

Discharge information

following
TAVI procedure
(Transcatheter Aortic Valve Implantation)



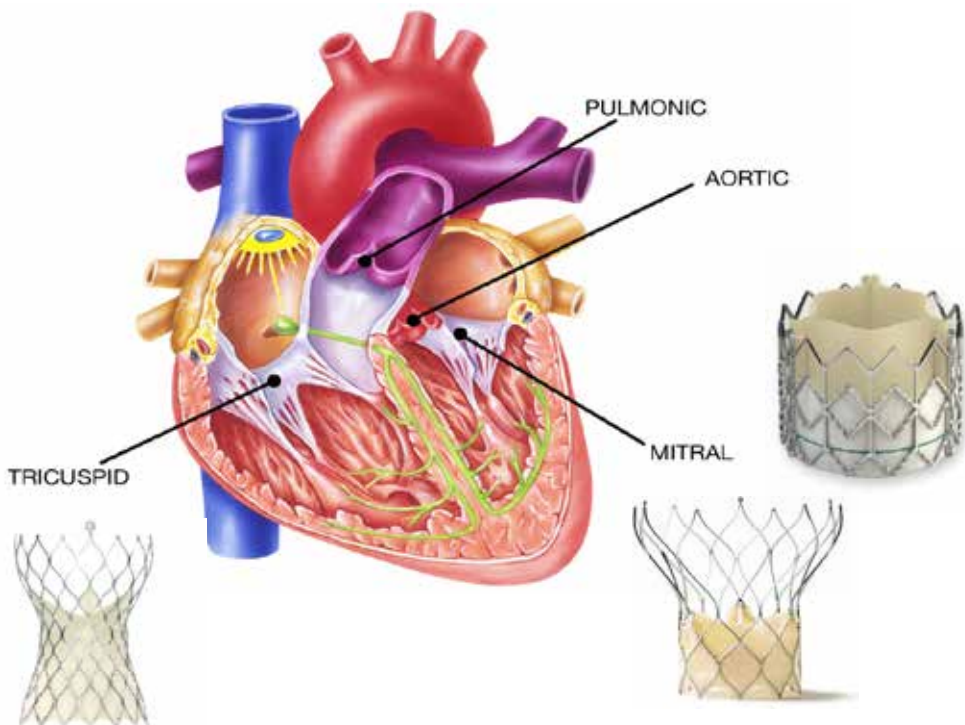
**ST VINCENT'S
PRIVATE HOSPITAL**
NORTHSIDE

A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA

Sections of this booklet have been adapted from documentation kindly provided by The Prince Charles Hospital, Queensland Health.

*Information contained within this booklet was accurate at the time of printing (November 2020).
Whilst every effort is made to keep this information up-to-date, it is subject to change.*

Transcatheter Aortic Valve Implantation (TAVI)



You have recently had your aortic valve replaced and now it is time for discharge.

Inside this booklet you will find information about how to look after yourself, what to watch out for and what to expect over the next few weeks.

If you have questions that are not answered in this booklet please ask your nurse before you leave the ward, or you can ask to speak to the Heart Team Clinical Nurse Consultant.

If you have already left and still have questions, you may contact the **Heart Team Clinical Nurse Consultant** by phoning **0417 812 298** (7.00am–7.00pm Monday to Friday).

If you feel it is a medical emergency please call 000.

Care after your procedure

Going home

- You will need someone to be at home with you when you first go home.
- If you live alone you may need someone to come and stay with you at least for the first week, or arrange to stay with someone else for that time.
- If this is not possible please let the nursing staff know so we can try to arrange for community services for you for your initial period at home.

Medications

- You may have started on some new medication prior to leaving our Hospital. It is important that you continue taking this medication until your Cardiologist tells you to stop. If your local doctor has any questions about this medication they should contact your Cardiologist to discuss.
- Before being discharged, it is important for you to feel confident about taking your medication. If you are at all unsure – please ask to speak with your ward pharmacist.
- You should also receive a list of your new medications to give to your GP after discharge.

Follow-up appointments

- You will need to see your GP 1–2 weeks after discharge from hospital. Please ensure you take your new medication list and your discharge summary from this hospital to your appointment.
- Your Cardiologist will wish to see you for a follow-up consultation within 6–8 weeks of your procedure. Instructions regarding the specific timing for this appointment will be provided to you by our Hospital ward staff upon discharge.
- If you are from regional Queensland please ensure staff have confirmed with your Cardiologist who will need to see you for your follow-up consultation.
- Within 1–2 weeks after your discharge you will also receive a follow-up phone call from our Heart Team Clinical Nurse Consultant to check and see how you are feeling.

Care of your puncture site

If you had a transfemoral procedure (through your groin), you will have a small wound in your groin.

If you had a transapical procedure, (through your chest wall), you will have a small incision on the left side of your chest.

Check your puncture site every day.

Please see your GP as soon as possible if you have any of these symptoms:

- redness and warmth that does not go away
- yellow or green drainage from the wound
- fever and chills
- numbness in your legs that is getting worse
- pain in the site that is getting worse.

