

A Guide to Transcatheter Aortic Valve Replacement (TAVR) Procedure.

A booklet for patients and families

This booklet will cover important information about your procedure. It will describe how to prepare and how you can play an active part in your recovery. Please review this closely with your family. Bring it with you to the hospital. Your treating team may refer to it and review it with you before you go home.

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Office d'éducation des patients
Patient Education Office

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Special Thanks

We would like to thank the team at the Patient Education Office for their support throughout the development of this booklet, the design and the layout, as well as for the creation of all the images.



IMPORTANT

Information provided by this booklet is for educational purposes. It is not intended to replace the advice or instruction of a professional healthcare practitioner, or to substitute medical care. Contact a qualified healthcare practitioner if you have any questions concerning your care.

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This material is also available at:
MUHC Patient Education Portal
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Part 1: Learn the Basics

Important information

Please bring this booklet with you to the hospital.

Your procedure : Trans-catheter Aortic Valve Implant (TAVR)

Date of your procedure :

Name of cardiologist :
(heart doctor)

Name of TAVR Nurse :

See “How to reach us” on page 10 and the back of this booklet for the hospital map and directions.



If you are not comfortable in French or English, please bring someone, who can translate for you to all your hospital appointments as well as on the day of your TAVR procedure.

A special message for you and your family

Using our experience and what patients and families have told us, we have designed this booklet so that it is useful, practical and easy-to-read. It will cover important information about your procedure, how to prepare and how to play an active part in your recovery.

Experience has shown that, by following the instructions we have included for you here (e.g. eating well, controlling your pain, getting out of bed, staying active), you will help prevent health problems after your procedure. You are also more likely to heal and feel better faster.

Please review this closely with your nurse and your family. Bring it with you on the day of your procedure. Use it as a guide while in hospital. Our team may refer to it and review it with you before you go home.

Having a procedure like a TAVR can be stressful for patients and their families. The good news is that you are not alone. Speak to us if you have questions or concerns. We hope that this booklet will help prepare and guide you. We will also be there each step of the way.

*Your TAVR treating team
McGill University Health Centre*

Your treating team

Who we are

Your TAVR treating team is made up of number of different health care professionals. These experts work together to provide you the best care possible:

- **Cardiologist:** A doctor who is expert in the care of patients with heart problems; he or she is the one who referred you to the *interventional cardiologist*.
- **Interventional cardiologist:** A specialized cardiologist who does heart procedures (including TAVR) using thin tubes called 'catheters'.
- **Cardiac surgeon:** A doctor who performs surgical procedures like open heart surgeries. The cardiac surgeon will evaluate you before your procedure. They might be involved during your TAVR procedure if necessary.
- **Imaging cardiologist:** A doctor who is expert in taking images of the heart and analyzing them (like cardiac echography and CT-scan).
- **Other members of the medical team** will work closely with your heart doctor and surgeon. These include: residents (doctors in-training) and medical students (supervised by our doctors). Your medical team may also work with other specialty doctors so you can benefit from their expert advice and care.
- **Nurse practitioner/Clinician nurse in ambulatory clinics (the TAVR nurses):** Nurses who will help you through the process before and after the procedure. They will coordinate your care, teach you about the procedure and what to do before and after, and will be available to answer your questions.
- **Nurses working on the hospital wards:** Nurses who will provide care while you are in the hospital. They will be involved in teaching you about your medications and self-care.
- **Other health care professionals** may be consulted for your care as needed.



Did you know?

YOU are the most important member of the TAVR care team. You can play an active role in your health by:

- Having a good understanding of your health and your procedure.
- Following the care advice we give you.
- Learning about your medications (how to take them, side effects).
- Using this guide to prepare yourself for your procedure.
- Actively taking part in your care **in hospital** and **at home**.
- Sharing your concerns and asking us your questions.

How to reach us

If you have questions or concerns, do not hesitate to contact us.
We are here to help!

Our address:

Royal Victoria Hospital, McGill University Health Centre (MUHC)
Glen site - 1001 Decarie Blvd
Montreal Quebec H4A 3J1
MUHC Main number: **514-934-1934**

Our clinic location, telephone and room number:

Cardio-vascular clinic
Block C, Level RC, Room 2017
514-934-1934, ext **43153**
Open: Monday to Friday from **8 am to 4 pm**

The ambulatory care nurse clinician or nurse practitioner,

call **514 934-1934** ext. **44656** or ext. **33465**

To reach your interventional cardiologist office, call 514 934-1934
(and dial one of the extensions below):

Drs. Martucci or Spaziano : ext. **43153**

Dr. Piazza; ext. **65361**

For urgent matters: go to the closest emergency department
or contact your treating cardiologist



Please see the back of this booklet
for the hospital map and directions.

