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Saint Luke's Valve Program

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PATIENT INFORMATION

SAINT LUKE'S Transcatheter Aortic Valve Replacement (TAVR)

*A guide to understanding this specialized treatment for
aortic valve complications*

› Saint Luke's Mid America Heart Institute



A Family's Guide to TAVR

Transcatheter Aortic Valve Replacement

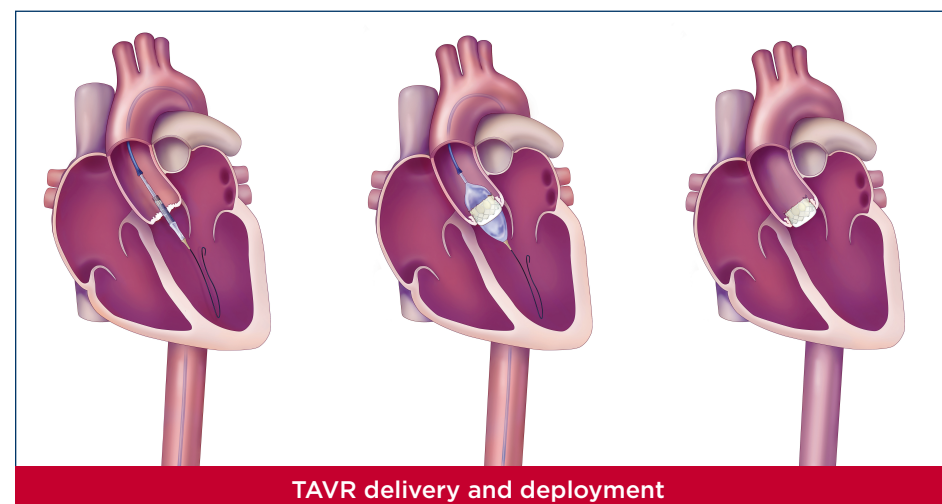
As you prepare for and recover from your TAVR procedure, this booklet may be helpful in answering some of your questions. Please know that we're here to listen to any of your concerns, and you have the full support of our team during and after your stay here at the Mid America Heart Institute.

What is TAVR?

Transcatheter aortic valve replacement (TAVR) is a procedure to replace a diseased aortic valve. The old heart valve is not removed but acts like an anchor for the new heart valve. This procedure is done through catheters using X-ray and ultrasound guidance. It's a less-invasive alternative to open heart surgery, and patients are often impressed by the short recovery time.

Physicians at Saint Luke's Mid America Heart Institute were the **first in Kansas City and among the first in the U.S. to perform TAVR** in 2008. Since then, Saint Luke's has continued to lead the region in TAVR volume.

Your heart team has determined that TAVR is the best option to treat your aortic stenosis.



What to expect

Preoperative

You'll receive a list of instructions that your TAVR coordinator will tailor to you during your preoperative visit.

The day of your procedure

You'll check in with the admitting office, located on the Heart Institute's third floor, and be taken to the preoperative area to begin preparation for the procedure.

In the preoperative area, an IV and an arterial line will be placed to administer medications, fluids, and to monitor blood pressure.

During your TAVR

Your TAVR will be performed by a collaborative team of cardiology and cardiothoracic surgery staff. The new valve is compressed for delivery through a catheter. When the delivery system is in place, the TAVR valve will be expanded within your existing valve.

- To keep you comfortable, you'll receive general anesthesia or moderate sedation to put you to sleep throughout the procedure.
- Antibiotics will be given to help protect you from infection.
- An echocardiogram will be done to assist with valve size, placement, and post procedure evaluation.

- A temporary pacemaker will be placed during the procedure as a protective measure.

The sheaths are removed at the end of the procedure. The temporary pacemaker may stay in place while your heart rhythm is monitored in the recovery area.

Communication

A nurse liaison will keep your family and loved ones informed throughout the procedure.

After your TAVR

You'll be woken up and transported to your recovery room where you'll stay until you are evaluated by the TAVR team. Usually, you'll remain in bed for the first four hours. However, if a temporary pacemaker was left in place, you'll remain on bedrest until it can be safely removed.

When your condition is stable, you will be transferred to the step-down unit where you will stay until discharge.

Heart rhythm problems are a possible complication of the TAVR procedure, and sometimes a permanent pacemaker is recommended.

The procedure is a minimally invasive and is performed under local anesthesia.

