

**SLOVENSKI STANDARD
SIST EN ISO 5840-3:2021****01-marec-2021****Nadomešča:****SIST EN ISO 5840-3:2013**

**Vsadki (implantati) za srce in ožilje - Proteze za srčno zaklopko - 3. del:
Nadomestki srčne zaklopke, vsajeni (implantirani) s transkatetrsko metodo (ISO
5840-3:2021)**Cardiovascular implants - Cardiac valve prostheses - Part 3: Heart valve substitutes
implanted by transcatheter techniques (ISO 5840-3:2021)Herz- und Gefäßimplantate - Herzklappenprothesen - Teil 3: Durch minimal-invasive
Methoden implantierter Herzklappenersatz (ISO 5840-3:2021)Implants cardiovasculaires - Prothèses valvulaires - Partie 3: Valves cardiaques de
substitution implantées par des techniques transcathéter (ISO 5840-3:2021)**Ta slovenski standard je istoveten z: EN ISO 5840-3:2021****ICS:**

11.040.40	Implantanti za kirurgijo, protetiko in ortetiko	Implants for surgery, prosthetics and orthotics
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SIST EN ISO 5840-3:2021**en**

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EUROPEAN STANDARD

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Cardiovascular implants - Cardiac valve prostheses - Part 3: Heart valve substitutes implanted by transcatheter techniques (ISO 5840-3:2021)

Implants cardiovasculaires - Prothèses valvulaires -
Partie 3: Valves cardiaques de substitution implantées
par des techniques transcathéter (ISO 5840-3:2021)

Herz- und Gefäßimplantate - Herzklappenprothesen -
Teil 3: Durch minimal-invasive Methoden
implantierter Herzklappenersatz (ISO 5840-3:2021)

This European Standard was approved by CEN on 22 September 2020.

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This European Standard exists in three official versions (English, French, German). A version in any other language made by translation under the responsibility of a CEN member into its own language and notified to the CEN-CENELEC Management Centre has the same status as the official versions.

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EUROPEAN COMMITTEE FOR STANDARDIZATION
COMITÉ EUROPÉEN DE NORMALISATION
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European foreword

This document (EN ISO 5840-3:2021) has been prepared by Technical Committee ISO/TC 150 "Implants for surgery" in collaboration with Technical Committee CEN/TC 285 "Non-active surgical implants" the secretariat of which is held by DIN.

This European Standard shall be given the status of a national standard, either by publication of an identical text or by endorsement, at the latest by August 2021, and conflicting national standards shall be withdrawn at the latest by August 2021.

Attention is drawn to the possibility that some of the elements of this document may be the subject of patent rights. CEN shall not be held responsible for identifying any or all such patent rights.

This document supersedes EN ISO 5840-3:2013.

According to the CEN-CENELEC Internal Regulations, the national standards organizations of the following countries are bound to implement this European Standard: Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Republic of North Macedonia, Romania, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey and the United Kingdom.

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INTERNATIONAL
STANDARD

ISO
5840-3

Second edition
2021-01

**Cardiovascular implants — Cardiac
valve prostheses —**

**Part 3:
Heart valve substitutes implanted by
transcatheter techniques**

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*Implants cardiovasculaires — Prothèses valvulaires —
Partie 3: Valves cardiaques de substitution implantées par des
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Foreword

ISO (the International Organization for Standardization) is a worldwide federation of national standards bodies (ISO member bodies). The work of preparing International Standards is normally carried out through ISO technical committees. Each member body interested in a subject for which a technical committee has been established has the right to be represented on that committee. International organizations, governmental and non-governmental, in liaison with ISO, also take part in the work. ISO collaborates closely with the International Electrotechnical Commission (IEC) on all matters of electrotechnical standardization.

The procedures used to develop this document and those intended for its further maintenance are described in the ISO/IEC Directives, Part 1. In particular, the different approval criteria needed for the different types of ISO documents should be noted. This document was drafted in accordance with the editorial rules of the ISO/IEC Directives, Part 2 (see www.iso.org/directives).

Attention is drawn to the possibility that some of the elements of this document may be the subject of patent rights. ISO shall not be held responsible for identifying any or all such patent rights. Details of any patent rights identified during the development of the document will be in the Introduction and/or on the ISO list of patent declarations received (see www.iso.org/patents).

Any trade name used in this document is information given for the convenience of users and does not constitute an endorsement.

For an explanation of the voluntary nature of standards, the meaning of ISO specific terms and expressions related to conformity assessment, as well as information about ISO's adherence to the World Trade Organization (WTO) principles in the Technical Barriers to Trade (TBT), see www.iso.org/iso/foreword.html.

This document was prepared by Technical Committee ISO/TC 150, *Implants for surgery*, Subcommittee SC 2, *Cardiovascular implants and extracorporeal systems*, in collaboration with the European Committee for Standardization (CEN) Technical Committee CEN/TC 285, *Non-active surgical implants*, in accordance with the Agreement on technical cooperation between ISO and CEN (Vienna Agreement).

This second edition cancels and replaces the first edition (ISO 5840-3:2013), which has been technically revised.

The main changes compared to the previous edition are as follows: the engineering and clinical requirements in the ISO 5840 series have been updated to current specifications and integrated and harmonized across all parts.

A list of all parts in the ISO 5840 series can be found on the ISO website.

Any feedback or questions on this document should be directed to the user's national standards body. A complete listing of these bodies can be found at www.iso.org/members.html.