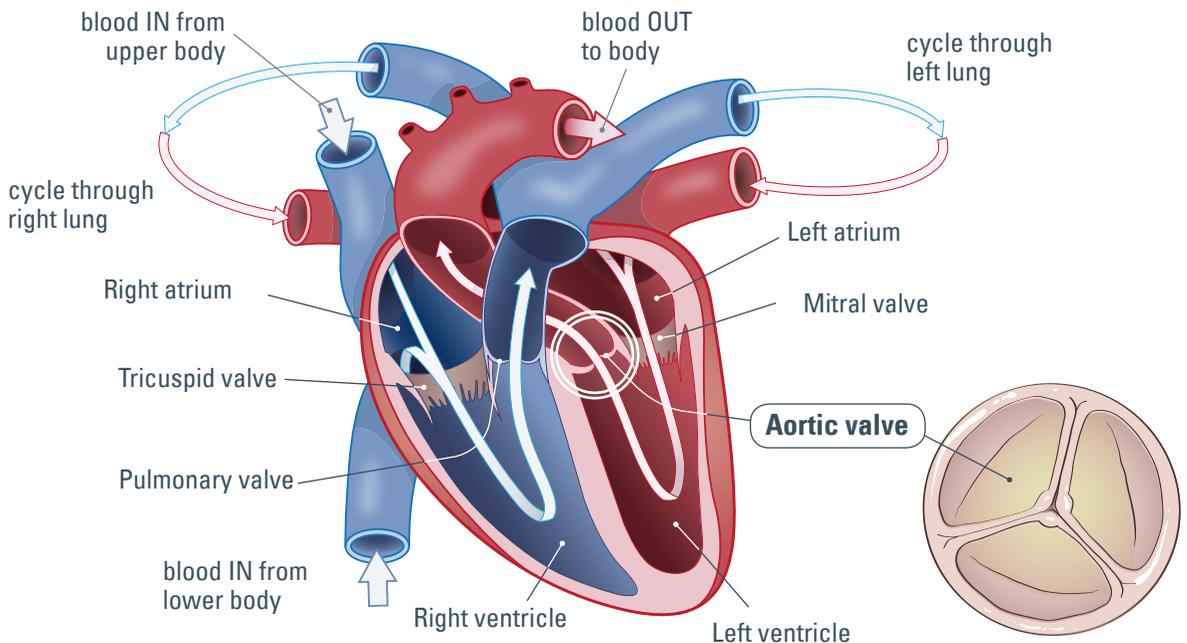
The heart and how it works

Your **heart** is a muscle, which is about the size of your fist. It is located in the middle of your chest, a little to the left. It sends blood around your body, like a pump. This blood provides your body with the oxygen and nutrients it needs. It also carries away waste. Your heart is made up of 4 different areas. Each of these areas is called a **chamber**.

When all is working well...

Blood moves through the heart's chambers using **4 valves (tricuspid, pulmonary, mitral and aortic)**. Much like a door, each valve opens to let blood flow in and then closes to keep blood from flowing backward.

The chambers that we call the 'atria' and 'ventricles' work together with the valves and blood vessels of the heart to move blood around your body. Before each heartbeat, the heart fills with blood. During the heartbeat, it squeezes (contracts) to push the blood through the valves. Here is how it works:



Why you need a procedure

What is severe aortic stenosis?

When your aortic valve no longer opens properly, we call this **aortic stenosis**. If you have this problem, your heart must work harder to pump blood throughout your body.

Severe aortic stenosis often cannot be prevented. This is because, for many people, it may have more to do with changes that come with aging. Over time, calcium can build up on your aortic valve. Over years, the narrowing goes from mild to moderate to severe.

With severe aortic stenosis, you might experience:

- Pain and tightness in your chest
- Feeling faint or fainting
- Dizziness
- Feeling tired or low energy
- Increased shortness of breath with your regular activities
- Heart palpitations (feeling of heavy, fast or skipping heartbeats)

Your doctor might also hear a **heart murmur** (a change in sound as blood flows through your stiff/narrowed aortic valve) when listening to your heart. This is also a sign of aortic stenosis.

Severe aortic stenosis is a very serious, life-threatening health problem. Over time, your heart can grow weak. This can affect your overall health. It will keep you from taking part in your regular daily activities.

By implanting a new aortic valve, our goal is to:

- Relieve your symptoms
- Help your heart work better
- Improve the quality and length of your life

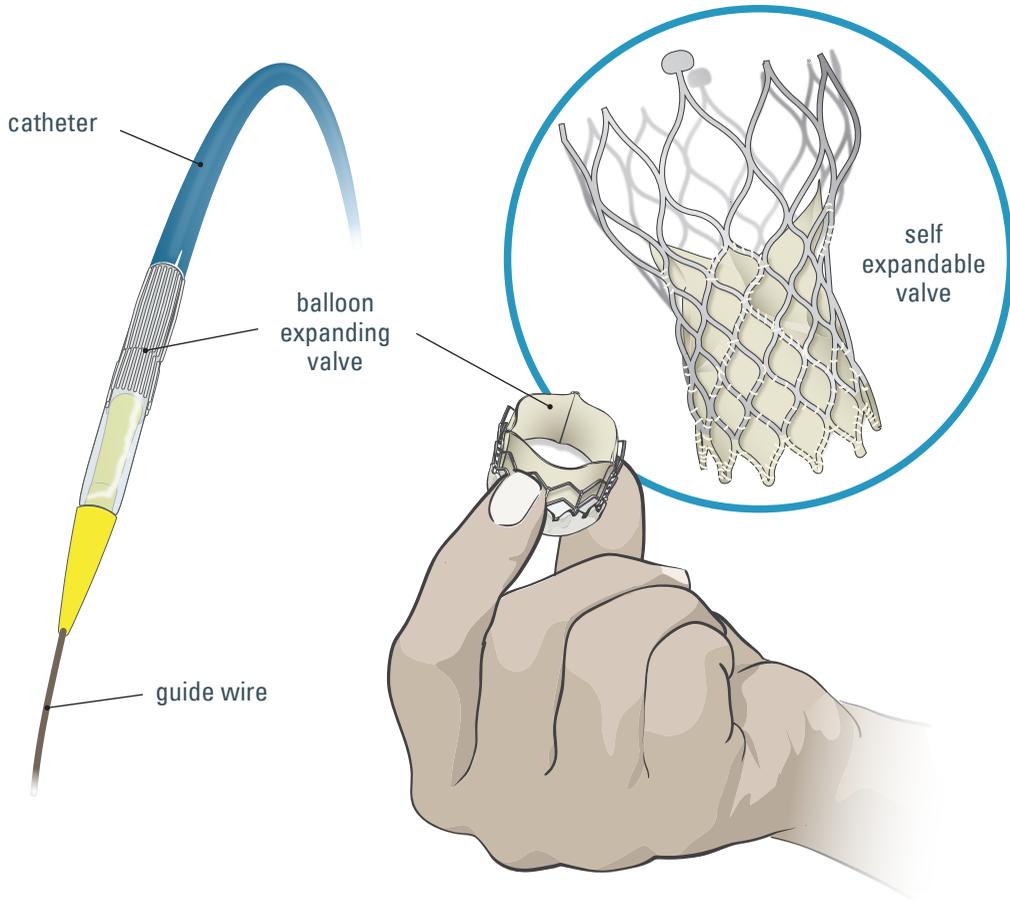
What is a TAVR?

(transcatheter aortic valve replacement)

Transcatheter Aortic Valve Replacement (TAVR) is a procedure that replaces your aortic valve. During the procedure, your interventional cardiologist guides a new valve through one of your blood vessels. It is then wedged into place without removing your old, damaged valve. Think of this as a valve sitting inside a valve.

