

TAVR Hospitalization: Frequently Asked Questions

Where will my room be after my TAVR procedure?

- After your procedure you will go to either the Intermediate Care Unit or Intensive Care Unit, your doctors will decide.

How long will I stay in the hospital after my procedure?

- You will stay between 2 and 5 days, depending on your condition and procedure.

What types of tubes and lines will be connected to me after my procedure?

- For fluids and medicine, you will have at least one intravenous line (IV) in your arm until you are discharged.
- People admitted to the intensive care unit post TAVR may have an arterial line in their wrist to monitor blood pressure.
- People admitted to the intermediate care unit will have vital signs taken per the doctor's instructions.
- If you do not have a permanent pacemaker, you will have a temporary pacemaker attached through an IV line located in your neck.
- A trans-radial (TR) band may be applied to your wrist if an embolic protection device is used during your TAVR procedure. The TR band has a bladder where air can be added to provide pressure to close the puncture site on your wrist. Air is removed at intervals designated by your doctor. After the TR band is removed a band aid or gauze dressing is placed on the wrist.
- The temporary pacemaker and arterial line are usually in place for 2-3 days.

- A Foley catheter may be used to drain urine from your bladder during the TAVR procedure. This catheter is removed as soon as possible post-procedure.
- Right after surgery the nursing staff are with you frequently, checking your:
 - Blood pressure and heart rate
 - Pain level
 - Procedure site dressing(s)
 - Trans-radial (TR) band on your wrist if an embolic protection device is used during your TAVR procedure

What complications can occur after my procedure?

- After your TAVR valve procedure the heart may beat too slowly. The temporary pacemaker helps the doctors control heart rate.
- After your valve procedure the heart may beat irregularly in a rhythm called Atrial Fibrillation or Atrial Flutter. If this happens, you will receive medications to help your heart beat normal again.

What type of activities will I do while in the hospital?

- When the doctor gives the okay, you will be encouraged to walk in the hall 4 times a day and sit in the chair 3 times a day.
- Staff will assist you in turning from side to side at least every 2 hours during the time you are on bedrest.
- It is important to move and be active. Active patients have fewer complications related to inactivity like:
 - Pneumonia
 - Pressure ulcers
 - Constipation
 - Increased aches/pains
- You will have time for a rest period every day. Rest is an important part of your recovery.

- Avoid lifting, pushing or pulling any object over 10 pounds for 10 days after surgery. As a reference, a gallon of milk weighs about 9 pounds.

What can I do to prevent a fall while in the hospital?

- All patients in the hospital have an increased risk of falling.
- If you have fallen in the last 6 months, you are at very high risk of falling again.
- The effects of medications, new surroundings, and pain can make it difficult to move safely and put you at higher risk of falling.
- Use the call light and ask for help before getting up. It is very important to wait for help to arrive before you get up.
- If you are attached to tubes and wires, ask for help. These things can make it hard to move safely about the room.
- Change positions slowly and sit at the edge of your bed briefly before standing.
- If you need a walker or cane, you may bring your own or ask us for one. We have a supply.

What can I do to prevent pneumonia after my procedure?

- You will receive an Incentive Spirometer (IS) before discharge home. After your surgery while you are in the hospital, you will use this device at least **10 times every hour** while you are awake. This helps to keep your lungs fully expanded and clear secretions so that you do not develop pneumonia.
- Coughing and deep breathing will also help you clear secretions that accumulate in your lungs during the procedure.
- When you are **discharged home**, take your incentive spirometer with you and use it at least **4 times a day (10 breaths each time)** until you return for your follow-up clinic appointment.

How can I help prevent blood clots after my procedure?

- After this type of procedure, there is an increased risk of forming blood clots due to inactivity.
- White knee high support stockings (sometimes referred to as TED hose) may be placed on your lower legs the day of your procedure.
- The stockings may be prescribed during the recovery period to prevent blood clots from forming in your legs.
- If TED hose are placed on your legs, wear these stockings during the day and remove them at night while hospitalized.
- Sequential Compression Devices (SCDs) will be placed on your lower legs while you are in the bed or chair. These soft Velcro sleeves wrap around the lower leg and continuously inflate and deflate. These are also used to help prevent blood clots from forming.
- Getting out of bed to the chair and walking several times a day are very important activities to help prevent blood clots.

How will my pain be controlled after my procedure?

