

Preparing for
**Mitral Valve Transcatheter
Edge-to-Edge Repair (M-TEER)**



Our Structural Heart Program Team

Structural Heart Interventional Cardiologists who perform TEER

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TABLE OF CONTENTS

Welcome

The Structural Heart Program at Huntsville Hospital is one of the most experienced cardiac programs in the Southeast and the largest in North Alabama. Our top priority is to deliver safe, quality patient care with exceptional service.

This booklet will help you prepare for TEER, plan your return to home, as well as provide you with information to use after the procedure is performed.

Please read it and discuss it with your family. We have included information about the different steps you will take along your TEER journey.

Definitions.....	4
<i>Your heart</i>	
<i>What is Mitral Valve Regurgitation?</i>	
<i>What is Transcatheter Edge-to-Edge Repair (TEER)?</i>	
Waiting for TEER	6
<i>While you are on the waitlist</i>	
Preparing for TEER.....	7
Planning ahead.....	8
Coming to Huntsville Hospital	9
<i>Scheduling</i>	
<i>The day of your procedure</i>	
Frequently asked questions	10
During your stay	11
Going home	12
Activity at home.....	12
Follow-up appointments	13
Questions and important dates to remember.....	13
Huntsville Hospital Campus	14
Inside Huntsville Hospital	15



Definitions

Your heart

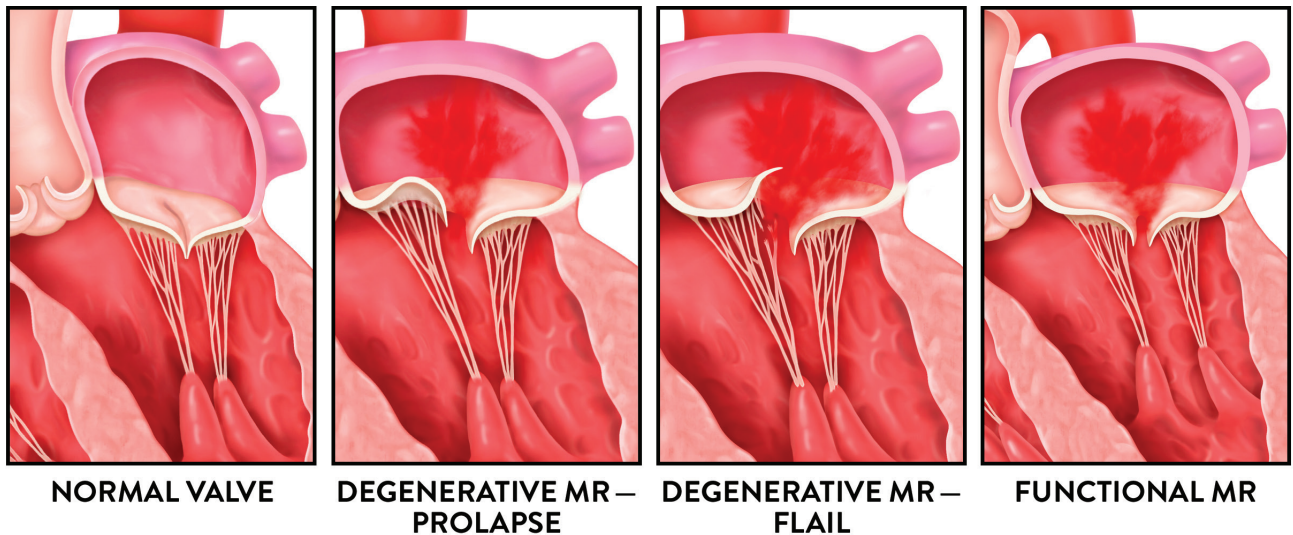
Think of your heart like a two-story house with four rooms, or chambers, separated by strong walls. The rooms on the top are your atria, and the rooms on the bottom are your ventricles. Blood is pumped through these chambers aided by the four heart valves that act like doors. These valves open in one direction to allow blood to flow from the upper chamber into the lower chamber. They close quickly to prevent blood from flowing backwards. Heart valves can malfunction over time and lead to leaks (regurgitation) and/or narrowing (stenosis). Mitral valve leaking and aortic valve stenosis are the most common types of valvular disorders.

What is Mitral Regurgitation?