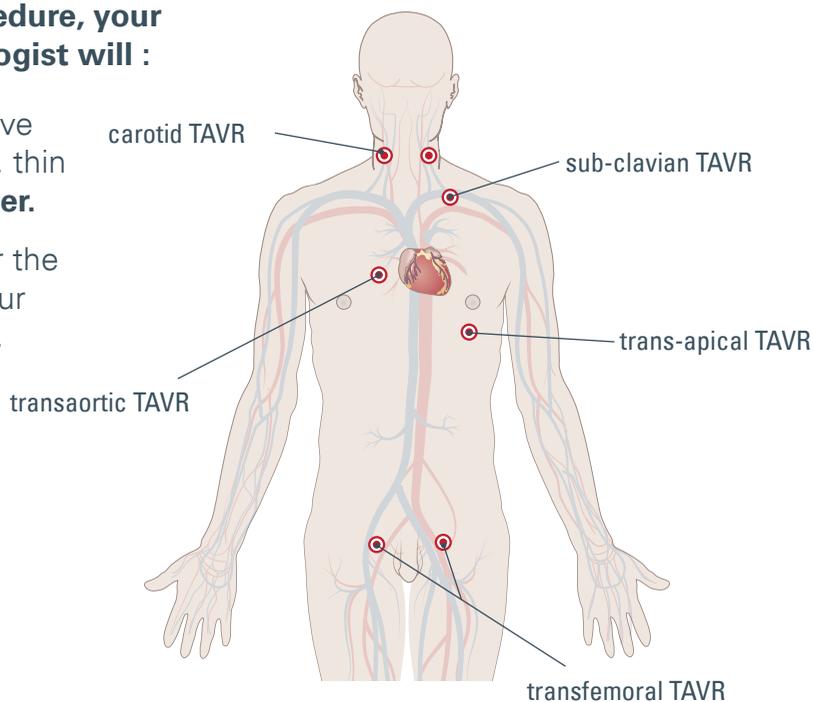
Over the past 15 years, there have been many advances in aortic valve procedures. TAVR uses less invasive methods than open heart surgery. The potential benefits of TAVR include:

- less pain
- a shorter hospital stay
- faster recovery time



During the TAVR procedure, your interventional cardiologist will :

1. Attach your new valve to the end of a long, thin tube called a **catheter**.
2. Make a small cut for the catheter to enter your groin, neck or chest.



 Your treating team will decide the best place to enter the catheter based on detailed pictures taken of your heart and blood vessels. These pictures are taken using an echocardiogram and a CT-scan (see page 16).

3. Thread the catheter through your artery and into your heart, using x-ray pictures to guide the way.
4. Wedge your replacement valve right inside your old aortic valve.
5. Carefully pull the catheter out.

Did You Know?

Your new valve is made of natural tissue from the heart of either a cow or a pig. The natural tissue has some changes made to it and then is attached to a flexible, folded mesh frame.

Risks

TAVR is a relatively safe procedure with a high success rate. However, as with any procedure, it does carry certain **risks**.

Heavy bleeding:

This is a small risk that may happen in 1 to 4 patients out of 100 patients.

Stroke (paralysis):

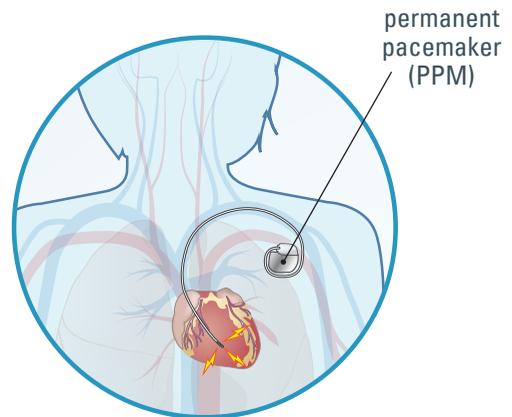
This is a small risk that may happen in 1 to 3 patients out of 100 patients.

Death:

This is a small risk that may happen in 1 to 3 patients out of 100 patients.

Need for a permanent pacemaker (PPM):

This is a moderate risk that may happen in 10 to 15 patients out of 100 patients (and sometimes more). Having a PPM involves a small incision in your upper chest. If you need one, it will be done in the hospital. The procedure and related small risks will be explained to you then. Be aware that having a PPM involves regular follow up with a doctor specialized in electrophysiology.



Keep in mind that there are risks with any medical procedure. If your treating team has decided that TAVR is the right option for you, it is because the benefits are greater than the risks.

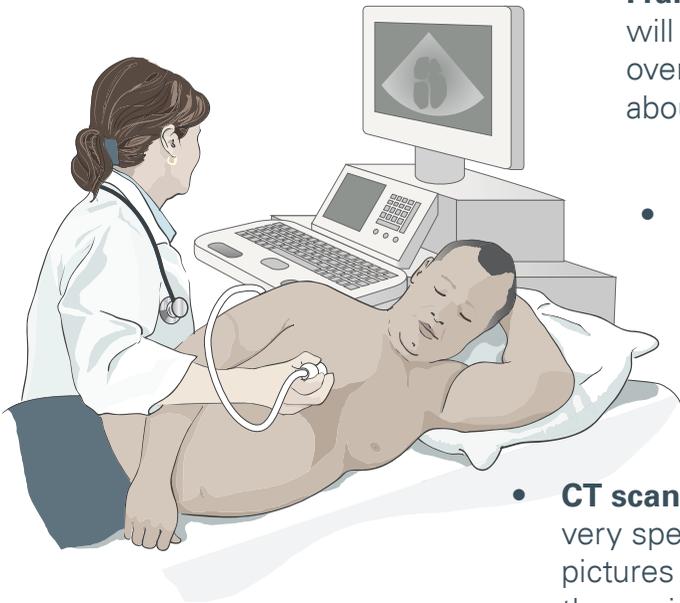
Your interventional cardiologist will talk to you about these risks and what each of these means for you. We want to be sure you understand your care plan. **Ask us your questions.** Before your procedure, we will ask you to sign a consent form. By signing this, you confirm that you:

- agree to have a TAVR procedure
- understand the risks and benefits involved

Is a TAVR right for you?

Before we can decide if a TAVR procedure is right for you, you will need to complete several medical tests. You might also need to see other clinical experts for more specialized check-ups and care.

