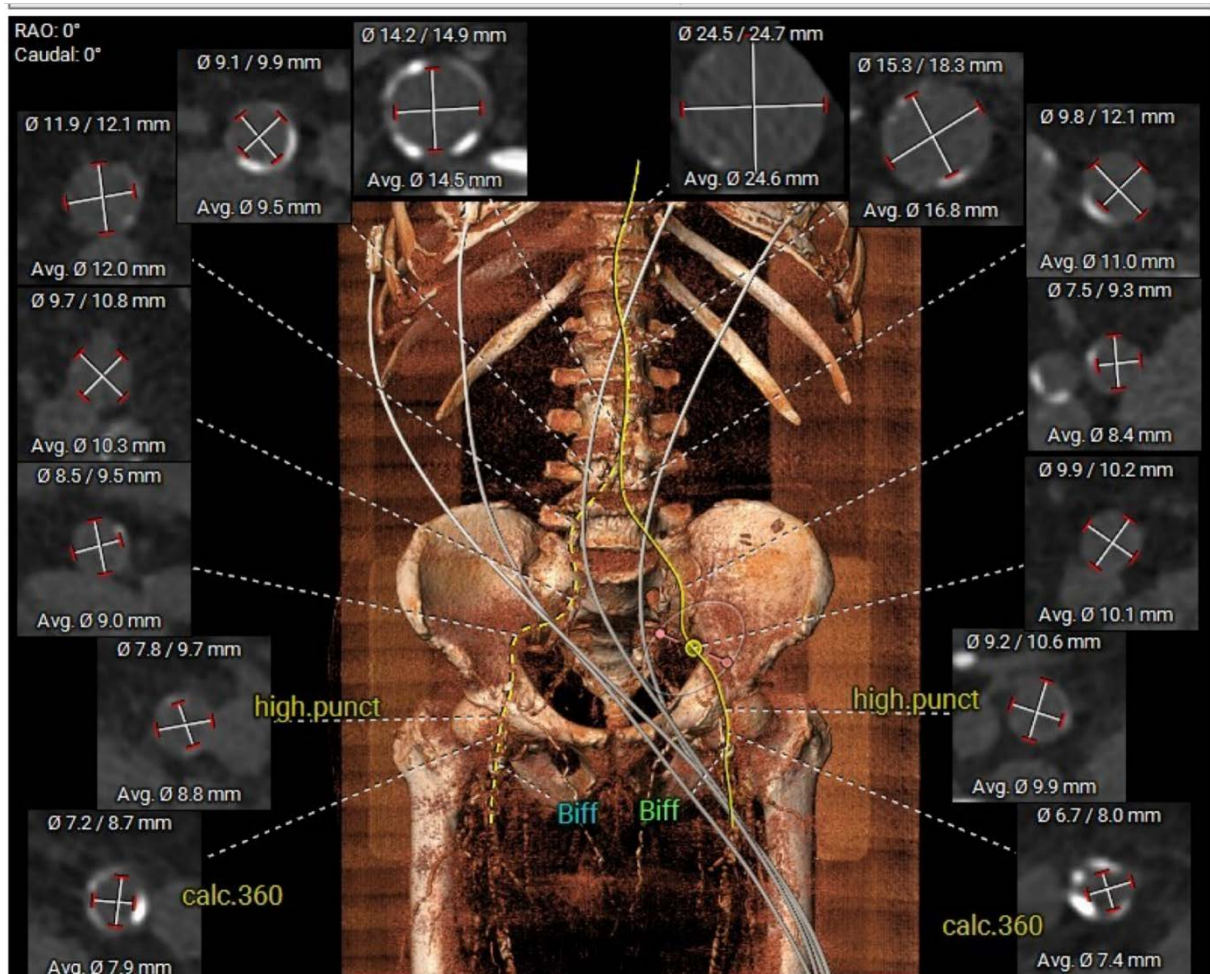


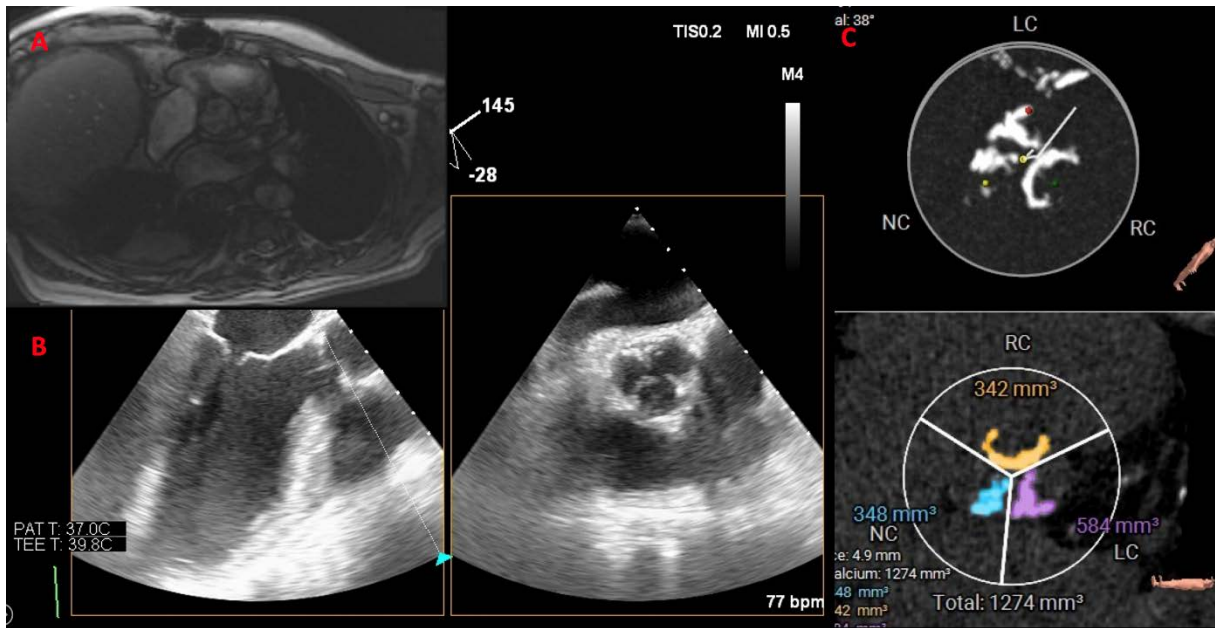
*Supplementary material*

*Pyka Ł, Wilczek K, Kwiecień A, et al. Zero-contrast TAVI: A novel alternative for a difficult patient population. Pol Heart J. 2024.*

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**Figure S1.** Non-contrast computed tomography showed benign calcifications and generally straight ilio-femoral vessels and aorta



**Figure S2.** Three-cusp aortic valve anatomy was confirmed on echocardiography (A), nuclear magnetic resonance imaging (B) and computed tomography (C)

