in patients with low surgical risk,<sup>1,2</sup> the number of patients undergoing TAVR *was* expected to increase markedly.

### **Patients and Methods, Simple Transcatheter Aortic Valve Replacement, paragraphs 1 and 2**

*Original*

Simple TAVR is performed *through the femoral or radial artery* with the patient under conscious sedation, after which the patient is taken to a standard hospital room and then discharged the next day. After the team discussion, each operator proceeds if simple TAVR is feasible and reasonable. *Two contraindications to conscious sedation are severe underlying pulmonary disease and the inability to obtain adequate surface TTEs for valve evaluation after deployment.*

Temporary transvenous pacemakers are removed at the end of the procedure if no high-grade atrioventricular block is identified during or after deployment, regardless of preexisting His bundle branch block. Large-bore vascular closure devices, chosen by the operator, are used for hemostasis. *When radial access is the preferred alternative, compression wristbands are used to achieve hemostasis.* Procedural success...

*Correction*

Simple TAVR is performed *percutaneously through the femoral artery* with the patient under conscious sedation, after which the patient is taken to a standard hospital room and then discharged the next day. After the team discussion, each operator proceeds if simple TAVR is feasible and reasonable.

Temporary transvenous pacemakers are removed at the end of the procedure if no high-grade atrioventricular block is identified during or after deployment, regardless of pre-existing His bundle branch block. Large-bore vascular closure devices, chosen by the operator, are used for hemostasis. *Secondary arterial access sites, whether femoral or radial, are closed at the operator's discretion with use of devices or manual hemostasis.* Procedural success...

## Discussion, paragraph 1, sentence 2

### *Original*

In our streamlined procedure, the patient is under conscious sedation, access is gained through the *femoral or radial artery*, and early discharge from the hospital is anticipated.

### *Correction*

In our streamlined procedure, the patient is under conscious sedation, access is gained *percutaneously through the femoral artery*, and *very* early discharge from the hospital is anticipated.

The online article and PDF have been corrected.

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## References

1. Postalian A, Strickman NE, Costello BT, Dougherty KG, Krajcer Z. "Simple" transcatheter aortic valve replacement with conscious sedation: safety and effectiveness in real-world practice. *Tex Heart Inst J.* 2021;48(4):e207528. doi:10.14503/THIJ-20-7528