Tests you may need



- **Frailty Test:** This questionnaire will help us better understand your overall health and how you go about your daily activities
- **Echocardiogram:** This test uses sound waves to create pictures of your heart's chambers, walls, blood vessels and valves.
- **CT scan** (or computed tomography): This very specialized computer takes many pictures (x-rays) very quickly. Together, these pictures create a 3D-view of your heart and blood vessels.

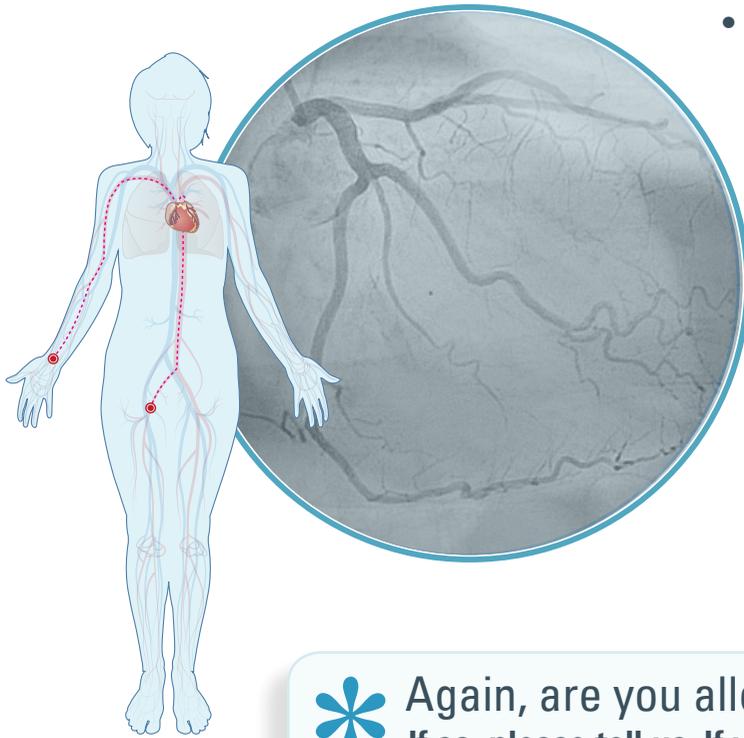


Are you allergic to iodine?

If so, please tell us. If you are allergic, we will need to give you a medication before this test.

What else could we find?

Since we scan from the chin down to the pelvis, sometimes, this scan picks up other structures (e.g. growths, such as **cysts** or **nodules**) which we might want to study more carefully. If this is the case, we will let you and your treating physicians know.



- **Cardiac Angiogram:** This is a special X-ray which checks the blood vessels of your heart. It can be done through your wrist or groin.



Again, are you allergic to iodine?

If so, please tell us. If you are allergic, we will need to give you a medication before this test.

- **Blood tests:** We will ask you to have some blood tests done before having a CT scan, a cardiac angiogram, or the TAVR procedure itself. The blood test results must be recent, not taken more than 3 months before the test or procedure.

Appointments with expert doctors

Before your TAVR, you will be evaluated by a cardiac surgeon. You may see him or her at the hospital during a formal consultation **or** your case will be discussed with the TAVR team that includes cardiac surgeons. We will let you know which option will apply to you during your first visit to the TAVR clinic.

If you have any kidney problems, you will need to see a nephrologist. This doctor is an expert in kidney care. This doctor may suggest more tests to see how well your kidneys are working and to see if you need any special care.

Deciding on the best option for you

After all tests are done and you have had all your doctor's appointments, the TAVR team will meet to review your tests results and all the information we have collected about your health. After careful and in-depth discussion, the team will then decide which option is the best choice for treating your aortic stenosis.

They may suggest any of the following:

- 1. Medication only:** Your cardiologist will continue to watch you closely and treat you with medication. You will not have any procedures.
- 2. TAVR (Trans-catheter Aortic Valve Replacement):** This means the new valve is guided into place with a catheter through a large blood vessel in your groin, your neck or your chest.
- 3. Open heart surgery:** This is the traditional treatment to replace the aortic valve.
- 4. To have more tests before making a decision**

How long after my first clinic visit will it take to reach a decision?

It depends on many things. Your overall health as well as the size and shape of your heart valve and blood vessels are considered. It could be at least several weeks from the time of your TAVR Assessment appointment. You need to continue to have your health monitored and treated by your own family doctor or cardiologist while waiting for the procedure. If your heart symptoms gradually get worse, contact your cardiologist and the TAVR Team to inform them of your condition.

Part 2: Before the procedure

Plan ahead

Medication

You might need to stop taking all natural products and some medications before your procedure. Your treating team will tell you which medications you should stop and which ones you should keep taking. Please always have an up-to-date medication list with you.

For example, anticoagulant medications (Coumadin, Xarelto, Eliquis, Pradaxa, etc.) will be stopped a few days before the procedure: **the ambulatory clinic nurses will give you instructions.**

You can continue your Plavix (clopidogrel) and ASA (aspirin) if you are already taking them.

You should not take any antidiabetic medications when you are told you should not eat (this is called **fasting**). You will be given instructions on when you need to be fasting. We also recommend that you stop smoking 4-6 weeks before the procedure.

Stay active

Although you probably have symptoms that might make it difficult to exercise; try to stay active as much as possible before your procedure. Staying active will help your recovery. Even very short periods of walking a couple times a day make a difference. Respect your limits: activities should not cause chest pain, too much shortness of breath or dizziness.



Make plans for meals and housework

After your procedure, you might need help with meals, laundry, or cleaning. Make plans with your family and friends so you will have the help you need after your procedure.

Arrange a ride

You cannot drive yourself or take a taxi home by yourself. Arrange to have a responsible adult take you home from the hospital. Someone will also need to be available to stay with you as this **may be** necessary for the first few days after the procedure.

Ask us your questions!

We want to be sure you understand. You will have time to ask your questions. Come prepared to discuss your questions and any concerns you might have.

