

NCAP

NATIONAL CARDIAC AUDIT PROGRAMME

NICOR

Transcatheter Aortic Valve Implantation (TAVI) Registry



2025 Annual Report

Data up to 2023/24

BCIS





All data are for 2023/24 unless otherwise specified.



32 NHS TAVI hospitals in England, Wales and Northern Ireland



8,766 procedures in 2023/24, a **13%** increase compared with 2022/23



26% of cases were performed urgently



The proportion of women receiving TAVI remains lower than anticipated at **41%**



95% of procedures are being undertaken with conscious sedation and using the transfemoral approach



Median length of stay (LOS) for elective cases has reduced from 3 days in 2022/23 to **2 days** in 2023/24



1-2% complication rates (including death, stroke, access complications and moderate/severe aortic regurgitation) remain low



7.7% requirement for a pacemaker (whether before, during or after a procedure) is lowest recorded



1. Regions with lower rates of TAVI procedures should review their clinical pathways to ensure referral rates meet the requirements of the local population.
2. Hospitals with low levels of urgent cases should review their clinical pathways to determine feasibility of earlier treatment.
3. Hospitals should review the details of patients who have complications early after discharge to determine whether opportunities to avoid these are being missed.
4. Every centre performing TAVI procedures should improve data completeness across all variables. It is essential to include the TAVI device serial number.

This report presents selected key findings from the national audit of Transcatheter Aortic Valve Implantation (TAVI)



The Transcatheter Aortic Valve Implantation (TAVI) audit is part of the National Cardiac Audit Programme (NCAP) which is run by the National Institute for Cardiovascular Outcomes Research (NICOR).

This report details activity for TAVI procedures for England & Wales and Northern Ireland (Scotland no longer participates within the UK audit). It covers both NHS hospitals and also private centres that have agreed data sharing with NICOR.

The key focus of the audit is quality assurance and improvement. The report summarises the number of patients being treated, where this treatment is delivered, the quality of the care and the outcomes for patients. Relevant national or international guidelines and standards are shown so that hospital performance can be benchmarked. Details around the quality improvement (QI) metrics can be found [here](#).

This report is of value to a wide range of stakeholders but importantly it allows patients and their relatives to better understand TAVI practice and its outcomes in the UK. **The slides in the report are interactive so you can select and explore the data that interest you.**

The latest data are for the 2023/24 financial year (April 2023 to March 2024), which are presented alongside trends for the last 10 years. All summary statistics are based on data that are self-reported by hospitals and unadjudicated unless otherwise stated.

The TAVI audit relies on the active contribution of all participating UK TAVI centres. Detailed information has been entered by hospitals, queried and cleaned before analysis is undertaken by the NICOR team. We are very grateful to all the staff at the contributing centres for their time in developing this audit.

We will continue to work closely with TAVI centres, patients and other stakeholders to improve the quality of audit data and how these are used to improve the delivery of high quality TAVI care in the UK.

NICOR TAVI audit team

Transcatheter Aortic Valve Implantation (TAVI) is a procedure provided by 32 NHS and eight private hospitals in England, Wales and Northern Ireland



TAVI centres in the UK

NHS TAVI Centres in England,
Wales and Northern Ireland

32



Private TAVI Centres in England

8



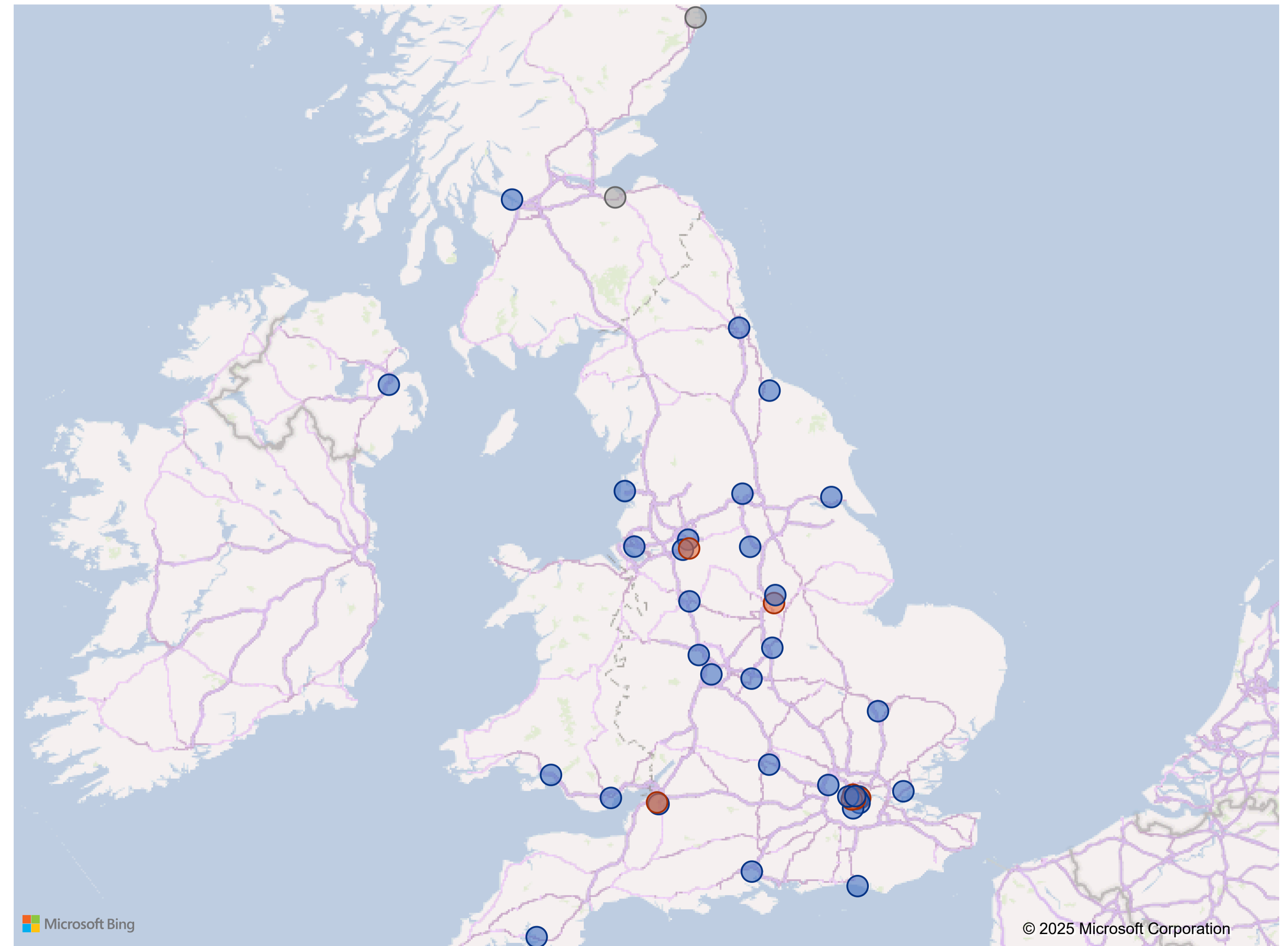
NHS TAVI Centres in Scotland

3



The audit summarises data from 32 NHS TAVI centres in England, Wales and Northern Ireland and from 4 of 8 private centres. From 1st April 2024, Manchester Royal Infirmary (MRI) will no longer be carrying out TAVI procedures. It has been in a process of transferring services to Wythenshawe Hospital since 2020, which may help explain its low numbers and case mix.

Data from Scotland are not included.



Microsoft Bing

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Data completeness is generally good across the audit but needs to be improved for a number of key fields, especially to assist benchmarking



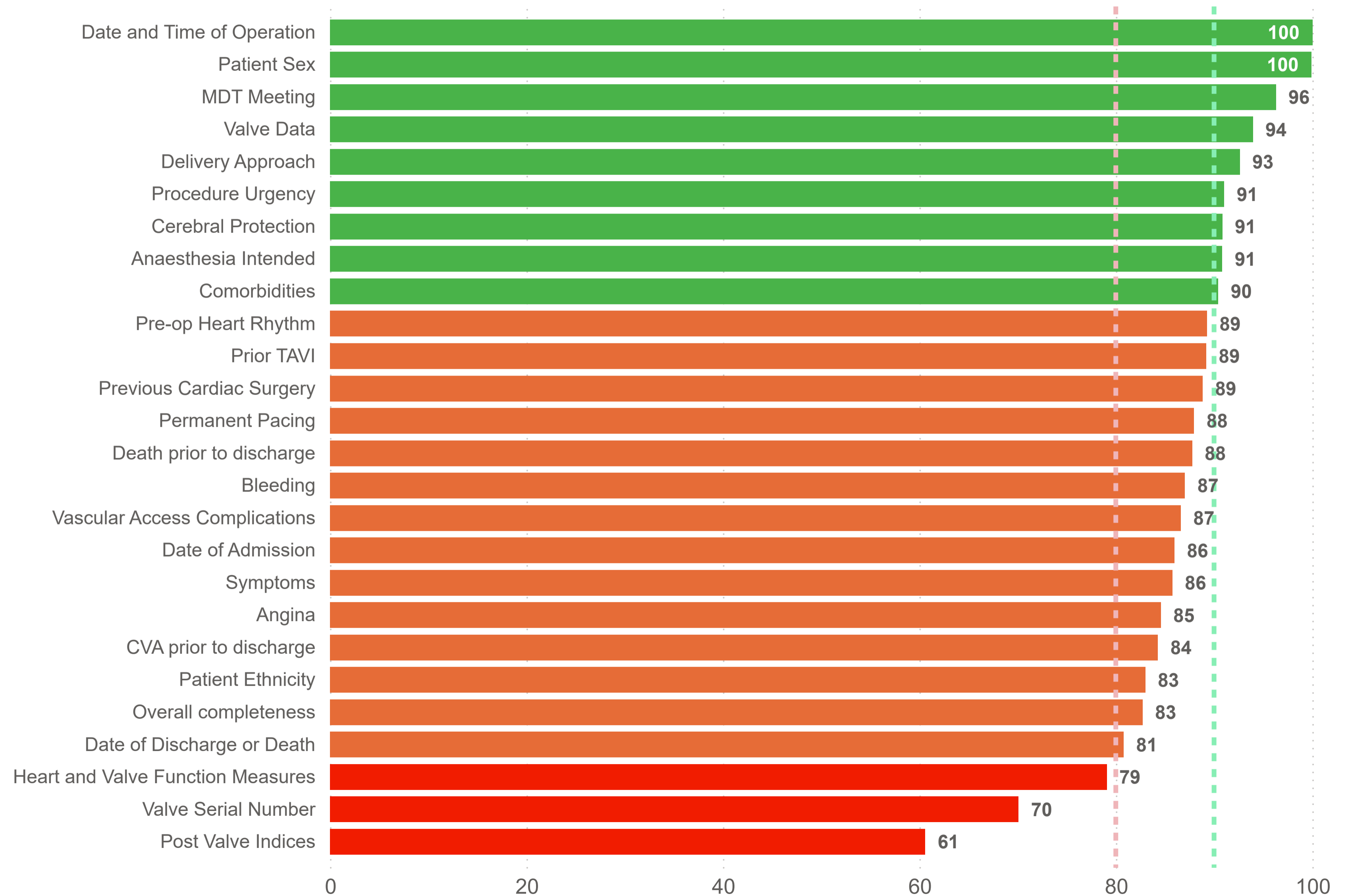
Percentage completeness of data variables in the TAVI audit (2023/24)

Average data completeness across all the data fields in the TAVI audit is 85%.

There are some fields where data completeness is comprehensive but some important fields such as ethnicity, date of discharge, and post TAVI valve indices which are completed less well.

Incomplete submitted data can limit the ability to draw conclusions with confidence.

Although there has been no improvement in average data completeness over the past 12 months, the proportion of fields with more than 90% completeness has improved. However, some fields required for risk assessment are still poorly completed. It is essential to add the valve serial number.



Select hospital



Clicking on a page title will take you to that page

Profile of TAVI procedures

- All cases
- TAVI and isolated AVR
- TAVI procedures by hospital
- TAVI procedures by ICB/HB
- TAVI procedures by cardiac network
- Urgency of cases by hospital
- TAVI procedures by sex
- Age of TAVI patients
- Age of TAVI patients by hospital
- TAVI procedures by age groups
- TAVI procedures by age group by sex
- TAVI procedures by age group by hospital
- Age of TAVI patients by sex
- TAVI urgency by sex
- Ethnicity of TAVI patients
- Prior surgery
- Prior bioprosthetic valve
- Prior TAVI

Procedural data

- Conscious sedation
- Delivery approach
- Delivery approach other than perc TF
- Cerebral protection
- LOS for elective cases
- LOS for elective cases by hospital
- Elective LOS distribution by hospital
- LOS for urgent cases
- LOS for urgent cases by hospital
- Urgent LOS distribution by hospital

Outcomes

- In-hospital mortality
- 30-day mortality
- In-hospital stroke
- Major bleeding
- Major vascular access complications
- Aortic regurgitation
- Implantation of PPM

The number of TAVI procedures continues to increase with urgent cases rising faster than elective cases



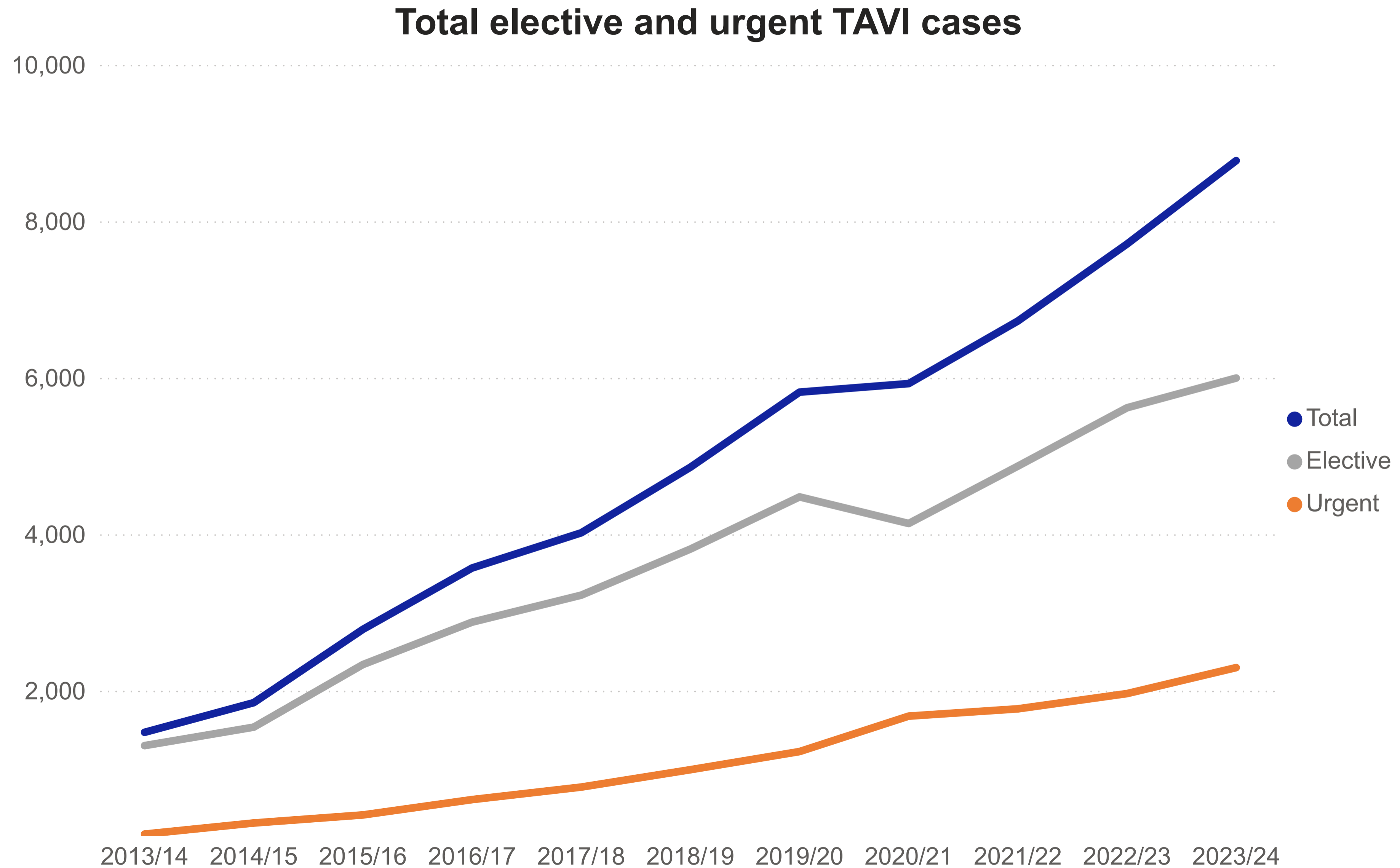
The total number of TAVI cases in 2023/24 was 8,766 compared with 7,710 in 2022/23. This is an increase of 13% (similar to the increase seen between 2021/22 and 2022/23).

Elective cases increased from 5,617 to 5,997 (a 7% rise).

Urgent procedures accounted for 26% of all cases (rising to 2,296 from 1,964 in 2022/23, a 17% increase). More work is needed to understand the reasons for the growth in the proportion of urgent TAVI cases.

There were 141 TAVI cases per million population in the UK in 2023/24, up from 124 in 2022/23.

Note: Numbers of cases for previous years and the overall rate for 2022/23 may have changed since last year's report as hospitals corrected their data and updated population estimates were obtained from ONS.



TAVI numbers continue to increase, while surgical AVR numbers are unchanged



Patients with aortic stenosis, a narrowing of the valve through which blood passes from the major pump of the heart to the body, are treated by either:

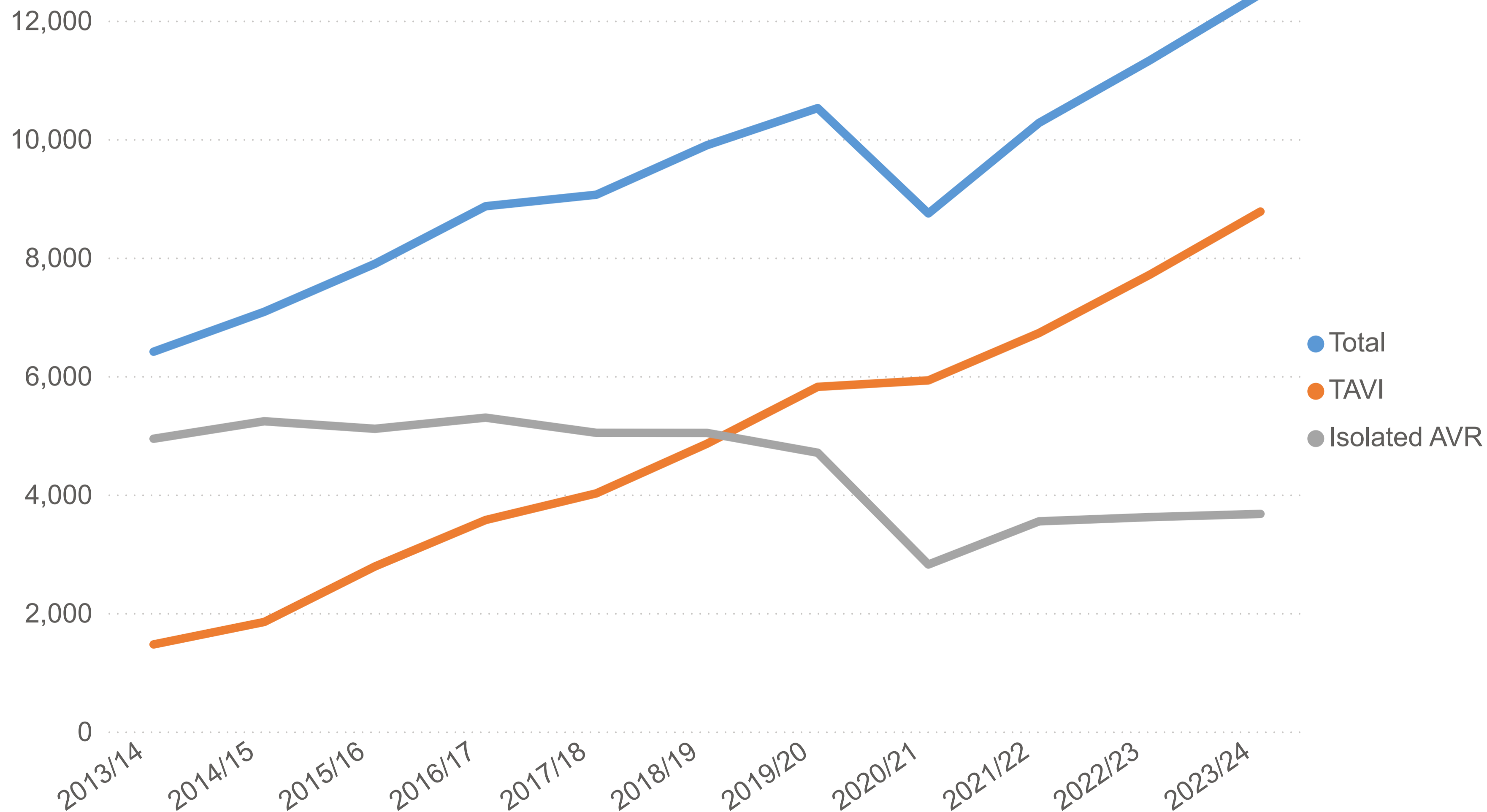
- TAVI
- Surgical aortic valve replacement (AVR)

Isolated AVR procedures occur when only the aortic valve is replaced. In other patients, an additional surgical procedure such as coronary artery bypass grafting (CABG) may be needed.

The total number of AVR and TAVI procedures has increased steadily. Overall these procedures have increased by 10% since 2022/23.

Whilst there has been an increase in the number of people receiving TAVI, the number of people being treated by isolated surgical valve replacement has not changed significantly over the past 12 months.

Surgical aortic valve cases by type of procedure





The average number of TAVI procedures per centre has increased

UK hospitals undertook an average of 240 cases in 2023/24 (up from 219 the previous year).

There has been an increase in TAVI activity across UK hospitals, with 13 UK hospitals performing more than 300 cases, compared with 5 hospitals in 2022/23.