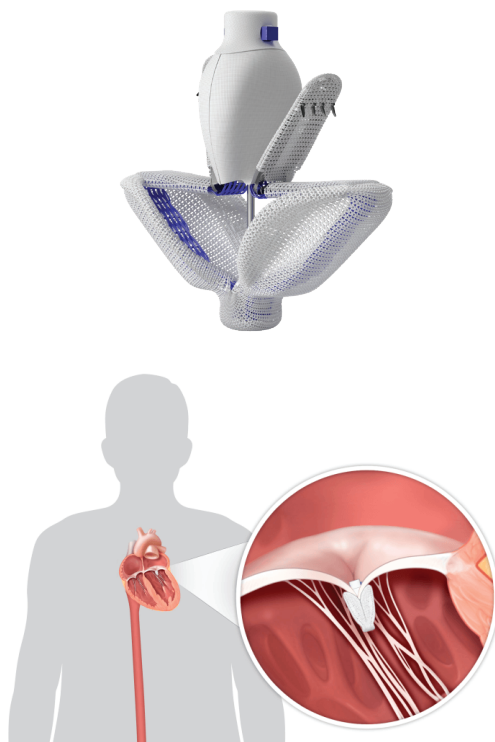
Mitral regurgitation (MR) is the most common heart valve disease and affects over 4 million people in the United States. Mitral valve regurgitation is a condition in which the two leaflets of the mitral valve do not close completely. This allows blood to go backwards from the lower heart chamber (left ventricle) back into the upper chamber (left atrium). This decreases the amount of blood that flows through your heart and your body. The heart has to work harder, which causes the chambers to enlarge over time.

Common symptoms include shortness of breath, lightheadedness, fatigue or feeling really tired, swelling in your legs, or feeling a rapid heartbeat.

Complications of MR can include heart failure, atrial fibrillation and high pressure in your lungs (pulmonary hypertension).

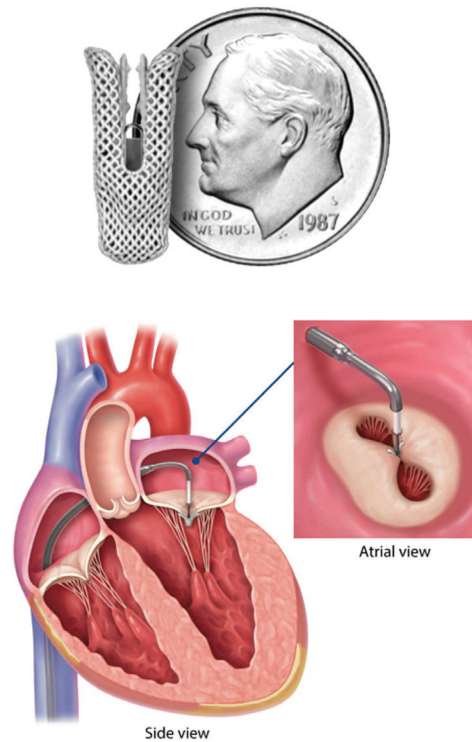


Edwards PASCAL implant



Images courtesy of Edwards Lifesciences

Abbott MitraClip



Images courtesy of Abbott

What is Transcatheter Edge-to-Edge Repair (TEER)?

Transcatheter Edge-to-Edge Repair (TEER) is a catheter-based procedure used in the treatment of Mitral Regurgitation. The Structural Heart Interventional Cardiologist makes a small puncture in your skin (percutaneous approach) and a thin, long catheter is inserted into your leg vein to access your mitral valve. A small device is attached to the mitral valve leaflets and decreases the amount of leakage in your heart. During this procedure you will be under general anesthesia (put to sleep) and a specialized echocardiogram (Transesophageal Echocardiogram – TEE) that places a tube with a camera in your esophagus, will be used to see the heart valves.

Waiting for TEER

Our goal is to perform your TEER no later than 30 days after all testing has been finalized. Our valve program coordinator will give you an estimated date. That can change depending on your overall health condition, your degree of symptoms, and scheduling availability.

While you are on the waitlist

Looking after your medical health

Your primary care physician (PCP) and general cardiologist continue to be responsible for your medical care while you are awaiting TEER.

Our TEER physicians will be responsible for your care when you come to Huntsville Hospital for the procedure. After discharge, any non-TEER related medical issues will continue to be addressed by your regular PCP.