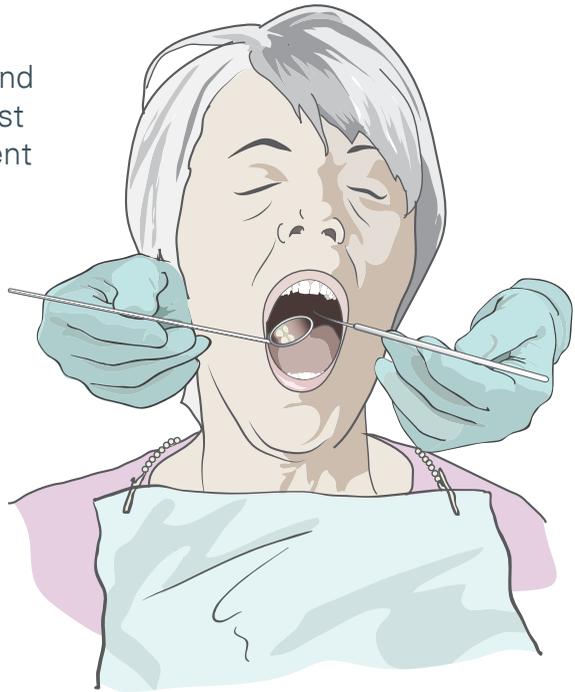
Pre-operative Clinic Visit

You might have an appointment at the Pre-operative Clinic 1-2 weeks before the date of your TAVR procedure.

- Pre-admission Clinic visits start at 9:00 am or 9:30 am and last for 30 minutes to 1 hour.
- During the visit you will meet the anesthesiologist.
- Return the documents that the anesthesiologist will complete and give to you, to the TAVR clinic in the cardiovascular clinic area (bloc C RC-2017).
- Repeat blood tests, if necessary.
- Have pre-TAVR teaching before the procedure.

Dentist visit

If you have any of your own teeth and have not seen your dentist in the last 6 months, book a dental appointment **before** the valve implant. If your dentist tells you that you need dental work done (e.g., extractions, infection), you will need to do this **before** your procedure.



Did You Know?

Once you have a TAVR, you may need antibiotics before some dental procedures or certain tests (e.g. dental procedure, respiratory tract incision). For this reason, always inform your doctor and dentist that you have a valve implant before any test. They will prescribe the antibiotic medication if you need it.

Confirming the time and date

As soon as we know when we can schedule your procedure, we will call you to let you know the date. Sometimes, you may be called only 1-2 days before your procedure.

We will call you again the day before the procedure, after 2 pm, to let you know **the time** you should come to the hospital and **where** you will be admitted. You may either be admitted that evening or the next day (the day of the procedure):

- If you are admitted **the evening before your procedure**, you will go to Wing C, on the 7th floor (C7), which is the Cardiac Care Unit (CCU) central pod. Make sure you have a valid hospital card with you.
- If you are admitted the **day of the procedure**, you will go directly to the Cardiac Catheterization Lab (Cath Lab) at the time you are told. The Cath Lab is located in Wing B on the 3rd floor, in room B03-7200

Date of procedure:

Time of arrival at the hospital:

Cancelling

If you are sick, or for any reason are not able to come to the hospital for your procedure, **call the Clinic Nurse** 514-934-1934, ext. 44656 or **the Cath Lab** (where they do the procedure) ext. 31502

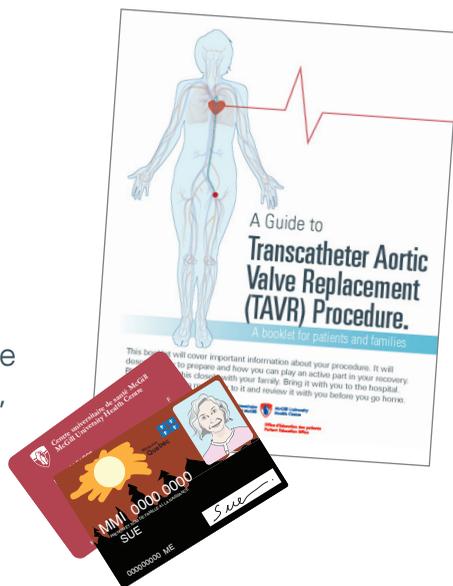


Your procedure may be delayed or cancelled because of an emergency. If this happens, your treating team will reschedule your procedure as soon as possible.

What to bring to the hospital

Pack any items you might need during your hospital stay, such as:

- This booklet.
- Your Medicare and hospital cards.
- A list of medications you take at home (your pharmacist can give you this).
- Toothbrush, toothpaste, toiletries.
- Sleepwear (that opens in the front) and loose, comfortable clothes.
- Slippers (with non-slip soles).
- CPAP machine, if you have sleep apnea.
- Any aids you need, labeled with your name (e.g. glasses, contact lenses, hearing aids, dentures and their storage containers).
- Any walking aids you need, labeled with your name (e.g. cane, crutches, walker).
- Reading material.



Did You Know?

The hospital is not responsible for lost or stolen items. **Do not bring valuables** (e.g. mobile devices, wallets, jewelry, rings, credit cards and money). You can leave these with a friend or family member.

How long you will stay in hospital?

Most people stay at the hospital for **1 to 3 days** after TAVR. We also strongly encourage that you arrange for someone to stay with you at home (or visit you couple of times per day) for a few days after the procedure

Day of the procedure

Eating and drinking

DO NOT eat or drink after midnight. Take all your medications the morning of the procedure except your anti-diabetic medications and the anti-coagulant as instructed by the TAVR ambulatory clinic nurse. (see page 20 for more information on medications)



Parking

Parking is available at the hospital. There is also a special rate for family members who come in for several days. Please check the MUHC website or contact the hospital parking department for more information

514-934-1934, ext. 32330

www.muhc.ca/glen/handbook/parking-hospital

Right before the procedure

In the pre and post area of the catheterization laboratory (cath lab), your nurse will:

- Ask you to change into a hospital gown
- Make sure your personal belongings are in a safe place
- Complete a preoperative checklist with you

In the procedure room

When it is time, the team will take you to the procedure room. In the procedure room, the team will make sure you do not feel pain. This procedure can be done under:

Local anesthesia:

Medication that prevents pain only in a small, specific area of the body; you may be awake or drowsy. The effects last only a short period of time. The anesthesiologist may be present.

OR

General anesthesia:

Medication that affects the whole body to prevent pain and puts you into a deep “sleep.” The anesthesiologist will be present.