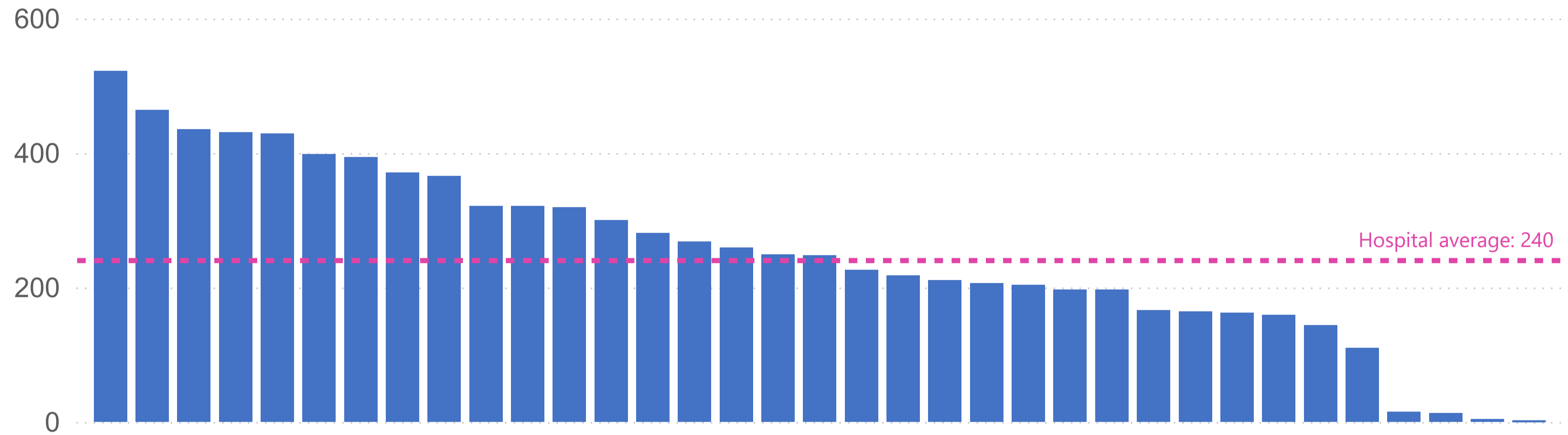
Activity in 9 NHS centres remains below 200 cases per annum (the centre undertaking fewer than 100 cases is stopping TAVI procedures from 1/4/2024).

Selecting a country/Cardiac Network and/or a hospital below shows the total cases for those selections.

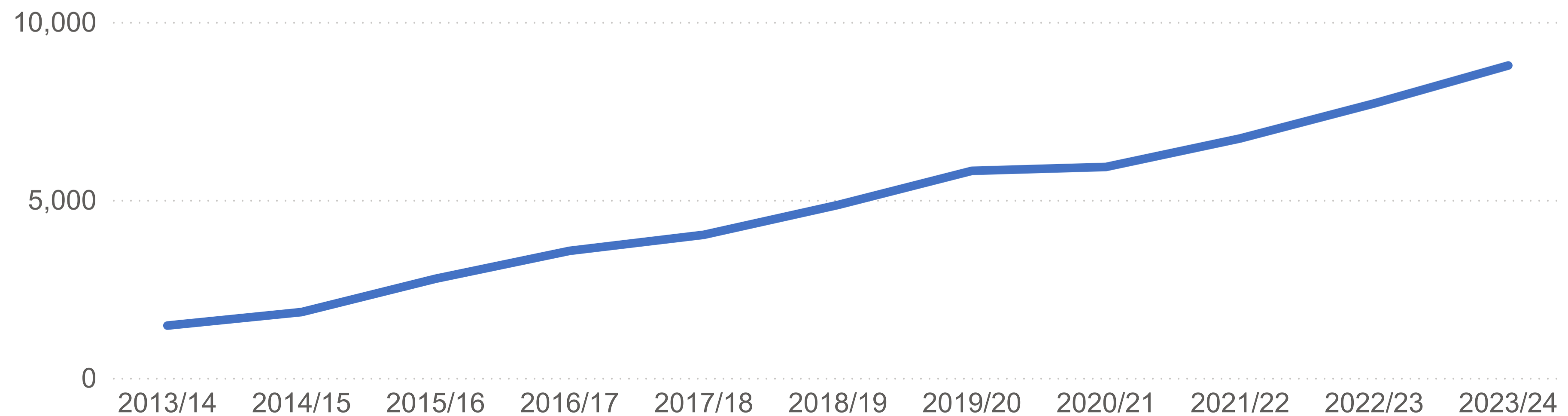
Select country/Cardiac Network

Select hospital

Total TAVI cases by hospital (2023/24)



Total TAVI cases



TAVI rates per million population vary considerably across Integrated Care Boards in England and Health Boards in Wales



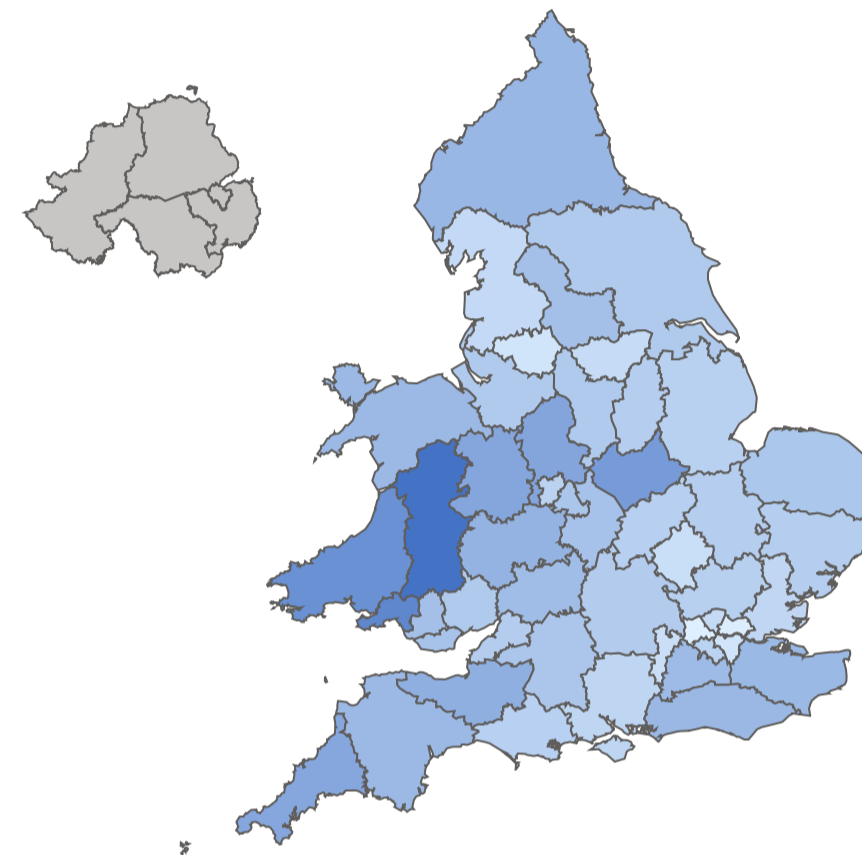
The maps show a wide variation in the rate of TAVI procedures per million (ppm) population across the 42 Integrated Care Boards (ICBs) in England and seven Health Boards (HBs) in Wales:

- Rates varied from 65 ppm in North West London ICB to 329 ppm in Powys Teaching HB
- Elective procedures varied from 39 pmp in Bristol, North Somerset and South Gloucestershire ICB to 224 pmp in Powys Teaching HB
- Urgent procedures varied from 2 pmp in South Yorkshire ICB to 104 pmp in Powys Teaching HB.

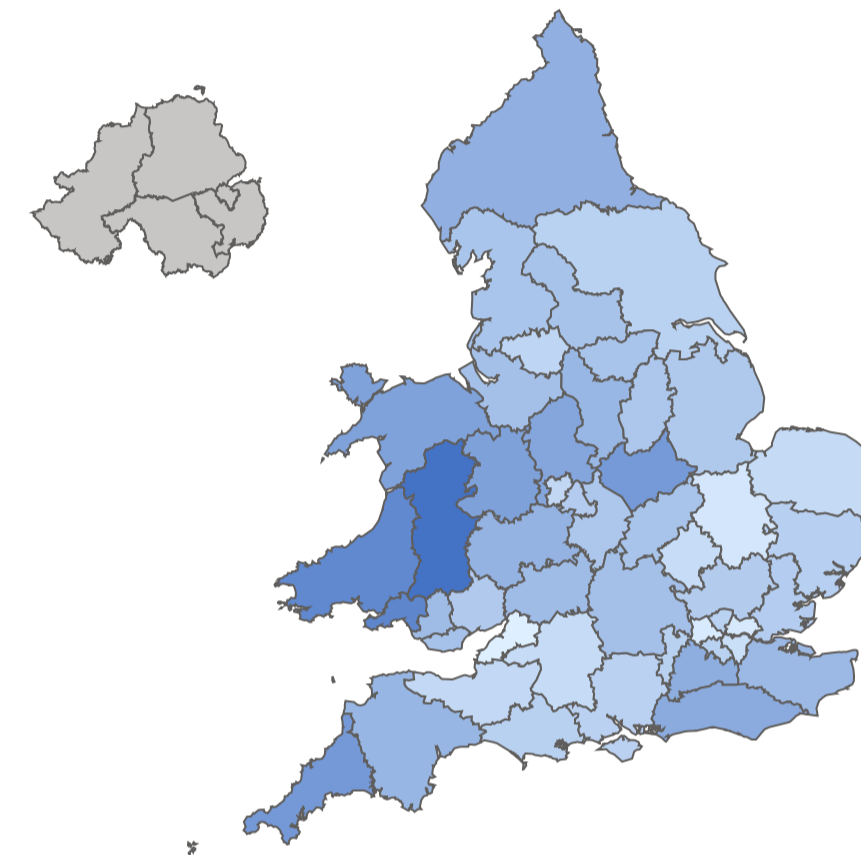
These variations suggest an unequal access to TAVI as a treatment option across the country. This is only partially explained by the length of time individual hospitals have been operating their TAVI programmes. The data are not age-standardised and other factors may influence these observations.

Note: Maps based on patient home location. Northern Ireland hospitals do not submit patient home postcode information. Private centres are also excluded. Local rates are based on mid-2022 population estimates.

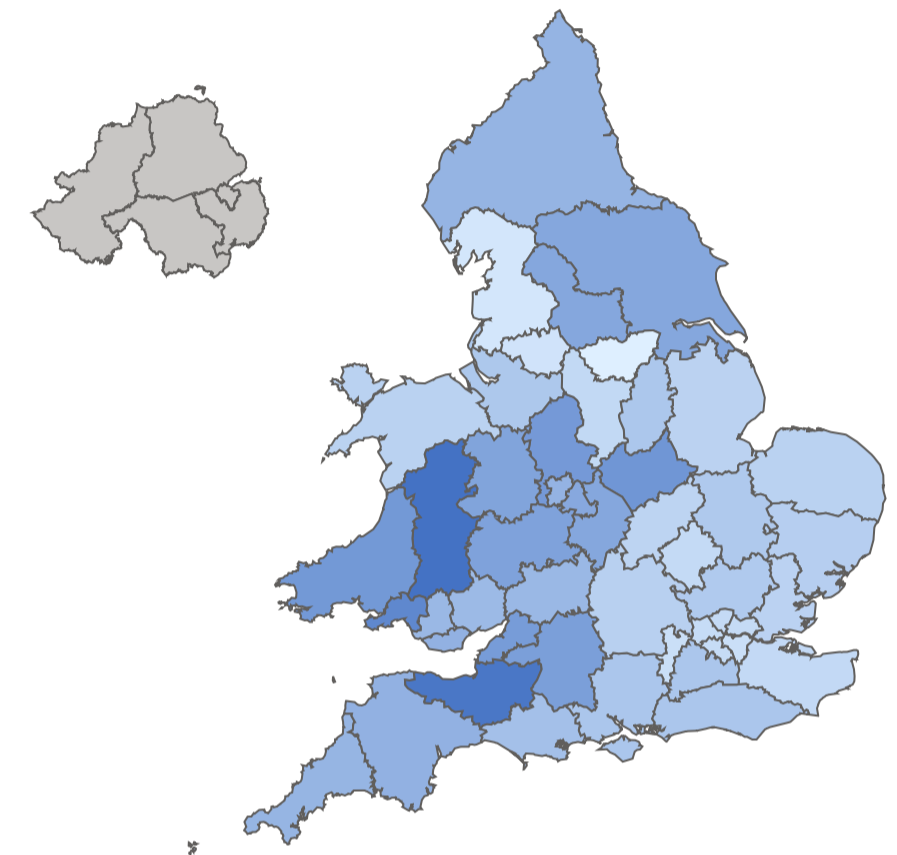
Total TAVI cases per million population by ICB/HB (2023/24)



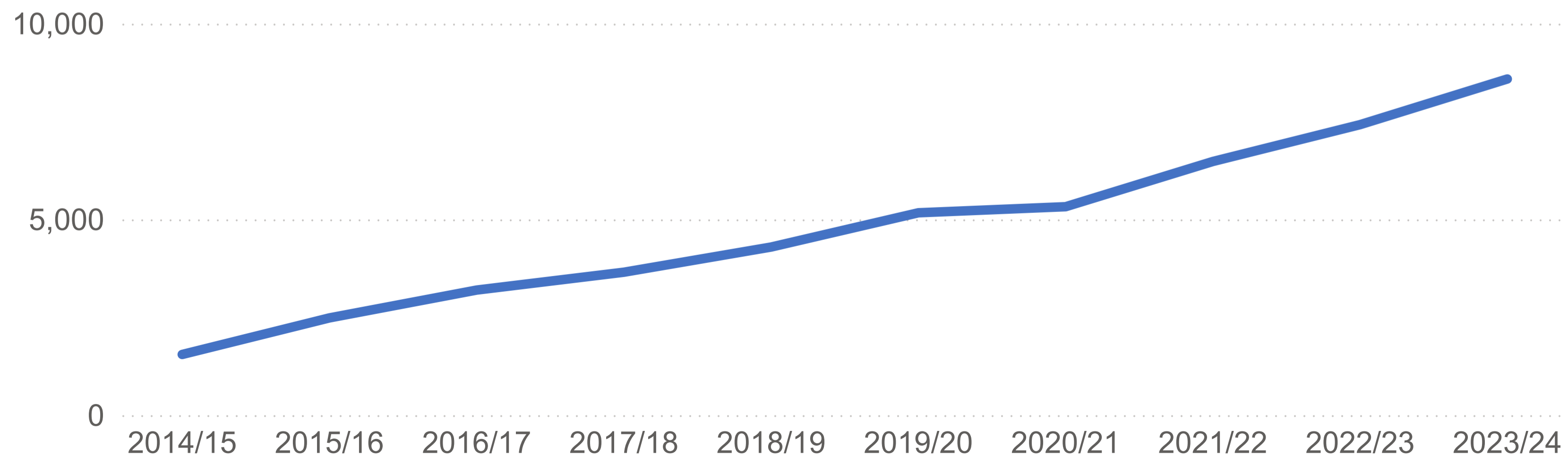
Elective TAVI cases per million population by ICB/HB (2023/24)



Urgent TAVI cases per million population by ICB/HB (2023/24)



No of procedures over time



TAVI rates vary 3-fold by Cardiac Network



There was a wide variation in the rates of TAVI procedures per million (ppm) population across Cardiac Networks (CNs) in 2023/24.

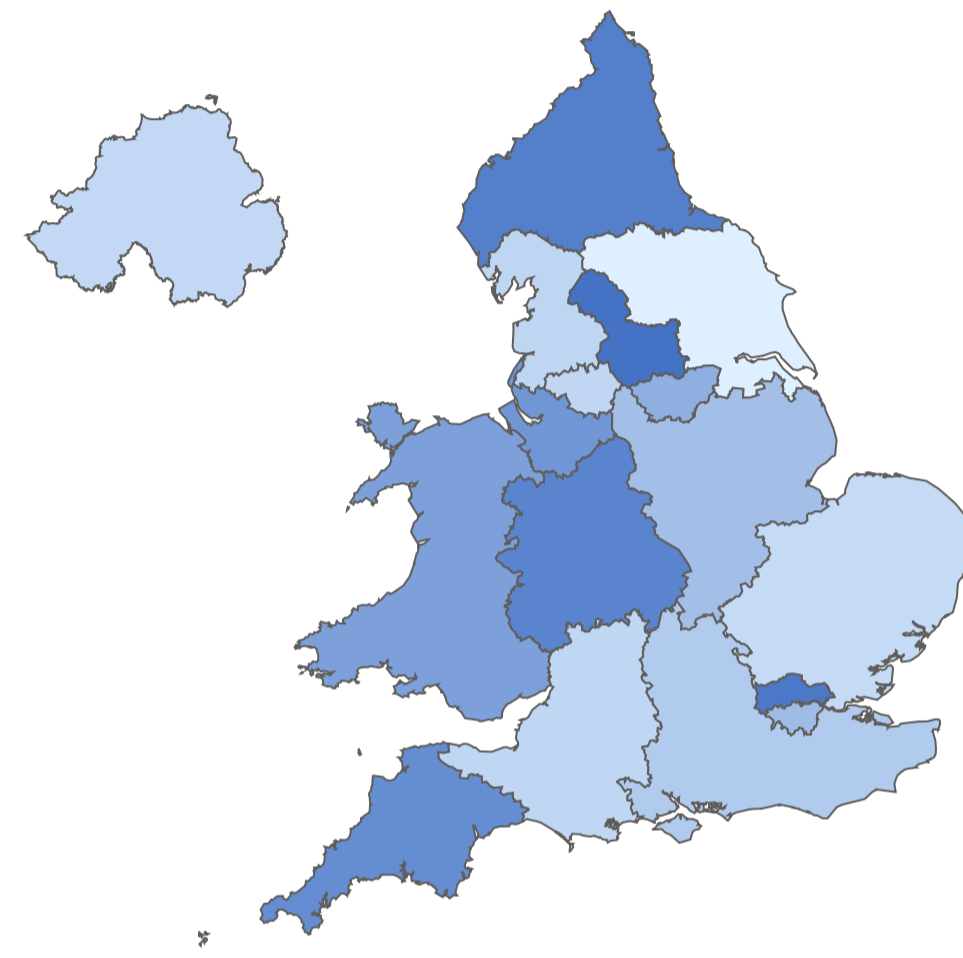
Total procedures varied from 62 ppm in Humber and North Yorkshire to 199 ppm in West Yorkshire CN.

Elective procedures varied from 26 ppm in Humber and North Yorkshire CN to 143 ppm in North London CN.

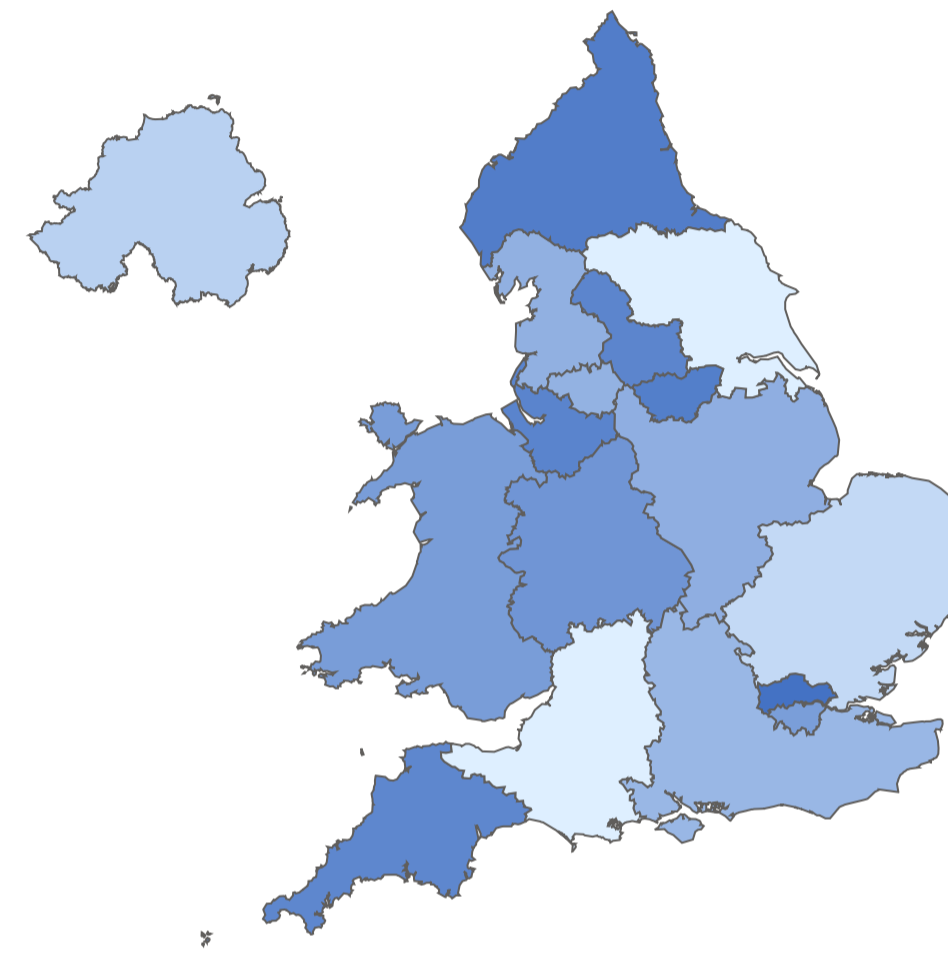
Urgent procedures varied from 0ppm in South Yorkshire CN to 74ppm in West Yorkshire CN.

Note: Maps based on location of the hospital performing the procedure. Local rates are based on mid-2022 population estimates.

