

The Day of Your TAVR

What to expect

*This handout describes what to expect on the day of your **transcatheter aortic valve replacement (TAVR)**. It includes where to check in at the hospital, information about anesthesia, when a heart-lung machine is used, and blood transfusions.*

At the Hospital

Checking In

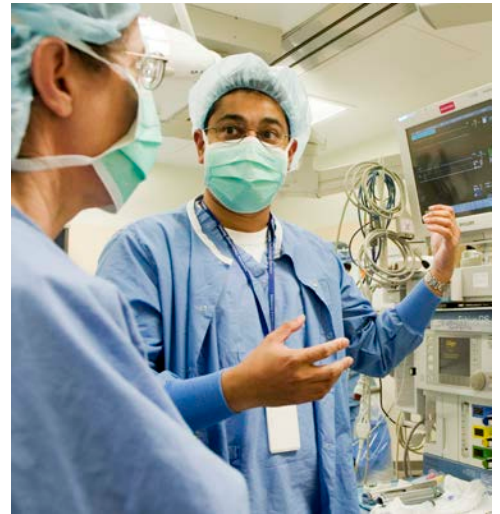
You will check in at the Surgery Desk on the 2nd floor of the Surgery Pavilion. Please see the separate handout you received for a map, driving directions, and parking information.

Preparing for Your TAVR

After you are admitted, many things will be done to prepare you for your TAVR:

- You will have blood tests and an electrocardiogram (ECG).
- You will meet a member of the Anesthesia care team.
- You will be asked if you have any “advance directives.” These forms give your instructions for times you cannot communicate directly. They describe the medical care you wish to receive and who you want to make healthcare decisions for you if you cannot. Two common advance directives are a *living will* and *power of attorney for healthcare*.

You do not need to have these forms, but bring a copy to the hospital if you have them. They will become part of your medical record, so that we know your healthcare wishes.



A member of the Anesthesia care team will monitor you closely during your TAVR.

- A staff member will teach you how to do slow, deep breathing with an *incentive spirometer*. This is a plastic device that measures how deeply you are breathing. You will be asked to practice deep breathing before surgery, and you will do more deep breathing as you recover after surgery.
- You must remove jewelry and watches before surgery. It is best to leave these and other valuables at home, with family members, or in our hospital safe.
- About 1 to 2 hours before surgery, you will change into a hospital gown. You may receive medicines to help you relax.
- Your family may stay with you on the nursing unit before your procedure. You will choose a person to receive a special phone. We may call this person with updates on your procedure.

During Surgery

- During your surgery, your family can:
 - Stay in the waiting room on the 2nd floor of the Surgery Pavilion near the operating room (OR)
 - Go to the Plaza Café on the 1st floor of the hospital
 - Visit the Gift Shop on the 3rd floor (main level) of the hospital
 - Explore the grounds outside the hospital
 - Visit the Health Information Resource Center on the 3rd floor (main level) of the hospital

After Surgery

When your surgery is over:

- The Heart Team will call your family on the special phone. Your family will be asked to meet the heart surgeon and heart doctor to receive an update on your care.
- You will be taken to the Cardiothoracic Intensive Care Unit (ICU) on 5-Southeast. A member of your care team will tell your family that they may go to the ICU waiting room. The doctors and nurses will get you settled into your room, which usually takes 30 to 60 minutes. They will let your family know when you are ready for visitors.

About Your TAVR Procedure

- The procedure will last about 3 to 4 hours. When it is time for your TAVR, you will be moved to the OR.

- In the OR, we will prepare you for anesthesia. To do this, we will numb your skin and place *catheters* (thin, flexible plastic tubes) into 2 of your arm veins. You will be given medicines, fluids, and blood transfusions through the catheters.
- You will receive anesthesia through one of the catheters before your surgery. This medicine will put you into a deep sleep and block pain.
- After you are asleep from the anesthesia, a plastic breathing tube will be inserted through your mouth and into your windpipe. You will receive oxygen and other gases through this tube to help you breathe during your surgery. A breathing machine called a *ventilator* will do the work of breathing for you while you sleep.
- A member of the anesthesia care team will stay with you during your surgery. This team member will closely monitor your blood pressure, temperature, heart rate, and other vital signs.
- Your cardiac surgeon and cardiologist lead the team that will do your TAVR. This care team has special training in TAVR, and includes your anesthesiologist, nurses, and technicians.
- Please read the handout “Transcatheter Aortic Valve Replacement (TAVR)” for more details about what happens during the procedure.