The type of anesthesia given to you depends on a number of factors (e.g. the type and length of your procedure, your age, your overall health, medical conditions). Your team will explain which one you will have and what this will mean for you.



It only takes 30 minutes to place the valve. However, the whole TAVR procedure (from start to finish) typically lasts about 2 hours. This is because, during this time, your treating team will also:

- insert intravenous lines
- give you medication
- connect you to a heart monitor
- insert a temporary pacemaker

This will help them watch you very closely and provide you care during your procedure.

As soon as your valve is placed, it will begin working right away. It will direct the flow of blood out of your heart.

Once your procedure is finished, we will bring you to the Cardiac Care Unit (CCU). See page 28 to learn about what happens here.

Waiting room

Your family member will be invited to wait in the cardiac care unit (CCU) family room on C7 (room C07-1314): until your procedure is done. Please ask your family member to come to C7 central pod to let the staff know that they are waiting for you in the family room. After your procedure is done, the nurse will come to get your family to see you.



Internet access

There is free Wi-Fi available at the hospital. Connect to:

Network: CUSM-MUHC-PUBLIC

Username: public

Password: wifi

Other resources

Cafeteria:

Located off the Adult Atrium on the level S1

Vending machines:

Block C, level S1

Stores / Restaurants / Coffee shops:

Galleria, RC (Ground floor) level & Atrium, level S1

Bank machines:

Blocks C, D & RC (Ground floor) level

McConnell Resource Centre (patient library):

Block B, RC (Ground floor) level, room BRC.0078

Prayer and meditation room:

Block C, level 2, room 0310.4 (C02.0310.4)



Part 3: Recovery in Hospital

Right after the procedure

Cardiac Care Unit (CCU)

After your procedure is finished, we will bring you to the **Cardiac Care Unit (CCU) on C7**.

You may have **some** of the following:

A mask, to give you oxygen (If you have a breathing tube, this will be removed as soon as you wake up).

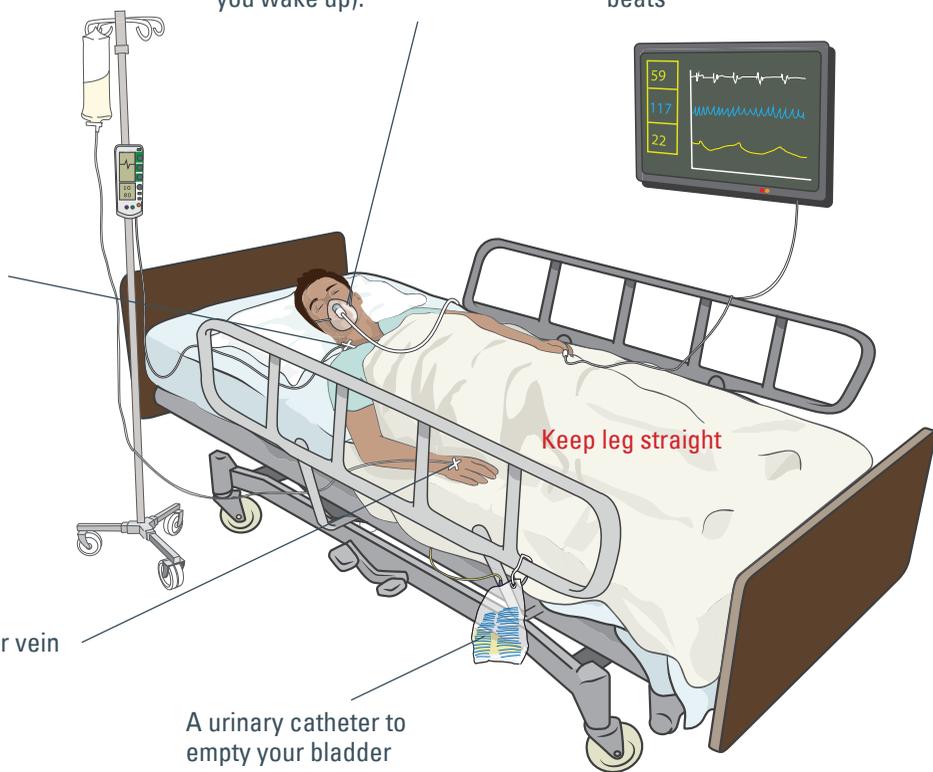
You will be attached to a cardiac monitor to check if you have any abnormal heart beats

A catheter in your neck, connected to a pacemaker. This will help keep a regular heart and will be removed as soon as we see your heart is stable.

A catheter in your vein to give you fluids

A urinary catheter to empty your bladder

Keep leg straight





Did You Know?

You will need to keep your legs straight and lie flat while in bed for at least 4 to 6 hours after the procedure. By doing this, we can prevent your incision sites (cuts) from bleeding.

Your nurse will be watching you closely at all times. He or she will check:

- Your **vital signs** (e.g. heart rate, temperature, blood pressure)
- How you are breathing
- Your **incision sites** (cuts).
- Your readiness to eat and drink. Once you are awake, the nurse will give you something to drink. If this goes well, you can begin to eat.
- Your pain level. Please let the nurse know if you are having pain.

Your nurse will also give you more information on how to move safely as well as what movements or positions to avoid. To help you recover smoothly, they will help you increase your activity gradually each day. At first, you will have help to sit in bed. Then we will move you to a chair. Eventually, you will walk with support.

Visitors

As soon as you arrive in the **Cardiac Care Unit (CCU)**, your nurse will watch you closely and give you important care that you need right after the procedure. Once this care has been given, we encourage your loved ones to visit. Make sure we have the name of at least one contact person we can reach at all times.



