

Your Hospital Stay for TMVr or TTVr with the MitraClip

What to expect

This handout describes what to expect during your hospital stay for transcatheter mitral valve repair (TMVr) or transcatheter tricuspid valve repair (TTVr) with the MitraClip at UW Medical Center.

Procedure Day

When You Arrive

- Use the **main hospital entrance** on Pacific Street. When you enter, you will be in the lobby on the 3rd floor of the hospital. You will see the Information Desk in the lobby.
- **Check in at the Admitting and Reception window.** This office is down the hall to the right of the Information Desk. Tell them that you are checking in for your heart procedure. Their phone number is 206.598.4310.

After You Check In

Go to Cardiac Procedures on the 2nd floor:

- From Admitting, go out to the lobby and turn left. Go along the main hall to the Pacific elevators. Take an elevator to the 2nd floor.
- As you step off the elevator, you will see a phone on the wall to your right. Pick up the handset and press **Key 1, Cardiac Procedures Visitors**. A nurse will answer and tell you what to do next.

Getting Ready

- You will change into a hospital gown. A nurse will help you get ready for your procedure.
- You must remove all jewelry and watches. It is best to leave these and other valuables at home, with family members, or in our hospital safe.



We will ask you to name one person who came with you to the hospital to receive updates on your care during and right after surgery.

- We will ask if you have any *advance directives*. These are legal forms that describe the medical care you wish to receive if you cannot communicate. They also name a person 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 copies to the hospital if you do have them. They will become part of your medical record, so that we know your healthcare wishes.

- You may receive medicines to help you relax.
- The anesthesia team will greet you and bring you to the procedure room.
- We will ask you to name one person who came with you to the hospital as our contact person. We will give this person a special phone or pager. Your surgery team will call this person and give them updates on your care.

Your Procedure

- The procedure will last about 3 to 4 hours. We will move you to the procedure room when it is time to start.
- In the procedure room, we will prepare you for *anesthesia* (medicine to make you sleep). To do this, we will numb your skin and place *catheters* (thin, flexible plastic tubes) into 2 arm veins. We will give you medicines and fluids through these catheters.
- You will receive anesthesia through one of the catheters. This medicine will put you into a deep sleep and will block pain.
- After you are asleep, 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 procedure. A machine called a *ventilator* will breathe for you while you sleep.
- A member of the anesthesia care team will stay with you during your procedure. This team member will closely monitor your blood pressure, temperature, heart rate, and other vital signs.
- Your TMVr or TTVr cardiologist will lead your surgery team. This team has special training in TMVr and TTVr procedures. The team includes your anesthesiologist, nurses, and technicians.

Blood Transfusions

Most patients who have this procedure do not need blood transfusions. Your team will give you extra blood products only if they are needed. UWMC gets these products from Bloodworks Northwest.

About Bloodworks Northwest

Bloodworks Northwest uses only screened blood from unpaid volunteer donors. Using only screened blood from volunteers lowers the risk of viral illnesses being spread through transfusions.

Bloodworks Northwest 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, in the Pacific Northwest:

- The risk of getting hepatitis B or hepatitis C from a blood transfusion, for 1 unit of blood used, is about 1 in 1 million. (One unit of blood equals 450 milliliters, a little less than 1 pint, or 16 ounces.)
- 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 gotten the AIDS virus from a Bloodworks Northwest transfusion.

You are not required to donate your blood to replace the blood you might need, but Bloodworks Northwest depends on people being willing to donate blood. 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.

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

After Your Procedure

- The Heart Team will call your contact person on the special phone. Your loved ones will meet with the doctors to receive an update on your care.
- When you are ready to leave recovery, you will be taken to the Coronary 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 on the 5th floor.
- 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. This is usually 1 to 2 hours after the procedure is over.
- Most patients stay in the ICU for 1 day after the procedure. We will keep you in ICU only as long as you need to be there.
- From the ICU:
 - You may be able to go home (be discharged) if you are ready.

- If you are not ready for discharge, you will stay in a *telemetry* room on a cardiology unit of the hospital. This room will be on either 5-Northeast or 6-Northeast.
- Most people are in the hospital for 1 to 3 days after this procedure.

When You Leave the Hospital

- You will need someone to drive you home on the day of your discharge from the hospital.
- Make plans to have a responsible adult stay with you for at least 1 week after you get home.
- For 2 weeks after your procedure, your doctor and care team will check your progress. They will tell you if you need to follow any other restrictions.