After Your TAVR

- Right after your surgery, you will be moved to the Cardiothoracic Intensive Care Unit (ICU). There, nurses will monitor you closely.
- Most patients stay in the ICU for 1 day after surgery. We will keep you in ICU only as long as you need to be there. We want to help you recover safely and as quickly as you can.
- From the ICU, you will go to a “cardiac telemetry” room on either 5-Northeast or 6-Northeast. These are the Cardiology units of the hospital.
 - Most patients who have **transfemoral** aortic valve replacement stay in the hospital for 3 to 4 days after surgery.
 - Most patients who have **transapical** aortic valve replacement stay in the hospital for 4 to 5 days after surgery.
 - Some patients are well enough to be discharged home directly from the ICU.
- You will receive another handout about what to expect during your hospital stay.

Heart-Lung Machine

TAVR does **NOT** require the use of a *heart-lung machine* (a machine that takes over the work of the heart and lungs) during surgery. Your surgery team will only use this machine if it is needed in an emergency situation. If the machine is used, it will be controlled by a specially trained *cardiopulmonary perfusionist*. The heart-lung machine keeps oxygen-rich blood pumping through your body, if needed.

Blood Transfusions

Most patients who have TAVR do **NOT** need blood transfusions. Your surgery team will use extra blood only if it is needed.

Some patients will need transfusions of blood products such as:

- Packed red blood cells
- Platelets
- Fresh frozen plasma

UWMC gets these products from Bloodworks Northwest.

About the Bloodworks Northwest

Bloodworks Northwest uses only screened blood from unpaid volunteer donors. They depend on people being willing to donate blood.

You are not required to donate your blood to replace the blood you might need, but friends, clubs, service organizations, and faith-based groups are often eager to donate. Their donated blood helps ensure that this valuable resource is available when it is needed.

Using only screened blood from volunteers lowers the risk of viral illnesses being spread through transfusions. The blood center tests all donated blood for hepatitis and HIV/AIDS. Still, there is a slight risk of these diseases being spread through blood transfusions.

According to Bloodworks Northwest:

- The risk of getting hepatitis B or C after a blood transfusion, for 1 unit of blood used, is about 1 in 1 million. (One unit of blood equals 450 milliliters, slightly less than 1 pint, or 16 ounces.)

- In the Pacific Northwest, the risk of exposure to HIV (the virus that causes AIDS) from a blood transfusion is about 1 in almost 2 million. Since 1985, when testing for HIV began, no patient has been reported to have contracted the AIDS virus from a transfusion provided by Bloodworks Northwest.

To learn more about blood donations and blood transfusions, call Bloodworks Northwest at 206.292.6500.

Your Healthcare Team

A team of healthcare specialists will provide expert care before, during, and after your surgery. This team includes:

- **Cardiac surgeon.** This is the doctor who does your heart surgery. Your cardiac surgeon will talk with you before surgery and manage your care during your recovery. UWMC's team of cardiac surgeons works closely together. One of these surgeons is always available.
- **Cardiac anesthesiologist.** This is the doctor who gives you your anesthesia and checks your blood pressure, heart rate, and other body functions at all times during surgery and right after. This doctor will also treat you if any problems arise during surgery.
- **Cardiac Services Nurses.** These nurses are specially trained to care for heart surgery patients. They will teach you about your heart surgery before it takes place, and they will care for you as you recover in the hospital after surgery.
- **Cardiac Surgery Nurse Practitioners (NPs) and Physician Assistants (PAs).** These special care providers have advanced training to assess and treat patients. They will be in close contact with your surgeon and will oversee your care on the Cardiology unit when you leave the ICU after your surgery. They will also answer your questions after you leave the hospital. You will see an NP or PA at your follow-up clinic visits after your surgery.
- **Cardiac Surgery Pharmacists.** These healthcare providers monitor your medicines throughout your hospital stay. They will also teach you about your medicines before you go home.
- **Chief Cardiac Fellow.** This doctor completed 5 years of training in surgery after graduating from medical school and is now getting special training in heart surgery. The Fellow leads the team of Residents who will be involved in your care (see "Surgical Residents" on page 6).

- **Dietitians.** These providers will help you and your family plan any needed changes in your diet.
- **Perfusionists.** These specialists run the heart-lung machine during surgery, if needed.
- **Physical Therapists (PTs).** These specialists teach you exercises that will help you recover after surgery. They will also teach you how to regain physical strength after your surgery, if needed.
- **Respiratory Therapists.** These specialists help care for you when you are in the ICU after surgery. They manage the *ventilator* (breathing machine) and help you with breathing exercises.
- **Social Workers.** These providers can help you with discharge planning, setting up care after you leave the hospital, housing, emotional support, and counseling.
- **Surgical Residents.** These doctors have graduated from medical school and are getting advanced training in surgery. The team of residents is led by the Chief Cardiac Fellow (see “Chief Cardiac Fellow” on page 5). Surgical residents play an important role in your care during your hospital stay.

Questions?

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns.

Cardiac Services: 206.598.4300