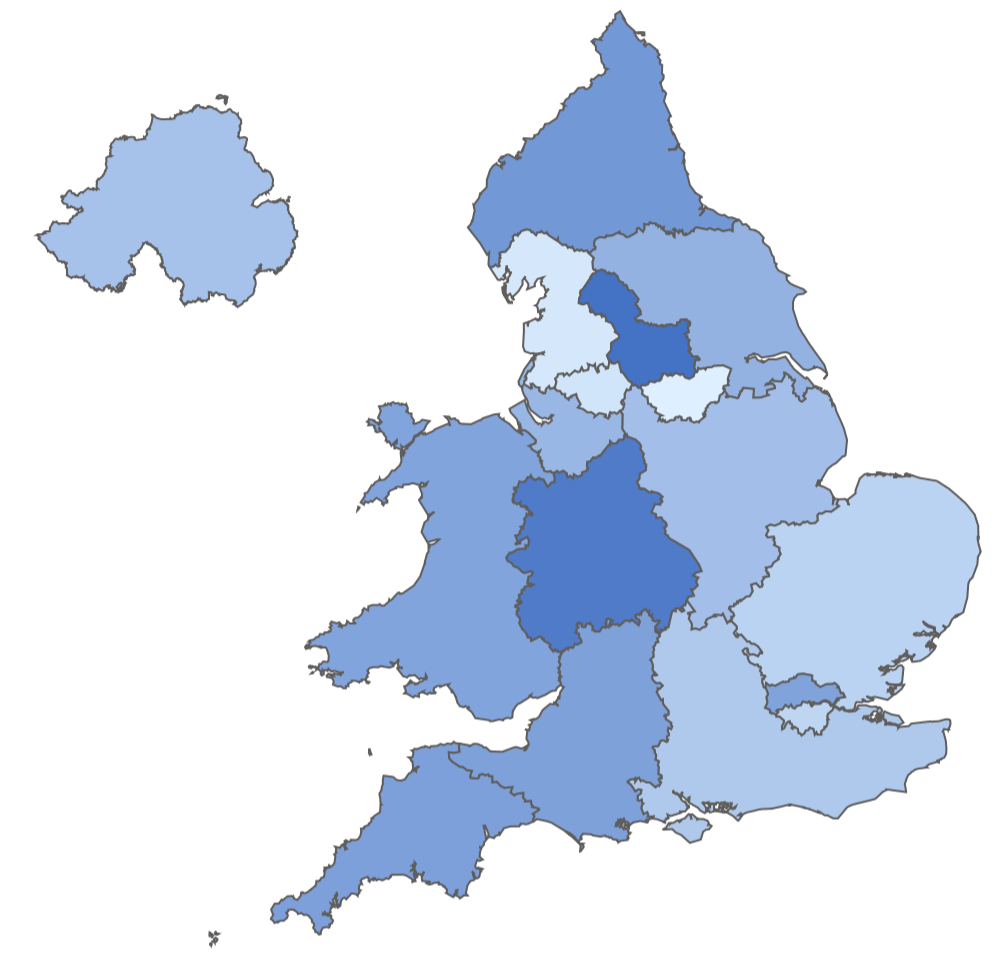
Total TAVI cases per million population by Cardiac Network (2023/24)



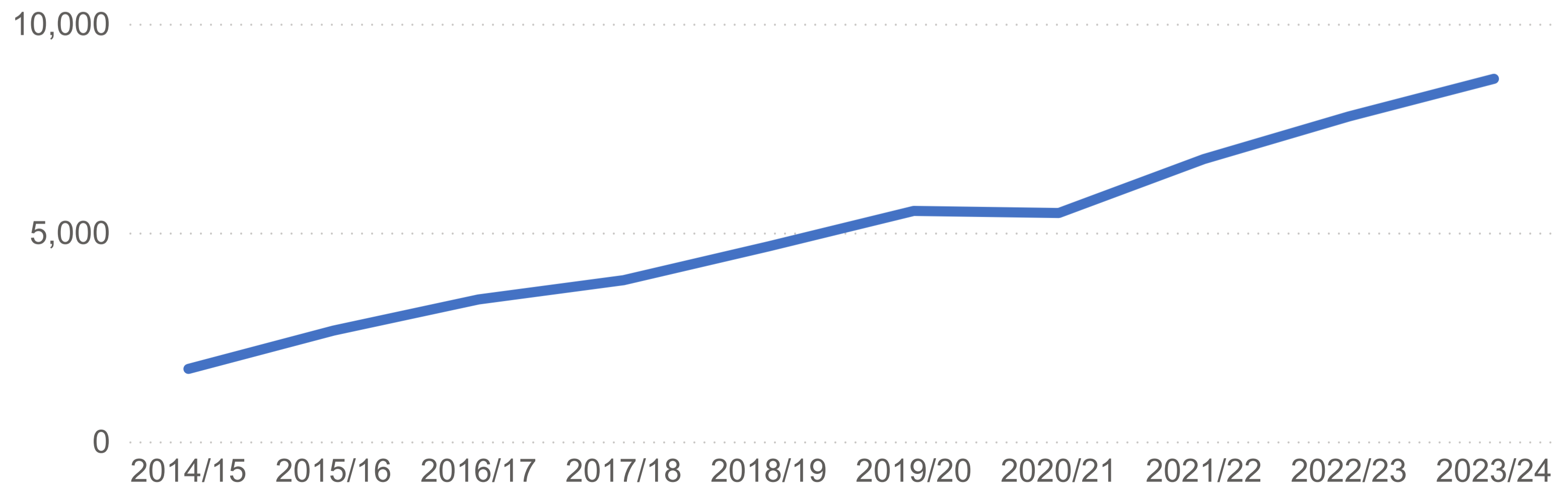
Elective TAVI cases per million population by Cardiac Network (2023/24)



Urgent TAVI cases per million population by Cardiac Network (2023/24)

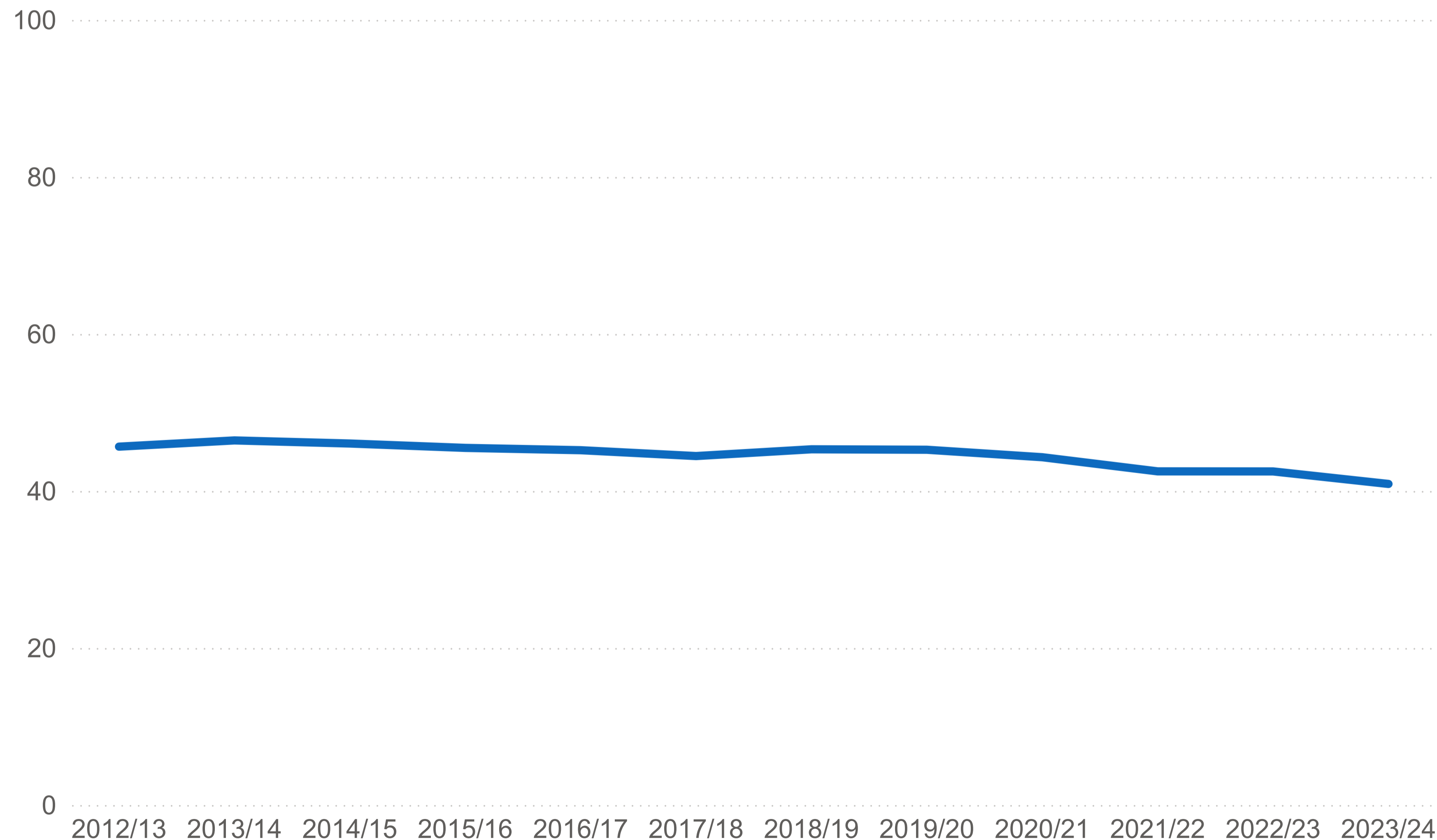


No of procedures over time





Female patients as a percentage of all TAVI patients



The proportion of females undergoing TAVI in the UK has fallen slowly over time from 46% in 2013/14 to 41% of all patients in 2023/24.

As the proportion of over-75s who are female is 57% ([Census 2021](#)), these data suggest that there may be under-provision of TAVI treatment to female patients.

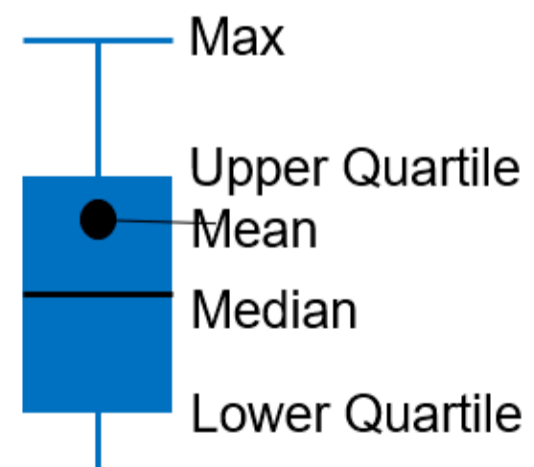
Further study is needed to confirm this, including for example, of the incidence, presentation and severity of aortic stenosis by sex and age group.

The average age of TAVI patients fell slightly by 1 year in 2023/24

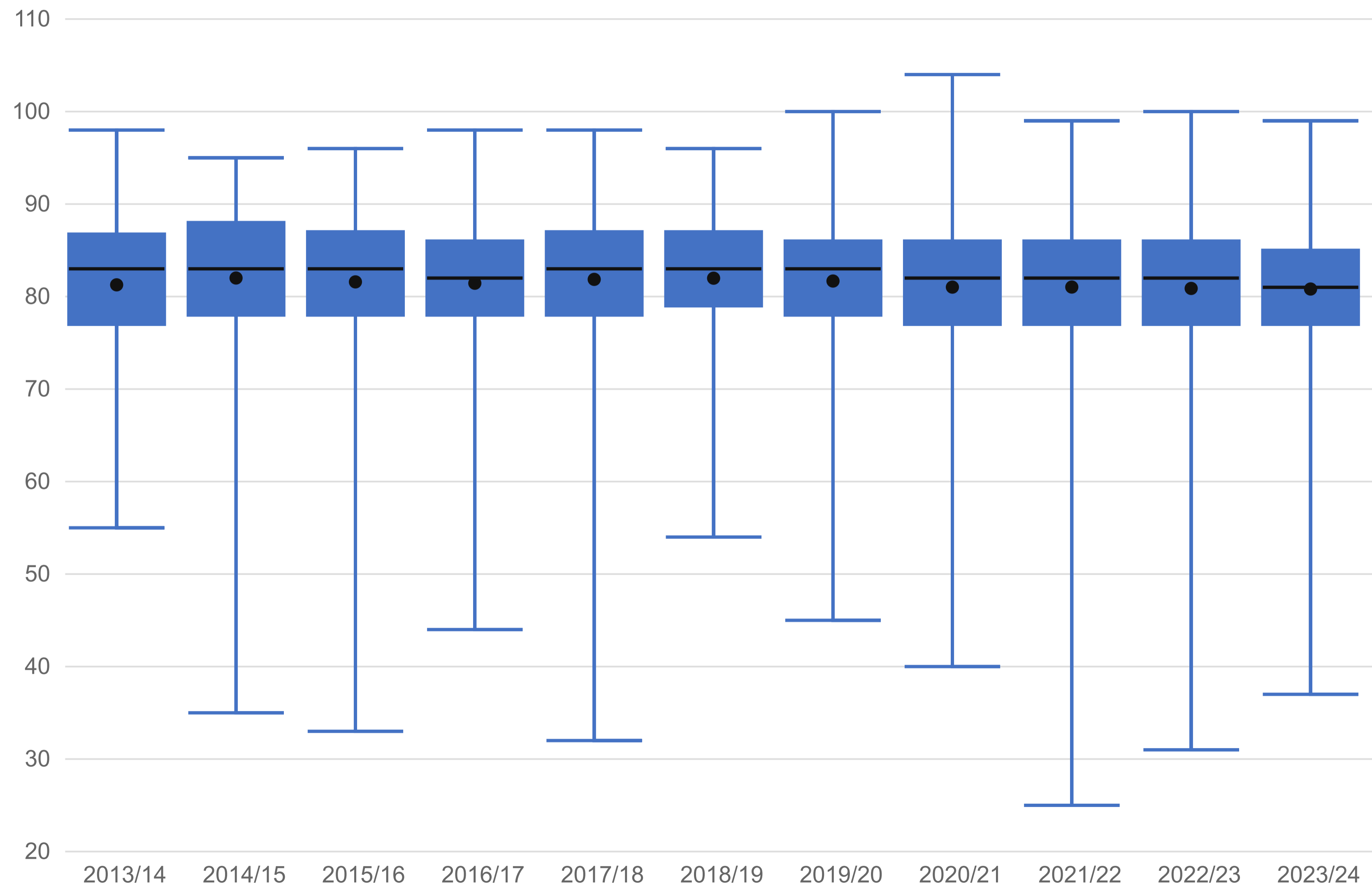


The median age of TAVI patients fell slightly in 2023/24 (down 1 year from 2022/23 and 2 years since 2019/20).

Key to reading the box and whisker chart



Age of TAVI patients (years)

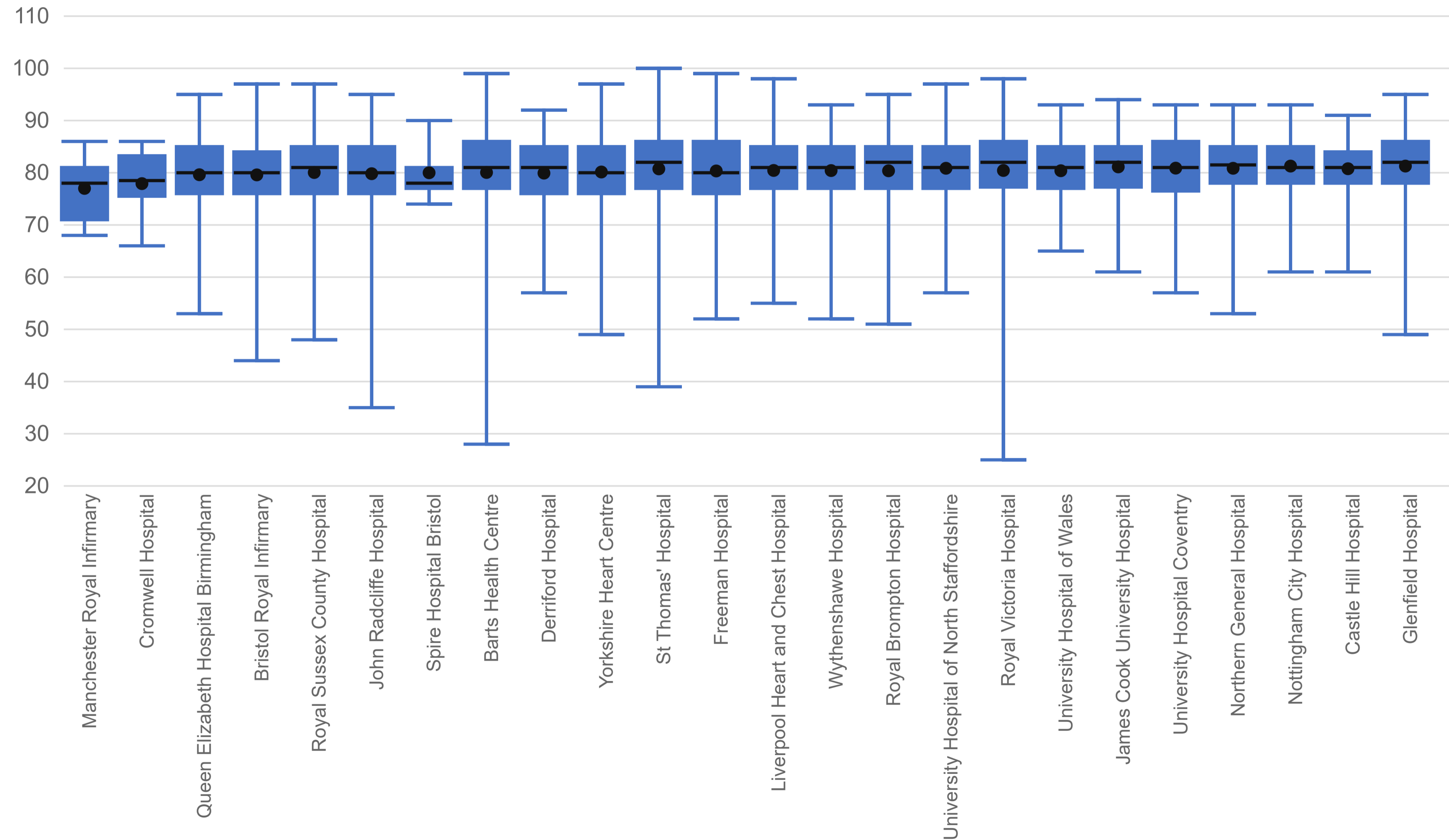


The median age of TAVI patients is consistent across hospitals

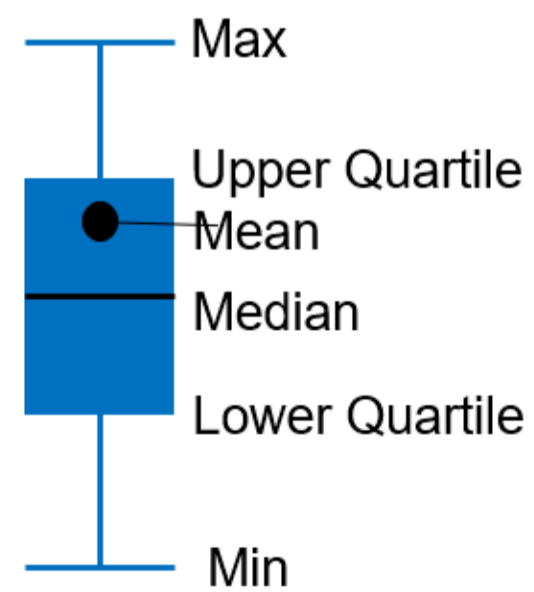


Age of TAVI patients (years) by hospital (2023/24)

There is no significant variation in the median age of TAVI patients across hospitals.



Key to reading the box and whisker chart



There has been an increase in the proportion of people aged 76-85 years and a reduction in proportion over 85 years treated by TAVI



The proportion of TAVI patients aged 75 years or under has remained largely unchanged over time at around 20%.

Those aged 76-85 years represented 57% of all cases in 2023/24 and there has been a small increase in this group since 2022/23.

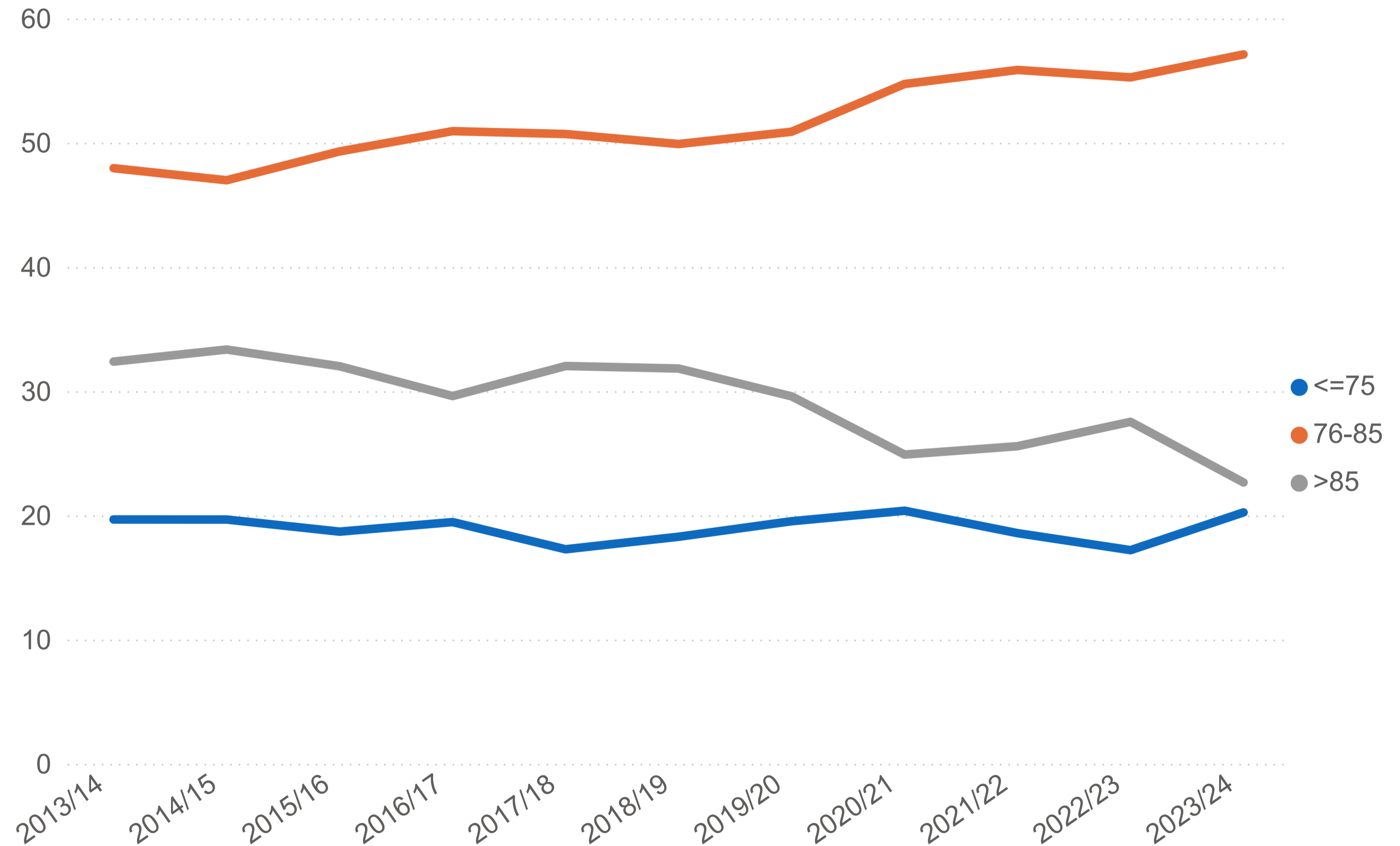
The proportion of TAVI patients over the age of 85 has fallen from 28% in 2022/23 to 23% in 2023/24.

