The goal of measuring patient satisfaction in this review was to ensure that the benefits on efficiency and physician satisfaction did not come at the expense of patient experience, as this could have major implications for patient outcomes. Overall, patient satisfaction remained unchanged, and in some cases improved, indicating human scribes are viable from a patient's perspective.

Conclusions: Incorporation of medical scribes is associated with increased physician efficiency and reduced documentation time. Medical scribes may mitigate the need for increased numbers of physicians to cover current gaps in care seen in Canada, while also playing a protective role for physician mental health.

Keywords: medical scribe; physician efficiency; administrative burden; physician satisfaction; burnout

Echocardiographic hemodynamic outcomes and prosthesis–patient mismatch after transcatheter aortic valve implantation in patients with class III obesity: a province-wide retrospective cohort

A. Kamal, O. Elkhateeb

Background and Objectives: Class III obesity (BMI ≥40 kg/m^2) is increasingly common among patients undergoing transcatheter aortic valve implantation (TAVI), yet post-procedural hemodynamics and prosthesis–patient mismatch (PPM) are poorly characterized in this population. Because PPM is graded by indexing effective orifice area (EOA) to body-surface area (BSA), adiposity may inflate its apparent prevalence. We aimed to characterize within-patient hemodynamic change and its durability after TAVI, and to determine how PPM prevalence depends on its definition.

Methods: Retrospective cohort of 84 consecutive patients with BMI ≥40 undergoing TAVI at the QEII Health Sciences Centre between 2013 and 2025. All echocardiograms performed across the Nova Scotia provincial system (11 hospitals) were reviewed and 828 studies extracted. Analyses used standard resting transthoracic studies; valve-in-valve procedures (n=12) were excluded, leaving 72 patients. Within-patient change in mean and peak aortic gradient and dimensionless velocity index (DVI) was assessed from the closest pre-TAVI baseline to the earliest post-TAVI study, and durability from earliest to last post-TAVI study (Wilcoxon signed-rank). PPM was classified using measured EOA (continuity equation) and predicted EOA (published core-laboratory reference values for the implanted valve model and size), each indexed to pre-TAVI BSA, under conventional (≤0.85/≤0.65 cm^2/m^2) and obesity-adjusted (≤0.70/≤0.55 cm^2/m^2) thresholds.

Results: A pre-TAVI baseline was available in 71 of 72 patients (median follow-up 2.1 years). From baseline to earliest post-TAVI study, mean gradient fell from 41.8 to 11.7 mmHg (median change −29.2 mmHg [IQR −37.8, −21.7]; n=70), peak gradient fell by 50.8 mmHg [−63.6, −36.1] (n=68), and DVI rose from 0.25 to 0.52 (+0.25 [+0.22, +0.35]; n=51); all p<0.001. Among patients with two or more post-TAVI studies, mean gradient was unchanged between early and last studies (+1.3 mmHg, p=0.31), with minor changes in peak gradient (+4.0 mmHg, p=0.02) and DVI (−0.05, p<0.001). At last follow-up, paravalvular regurgitation (graded in 39 patients) was absent in 13, trace in 13 and mild in 13; total aortic regurgitation (n=71) was absent in 41, trace in 23 and mild in 7, none was moderate or greater. Six of 72 patients (8%) met the VARC-3 gradient criterion for moderate hemodynamic valve deterioration. By measured EOA (n=49), moderate-or-severe PPM was present in 51% (severe 29%) by conventional and 35% (severe 14%) by obesity-adjusted thresholds. By predicted EOA (n=67), corresponding rates were 70% (severe 7%) and 13% (severe 0%). Self-expanding valves had larger predicted indexed EOA than balloon-expandable valves (median 0.87 vs 0.76 cm^2/m^2, p<0.001).

Discussion: Post-TAVI gradients fell within published normal ranges, yet PPM prevalence depended on its definition: by conventional measured criteria, severe PPM was over twice the STS/ACC TVT Registry rate (12%), but this excess largely resolved with obesity-adjusted thresholds and predicted EOA. Apparent PPM despite low gradients suggests over-indexation, as adipose tissue inflates BSA without proportionate flow demand.

Conclusions: TAVI provides effective, durable hemodynamic relief in class III obesity. PPM prevalence varies several-fold with its definition, and conventional criteria classify many patients with normal gradients as mismatched. Correlating each PPM definition with clinical outcomes is the next step to establish which is prognostically meaningful.

Keywords: transcatheter aortic valve implantation; class III obesity; prosthesis–patient mismatch

Long-term Outcomes of Non-Operative Management for Achilles Tendon Ruptures: A >10-Year Follow-Up

A. Marshall, E. Liu, B. Burgeson, J. Morash, M. Glazebrook

Background and Objectives: Achilles tendon rupture (ATR) incidence is rising, and non-operative management is increasingly favored given comparable short- and mid-term outcomes to surgical repair with fewer risks. However, data beyond 10 years remain limited. This study evaluated long-term function, satisfaction, symptoms, and re-rupture rates in patients treated non-operatively for acute ATR injuries more than 10 years prior and compared long-term function to previously documented 1-year outcomes.

Methods: This retrospective cohort study identified 69 patients treated non-operatively for an acute ATR at the Halifax Infirmary (QEII Health Sciences Centre) between 2011 and 2015, all with documented 1-year follow-up. Long-term outcomes were collected via structured telephone interview at a minimum of 10 years post-injury. Assessments included evaluation of the Achilles Tendon Total Rupture Score (ATRS), patient satisfaction, reported pain, rates of re-rupture, and return to pre-injury activity.