Recovery goals

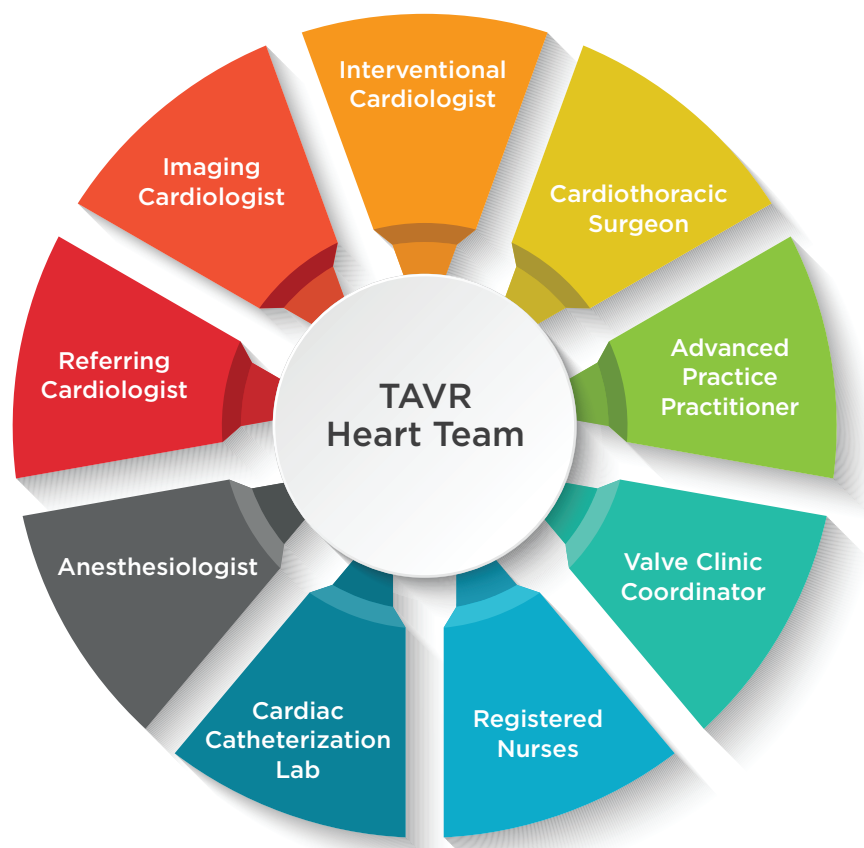
Day of procedure:

- To be out of bed and in sitting in a chair the same day as your procedure.
- Pain management is a very important part of the procedure and during recovery. You're asked to use the pain management handout when describing pain to the medical team throughout your hospital stay.

Postoperative:

- Walk in the hall a minimum of three times the day after your procedure. Your nurse will walk with you the first time you're out of the bed so they can ensure your safety. Please note, you'll be encouraged to walk even if you feel tired.
- Sit up in chair for all meals.
- Prepare for discharge.

Your comprehensive and integrated TAVR team offers you seamless service from initial consultation to follow-up care.



Discharge planning

Discharge planning begins when you enter the hospital.

Recovery from TAVR is much shorter than recovery from an open heart surgery, and while some patients go home the day after their procedure, most are home by the second day. Our goal is to get you back to your normal routine as quickly as possible.

Upon discharge, you shouldn't need home care unless you needed those services prior to the procedure. And while attending a cardiac

rehab program after TAVR is recommended for most patients, your care team will let you know if you're an appropriate candidate for those services.

Follow up

You're expected to follow up with your heart team in the Valve Center at one week, one month, and one year after your TAVR procedure. Your appointments will be scheduled for you. Appointment times and questions you may have can be noted on the last page.

Life after a heart valve replacement

Medication

A new heart valve can help ease symptoms you may have had. These include pain or pressure in your chest, shortness of breath, and tiredness.

After the surgery, you'll need to take aspirin and/or other blood-thinning medicine to help prevent blood clots in your new valve.

Also note that you'll need to take antibiotics before any dental work, as prescribed by your health care provider. This helps prevent bacteria from harming your new heart valve.

Lifestyle changes

Your health care provider may tell you to make lifestyle changes to protect your heart and make it stronger. These include:



Life after a heart valve replacement *(cont.)*

Giving up tobacco—Tobacco narrows arteries and makes breathing more difficult. All forms of tobacco affect your heart and blood vessels, which can make breathing difficult. If you have trouble quitting, ask your physician for help or contact an organized smoking cessation program.

Getting down to a healthy weight—If overweight, your heart has to work harder to pump blood to your body; losing even a few pounds can reduce the burden. Try following a low sodium diet.

Controlling blood pressure—If you have high blood pressure, your heart team will help manage it. It's also a good idea to keep a log of your blood pressure at the same time each

day. Your heart team will ask for it at your first follow-up visit.

Staying active—It's important to exercise regularly based on your ability, and following the directions of your heart team. Cardiac rehab may be a recommended option.

After full recovery, you may be able to return to regular activities with a noticeable improvement in the symptoms from your heart valve disease.



Recommended resources

American Heart Association: What is TAVR?

heart.org/HEARTORG/Conditions/More/HeartValveProblemsandDisease/What-is-TAVR_UCM_450827_Article.jsp

American Heart Association: Heart Valve Support Group

supportnetwork.heart.org/connect-with-people-like-me/heart/heart-valve-disease/

Saint Luke's Valve Center

saintlukeskc.org/valvecenter

Aortic Stenosis

saintlukeskc.org/aortic-stenosis

Questions for your caregivers

Appointment times

1 Week: _____

1 Month: _____

1 Year: _____