Selecting a country/Cardiac Network and/or a hospital below shows the total cases for those selections over time

Select country/Cardiac Network

Select hospital

Percentage of TAVI cases by patient age group



The proportion of older females aged over 85 years treated with TAVI has dropped less than men



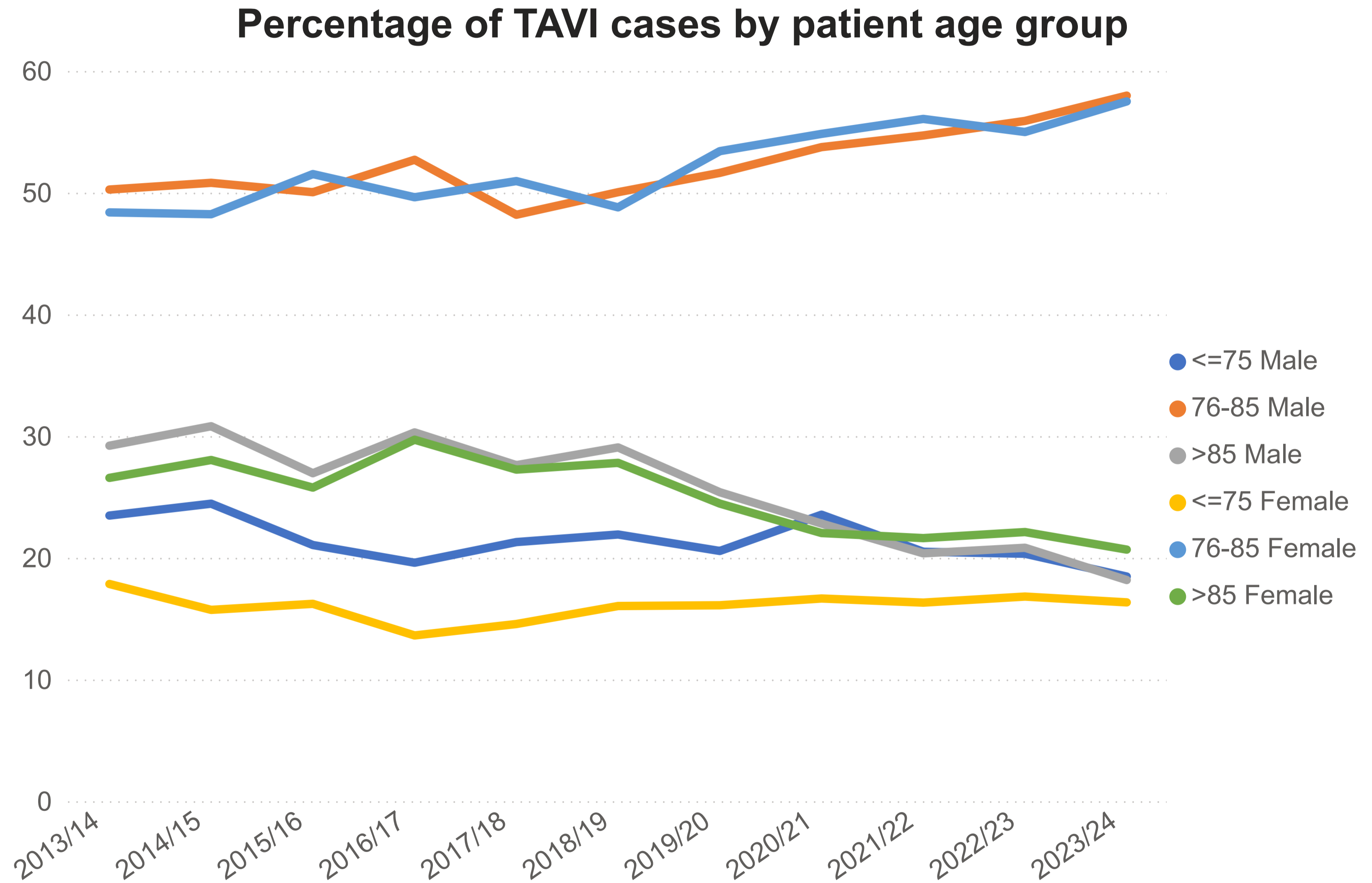
Patients aged 76-85 years represented 58% of all cases, both for men and women in 2023/24

Over the last 10 years, the proportion of TAVI patients over the age of 85 years has fallen from 32% to 27%.

In 2023/24, men over 85 years were 18% of cases and women were 21% of cases (compared with 29% and 27% respectively in 2013/14).

The reduction in the proportion of older women being treated is lower than in men. Of those aged under 75 years, the proportions in 2023/24 were 18% for men and 16% for women (compared with 23% and 18% in 2013/14).

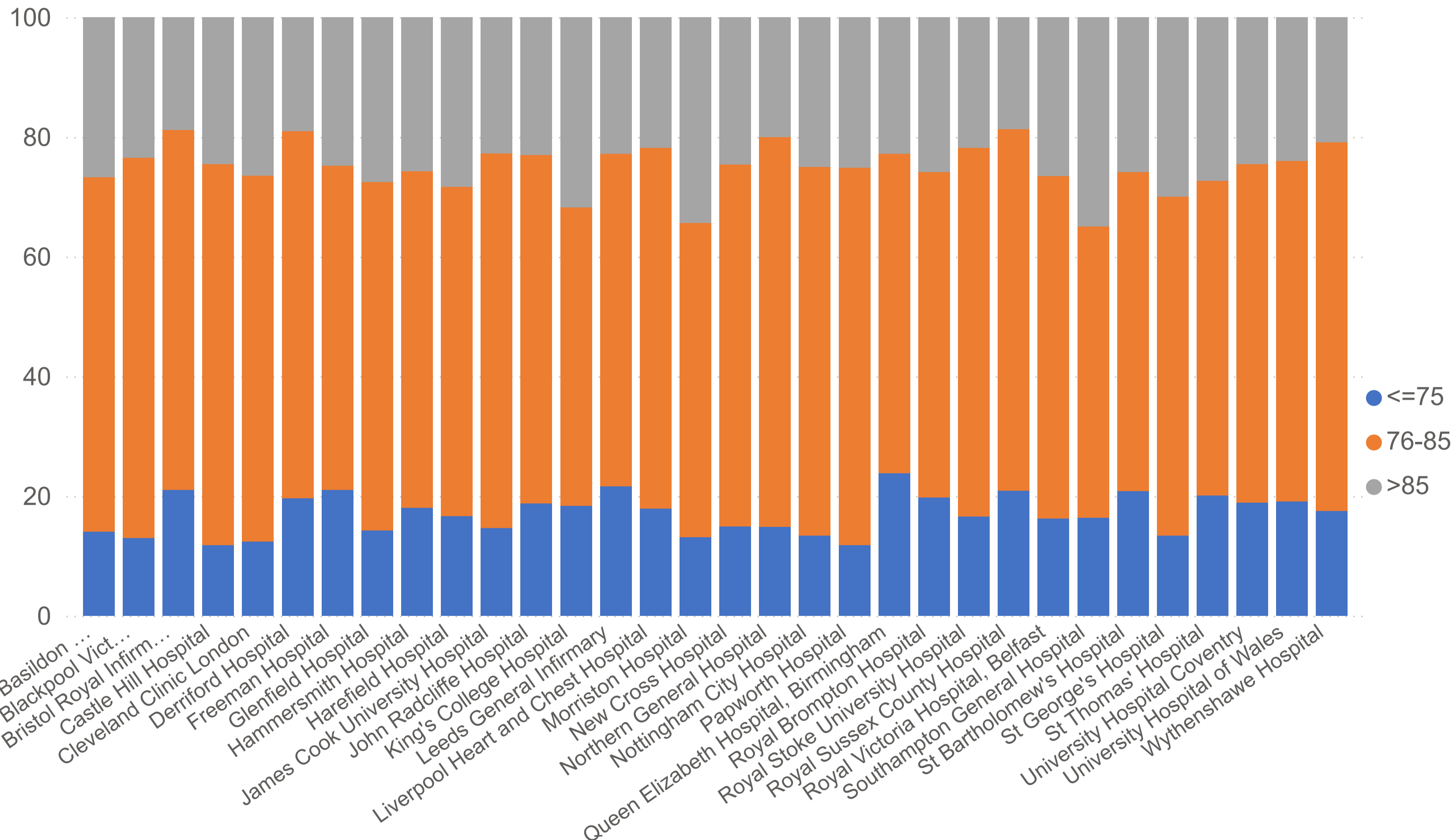
More work is needed to understand the reasons for these trends.



The age profile of patients varies significantly between hospitals



Percentage of patients in each age group by hospital



There is considerable variation in the proportion of patients aged under 75 being treated by TAVI, with this group being 12% of all cases at Papworth Hospital and 24% at Queen Elizabeth Birmingham.

Similarly, for those over 85 years, the proportion varies from 18% at Royal Sussex County Hospital to 35% at Southampton.

The NICOR data cannot be used to explain the reasons for these 2-fold differences across centres and further work is needed to understand these observations.

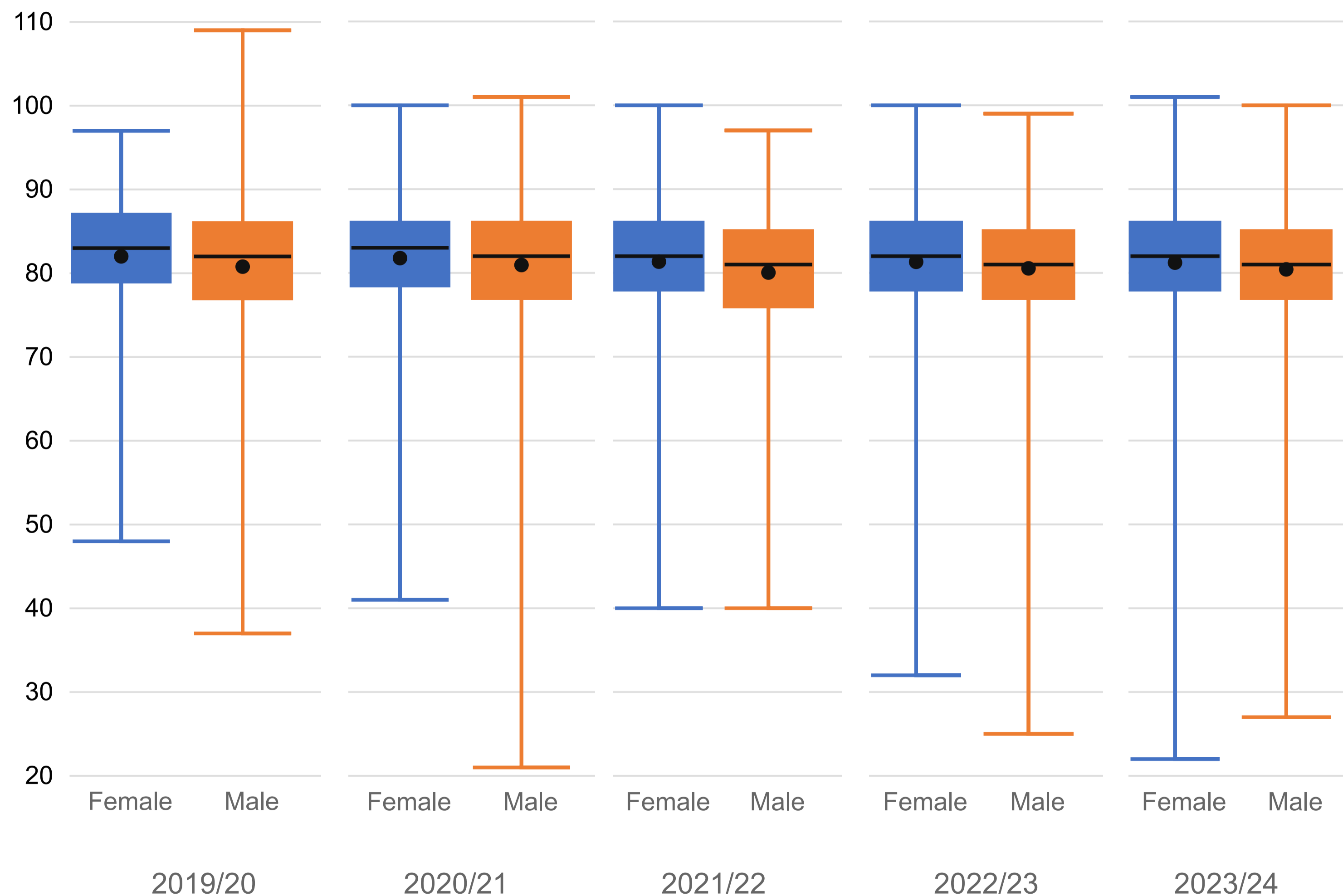
Male patients have been consistently 1 year older than women treated with TAVI



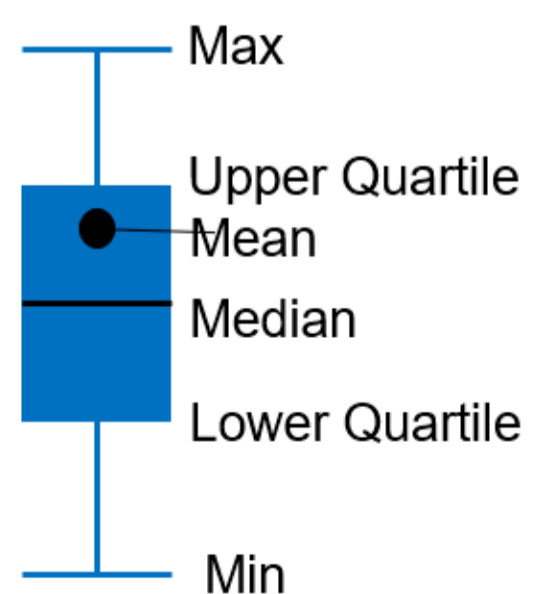
Age (years) of TAVI patients by sex

The median and mean ages of male patients have been consistently 1 year greater than those of the females treated by TAVI.

The marginal fall in median and mean ages over the last 5 years has applied equally to both sexes.



Key to reading the box and whisker chart



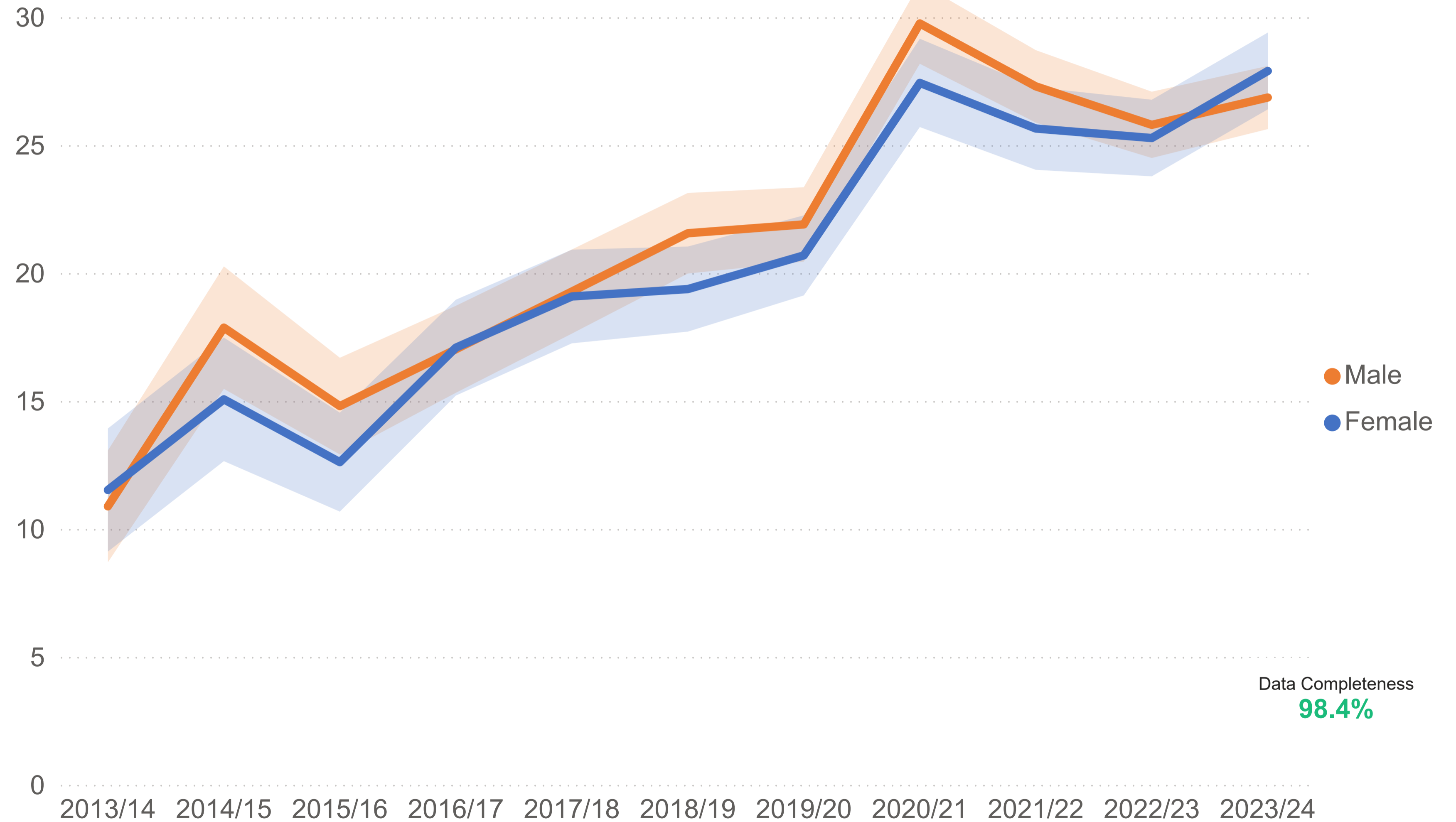
The proportion of patients treated urgently is the same for both sexes



Percentage of urgent cases by sex

The rise in the proportion of urgent cases has applied equally to male and female patients.

Note: The shaded areas in the graphic represent the 95% confidence interval around the mean line.



Data Completeness
98.4%



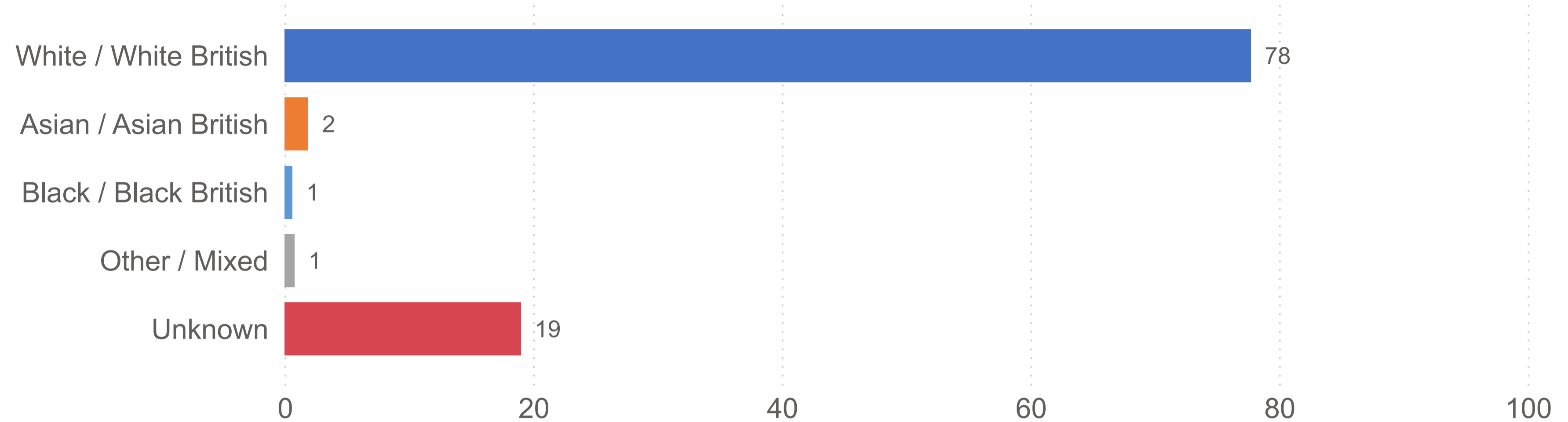
The ethnicity of TAVI patients is in line with the national population

The breakdown of ethnicity amongst the 70-and-over age group within the 2021 Census is:

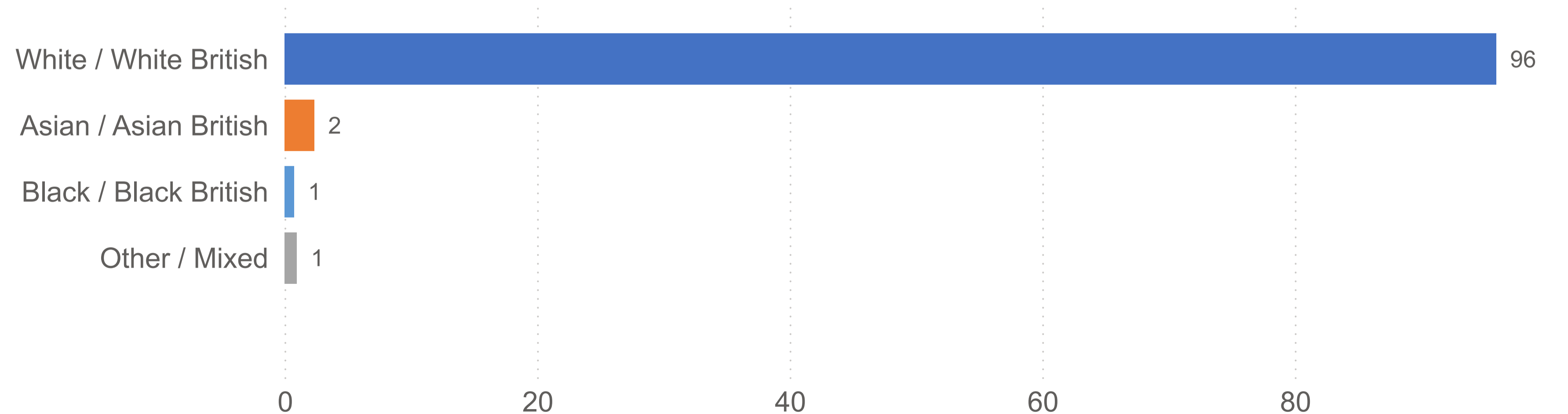
- 95% White
- 3% Asian / Asian British
- 1% are Black / Black British
- 1% are Other / Mixed.