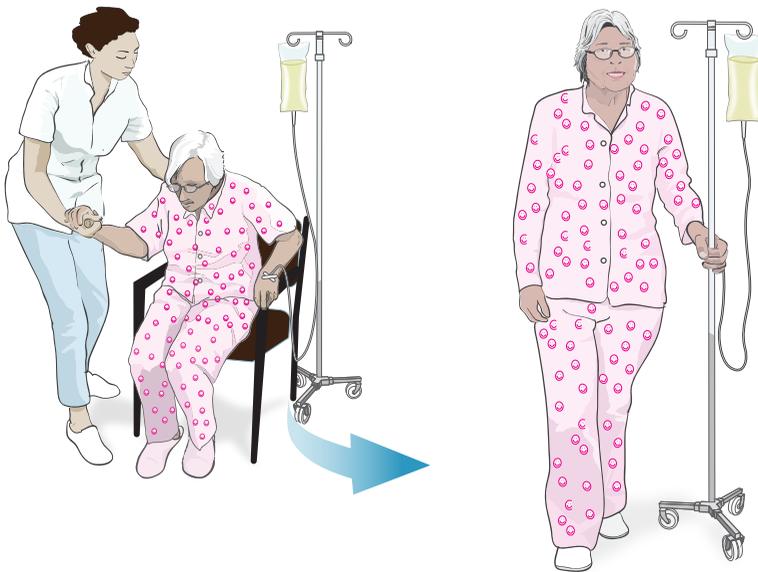
Please note that the CCU has a visitor's policy. In order to make sure that our patients get enough rest to recover, we need to limit each visit to **maximum 2 visitors at a time**.

First days after the procedure

What to expect

In the first few days following your procedure we will:

- Take away your tubes and lines, a little at a time.
- Remove your bedside heart monitor and give you a portable heart monitor. Some people may need a permanent pacemaker to better control their heartbeats. Our team will speak to you if you need this.
- Ask you to sit in a chair, and then help you to walk.
- Help you return to a regular diet, as your appetite improves.
- Encourage you to do breathing exercises (if they are necessary it will be explained to you).
- Have an **echocardiogram** to make sure your new valve is in place and working properly. This test uses sound waves to create pictures of your heart.



We might transfer you to a different part of the unit in Cardiology (C7 South). That depends on how you are recovering. We will keep you informed.

Pain control

You might experience some pain after the procedure. How strong the pain feels can depend on where the incision (cut) for the catheter was made. Pain medication will be prescribed to help control the pain. Please inform your nurse if you feel pain.

Preparing to go home

Most people will stay in the hospital for 1 to 3 days after a TAVR. During this time, our team will provide care and make sure that you are well enough to go home. To prepare you to go home, we will:

- Ask you to arrange for someone to stay with you for a few days after the procedure. As you recover, you can decide if you will need any extra help going home.
- Organize CLSC care: If you need extra help or care from the CLSC the liaison nurse on the cardiac care unit will organize this. They will also ask the CLSC nurses to remove any stitches or clips from your cut if needed.
- Arrange for a check-up 4-6 weeks after your procedure. At this follow-up appointment, your interventional cardiologist will check to see how your recovery is going. You will have a transthoracic echocardiogram. After this, we will recommend that you follow up with your own heart doctor (cardiologist) for regular care. Your cardiologist will let us know if you have any health concerns.
- Review your medications and give you instructions on their duration.



Did You Know?

After the procedure, if you need special care to recover because of your medical condition, we will make the arrangements for you to go to a recovery center after your hospitalization before you go home.

Your medications

When you are ready to leave the hospital, we will give you a new prescription for a **blood thinner**. These medications make your blood flow more smoothly through your blood vessels and help keep clots from forming on your new valve. Your prescription **might include** any of the following:

- Antiplatelets: e.g. aspirin, clopidogrel (Plavix)
- Anticoagulants: e.g. Coumadin or new oral anticoagulants (NOACS)

The duration of each of those medications will be explained before your hospital discharge. If follow up is necessary for one of the medications (e.g. Coumadin), it will be organised before your discharge from the hospital.



Part 4: Recover at Home

Take charge of your recovery

Ask for help

After your TAVR, you will need help at home. For example, you may need help with transportation, meal preparation, laundry, grocery shopping, cleaning. We strongly encourage you to make plans with your family and friends so that you get the support you need.

Remember that everybody is different. The time you need to recover from TAVR will depend on your unique situation, your medical conditions and your overall health.

The following chapters will cover how to manage your care at home.

Most people will need **1 to 2 weeks to fully recover** from their procedure. During this time, there are many things you can do to recover quickly and smoothly.

Check your cuts (incisions)

Look at your cuts (**incision sites**) every day. You may notice any of the following:

- mild redness, swelling and tenderness.
- a small bump under the insertion site.
- clear liquid, leaking from your cut, from time to time.
- the pain should get better over time.



This is normal and expected for the first 2 weeks.

Here are the usual incision locations. In all cases, you may notice pain and stiffness in the area:

- groin - **trans-femoral TAVR**
(You might also have a bruise. This can become quite large but, it will slowly get better with time.)
- neck - **carotid TAVR**
- upper chest - **subclavian TAVR**
- left side of your chest - **trans-apical TAVR**
(This pain may last longer than the other TAVR sites.)

Use your pain medication as prescribed. You need to be comfortable enough to do **your breathing exercises** (deep breaths and coughs) **and walk**.

The pain should get better with time.



Call your TAVR nurse if your pain is:

- Very strong (that is, your pain medication is not helping)
- Getting worse (stronger) with time

Stay active

- **Walk every day.** Walking is very important because it will help you recover more quickly and smoothly. Start by walking short distances several times a day. Try to walk a little further each day. Your endurance will grow with time.



- **Avoid any strenuous activities** (e.g. contact sports) the first 4 weeks after TAVR
- **Do not lift** more than 10 pounds for 2 weeks after your procedure
- **Avoid sexual activity** until your endurance is good enough to climb 2 flights of stairs



Speak to your interventional cardiologist at your follow-up appointment if you have any questions about returning to your regular activities.

Wash with care

You may shower when you get home. However, you will need to wash with care:

- Do not rub or scrub your cut.
- Let the water run softly over the area. Avoid direct water pressure.
- Use an unscented soap.
- Dry your cut area by patting gently with a clean towel.
- Do not put anything on your cut (cream, perfume, oil, powder).
- You can take a bath or go to the pool once your cuts are well healed (your skin is completely closed and dry).

Eat and drink

You can eat anything you want that is compatible with the Canadian food guide, unless you have received special diet instructions from your nutritionist or cardiologist (like salt and water restrictions).

Take your medications

You will need to keep taking most of your medications after your TAVR. However, your treatment team might need to make some changes to your prescriptions.

We will give you all the information about your medication that you need before you leave the hospital. If you are unsure about anything or have questions, please ask us.

We want to be certain that everything is clear.