Health changes you should monitor

Any changes in your symptoms should be reported to our office. This could include worsening fatigue, shortness of breath, swelling, or any new symptoms. Please call (256) 801-6687 to report changes in how you feel.

Preparing for TEER

Here are some guidelines on what to do while awaiting TEER.



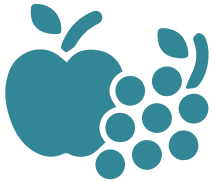
Keep active

Stay as active as you can. Try to exercise daily, even for a short period of time. Ask your doctor about what level of activity is best for you. Although exercise is important, don't overdo it. Slow down if you become faint, short of breath or develop chest pain.



Be careful driving

If you have symptoms of severe mitral regurgitation (shortness of breath, chest pain, fainting, severe fatigue) we recommend that you do not drive until the valve is repaired. However, everyone is different. Talk to your doctor about whether or not it is safe for you to drive during this time.



Eat a healthy diet

It is important to eat as well as possible in anticipation of TEER. If your doctor has restricted the amount of fluids and/or salt that you should have, make sure to continue following those orders.



Take your medicines

Continue to take the medicines your doctor has prescribed. If you are on blood thinners, the valve program coordinator will instruct you to make some changes before the procedure day.



See your dentist

Make an appointment with your dentist if you have your own teeth and have not had a check-up in the last six months. If you need dental work done, arrange to have it done before your procedure date. Dental work done right after TEER could cause the valve to become infected.

Planning ahead

For most patients, TEER procedure includes a 1-2 day hospital stay.

Our goal is for you to walk and perform basic activities (like eating, drinking, going to the bathroom) on the day of your procedure, and to go home the next day.

Planning for a safe and prompt return home from the hospital is one of the most important things you and your family can do to ensure procedure success.

Your going-home plan should include the following:

Getting home

You must make your own arrangements for the trip home, including transportation.

Even if you came to hospital by ambulance, you must arrange for your own return home. Ambulance services cannot be provided to return people to their house.

Arrange to have someone travel with you after discharge. If this is not possible, let the valve program coordinator know.

Help at home

You will need help when you first get home.

It is hard to predict how much help you will need and for how long. We recommend planning ahead to have all the help you may need for at least one week.

After discharge, we suggest that you arrange for someone to stay with you for the first 24-48 hours, to help you recover. If you do not have family or friends to help you, speak to the valve program coordinator.

Recovering after TEER

Most patients are fully recovered after the first month.



Coming to Huntsville Hospital

Scheduling

The valve program coordinator will call to give you the proposed date for your TEER.

Our goal is to let you know early enough to allow you to plan ahead. However, we may call you on short notice if there is a change in our wait list. Keep in mind that some procedures have to be postponed due to other surgeries or emergencies.

The day of your procedure

Where to go

The Heart Team will let you know what time to arrive the day of your procedure. You will go to The Heart Institute waiting room on the 3rd floor of Huntsville Hospital. The C elevators, which are past the gift shop in the atrium area, will take you directly up to the waiting room to check-in. The most convenient parking is the garage attached to the hospital. The entrance of this parking garage is located on Gallatin Street.

Huntsville Hospital
101 Sivley Road, Huntsville AL 35801

Additional instructions

Do not eat or drink anything after midnight the night before your procedure.

The Heart Team will advise you on what medications to take the night before and day of the procedure. Some medications, such as blood thinners (Xarelto, Pradaxa, Eliquis, or Coumadin) or diabetic medication have to be stopped a few days before your procedure. You will receive specific instructions on when to do this.

If you have an allergy to iodine or contrast dye, please call the office 1 week prior to your procedure.

While in the hospital, you might need the following:

- Toothbrush and toothpaste
- Comb or brush
- Glasses
- Hearing aids
- Slippers with non-slip soles
- Reading material
- Your walking aid, such as a cane or walker
- CPAP or BiPAP machine for sleep apnea

Bring only a few personal items and clothing. It is best if your family can keep your clothes until you are ready to leave the hospital. If you wear glasses, hearing aids or dentures, it is a good idea to have them labeled with your name.

Frequently asked questions

Is TEER like anything else I have ever had?

TEER is similar to an angiogram or cardiac catheterization done through the leg, but uses a large vein. The doctor makes a small opening in the groin and uses an X-ray camera and special echocardiogram to see the mitral valve.