The ethnicity of TAVI patients is in line with this (though almost 20% of case submissions to the audit do not include ethnicity data).

Percentage of all TAVI cases by ethnicity (2023/24)



Percentage ethnicity of TAVI cases where ethnicity recorded (2023/24)



1

The proportion of people who had undergone cardiac surgery prior to their TAVI procedure has not changed

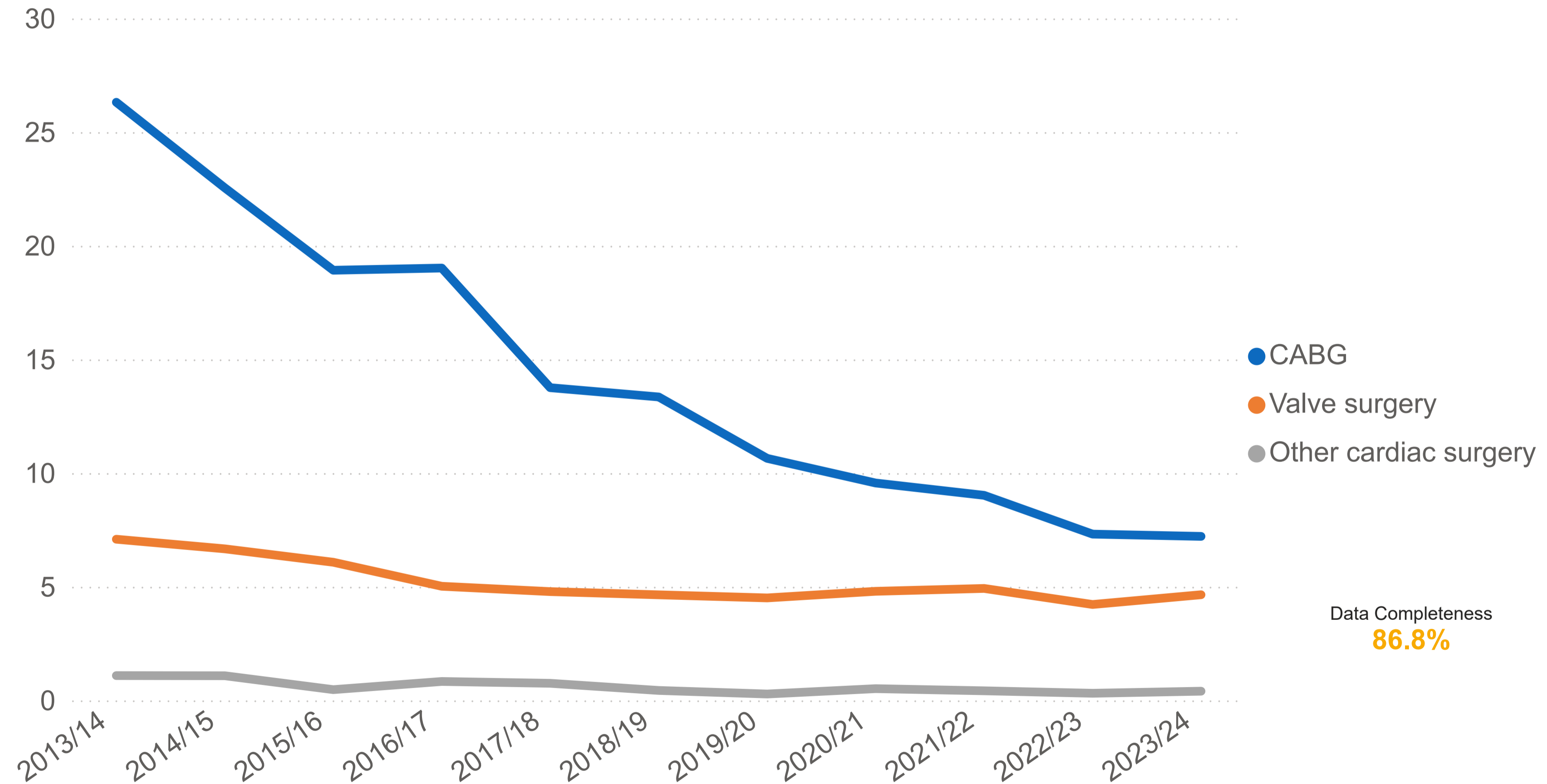


The proportion of patients undergoing TAVI who have previously had cardiac surgery has not changed significantly since 2022/23.

The proportion of patients who had previously undergone a CABG procedure has fallen from over 25% in 2012/13 to under 7.5% in 2023/24 (an increase in absolute numbers from 89 to 607).

The proportion of patients who had undergone prior valve surgery has also decreased, from over 8% in 2012/13 to under 5% in 2023/24 (rising from 26 cases in 2012/13 to 391 in 2023/24). This reflects the overall increase in patients undergoing TAVI.

Percentage of TAVI patients who have previously undergone cardiac surgery by type of procedure



Data Completeness
86.8%

The number of people with a prior bioprosthetic valve undergoing TAVI has increased, while the proportion has not changed

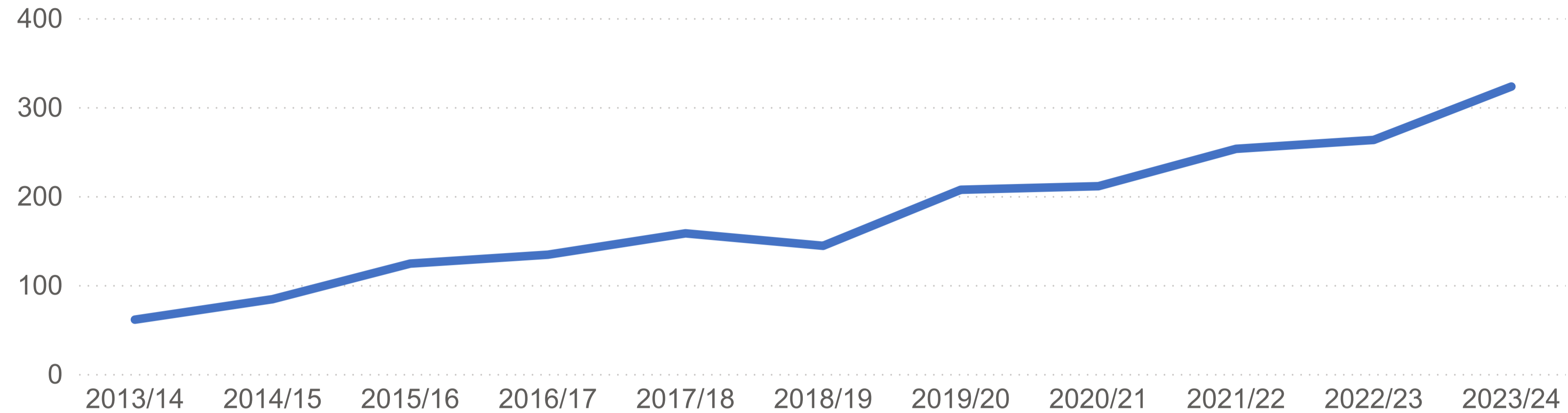


The proportion of TAVI patients who had previously had a surgical bioprosthetic aortic valve did not change significantly in 2023/24, remaining at about 4%.

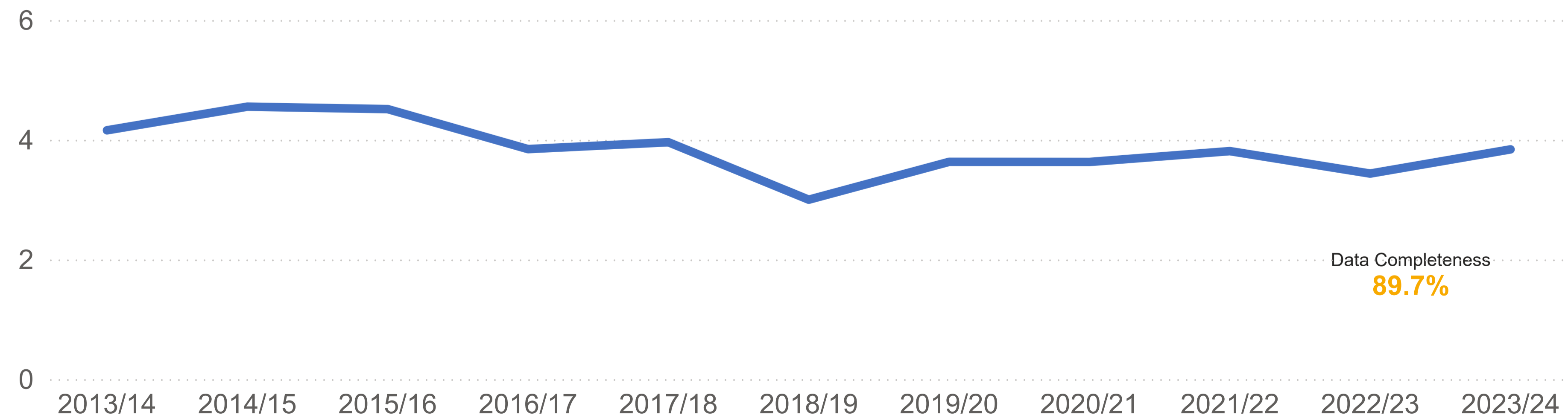
The absolute number of people however, continues to increase, reflecting the overall increase in people having TAVI.

In 2022/23, 257 people who underwent TAVI had previously undergone surgical aortic valve replacement. In 2023/24 this number was 323.

Number of people undergoing TAVI with an aortic bioprosthetic valve



Percentage of people undergoing TAVI with an aortic bioprosthetic valve



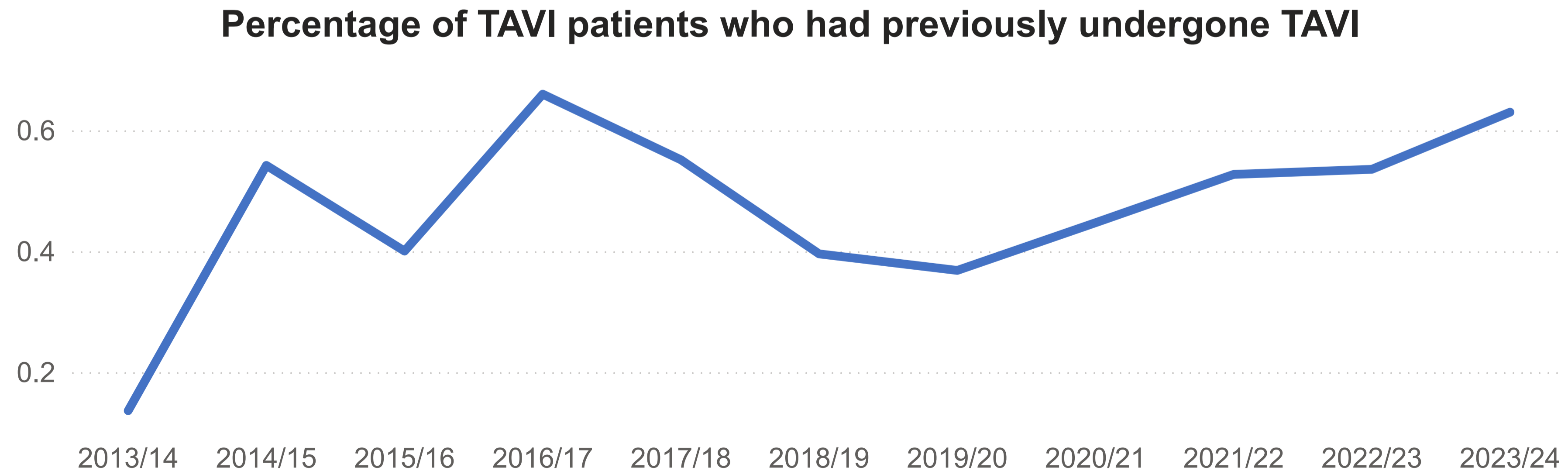
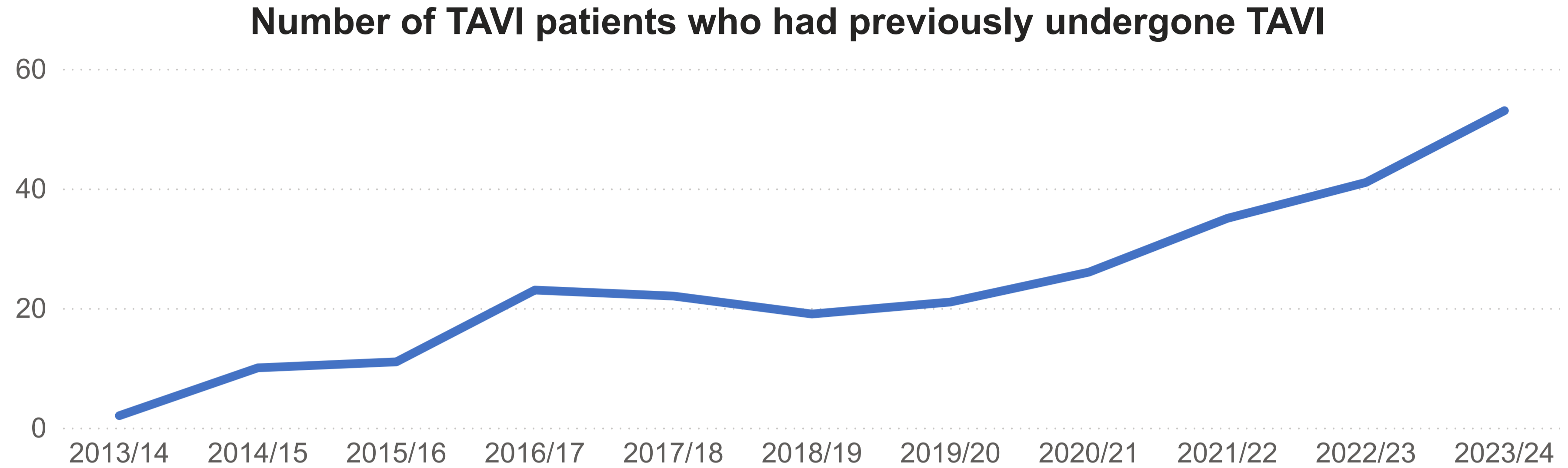
Data Completeness
89.7%

There has been a small increase in the number of people undergoing TAVI who have had a previous TAVI procedure



The number of patients undergoing TAVI who have previously had a TAVI has increased from 20 patients in 2019/20 to 53 in 2023/24.

This number is likely to increase as the population of people with TAVI grows.



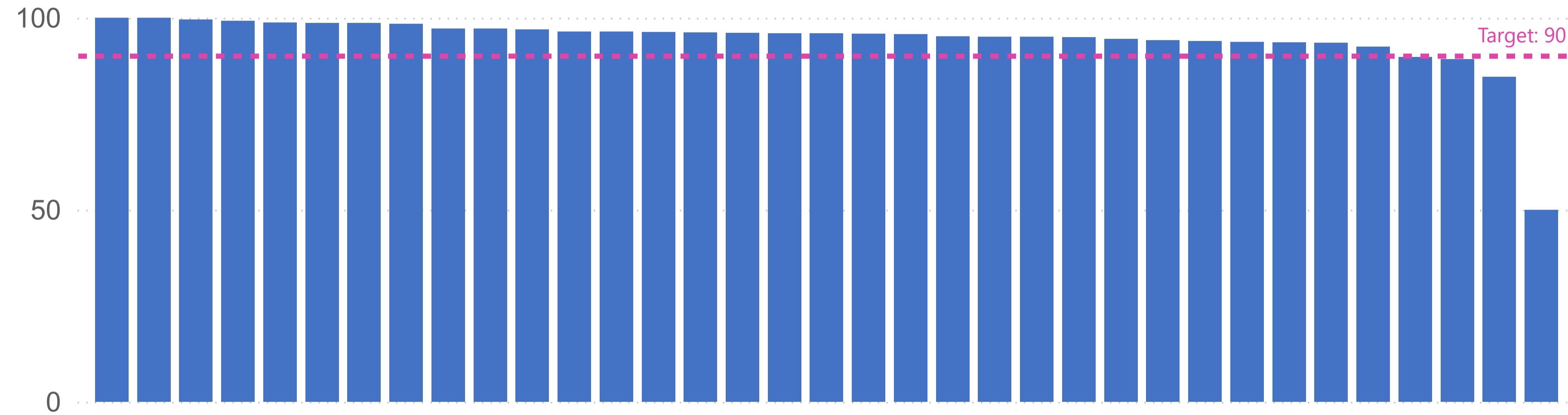
The number of centres using conscious sedation in more than 90% of TAVI procedures has increased



The proportion of TAVI cases undertaken with conscious sedation was 94% in 2023/24, the same as the previous year and almost all centres use conscious sedation in more than 90% of cases.

Only 3 NHS centres performed fewer than 90% of cases with conscious sedation in 2023/24 (down from 6 in 2022/23). One of these centres (MRI) was in the process of transferring services to Wythenshawe hospital and the volume/case mix may explain this.

Percentage of TAVI procedures using conscious sedation by hospital (2023/24)



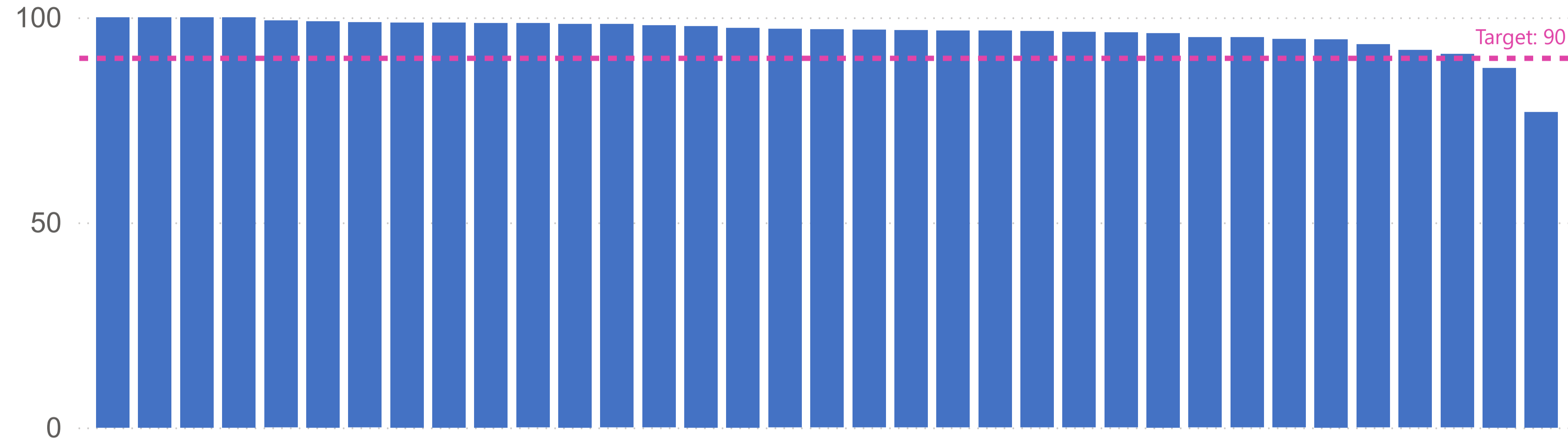
The number of centres using percutaneous transfemoral access in more than 90% of TAVI cases has increased



The proportion of TAVI cases undertaken with the percutaneous transfemoral approach has continued to increase and was 95% in 2023/24.

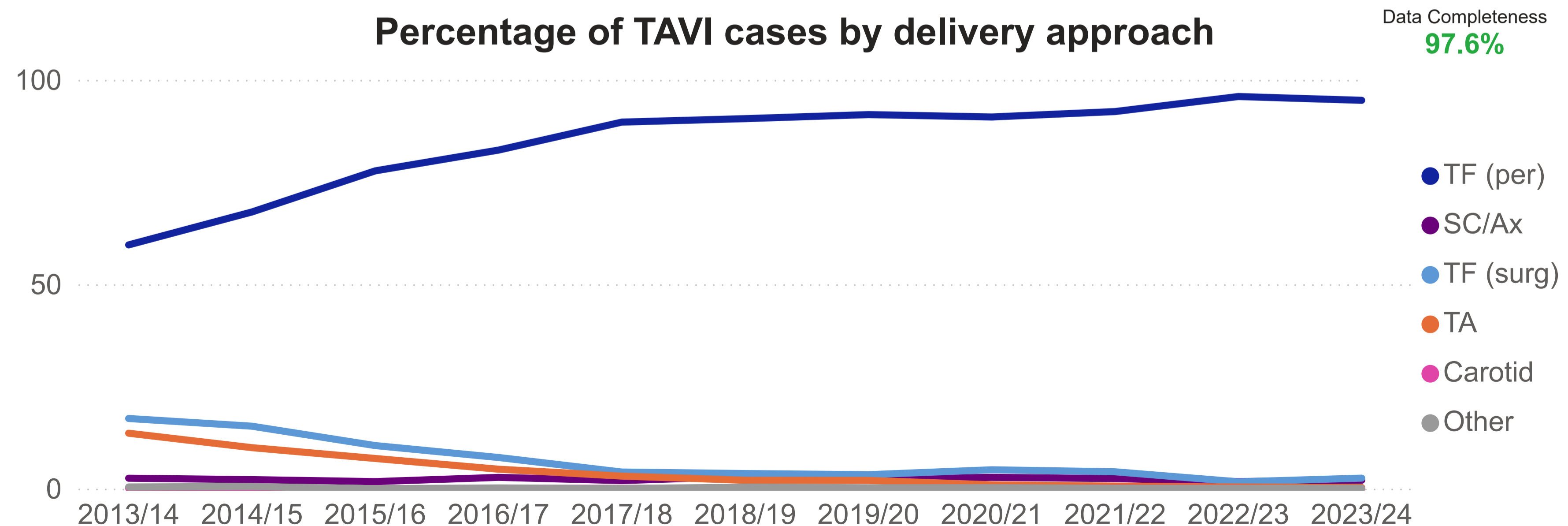
Only 2 centres performed fewer than 90% of cases with percutaneous transfemoral access. One of these centres had very low volumes and no longer undertakes TAVI procedures.