Medicines

- Your medicines may be changed during your hospital stay. This is often needed when a patient's fluid status and vital signs change after the procedure.
- You will go home with blood-thinning (*anticoagulant*) medicine. Most patients take aspirin for life and clopidogrel (Plavix) for 1 month. Ask your doctor if you have any questions about your medicines.
- Patients who usually take anticoagulants like warfarin (Coumadin), dabigatran (Pradaxa), rivoraxaban (Xarelto), or apixaban (Eliquis) may need a different medicine until they can resume taking their usual blood thinner.
- Your UWMC team will closely monitor your medicine changes over the next 30 days. Your local doctors will be responsible for your medicines after that time.

Activity Precautions

- **For 7 days** after this procedure:
 - Do **NOT** lift anything that weighs more than 10 pounds (4.54 kilograms). This includes pets, groceries, children, trash, and laundry. (A gallon of water weighs almost 9 pounds.)
 - Do **NOT** garden, including lawn mowing and raking.
 - Do **NOT** hold your breath, bear down, or strain when having a bowel movement.
 - Do **NOT** allow the puncture site to be covered by water. This means do not take a bath, sit in a hot tub, or go swimming. It is OK to take a shower.

- Until your care team says it is OK, do not do exercise that makes you work hard.
- For 2 weeks after your procedure, your doctor and care team will carefully watch your progress. They will tell you if you need to follow any other restrictions.

Driving

Most patients who were driving before TMVr or TTVr can start driving again **48 hours after discharge**.

Some people have other medical reasons that make it unsafe for them to drive. If this is true for you, your primary doctor(s) may need to decide if you can drive after your procedure.

Incision Care

After your procedure, you will have a small puncture wound on your groin. You may have bruises, but the incision should not have any drainage, bleeding, or pain.

A few patients have a small *suture* (stitch) in their groin at the puncture site. Most times, this suture is removed before they leave the hospital. If you still have your suture after going home, please call our office at 206.598.8258 and make an appointment for us to remove it.

While your incision is healing:

- Leave the area open to the air.
- If your clothing rubs or irritates your incision, you can cover the area with dry gauze. Remove the gauze at night. You do not need to apply any special dressing.
- Do not apply lotions, creams, or powder to the area until the site has healed.

Signs of Infection

Watch your incision closely for any signs of infection. These include:

- Redness around the incision
- New drainage
- Warmth or heat at the incision
- Fever of 101°F (38.5°C) or higher

If you have any of these signs, call one of these numbers **right away**:

- During clinic hours, call **206.598.VALV** (8258) and ask for the nurse or nurse practitioner.
- After hours and on holidays and weekends, call **206.598.6190** and ask to page the CARD I Structural Fellow on call.

Showering and Bathing

- You may shower when you get home, unless your doctor tells you not to. When you shower:
 - You may gently wash your puncture site with mild, unscented soap and water.
 - Gently pat dry your puncture site. Do **not** rub it.
- Do **not** take very hot showers. Hot water may lower your blood pressure and make you weak or dizzy. This could cause you to faint. (Fainting may also occur from the medicines you are taking.)
- **For 1 week after your procedure**, do not take a bath, sit in hot tub, or go swimming. This precaution helps lower your risk of infection in your puncture site.

Your Healthcare Team

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

- **Interventional cardiologist:** This is the doctor who does your procedure. Your cardiologist will talk with you before your procedure and work with the cardiology team to manage your care during your recovery. Doctors at UWMC work closely together. One of these doctors is on hand at all times.
- **Cardiac anesthesiologist:** This doctor gives you anesthesia and watches your blood pressure, heart rate, and other vital signs at all times, both during your procedure and right after. This doctor will also treat you if any problems arise during your procedure.
- **Nurses:** Your nurses are specially trained to care for heart patients. They will teach you about your heart procedure before it takes place, and they will care for you as you recover in the hospital afterward.
- **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 cardiologist and will also answer your questions after you leave the hospital. You will see an NP or PA at your follow-up clinic visits.
- **Cardiac pharmacists:** These professionals monitor your medicines during your hospital stay. They will also teach you about your medicines before you go home.
- **Physical therapists (PTs):** If needed, these specialists teach you exercises after your procedure. They will also teach you how to build your physical strength after your procedure, if needed.

- **Occupational therapists (OTs):** These specialists assess your ability to take care of yourself after your procedure once you get home. They will teach you how to move safely in your home. They may suggest you make changes in your home to help manage your daily activities.
- **Respiratory therapists:** After your procedure, respiratory therapists will help manage the breathing machine (*ventilator*) and help you do your breathing exercises. The breathing tube and ventilator are usually removed right after the procedure is done, either in the procedure room or when you arrive in the ICU.
- **Social workers:** If needed, these professionals can help you with discharge planning, setting up care for after you leave the hospital, housing, emotional support, and counseling.

Questions?

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

**Regional Heart Center
Clinic:** Call 206.598.8258 during clinic hours.

**After clinic hours or on
holidays or weekends:** Call 206.598.6190 and ask to page the CARD I Structural Fellow on call.