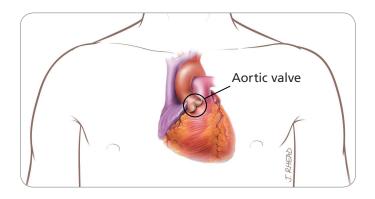


Transcatheter Aortic Valve Replacement (TAVR)

What is TAVR?

Transcatheter [tranz-KATH-eh-ter] **Aortic Valve Replacement (TAVR)** [TAY-vur] is a procedure that treats an aortic valve that isn't working properly because it has become thick or stiff. During TAVR, the doctor uses a catheter (a thin, flexible tube) to put a new aortic valve in your heart.



What do I need to do next?

- 1 Tell your doctor about all the medicines you are taking. This includes prescriptions, overthe-counter medicines (such as allergy pills or cough syrup), inhalers, patches, vitamins, and herbal remedies.
- **2** Follow your doctor's directions about your medicines. You may need to stop taking some of them before the procedure.
- **3** Follow all instructions on when to stop eating and drinking before the procedure. This will help prevent complications from anesthesia.
- **4** Follow all instructions about bathing before your procedure. You may be asked to use a special soap to clean your skin.

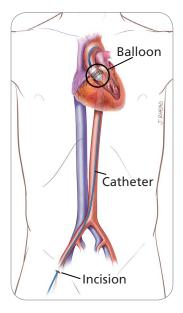
Talking with your doctor

The table below lists the most common possible benefits, risks, and alternatives for this procedure. Other benefits and risks may apply in your unique medical situation. Talking with your healthcare provider is the most important part of learning about these risks and benefits.

| Possible benefits | Risks and possible complications | Alternatives |
|--|---|--|
| A new valve will work better. This may ease symptoms caused by a stiff or narrow heart valve, helping you breathe easier and be more active. | Major complications are uncommon, but they may include: Continued valve stiffness or narrowness, or leakage in the valve that was treated. These problems may require another procedure or surgery. Heart muscle or heart valve damage. This may require open heart surgery. Bleeding, infection, or damage to a blood vessel where the catheter(s) were put into your body Abnormal heart rhythm Blood clots Heart attack or stroke A reaction to anesthetic or dye Death (rare) | Open heart surgery is another way to fix your aortic valve. It's not recommended for people with certain health problems. You may also choose to be treated with medicine only. |

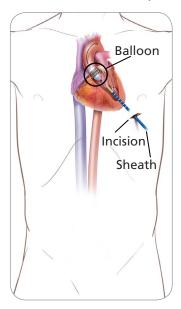
During the procedure

You'll be given medicine that puts you in a deep sleep. The doctor will reach your heart and aortic valve by 1 of these 2 ways. Your doctor will choose the approach that works the best for your situation.





Femoral approach.
The doctor makes a small cut (incision) in your groin. A catheter and a tiny balloon are moved through a large vein to your heart.





Apical approach.
The doctor makes a small cut (incision) between your ribs to reach your heart. Catheters are moved through a sheath (short tube) into your heart to reach the valve.

Once the doctor reaches the heart, a balloon on a catheter will be opened and closed several times. This stretches your old valve to make room for the new valve. The doctor places the new aortic valve and uses ultrasound or special X-rays to make sure your new valve is working right. The catheter is taken out and your incisions are closed with stitches.

What happens after the procedure?

- You'll be moved to the intensive care unit (ICU) right after the procedure, where your heart's activity will be watched.
- Your healthcare team will manage your pain.
- You'll rest in bed for several hours to prevent bleeding. When you are ready, you'll move to a nursing floor.
- A respiratory therapist may ask you to do exercises to clear your lungs and help you breathe deeply.
- You'll get out of bed and walk several times each day. You'll sit in a chair as much as you can.
- Your doctor will tell you when you can go home.
 You must have someone drive you home.

| Questions for my doctor | | |
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