HOPE FOR HEARTS

Aortic Stenosis Education

A patient's guide to Aortic Stenosis

Knox
PRIVATE HOSPITAL
by Healthscope

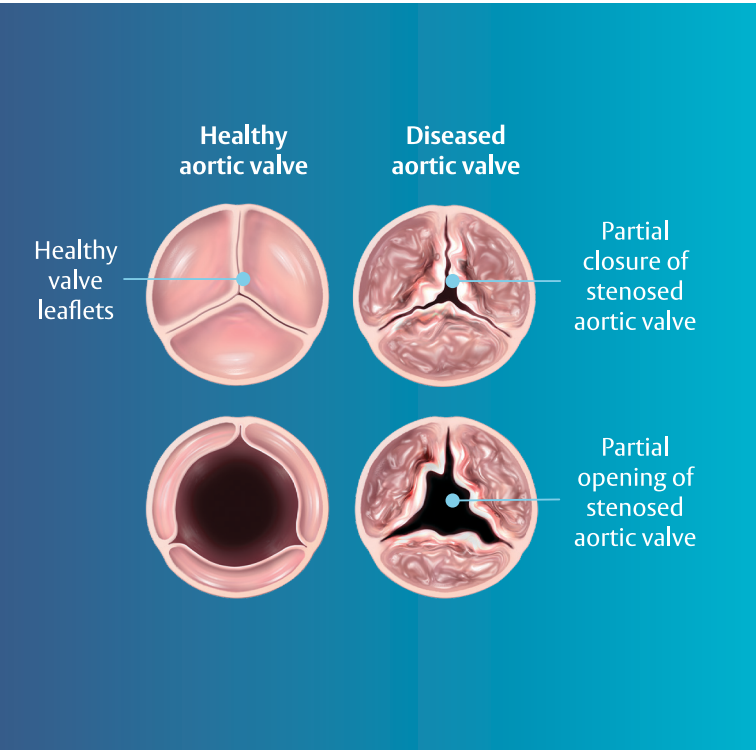
Dear Patient,

This brochure will give you some information, a better understanding of your condition, and treatment options for Aortic Stenosis. This will help you find, together with your doctor, the best therapy for Aortic Valve Replacement.

YOUR HEART

Your heart pumps blood through your body, collects it back, pumps it to the lungs to add oxygen, and starts all over again. The heart has four chambers and four valves that open and close to control the flow of blood in and out of the heart.

Your valves operate like one-way gates. They open to allow blood flow through your heart and out to your body. They close to stop blood from flowing back into the heart after it has been expelled. The valves permit blood to flow in only one direction, or pathway, through your heart.



AORTIC VALVE STENOSIS

The aortic valve is positioned at the top of the left ventricle and leads to the aorta, the major large blood vessel that circulates oxygenated blood to your body. The valve has flaps (called cusps or leaflets) that are forced open when the left ventricle contracts, allowing blood to flow into the aorta. The leaflets then close to prevent the blood from leaking back into the ventricle.

Aortic valve stenosis occurs when calcium deposits on the valve cause the leaflets to become stiff. As the condition progresses, the valve opening narrows, obstructing blood flow and forcing the heart to pump harder.

Symptoms of severe aortic stenosis include:

- Chest pain or tightness (angina)
- Feeling faint upon exertion
- Shortness of breath upon exertion
- Reduced exercise capacity

Remember, however, that heart valve disease often occurs with no outward symptoms and may go undetected in early stages.

Treatment for severe symptomatic aortic stenosis is essential to prolong your life.

What are your treatment options?

No effective drug therapy exists to treat severe aortic stenosis, however, medicine can help make you feel better for the short-term. The only effective treatment for severe aortic stenosis is aortic valve replacement. Today there are two treatment options to treat your diseased aortic valve.

AORTIC VALVE STENOSIS

Surgical aortic valve replacement, or SAVR, is done through an open-heart procedure; the chest is opened up so the surgeon can access the heart and the patient is placed on the heart-lung pump. During surgical valve replacement, the surgeon

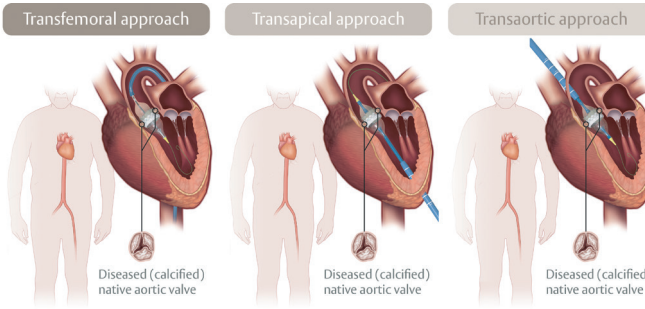
removes the narrowed valve and replaces it with either a mechanical valve (metal) or a biological valve (constructed of animal or human tissue). Different valve types have different benefits and risks. You and your doctor will choose a valve best suited to you based on your individual lifestyle, age and medical condition.

Benefits of SAVR

Each year, more than 250,000 heart valve surgeries take place across the world. Surgical valve replacement has been performed for many years and has consistently produced excellent results in lengthening patients' lives and improving their quality of life.

TRANSCATHETER VALVE IMPLANTATION

Transcatheter aortic valve implantation, or TAVI, enables replacement of the aortic valve without opening the chest. This less invasive procedure is now available for patients considered to be at high-risk for open-heart surgery. In the TAVI procedure, the valve is squeezed down onto a balloon, inserted into the body via a catheter (a long flexible tube), and tracked to the heart for implantation. This can be done without the opening the chest or using the heart-lung pump. The catheter may be inserted through the femoral vessels in the groin (transfemoral access), through a small incision either in the chest over the heart (transapical access), or in the centre of the chest into the aorta (transaortic access). When the valve is positioned inside the faulty aortic valve, the balloon is inflated and the valve is precisely positioned.



Benefits of TAVI include a shorter procedure, less pain, and a shorter stay in the hospital. Because is it less-invasive, recovery time is significantly shorter than after open heart-surgery – about 2 to 4 weeks instead of 6 to 8 weeks. As with surgical heart valve replacement, TAVI provides both short and long-term relief of symptoms, normal aortic valve function and improvement in your overall life expectancy and functioning.

Potential risks of valve replacement vary significantly from person to person depending on age, overall health, and other factors. Your doctor will discuss the risks in detail before you consent to the procedure. Your doctor will further evaluate your condition and determine if you should be referred to a heart team. This analysis will include a comprehensive physical examination plus evaluating the results of a number of blood tests and imaging studies which may include an ECG, an echocardiogram, a coronary angiogram, and/or other tests. It is important to note, however, that untreated severe aortic stenosis poses a high risk of progressive symptoms or death.

Now you can make an informed decision about your proposed treatment. Discuss it with your family and ask your doctor any questions that you may still have.

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Reference: 1. Brian R. Lindman, Robert O. Bonow, Catherine M. Otto. Current Management of Calcific Aortic Stenosis. Circulation,2013,8

Information contained in this brochure includes genuine educational information regarding aortic stenosis and potential therapies or treatment options only. You should discuss any information you read in this brochure with your healthcare professional/cardiologist. Your cardiologist will advise you what treatment option is suitable for you/your condition.

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