- Pain is common after this procedure. You will receive the correct amount of pain medication to help keep your pain at a tolerable level.
- You can expect soreness at the incision sites on your lower abdomen (stomach) or groin area, neck, and wrist if an embolic protection device is used.
- You will receive pain medications (if prescribed by your doctor) so that you are comfortable enough to:
 - Cough and do deep breathing
 - Use the incentive spirometer
 - Walk in the hallway
 - Sit in the chair and rest
- Request your pain medicine before your pain is unbearable.
- When your pain is under control it is easier to sit up, walk, eat, and breathe.

- Let staff know if your pain is not controlled. Your pain treatment plan can be adjusted by your doctor.
- We may not be able to completely relieve all of your pain, but we will do our best to help keep it well-controlled.
- The common side effects of pain medications include:
 - Constipation
 - Dizziness or lightheadedness
 - Sleepiness

How do I prevent constipation after my procedure?

- Constipation is common after surgery.
- Decreased activity and pain medication can cause constipation.
- Take a stool softener (such as Colace) as long as you are taking pain medications.
- Eat a diet rich in fiber (25-35 grams per day) and increase water in your diet (if you are not following a fluid restriction).
- Stay active and walk as much as possible.
- If you do not have a bowel movement within 3 days after your procedure, please request a suppository or laxative.

What will I be allowed to eat after my procedure?

- You will receive ice chips and sips of water after you wake up from your procedure.
- Fluids and food are introduced slowly for your safety.
- Your diet will gradually return to normal, depending upon how your stomach tolerates food.
- The goal is to prevent nausea and vomiting.
- Drink plenty of fluids, unless you follow a fluid restriction.
- Being less hungry after surgery is very common.

- To stimulate your appetite, it is important to eat at least a few bites at every meal.

Where will my incisions be located and how do I take care of them?

- You will have either large puncture sites in both your right and left groin or incisions on both sides of your lower abdomen, neck (temporary pacemaker if you do not have a permanent pacemaker), and wrist (when an embolic protection device is used).
- These incisions are stitched internally or allowed to heal naturally. Some people may have medical glue applied to incision sites.
- The stitches do not need to be removed. They will dissolve on their own.
- The glue will gradually come off, do not pick at your incisions.
- Leave the incisions open to the air once the original dressings are removed.
- The nursing staff will wash these sites with normal saline and gauze for the first 3 days after surgery.
- Keep the incisions clean and dry at all times.
- If needed, you can place dry gauze over the incisions to protect clothing from rubbing or to dry sweat between skin folds.
- The nursing staff will check for **signs and symptoms of infection** each day:
 - Redness
 - Swelling
 - Increased pain
 - Foul smelling drainage at the incision sites
 - Under the tongue temperature above 100.5 degrees F
- Do not apply lotions, ointments, powders or anything else to your incisions.
- If there is drainage from your incisions, a dry piece of gauze will be placed on the area. If needed, you will receive a 3-day supply of gauze when you leave the hospital.

What type of medications will I take while in the hospital?

- Immediately after your procedure, you will receive a limited number of your home medications. **Please contact your primary care provider (PCP) and primary cardiologist for refills** as they will manage your long-term medications.
- When it is time, your home medications will be restarted while you are in the hospital. Some will not be restarted until after you go home.
- When you leave the hospital you will receive a list of all the medications you should take when you get home.
- In the future, **you will need to take antibiotics before having dental cleanings and procedures.** The antibiotics help to prevent an infection, called endocarditis, from forming on your new heart valve. Be sure to talk with your dentist or primary care physician (PCP) before having any medical or dental procedures to obtain pre-dental antibiotics.
- Be sure to talk with your dentist or physician before having any medical or dental procedures.

When will I be discharged from the hospital?

- Most people are discharged 2-3 days post TAVR procedure. However, the length of stay can vary depending on the person.
- Please try to make arrangements for transportation at least 1 or 2 days before going home.
- Please do not plan to drive yourself home.
- Before you go home, your nurse will review all of your discharge instructions with you and provide you with a written discharge summary. This written discharge summary should be provided to your primary care physician and primary cardiologist.
- Ask a family member or friend to listen to these discharge instructions with you. That way, they can help you during your recovery.

What kind of help will I need when I return home?

- You will need help when you first go home.
- We suggest that you arrange to have someone stay with you or available to come to your home if needed during the first 7-days post procedure
- Plan ahead so you are sure you have the help you need at home.
- Some people may need more care than family is able to provide. If this is true for you, then you may need to go to a rehabilitation facility. Other people may require a home care registered nurse for the first few weeks. The CVC Discharge Planner will work with you to address these needs.

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Control # 841

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