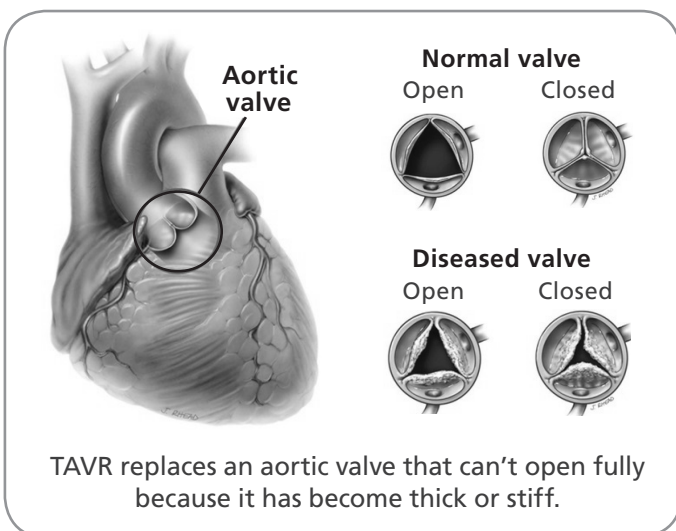


Transcatheter Aortic Valve Replacement (TAVR)

What is transcatheter aortic valve replacement?

Transcatheter Aortic Valve Replacement (TAVR)

is a procedure that treats an aortic valve that's not working right. During TAVR, the doctor uses a catheter (a thin, flexible tube) to put a new aortic valve in your heart. This sheet explains the basics of what you need to know.



Before your procedure

- You may need to stop taking some or all of your pills several days before your procedure.
- You'll check into the hospital and spend the night.
- You'll have blood tests.
- You'll be connected to a portable heart monitor.
- You'll use a special soap to clean your skin. The hair on your groin and legs, and possibly your chest, will be shaved.
- You will have lines placed in your arm or hand. They will give you fluids and medications and monitor your blood pressure.
- You will not be allowed to eat or drink anything after midnight (12:00 AM).

What to ask your doctor about the TAVR procedure:

Ask your doctor:

- How this procedure may help you
- If there are any other surgeries or procedures that can help you
- What the risks are

Keep asking questions until you are sure you understand all of the benefits and risks.

What are the benefits of TAVR?

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.

What are the risks and potential complications of TAVR?

Major complications are uncommon.

Some of the risks and potential complications are:

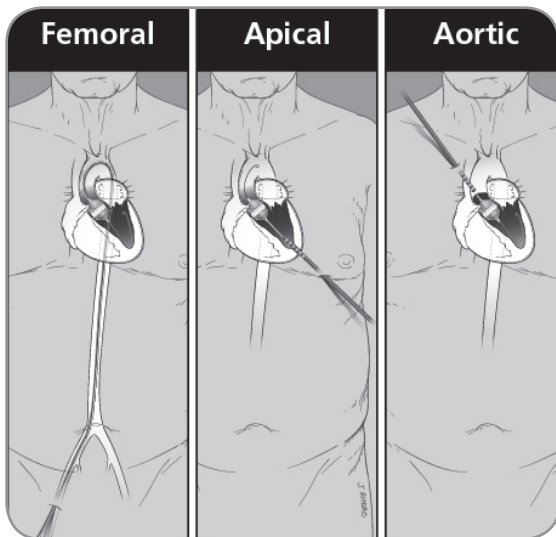
- Continued valve stiffness or narrowness, or leakage in the valve that was treated — these problems may require another procedure or surgery
- Heart muscle or heart valve damage — this may require open heart surgery
- Bleeding, infection, or damage to a blood vessel where the catheter(s) were put into your body
- Abnormal heart rhythm
- Blood clots
- Heart attack or stroke
- A reaction to anesthetic or dye
- Death (rare)

What can I do instead of TAVR?

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 medication that puts you in a deep sleep.
- The doctor will reach your heart and aortic valve by 1 of these 3 ways. Your doctor will choose the approach that works the best for your situation.
 - **Femoral approach.** The doctor makes a small cut 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 between your ribs to reach your heart. Catheters are moved through a sheath (short tube) into your heart to reach the valve.
 - **Aortic approach.** The doctor makes a small cut on the right side of your chest next to your sternum (breastbone) and between your ribs. A sheath is placed in the aorta (the large blood vessel that carries blood from your heart). The catheters are moved through the sheath and to 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.
- The doctor 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.

After the procedure

- You'll be moved to the intensive care unit (ICU) right after the procedure. A team of healthcare providers will check your heart's activity.
- 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 help 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.
- If you have a chest tube, it will be taken out before you leave the hospital.
- Your doctor will tell you when you can go home. You must have someone drive you home.

At home

- You may feel sore from lying flat for several hours. This will go away in a day or so.
- The sites in your legs will be bruised. This should go away in a week or so.
- Take your medications exactly as your doctor ordered. This will help you manage your pain and prevent infection.
- You may need a laxative for constipation.
- You may not take a bath, use a hot tub, or go swimming for the first 5 days after you get home.
- You can take a shower after 24 hours (1 day). But don't let the spray directly hit the bandages on your groin or your chest (if you have one).
- You will need to take several short walks (5 to 10 minutes) each day, but you are not allowed to do heavy exercise, such as running, until your doctor says it's okay.
- You may not do any activity that requires bending or squatting, or lift anything that weighs more than a gallon of milk until your doctor says it's okay.