Potential bleeding from your puncture site

- If the site is in your groin, it can be normal to have a bruise or a soft lump. It is **not** normal if the lump gets bigger or harder quickly. This can mean you are bleeding. If this happens, you must:
 - Lie down.
 - Ask someone to press down hard for 15 minutes just above the puncture site.
They will know if they are in the right place if the lump does not get any bigger or harder. They must not stop pressing to check under their fingers for the first 15 minutes.
- If bleeding stops after resting for 15 minutes – continue lying down for another two hours. You should be seen by either your GP or the local hospital on the same day.
- If the bleeding does not stop by 15 minutes **call 000** for an ambulance to take you to hospital.

Do not drive yourself or allow anyone else to drive you.

Alert card

- After your procedure and from now on, you will need to tell your doctors and health carers that you have had a valve implantation.
 - You will be provided with an *Alert card* which includes the specific details of your procedure, to keep in your wallet.
 - We also recommend you give a copy of your card to a family member or close friend and attach a second copy to either the fridge door or noticeboard where it will be accessible for others such as the ambulance.
- If you return to hospital within the first month after your procedure:
- please ensure you give the doctor/nurse your *Alert card* so they know about your valve
 - provide them with the list of your current medications
 - the treating team should contact your Cardiologist or the Heart Team Clinical Nurse Consultant if they have any questions about your valve.


ALERT

This person has had a TAVI procedure

Please contact our Heart Team Clinical Nurse Consultant should any hospitalisation occur within one month of the procedure.
Phone: 07 **3326 3270** Mobile: **0417 812 298**

IMPORTANT

- Consider antibiotic prophylaxis for any invasive procedures.
- Patient will be on anticoagulant therapy.



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**TAVI procedure
Identification Card**

Name: _____

Date of birth: _____

Date of TAVI procedure: _____

Valve type: _____ Valve size: _____

Serial number: _____

Other considerations after your procedure

Dental visits

Please be aware that any dental work performed soon after receiving your new heart valve could cause the new valve to become infected.

You should be administered antibiotics before the procedure to protect you from infection.

If you need to have dental work done (or any other medical procedures), please ensure you provide the following:

- show them your *Alert card*
- advise your dentist/doctor that you have a prosthetic heart valve
- before any procedure is performed – remind your Specialist that you are taking blood-thinning medications.

Driving

- You must not drive for 2–4 weeks after the procedure or at the discretion of your GP.
- As a Queensland driver license holder you must report any medical condition that may affect your ability to drive safely to the Department of Transport and Main Roads.
- Legislation relating to your requirement to report medical conditions is called 'Jets Law'. Your nurse should provide a brochure explaining this further before discharge.

Nutrition and fluids

You may experience poor appetite for the first 2–4 weeks after your procedure. However, eating well is important for your recovery.

- It is important that you eat nutritious food every day.
- If you had to restrict your fluid intake prior to your procedure you must continue to do so until you consult with your GP/Cardiologist after the procedure.

Activity and exercise

- People recover at different rates depending upon their general health before the procedure.
- Most people will take on average between 6–10 weeks to fully recover.
- Daily activity and exercise are an important part of your recovery.
- Do not lift, push or pull anything weighing more than 3kg for at least two weeks.
- Avoid vacuuming, lifting heavy laundry, groceries or gardening for at least two weeks if you had the procedure through your groin, and six weeks if you had the procedure through your chest.
- We strongly recommend you attend a cardiac rehabilitation program. Your nurse can provide you with the relevant information about our Hospital's program and ensure you are referred before discharge.

Simple guide to activity

Until you begin your rehabilitation program, follow the simple steps outlined in the table on page 7.

Follow these guidelines until you start your cardiac rehabilitation program:

- move from Step 1 to Step 4 at your own pace
- take 2–7 days to complete each step.
- always pay attention to how you feel whenever you increase your activities or add a new activity.
- if you have any symptoms (unusual tiredness, shortness of breath, chest pain or dizziness), you must stop the activity and go back to the step where you experienced no symptoms
- **if you have ongoing chest pain or increased shortness of breath that has a sudden onset – call 000.**

| | At home | Walking |
|--------|---|---|
| Step 1 | <ul style="list-style-type: none"> • Get up and get dressed. • Take care of your personal needs such as washing and making simple meals. • Keep your activities easy, for short amounts of time, and with many rest periods. | <ul style="list-style-type: none"> • Walk around your home. • Take the stairs slowly. |
| Step 2 | <ul style="list-style-type: none"> • Slowly return to activities around the home that don't involve a long time standing or using your arms (as this causes more strain on the body). | <ul style="list-style-type: none"> • These walks should feel 'light' or 'easy'. • Walk for 5–10 minutes at a time, once or twice a day (e.g. morning and afternoon walks). • Stay close to home. • Avoid hills. |
| Step 3 | <ul style="list-style-type: none"> • Do a few more activities around the house – like making your bed, making simple meals, watering plants. | <ul style="list-style-type: none"> • These walks should feel 'easy' • Continue to walk once or twice each day. • Over several days, make your walks longer. For example add 5 minutes every day or two. |
| Step 4 | <ul style="list-style-type: none"> • Slowly return to your normal routine and activities again – like shopping, light gardening, going out with friends. | <ul style="list-style-type: none"> • When a 15-minute walk feels easy, increase your walking speed to a level that feels moderate. • Continue to lengthen your walks until you are walking a total of 30–60 minutes every day. |

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Developed in consultation with our consumers (January 2017)

UNDER THE STEWARDSHIP OF MARY AIKENHEAD MINISTRIES