ISO 5840-3:2021(E)**Introduction**

This document has been prepared for transcatheter heart valve substitutes with emphasis on providing guidance for *in vitro* testing, preclinical *in vivo* and clinical evaluations, reporting of all *in vitro*, preclinical *in vivo*, and clinical evaluations and labelling and packaging of the device. This process is intended to clarify the required procedures prior to market release and to enable prompt identification and management of any subsequent issues.

This document is used in conjunction with ISO 5840-1 and ISO 5840-2.

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Cardiovascular implants — Cardiac valve prostheses —

Part 3: Heart valve substitutes implanted by transcatheter techniques

1 Scope

This document is applicable to all devices intended for implantation as a transcatheter heart valve substitute.

This document is applicable to transcatheter heart valve substitutes and to the accessory devices, packaging and labelling required for their implantation and for determining the appropriate size of heart valve substitute to be implanted.

This document establishes an approach for verifying/validating the design and manufacture of a transcatheter heart valve substitute through risk management. The selection of appropriate verification/validation tests and methods are to be derived from the risk assessment. The tests can include those to assess the physical, chemical, biological and mechanical properties of heart valve substitutes and of their materials and components. The tests can also include those for preclinical *in vivo* evaluation and clinical evaluation of the finished heart valve substitute.

This document defines operational conditions and performance requirements for transcatheter heart valve substitutes where adequate scientific and/or clinical evidence exists for their justification.

This document includes considerations for implantation of a transcatheter heart valve substitute inside a pre-existing prosthetic device (e.g. valve-in-valve and valve-in-ring configurations).

2 Normative references

The following documents are referred to in the text in such a way that some or all of their content constitutes requirements of this document. For dated references, only the edition cited applies. For undated references, the latest edition of the referenced document (including any amendments) applies.

ISO 5840-1:2021, *Cardiovascular implants — Cardiac valve prostheses — Part 1: General requirements*

ISO 10993-2, *Biological evaluation of medical devices — Part 2: Animal welfare requirements*

ISO 14155, *Clinical investigation of medical devices for human subjects — Good clinical practice*

ISO 14630, *Non-active surgical implants — General requirements*

ISO 14971, *Medical devices — Application of risk management to medical devices*

IEC 62366 (all parts), *Medical devices — Application of usability engineering to medical devices*

3 Terms and definitions

For the purposes of this document, the terms and definitions given in ISO 5840-1:2021 and the following apply.

ISO and IEC maintain terminological databases for use in standardization at the following addresses:

— ISO Online browsing platform: available at <https://www.iso.org/obp>

ISO 5840-3:2021(E)

— IEC Electropedia: available at <http://www.electropedia.org/>

3.1

acute assessment

intra-procedural and immediate post-procedural results used to assess *in vivo* safety and performance

Note 1 to entry: All animals entered into acute, short-term assessment will remain under general anaesthesia for the duration of the study.

3.2

chronic assessment

long-term results following the procedure used to assess chronic *in vivo* safety and performance after the animal has recovered from anaesthesia

Note 1 to entry: The endpoints and durations of these studies should be determined by risk analysis.

3.3

delivery approach

anatomical access used to deliver the implant to the implant site (e.g. transfemoral, transapical, transeptal)

3.4

delivery system

catheter or other system used to deliver the implant to the implant site

3.5

device migration

detectable movement or displacement of the heart valve substitute from its original position within the implant position and without device embolization

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3.6

**loading
crimping**

process to affix or attach a transcatheter heart valve substitute onto a delivery device and collapse the valve (i.e. reduce its diameter) for insertion via the *delivery system* (3.4) (e.g. catheter), performed either during manufacture or in the clinic

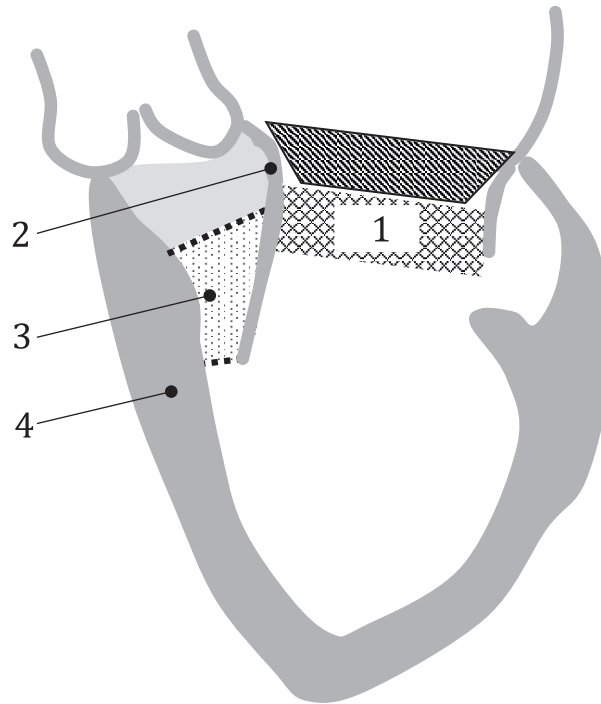
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3.7

neo-LVOT**neo-left ventricular outflow tract**

region between native anterior mitral leaflet/ transcatheter mitral valve implantation (TMVI) and septal wall, proximal to the aortic valve (see [Figure 1](#))

**Key**

- 1 TMVI
- 2 native anterior mitral leaflet
- 3 neo-LVOT
- 4 septal wall

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Figure 1 — Neo-LVOT formation behind a mitral leaflet

3.8**neo-sinus**

region between implanted transcatheter aortic valve leaflet and native aortic leaflet/leaflet of existing bioprosthesis valve (see [Figure 2](#))