Percentage of TAVI cases using percutaneous transfemoral delivery



- Key:
- TF (per) Percutaneous transfemoral access
 - SC/Ax Subclavian or axillary artery access
 - TF (surg) Surgical transfemoral access
 - TA Transapical access
 - Carotid Carotid artery access
 - Other Other methods of access

Percentage of TAVI cases by delivery approach



Select country/Cardiac Network

Select hospital



Subclavian, axillary and surgical transfemoral procedures have largely replaced the transapical approach as an alternative to percutaneous transfemoral access



The proportion of TAVI cases undertaken with a non percutaneous transfemoral approach (alternative access) has continued to reduce, in keeping with the increased use of transfemoral access.

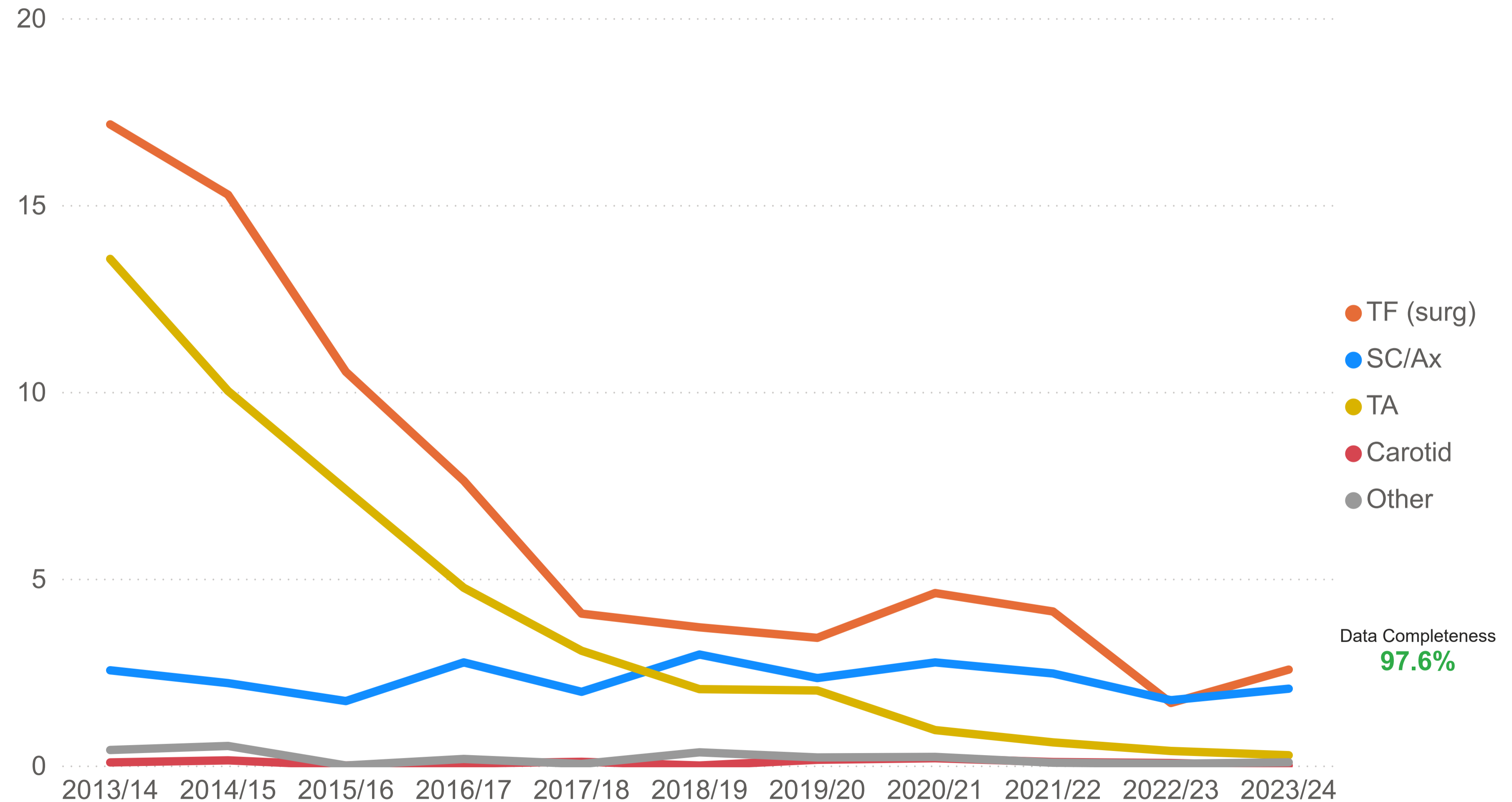
Alternative access is used in 5% of TAVI cases.

The most frequently used alternative access approach is subclavian/axillary with 2% of cases using this approach.

The rates of other alternative access approaches remain low.

Key:
SC/Ax Subclavian or axillary artery access
TF (surg) Surgical transfemoral access
TA Transapical access
Carotid Carotid artery access
Other Other methods of access

Percentage of TAVI cases performed using access other than the percutaneous transfemoral route



Data Completeness
97.6%

The rates of cerebral embolic protection use have remained stable

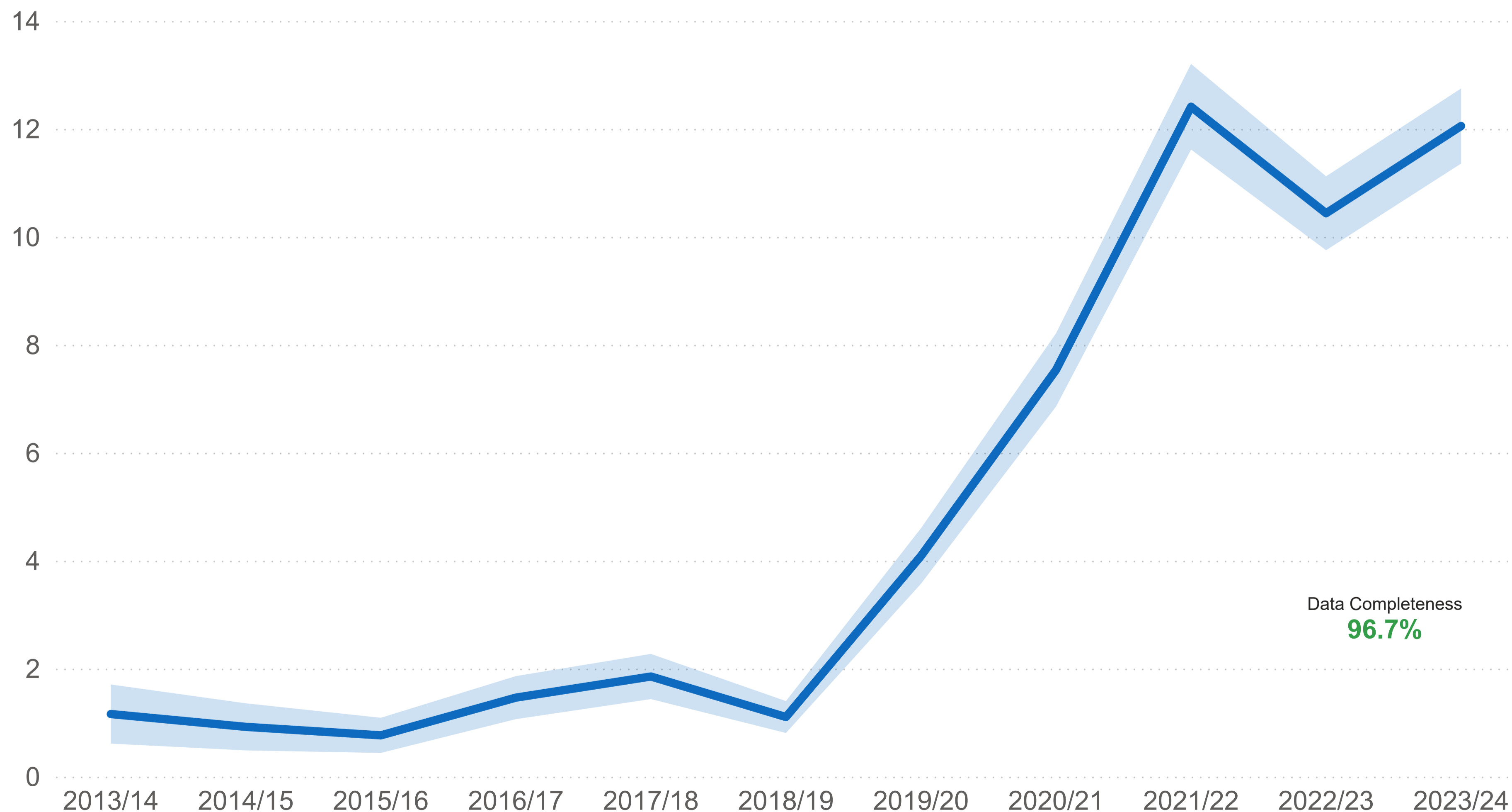


10-12% of TAVI cases have been undertaken with cerebral embolic protection over the last three years.

This rate reflects participation of the majority of UK TAVI sites in a national randomised trial (BHF PROTECT TAVI) testing whether cerebral embolic protection reduces stroke.

Key:
Shaded areas represent the 95% confidence interval of the mean line

Percentage of TAVI procedures where cerebral embolic protection was used



Data Completeness
96.7%

The median length of stay for elective TAVI patients has fallen to two days



The median length of stay (LOS) for elective TAVI cases reduced from 3 days to 2 days in 2023/24.

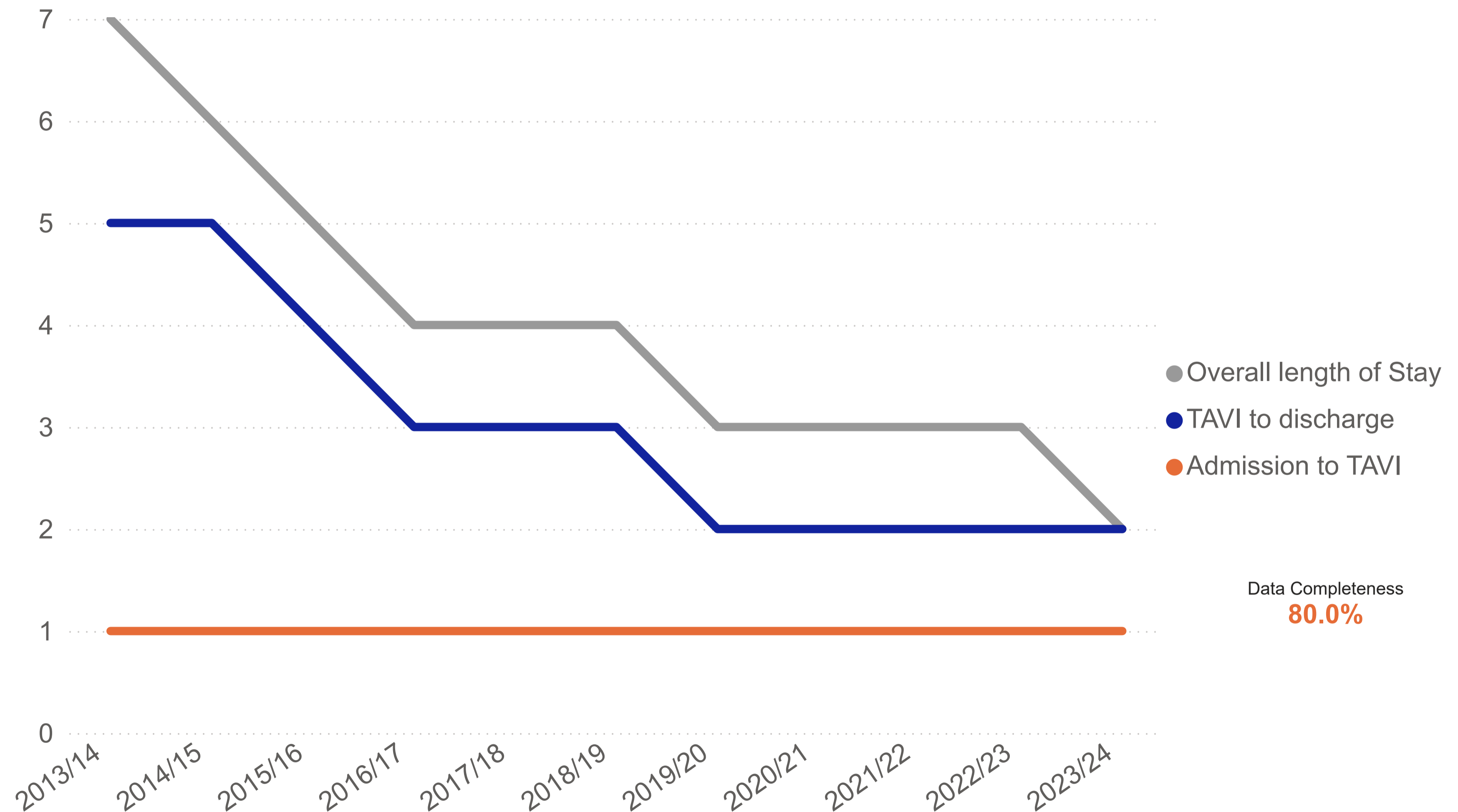
This time is made up of time from admission (counted as Day 0) to TAVI and then TAVI to discharge.

The median time from admission to TAVI was one day.

Following TAVI the median time to discharge was 2 days, suggesting that most patients are being discharged early after TAVI.

The overall reduction in length of stay likely reflects an increase in the number of cases with TAVI on the day of admission and earlier discharge.

Median time (days) from admission to TAVI, TAVI to discharge and overall length of stay



Data Completeness
80.0%

Length of stay elective cases varies between hospitals



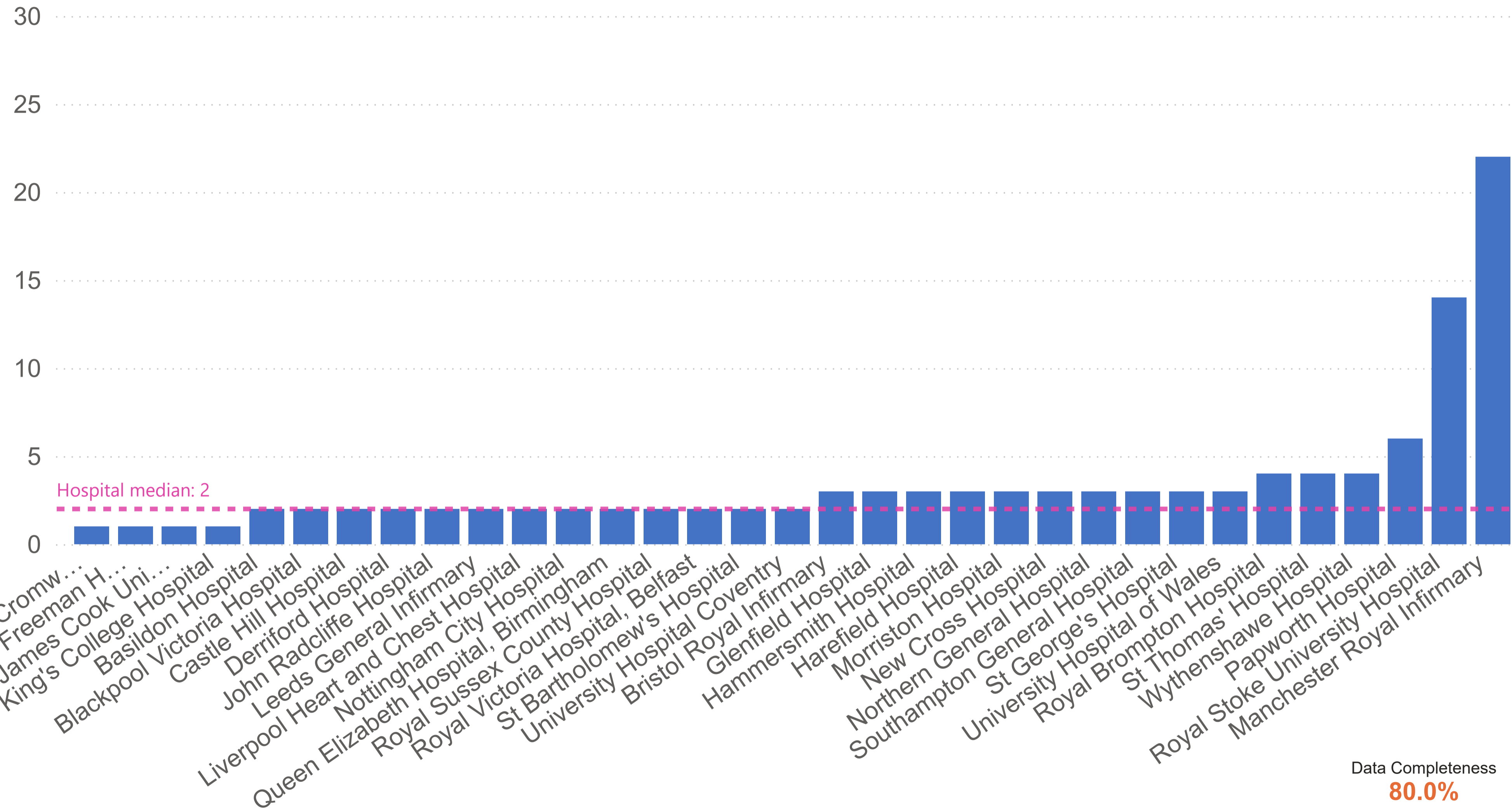
Length of stay (days) for elective TAVI procedures by hospital (2023/24)

There is variation in the median length of stay for elective TAVI procedures between centres (from 1 day to 22 days).

The dotted line shows the 2-day median length of stay (LOS) across all hospitals.

6 centres had a LOS of more than 4 days.

The NICOR audit data cannot be used to understand the underlying reasons for these variations in practice.



Data Completeness
80.0%

The proportion of patients discharged within 1 day has increased



The graphic shows the proportion of people undergoing TAVI discharged at each time point after admission.

Most hospitals discharge the majority of people undergoing TAVI early after an elective procedure but there is significant variation in length of stay (LOS).

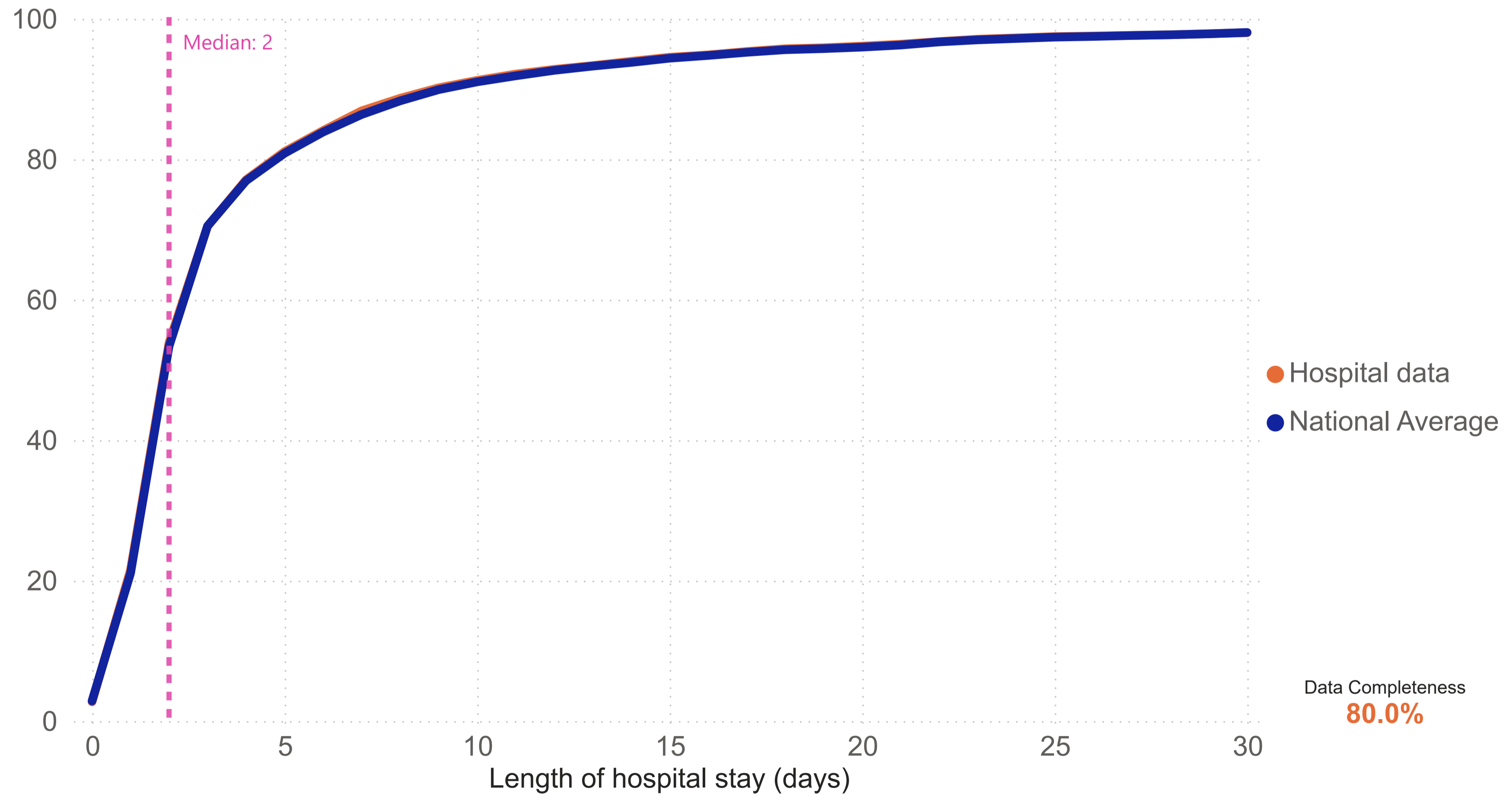
The proportion of patients discharged within 1 day rose to 21%, from 18% in 2022/23. 70% of patients are discharged by day 3, while 1 in 10 elective stay more than 10 days.