Getting around

If you have a valid driving licence, you can start driving again 4 weeks after the procedure or when you are no longer taking narcotic pain medication.

Travelling

We will need to see you after your TAVR procedure before giving you our approval to travel. The follow up will be 4-6 weeks after the procedure with an echocardiogram. Be sure to check your insurance policy about coverage while travelling. Some plans have restrictions, such as a minimum 3 months of no travelling after a procedure.

Life after your TAVR

Preventing Infections

Now that you have had a valve implant, you need to take steps to prevent infections.

Your skin

Did you know that your skin is the first line of defence against infection? To protect your skin, pay careful attention to any breaks or cuts, and make sure nothing (e.g. splinter, dirt) passes through your skin.

When to call for help



If you notice any of the following,
DO NOT WAIT:

- redness or swelling that is not getting better.
- a lump that is getting bigger.
- thick yellow or pink fluid leaking from your cut.
- pain that is strong or getting worse (and your pain medication doesn't help).
- fever (38.5° C or 101.3° F or higher).
- difficulty breathing.
- chest pain.
- fainting or loss of consciousness.
- swollen ankles or feet
- any suspicious infection

Call your nurse
(514-934-1934, ext. 44656), or go to the
nearest hospital emergency room.





Did You Know?

Your teeth

that bacteria in your mouth can enter your blood through your gums and infect your new valve?



To avoid this:

- Do not have any dental work for the first 6 months after the procedure, unless it is urgent.
- Brush at least 2 times a day
- Floss and rinse with mouthwash, once a day
- Limit sugar and snacks between meals
- Follow any other instructions from your dentist
- Visit your dentist at least once a year (starting 6 months after your procedure).
- You may need to take antibiotics before some dental treatments. If this is needed, your dentist or family doctor will give you a prescription before your appointment.



Don't forget!

Tell your dentist that you have had a valve replacement. This is important information that your dental team needs to care for you safely and provide you with the best possible care.

Follow-up appointments

After your procedure, we want to prevent health problems and make sure you are healing well. For this reason, we will arrange an appointment with your interventional cardiologist at the **McGill Adult Unit for Congenital Heart Disease Excellence (MAUDE) Clinic**.

This usually takes place **4 to 6 weeks** after your TAVR. During this appointment, you will have an echocardiogram to check that the valve is working properly.

Date:



...that CLSCs often have a list of support resources that you can contact to make things easier for you after the procedure? At your next CLSC visit, ask about these services, especially if you are having doubts about managing at home. They can give you names of services, such as:

- Meals on wheels
- Caterers
- Grocery store that delivers
- Maid service
- General help



Don't forget!

Be sure to tell all your health care providers (e.g. doctors, nurses, pharmacists, physiotherapists) that you have had a valve replacement procedure. This is important information they need to know so they can take proper care of you.

Notes

A series of horizontal dotted lines for writing notes.

Hospital map and directions

B BLOCK

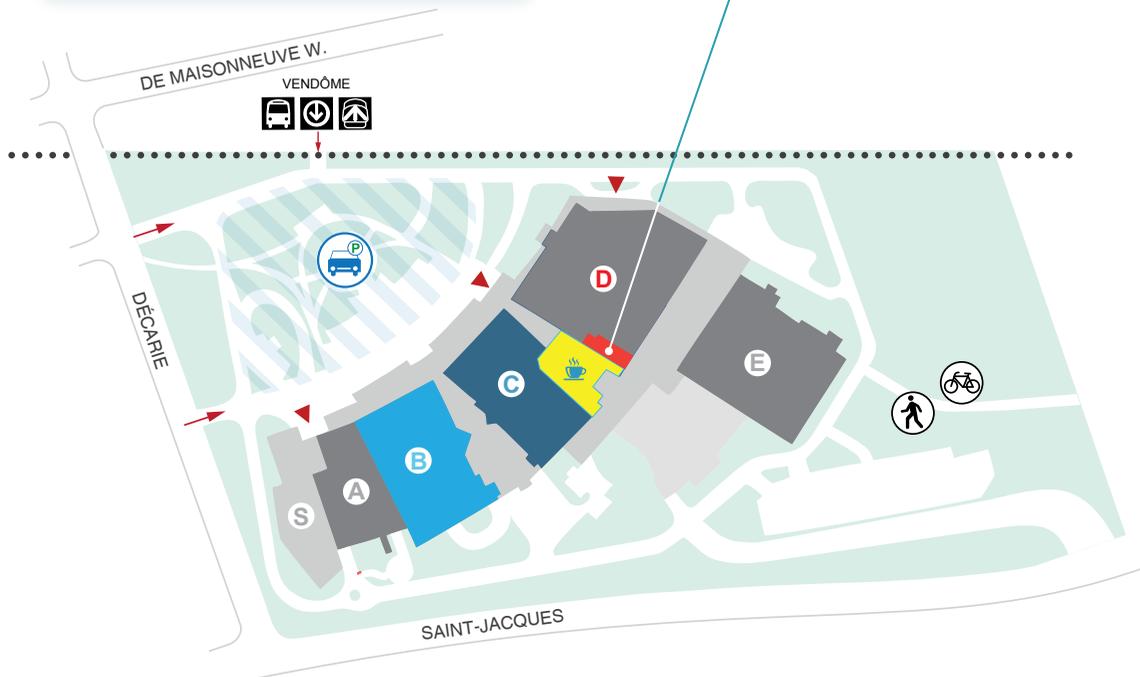
- **Cath Lab B03-7200.**
Take *C-north* elevator to reach the Cath Lab

C BLOCK

- **cardiovascular clinic:**
MAUDE UNIT, CRC 2017
- **Cardiac Care Unit (CCU):** C7

● RVH Pre-operative Clinic

Located near the cafeteria on DS1.
2428 (Block D, level S1).
514-934-1934, ext. 34916
Monday to Friday, 7 a.m. to 3 p.m.



Centre universitaire
de santé McGill  McGill University
Health Centre

Office d'éducation des patients
Patient Education Office

Glen site: 1001 Décarie Blvd. Montreal, QC H4A 3J1

A + B Montreal Children's Hospital

C + D Royal Victoria Hospital

D Montreal Chest Institute

 Cafeteria

E MUHC Research Institute

S Shriners Hospital for Children

 Main Entrances

 Underground Parking
(patients and visitors)