What happens before the procedure?

You will be checked into The Heart Institute on the third floor of Huntsville Hospital. You will change into a gown and lay in a hospital bed. You will have an intravenous line (IV) placed in your arm or hand. We will also attach a cardiac monitor to your chest and monitor your blood pressure. You will have blood drawn and sent to our lab that morning.

Will I be asleep for the procedure?

During your TEER procedure you will be placed under general anesthesia and monitored by our anesthesia team. Please let us know if you have ever had a reaction to anesthesia or trouble with being put to sleep.

How long does the procedure take?

TEER takes two hours, on average. Your support person will be updated frequently by our patient advocates in the waiting room.



During your stay

You will recover in our Cardiac Short Stay Unit. The patient advocates and nurses will keep your family updated, and the doctors will speak to your family after the procedure.

Recovery

- You will lie in bed for the first three to four hours after the procedure. The head of your bed will be raised for comfort after the first two hours.
- It is very important to keep your legs straight. This is to prevent bleeding at the puncture sites in your groin. The nurses will frequently check this area as you recover.

Discomfort or pain

- Most patients who have TEER do not have a lot of pain.
- If you have any pain, the nurses will provide you with pain medication.
- You will have a bruise in your groin area, which can be large, but will slowly go away, usually over a week.

Activity

- It is important for you to be as active as possible to help recovery and prepare to leave the hospital.
- You may eat and drink once you are able to have the head of your bed raised.

Tests after your TEER

- Echocardiogram, which is an ultrasound of your heart
- Routine blood tests

Going home

Please follow these steps to remain as safe as possible during your recovery process:

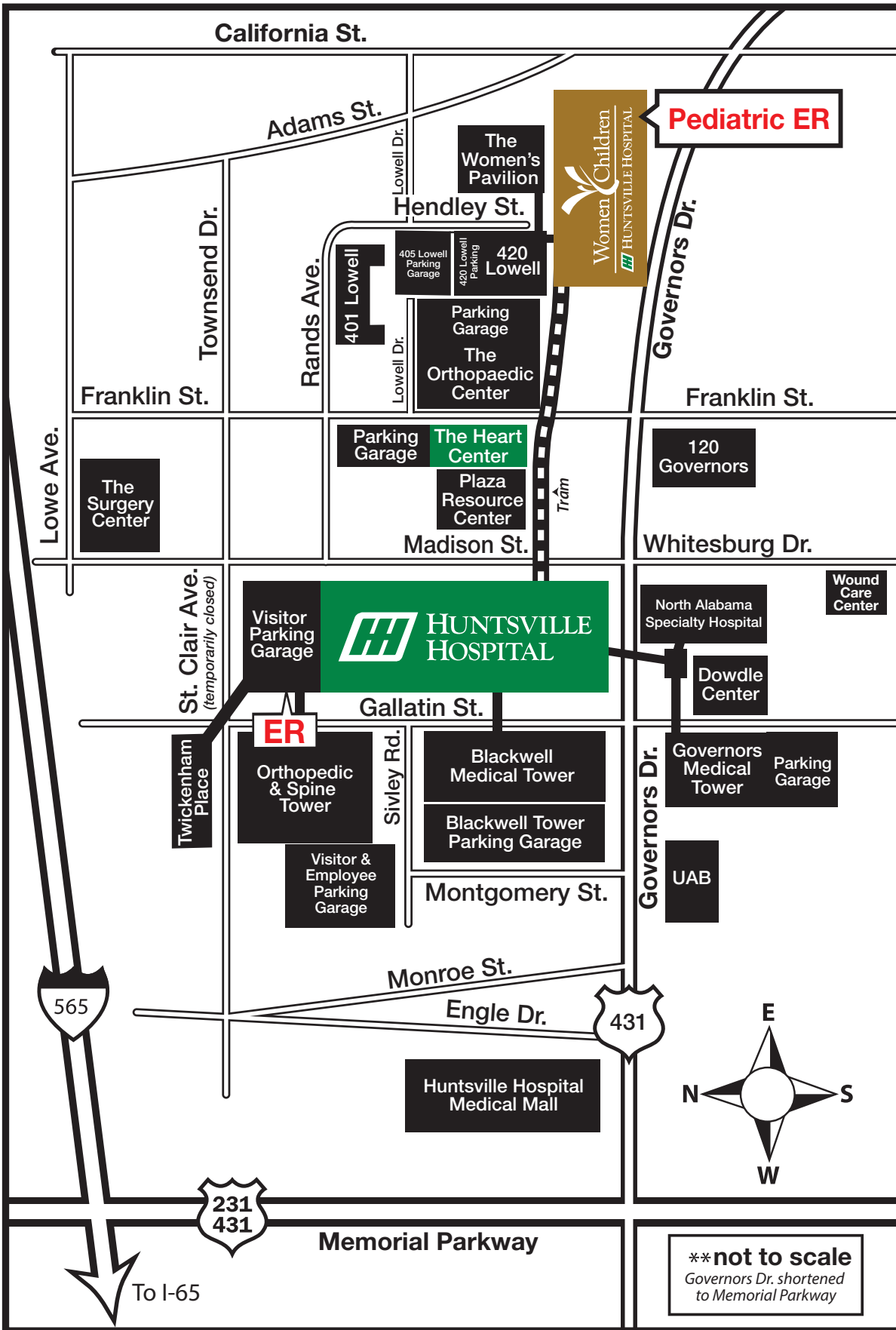
- Check your groin incision every day.
 - Bruising is expected.
 - A small soft lump may be felt in the groin.
- If you feel the lump becoming larger or hard, this may mean you are bleeding:
 - Lie down.
 - Have someone press down hard on the area right above the puncture site on your groin.
 - If the bleeding does not stop after 15 minutes, call 911 for an ambulance.
 - Do NOT drive yourself to the hospital and do NOT ask anyone to drive you.
- Call your doctor immediately if you experience any of these problems:
 - Redness and warmth at your groin.
 - Yellow or green drainage from the puncture site.
 - Fever or chills.
 - Numbness in your legs that is getting worse.
 - Pain in the puncture site, groin or back that is getting worse.
- Clean your puncture site with warm water and mild soap, and gently pat dry. No baths or submersion in a pool / hot tub until completely healed.
- Take prescribed medications.
 - Certain medications are needed after your heart valve procedure to prevent clots from forming. Do not stop your medications without contacting your heart doctor first.
 - If you have dental work in the future, antibiotics are required to prevent infection of your heart valve. Please notify your dentist about your heart valve procedure.
- Do not drive for one week after TEER, unless directed otherwise by our Heart Team or your regular doctor.