Selecting a hospital below shows the total cases for those selections over time.

Note: Hospitals with data for fewer than 20 cases are excluded. Data completeness for this field is relatively low and should be taken into account when interpreting this information.

Select hospital

Cumulative percentage of elective TAVI patients with different length of stay (days)





Length of stay for urgent cases has reduced by 1 day

The median length of stay (LOS) for urgent TAVI cases was 14 days in 2023/24 (down from 13 in 2022/23).

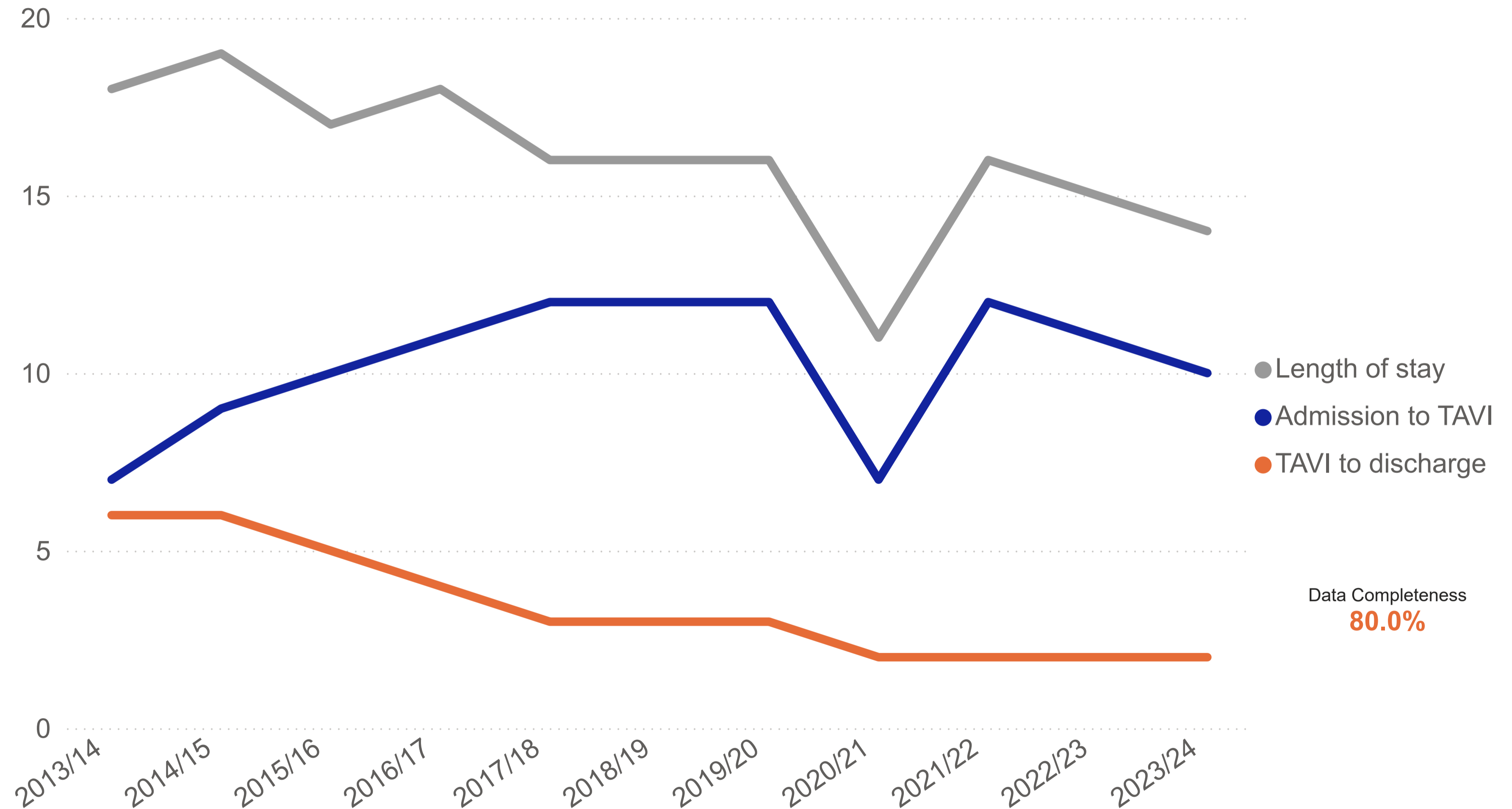
In 2023/24, the median time from admission to undergoing the TAVI procedure was 10 days (also down 1 day since 2022/23).

Following TAVI, the median time to discharge was two days. This figure has not changed.

During the COVID-19 pandemic, because of reductions in elective work, more people were treated urgently. The median length of stay remains higher than during the COVID-19 pandemic.

Note: Data completeness for this field is relatively low and should be taken into account when interpreting this information.

Median time (days) for urgent cases from admission to TAVI, from TAVI to discharge and overall length of stay



Data Completeness
80.0%

There is a substantial variation between hospitals in length of stay for urgent TAVI



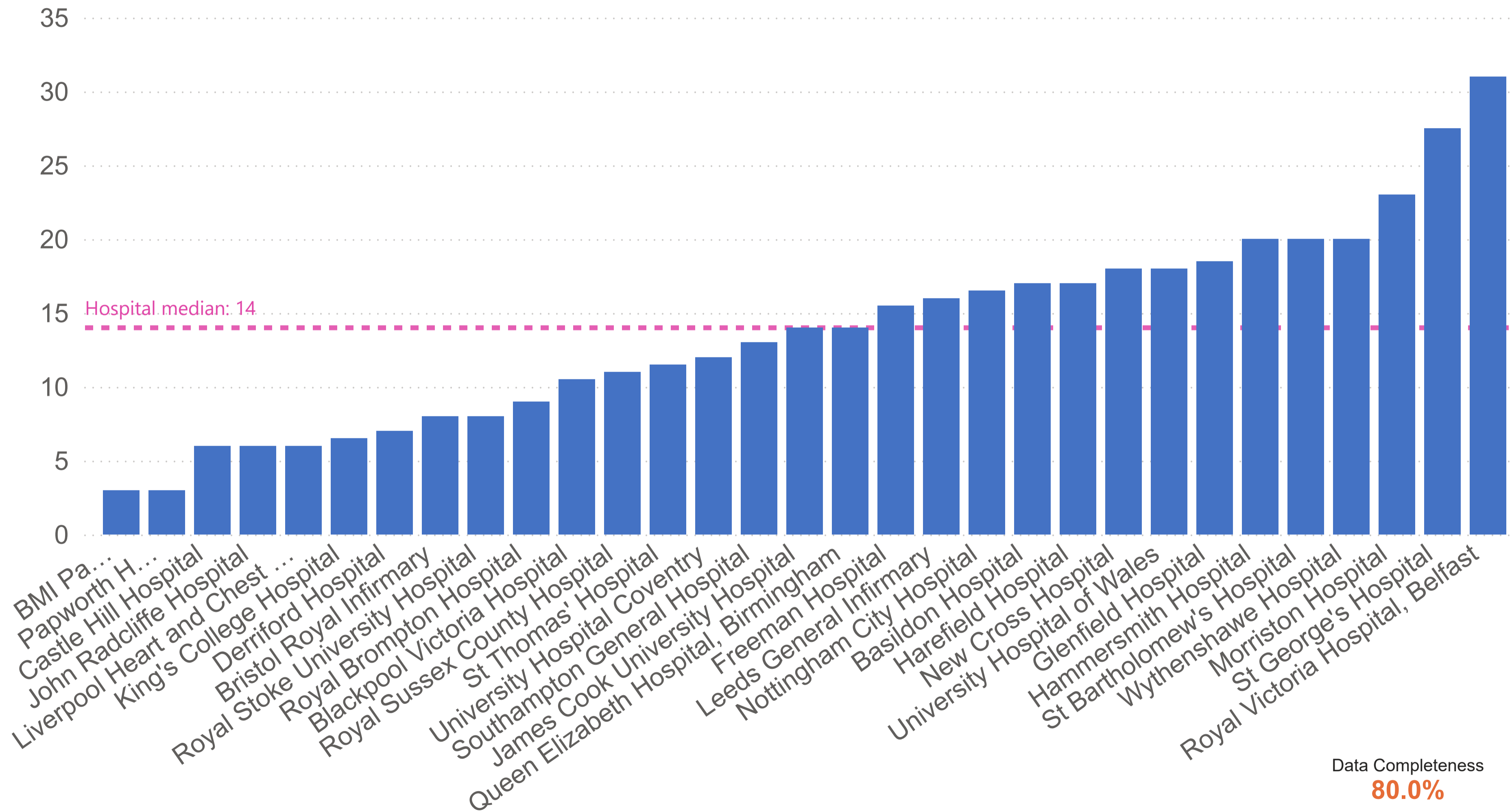
Length of stay (days) for people undergoing urgent TAVI

The dotted line shows the 14-day median length of stay (LOS) for urgent cases.

13 centres have a LOS over 14 days for urgent cases.

The NICOR audit data cannot be used to understand the underlying reasons for these variations in practice.

Note: Data completeness for this field is relatively low and should be taken into account when interpreting this information.



Data Completeness
80.0%

Almost a quarter of patients undergoing urgent TAVI are discharged within 5 days



This analysis shows the proportion of urgent TAVI patients discharged at each time point after admission.

Across all urgent cases, half of people undergoing urgent TAVI are in hospital for 15 days or more.

Nationally, 23% of urgent patients are discharged within five days of TAVI and 16% are still in hospital after 30 days. There have been small improvements since 2022/23.

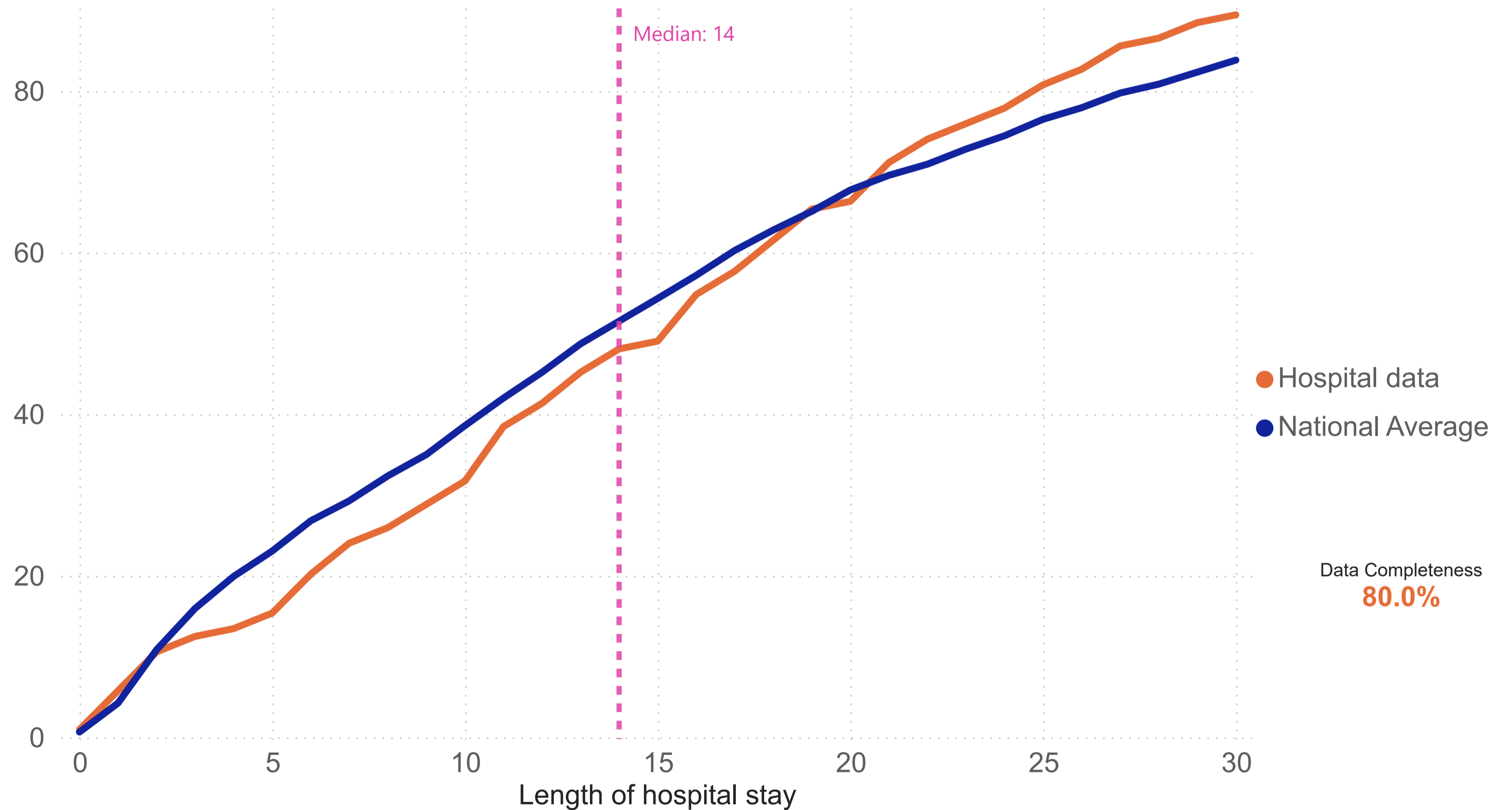
Selecting a hospital below shows the total cases for those selections over time.

Note: Hospitals with data for fewer than 20 cases are excluded. Data completeness for this field is relatively low and should be taken into account when interpreting this information

Select hospital

Freeman Hospital ▼

Cumulative percentage of urgent TAVI patients with different length of stay (days)



In hospital mortality remains low but urgent cases have a higher mortality



The overall in-hospital mortality rate following TAVI procedures was 0.8% in 2023/24.

This comprised:

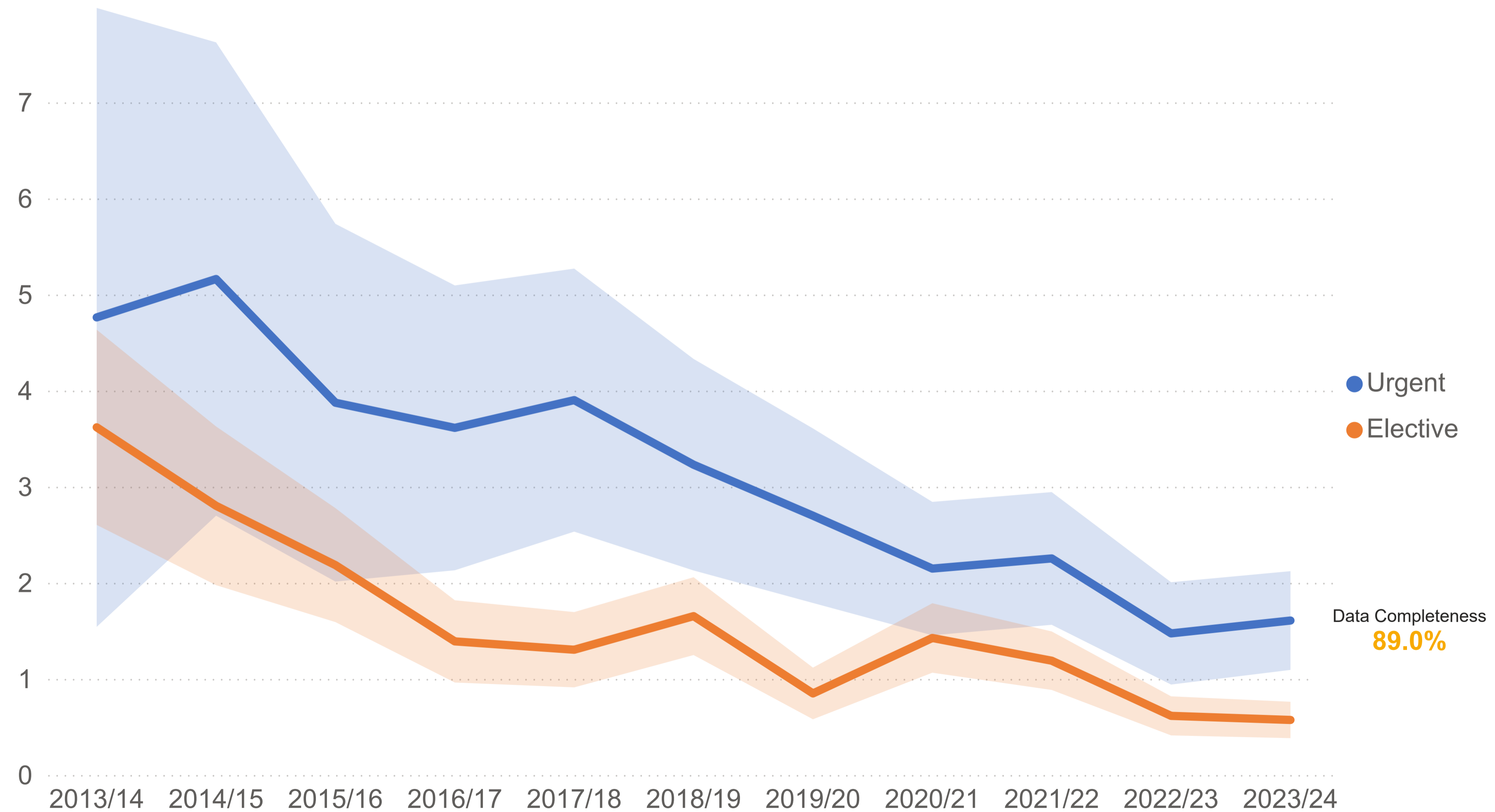
- 0.6% for elective cases
- 1.6 % for urgent cases.

The need for an urgent procedure is a well-recognised factor in contributing to worse outcomes and may reflect a number of important factors.

The survival rates have continued to improve over time.

Note: In-hospital mortality is self-reported by hospitals. Data completeness for this field is relatively low and should be taken into account when interpreting this information. The shaded areas around the lines represent the 95% confidence interval of the mean.

In-hospital mortality (%) following TAVI procedure by urgency



30-day mortality rates remain low for elective and urgent cases but urgent cases have a higher mortality



Survival rates following TAVI procedures have continued to improve over time.

In 2023/24, the 30-day mortality rate for elective cases was 1.3% and similar to 2022/23.

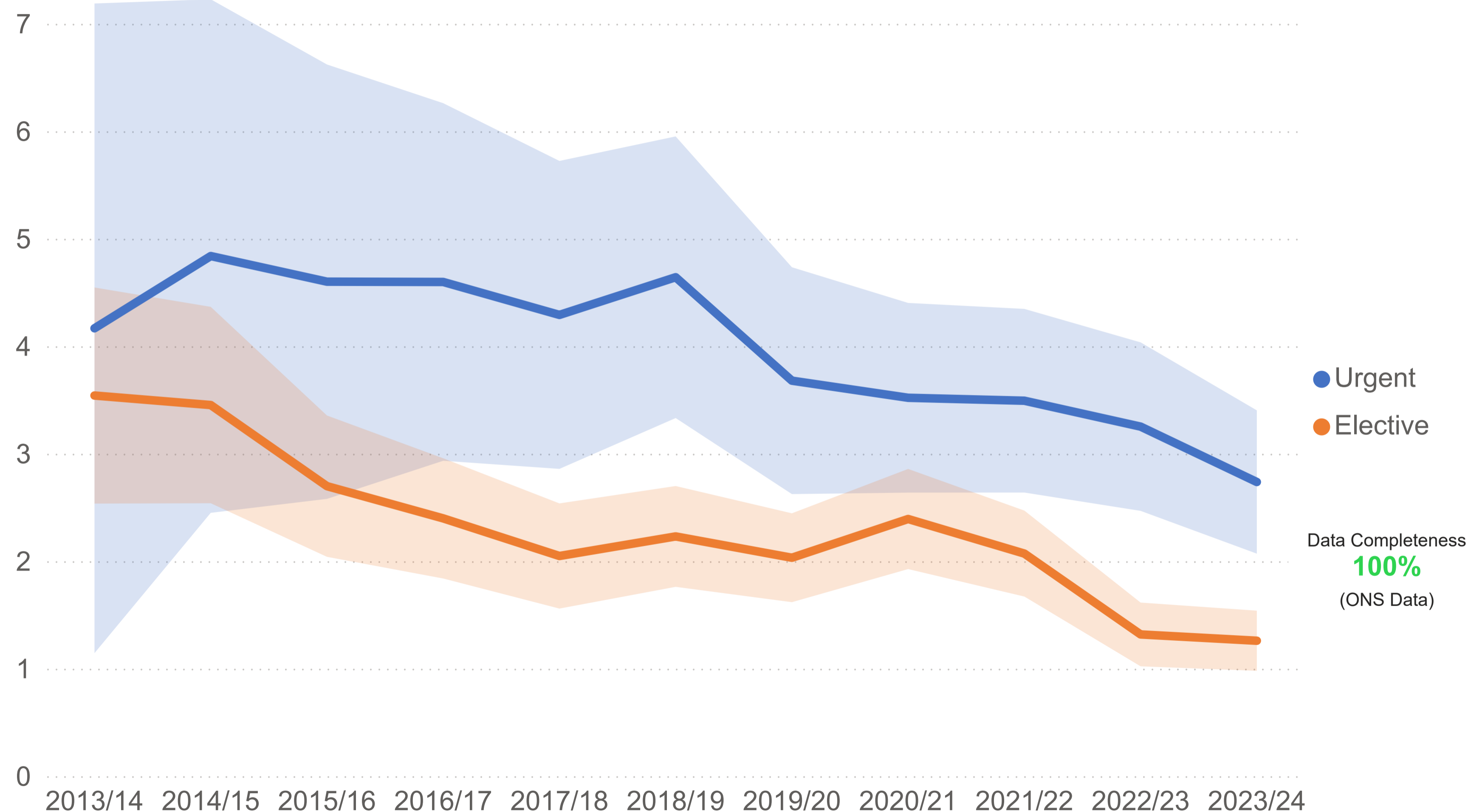
As in-hospital mortality for these cases is 0.6%, there is a similar proportion of early deaths after hospital discharge. The reasons for these early deaths need further assessment.