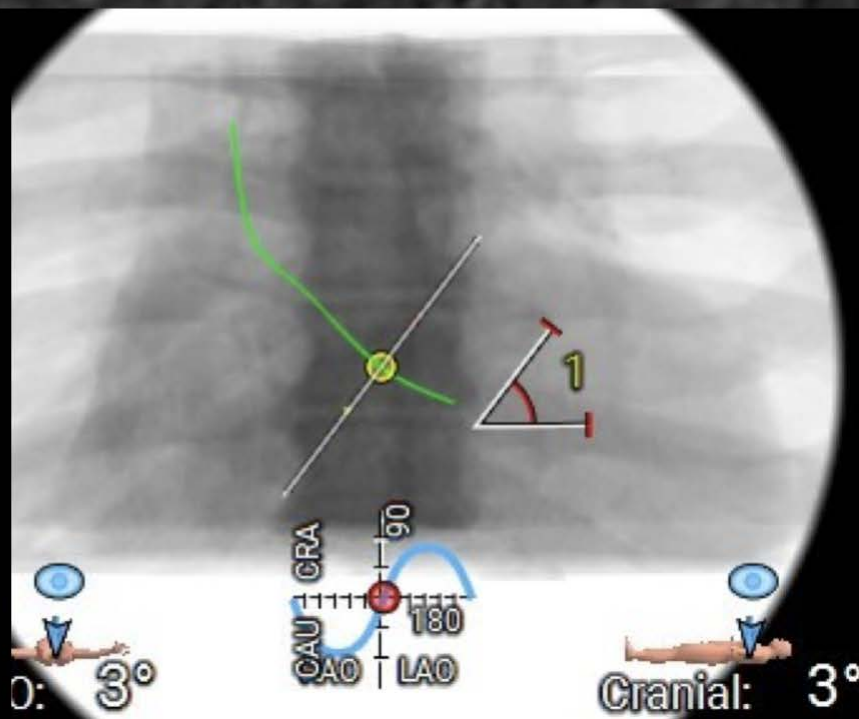
## Coronary ostia heights derived from non-contrast CT