Activity at home

Daily activity and exercise are an important part of your recovery. You can follow these steps to safely stay active and healthy once you go home:

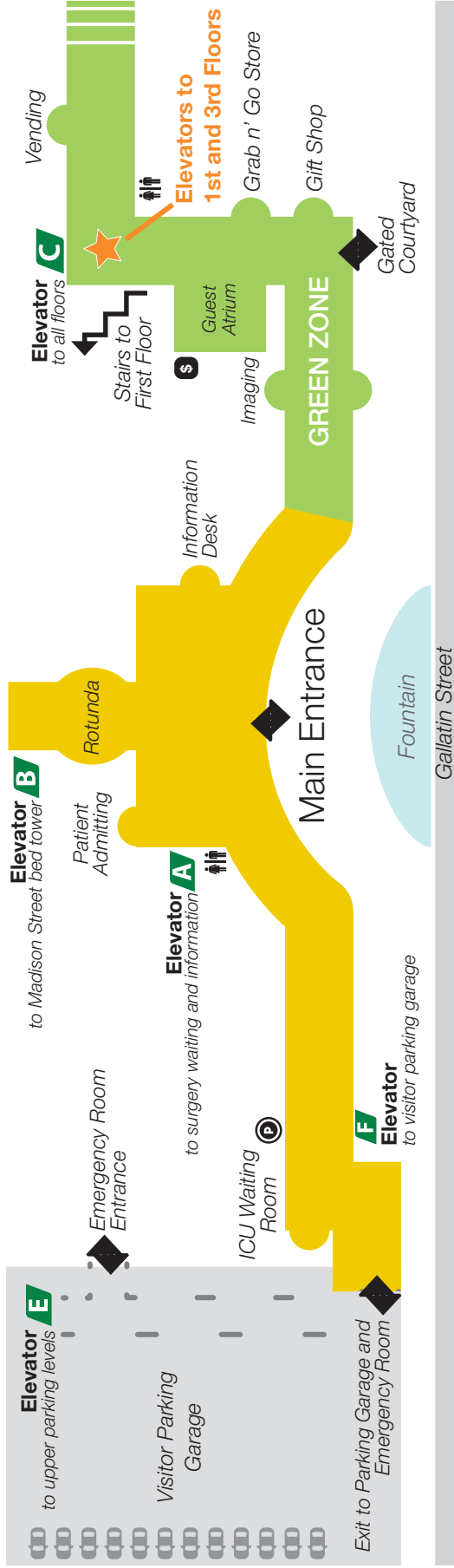
- Do NOT lift, squat, push or pull anything that weighs more than 5 pounds for one week after TEER. This includes NO house work like vacuuming, lifting groceries or strenuous gardening.
- Eat nutritious foods to help build up your strength, but know you may not have a strong appetite for a few weeks.
- Eat small and frequent meals while you recover. If you have fluid restrictions, you may need to continue them and should talk with our Heart Team if you are unsure.
- You will benefit from cardiac rehabilitation to help you return to the daily activities and hobbies you enjoy.