In 2023/24, the 30-day mortality for urgent cases was 2.7%, reduced from 3.2% in 2022/23. Again, around half the deaths are after hospital discharge. The reasons behind these early deaths need to be explored.

Note: The 30-day mortality rate following TAVI procedures is obtained from the Office of National Statistics (ONS). Data completeness for this field is externally validated through ONS.

Key:
Shaded areas represent the 95% confidence interval of the mean line.

30-day mortality (%) following TAVI procedure by urgency



The in-hospital stroke rate remains low at less than 2%

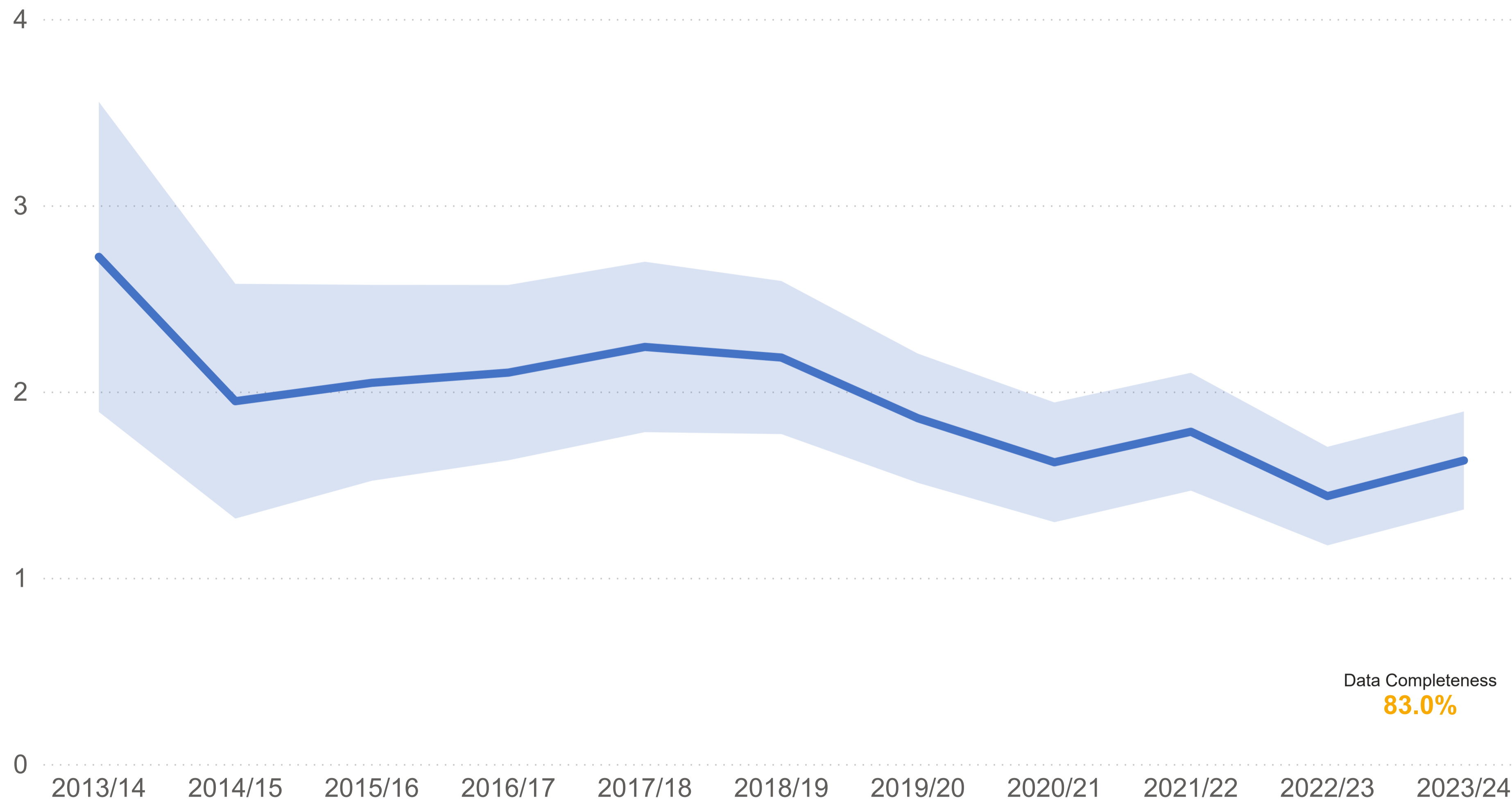


Percentage of TAVI patients suffering a stroke in hospital

The incidence of stroke as a complication after a TAVI procedure was 1.6% in 2023/24 (essentially unchanged from 2022/23).

Note: In-hospital stroke rates are self-reported by hospitals. Data completeness for this field is relatively low and should be taken into account when interpreting this information.

Key:
Shaded areas represent the 95% confidence interval of the mean line.

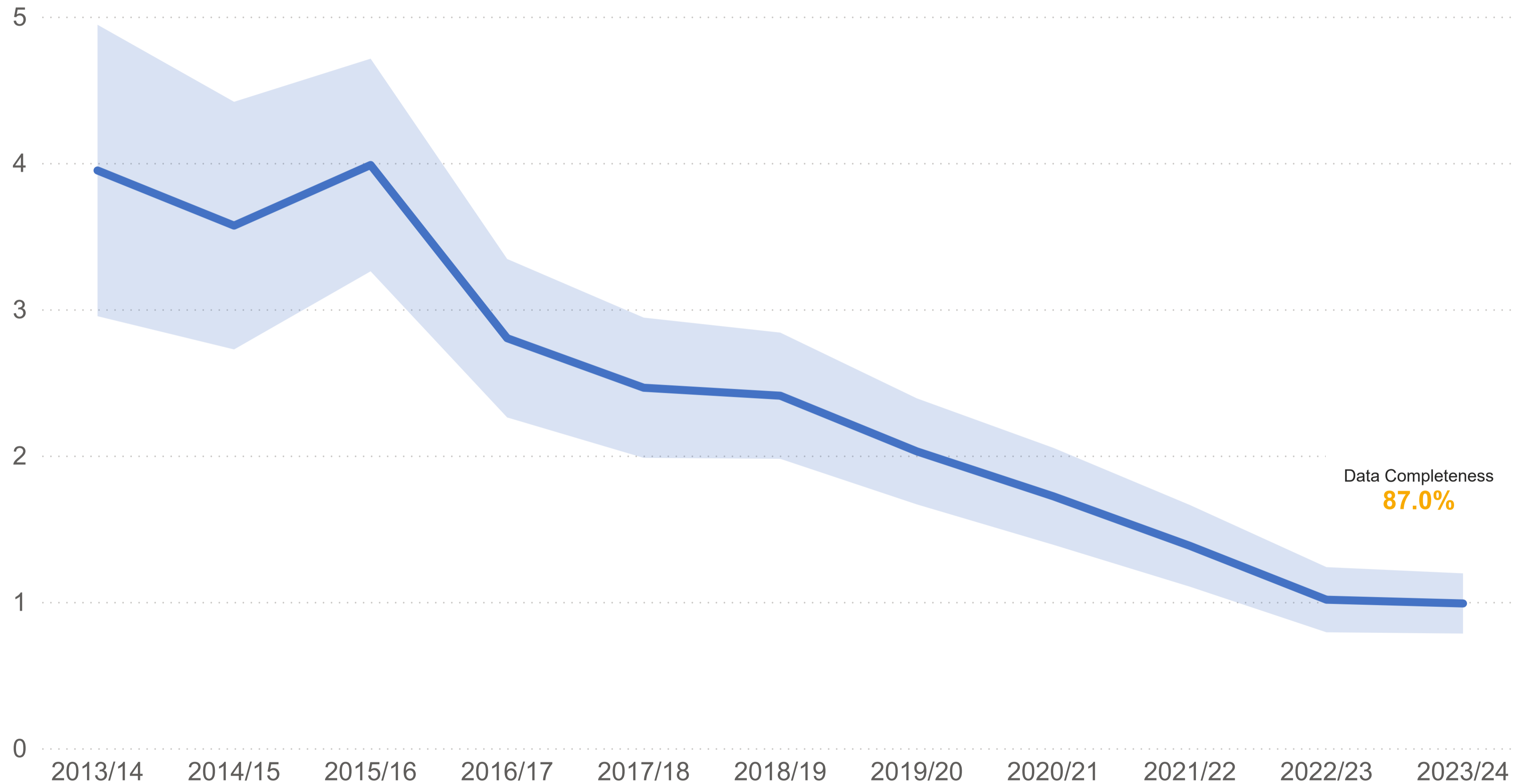


Data Completeness
83.0%

Major bleeding rates remain low at 1%



Percentage of TAVI patients suffering major bleeding



The rate of major bleeding occurring in hospital after a TAVI procedure was 1% in 2023/24.

This has fallen from 4% in 2013/14.

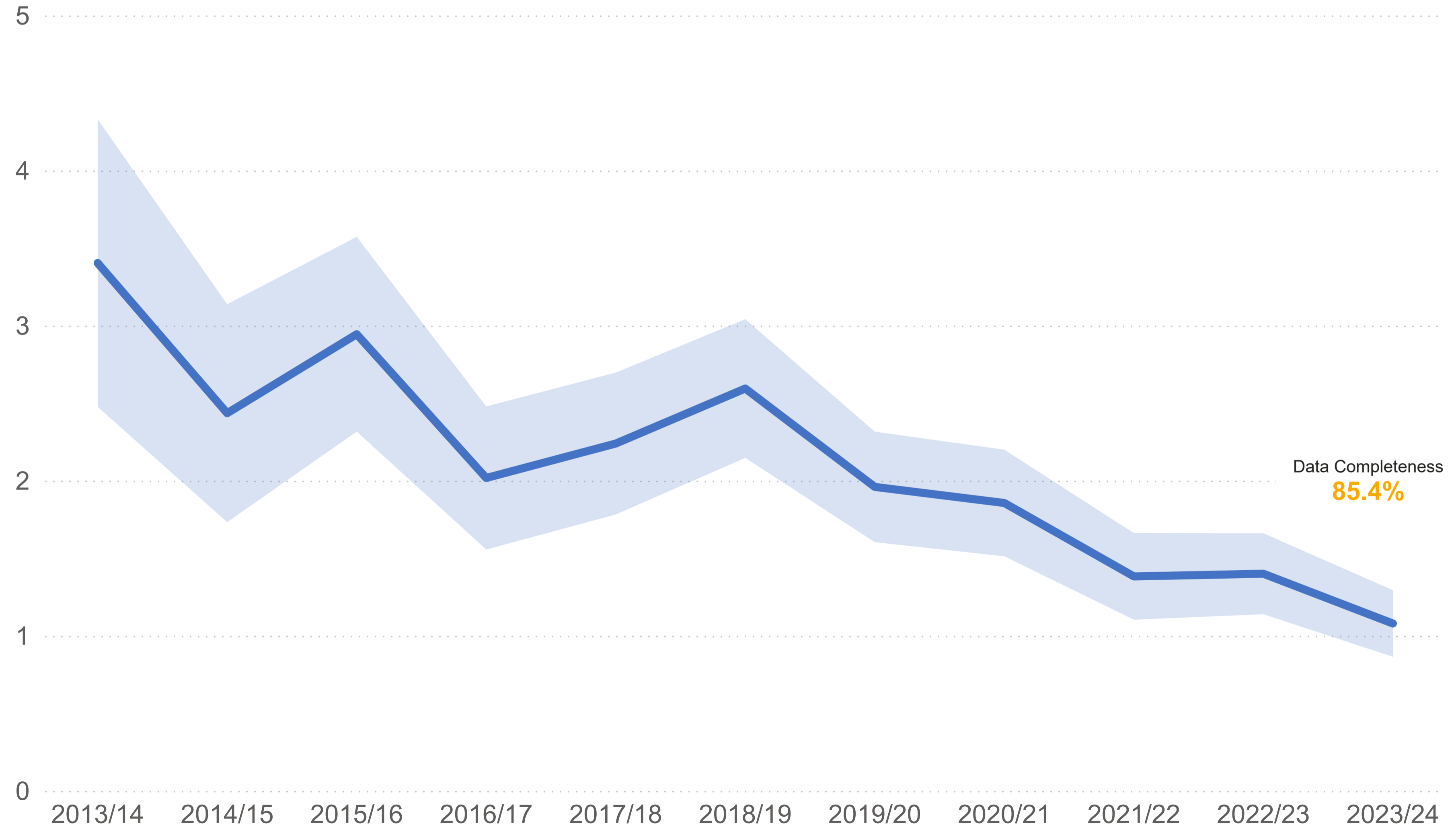
Note: Data completeness for this field is relatively low and should be taken into account when interpreting this information.

Key:
Shaded areas represent the 95% confidence interval of the mean line.

Data Completeness
87.0%



Percentage of TAVI patients suffering major vascular access complications



The rate of major vascular access complications occurring in hospital was 1.1% in 2023/24, continuing a drop in this figure over the last 10 years.

Note: Data completeness for this field is relatively low and should be taken into account when interpreting this information.

Key:
Shaded areas represent the 95% confidence interval of the mean line.

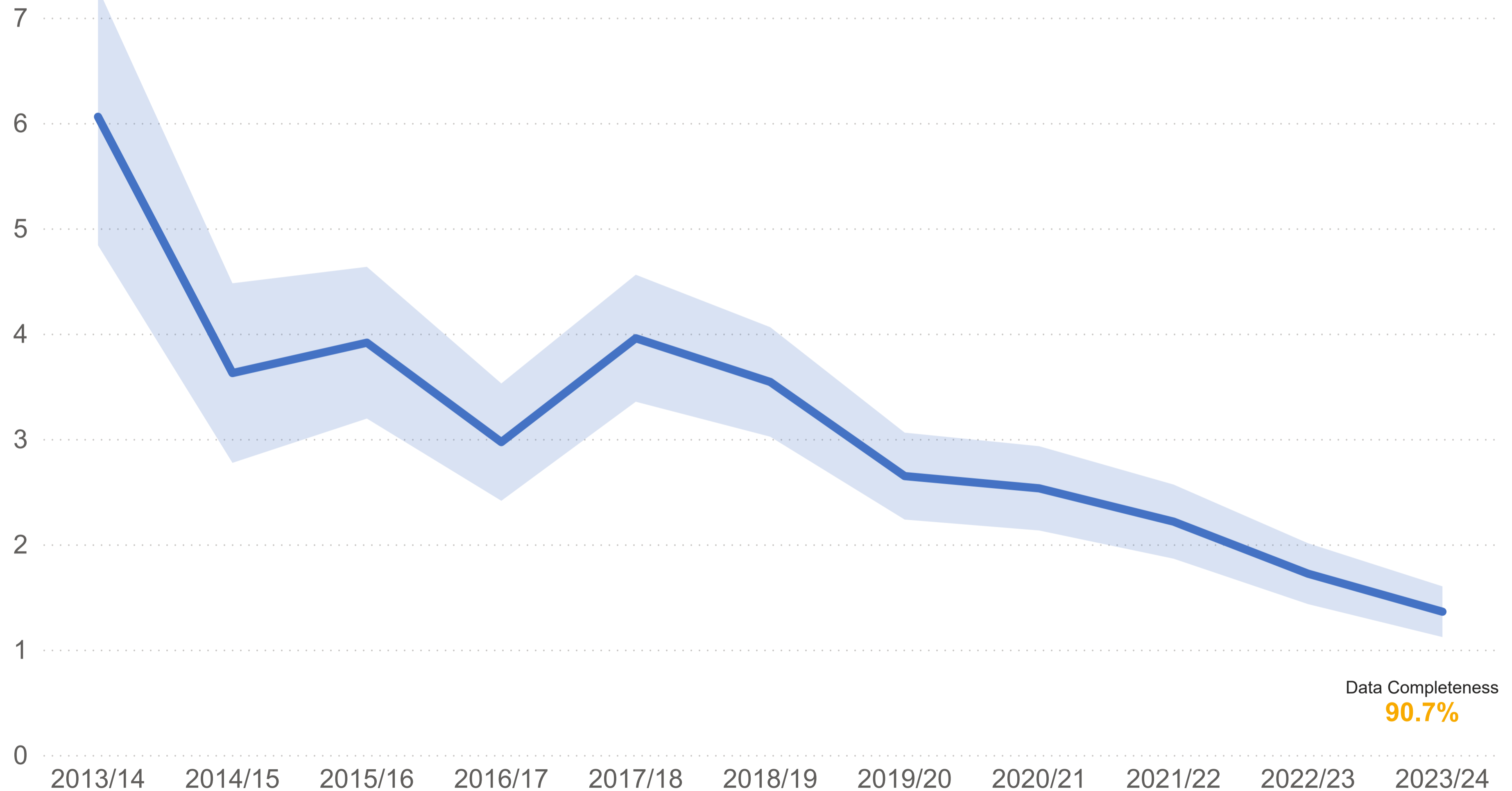


Percentage of TAVI patients suffering moderate or severe aortic regurgitation

The proportion of TAVI patients with moderate to severe aortic regurgitation fell to 1.4% in 2023/24.

Note: Data completeness for this field is relatively low and should be taken into account when interpreting this information.

Key:
Shaded areas represent the 95% confidence interval of the mean line.



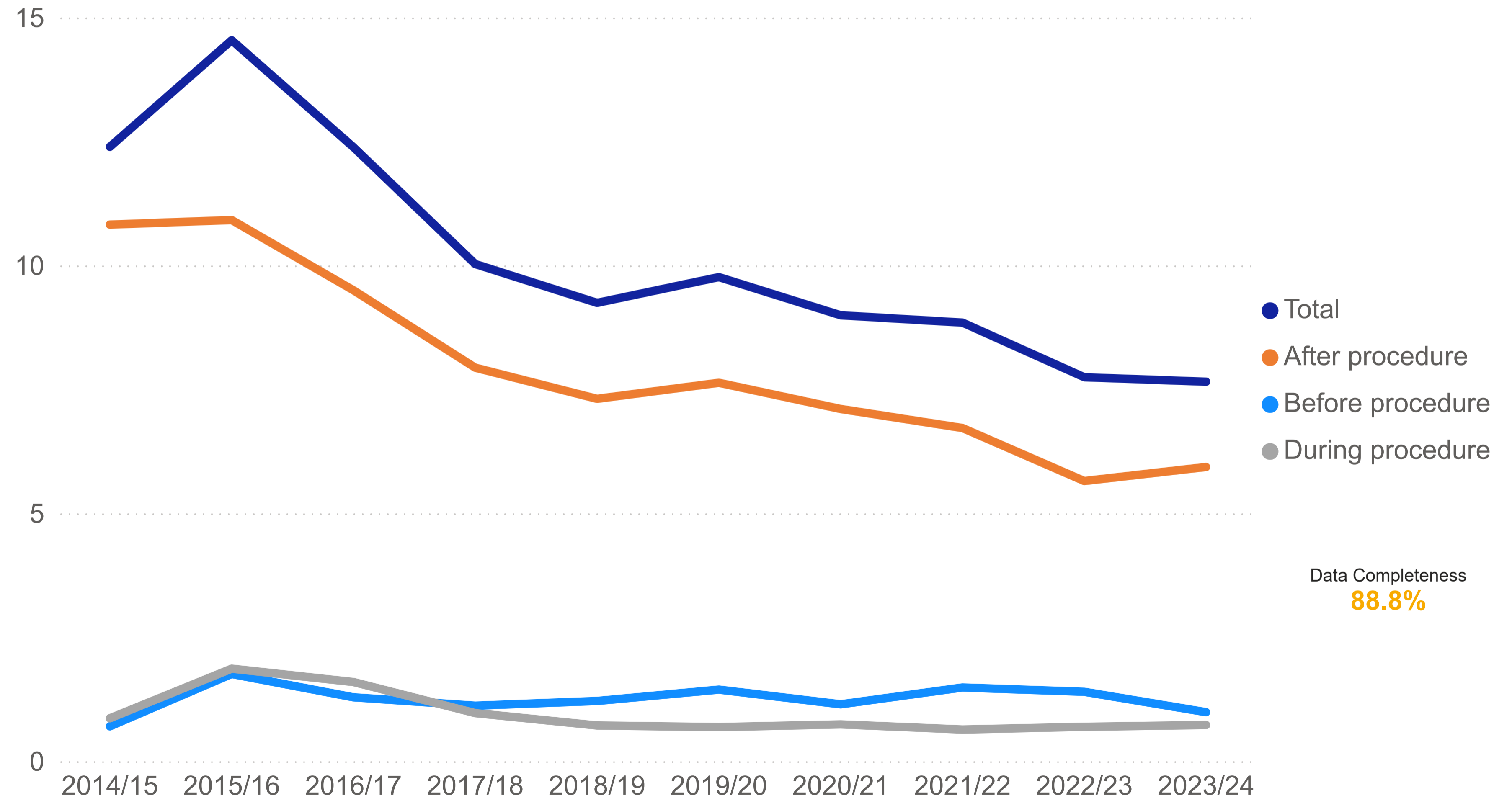


Percentage of TAVI patients requiring a permanent pacemaker (before, during and after a TAVI procedure)

In 2023/24, the proportion of patients treated with a permanent pacemaker (PPM) in relation to their TAVI treatment was 7.7%.

This comprised:

- 1% of people treated with a PPM prior to the TAVI procedure
- 0.7% receiving a PPM during the TAVI procedure
- 5.9% having a PPM inserted after the TAVI procedure.



Data Completeness
88.8%

Note: Data completeness for this field is relatively low and should be taken into account when interpreting this information.