RCA ostium height 14mm

LCA ostium height 23mm

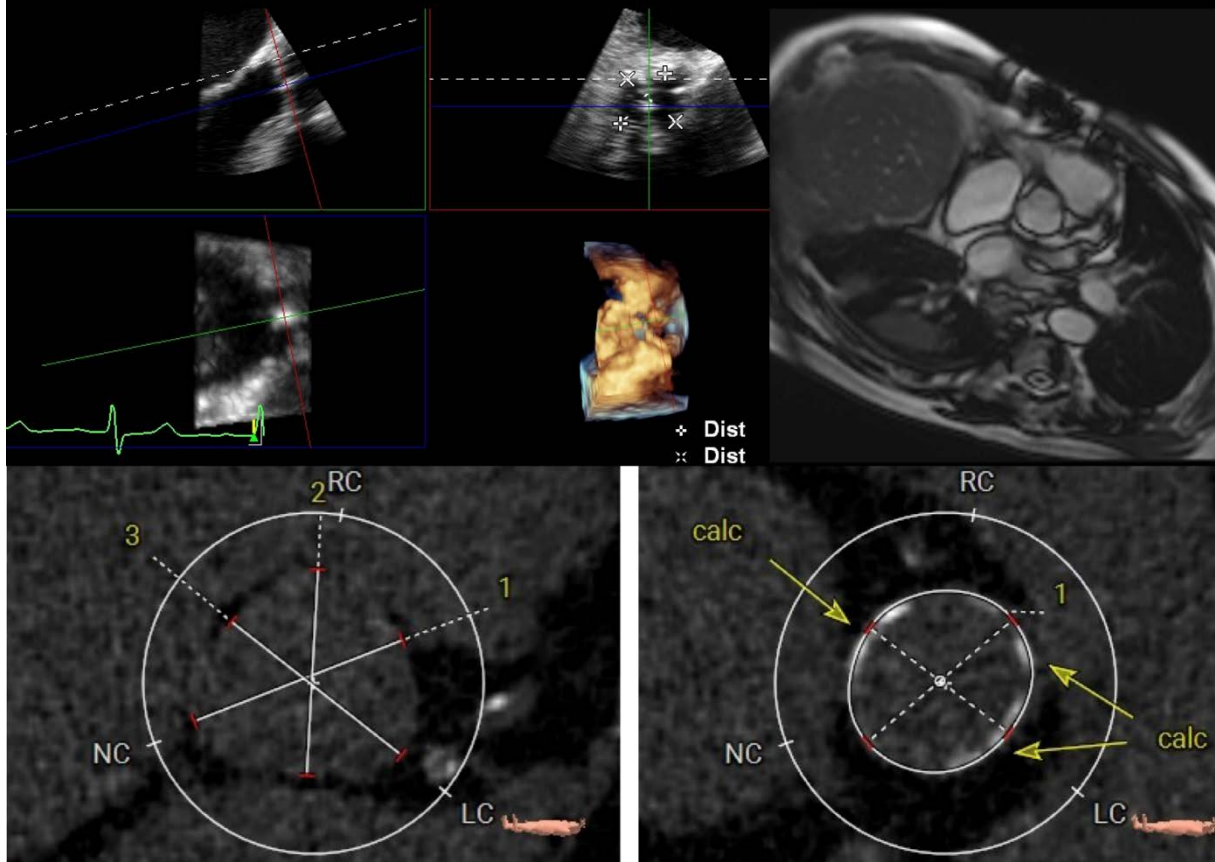


## Aortic angulation and selection of implant view based on non-contrast CT

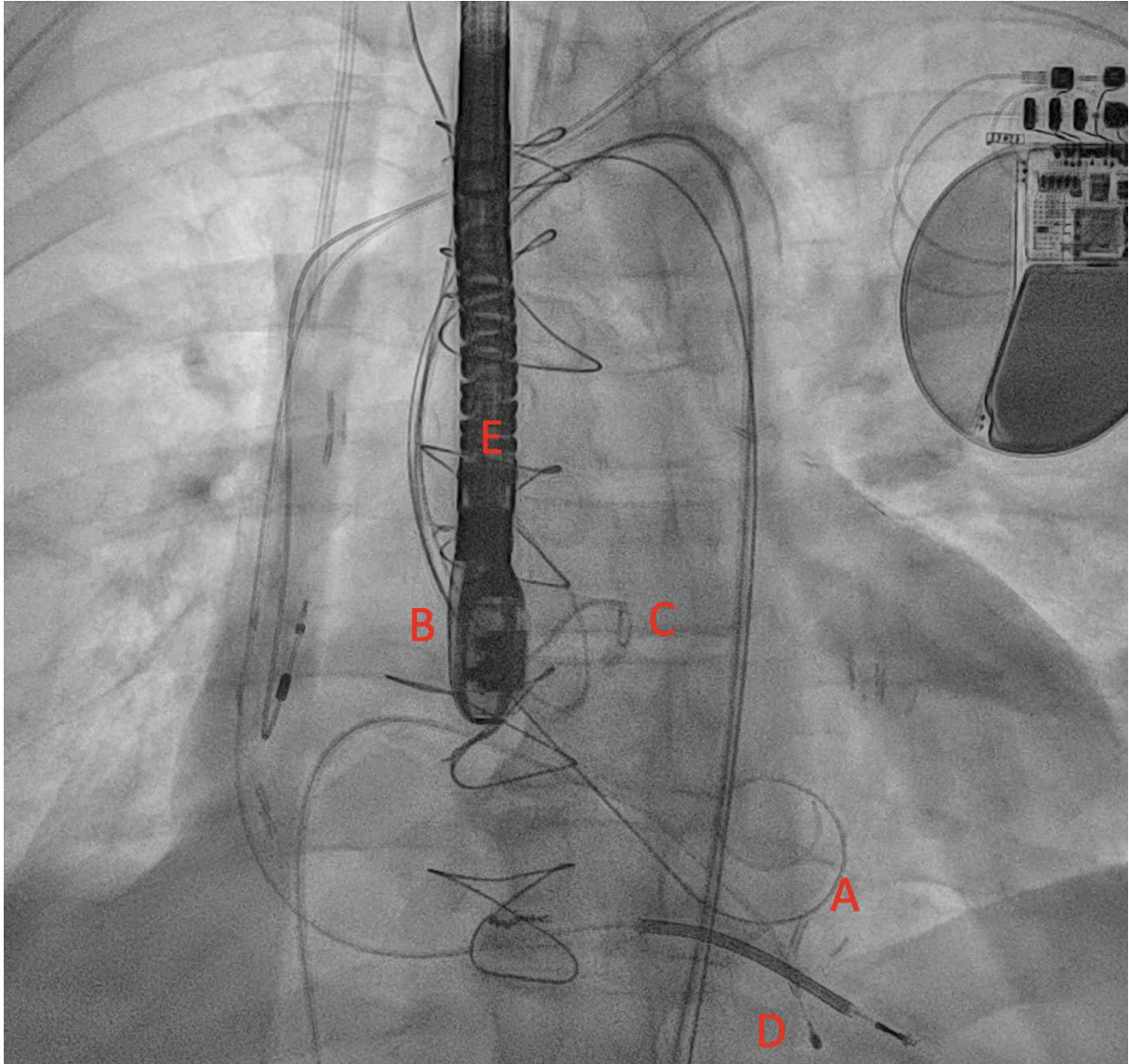


**Figure S3.** Aortic angulation (A), coronary ostia heights (B) and selection of implant view (C) based on non-contrast computed tomography

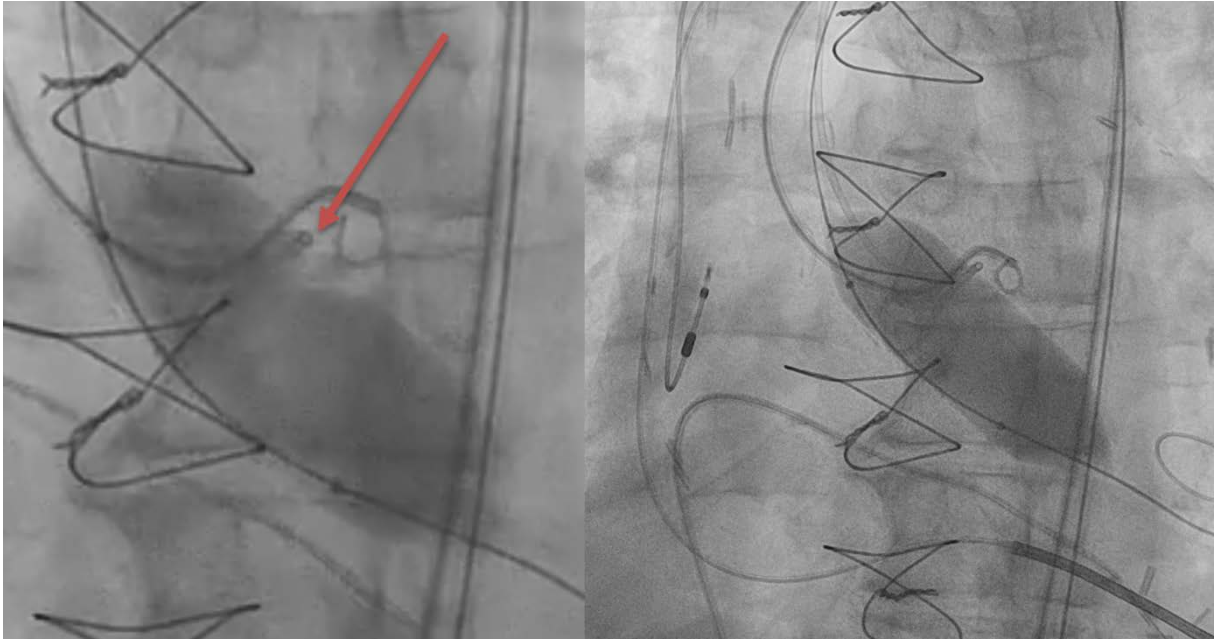
**Discrepancies in annulus sizing (no-contrast CT – 23.5mm; 3D TEE 24-25mm; non-contrast NMR 26mm)**



**Figure S4.** Assessment of aortic valve annulus in three modalities (3D TEE, NMR, CT)



**Figure S5.** The initial set-up for the procedure: **A.** Extra stiff guide wire in left ventricle. **B.** Pigtail catheter in the non-coronary cusp. **C.** AL 1.0 catheter with guide wire in the left coronary cusp. **D.** temporary pacing electrode in right ventricle. **E.** TEE probe



**Figure S6.** A notch visible on the valvuloplasty balloon