Huntsville Hospital Campus

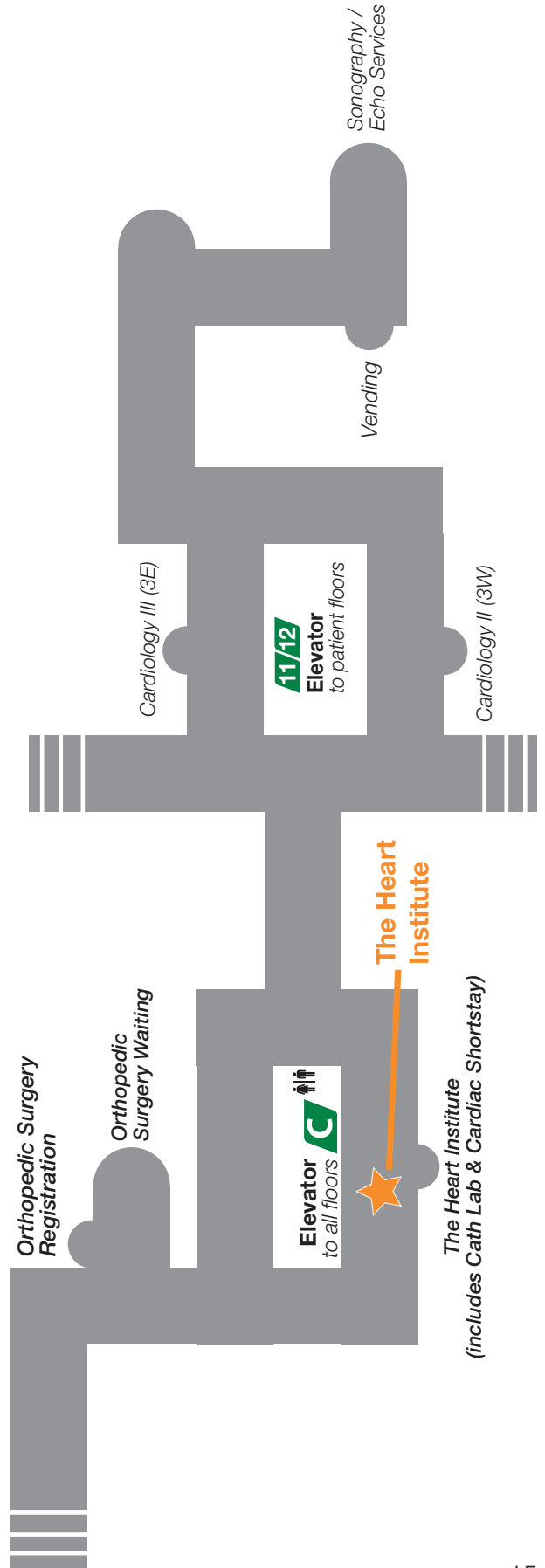


Inside Huntsville Hospital

FIRST Floor



THIRD Floor





**AORTIC VALVE
SURGERY**



HEART ATTACK



**HEART BYPASS
SURGERY**



HEART FAILURE

**Huntsville Hospital Heart Center
Structural Heart Program**

Valve Program Coordinator · (256) 801-6687

Huntsville Hospital

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