PLEASE BRING THIS BOOK WITH YOU TO THE HEART INSTITUTE

Name: 

Name of Procedure: Transcatheter Aortic Valve Implant

Date of Procedure: 

Cardiologist: 

Cardiac Surgeon: 

TAVI Advanced Practice Nurse: Phone: 613-798-5555 Ext: 18826

IMPORTANT

Nursing Coordinator: 613-761-4708

The Nursing Coordinator is available 24 hours a day if you have any questions or concerns.
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Referral for Transcatheter Aortic Valve Implant

You have been diagnosed with a condition called aortic stenosis—narrowing of the aortic valve. Your doctors have recommended a valve replacement using transcatheter aortic valve implant (TAVI) to treat your aortic stenosis. The purpose of this guide is to help you and your family prepare for your stay at the University of Ottawa Heart Institute and for your recovery at home.

About Aortic Stenosis

Your heart contains four valves. These valves make sure that the blood flows through your heart in the correct direction. The aortic valve is on the left side of your heart and opens when the blood is pumped from your heart to the rest of your body.

Aortic stenosis is the term used when the aortic valve is narrowed or cannot open properly, so the blood can’t flow easily out of your heart to the rest of your body.

Aortic stenosis puts extra strain on your heart and can affect your blood circulation. This can result in breathlessness, swollen ankles, chest pain, dizziness, and, sometimes, blackouts as well.

The type of procedure that your cardiologist and your cardiac surgeon have recommended for you is called a transcatheter aortic valve implant or TAVI for short.

About TAVI

For people with aortic valve problems, the usual treatment is open heart surgery to repair or replace the aortic valve. However, for people who are too ill or who have many other medical problems, open heart surgery may be considered too risky.
Over the past few years, the TAVI procedure for implanting aortic valves through a catheter has been developed. The advantage of this procedure is that it is less invasive and so may reduce the amount of recovery time compared to open heart surgery. TAVI offers the possibility of a new treatment option for people who cannot have surgery.

The disadvantage of this procedure is that it is still quite new and is still undergoing frequent changes and improvements and, therefore, has not been studied as well as the more traditional methods.

**Transcatheter**

Transcatheter means the new valve is guided into place with a catheter instead of the traditional open-heart surgery.

Usually, the catheter is inserted into a large blood vessel in your groin or through a small incision in your chest.

**Transcatheter Aortic Valves**

Transcatheter aortic valves are specially designed to be implanted using a long, narrow tube called a catheter. The catheter can be inserted through a large artery in your groin or through a small incision in your chest.

The valve is made of natural tissue from the heart of either a cow or a pig. The natural tissue is re-engineered and attached to a flexible expanding mesh frame.

Below are two examples of the valves that are used in a TAVI procedure.
In order to insert it into the heart, the valve is squeezed around or inside a catheter. The catheter is then inserted and guided to the aortic valve opening in your heart where it is implanted over your existing valve.

Once the new valve is implanted, the catheter is removed. The valve starts working immediately after the catheter is removed.
The TAVI Team at the Heart Institute

At the University of Ottawa Heart Institute, the TAVI procedure is usually done by a medical team that includes both a cardiologist and a cardiac surgeon.

Currently, there are three cardiologists and three cardiac surgeons who perform TAVI’s at the Heart Institute:

<table>
<thead>
<tr>
<th>Cardiologists:</th>
<th>Cardiac Surgeons:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. M. Labinaz</td>
<td>Dr. M. Ruel</td>
</tr>
<tr>
<td>Dr. C. Glover</td>
<td>Dr. K. Lam</td>
</tr>
<tr>
<td>Dr. A. Dick</td>
<td>Dr. M. Boodhwani</td>
</tr>
</tbody>
</table>

The TAVI Committee

Before you have your valve procedure, your particular situation is discussed by the TAVI Committee. The TAVI Committee includes three cardiologists, three cardiac surgeons, a cardiac anesthesiologist, and three cardiac nurses. The purpose of this committee is to make sure that you are getting the right procedure, at the right time, along with the best care before and after your procedure.

Depending on the day your procedure is booked, the cardiologist and surgeon may be different from the doctors you initially saw; however, the team works very closely with each other and will ensure that all your information is passed along.

See Appendix 2 on page 19 for a list of questions to ask your doctor about having a transcatheter valve implant procedure.
Preparing for Your Admission

Dental Visit
If you have any of your own teeth and have not seen your dentist in the last six months, book a dental appointment before the valve implant. If your dentist tells you that you need dental work done (i.e., extractions, an infection treated), this needs to be completed before the procedure.

Other Preparation
Before you are admitted to the Heart Institute for your TAVI procedure, the TAVI Advanced Practice Nurse will call you to complete a pre-admission assessment. The nurse will ask questions about your medications, your overall health, your current living arrangements, and about your plans for when you are discharged after your TAVI procedure. The main purpose for this phone call is to start the planning for your discharge and to ensure that all of your questions and your family’s questions about the procedure are answered.

If you have not heard from the TAVI advanced practice nurse, please call the nurse at 613-798-5555 x18826.

Preparing for Your Stay at the Heart Institute
Expect to stay at the Heart Institute for about three to ten days after your procedure.
When you are admitted for your procedure, you may bring some personal belongings and a small amount of money which you may keep in your room on the nursing ward. While you are recovering in the intensive care unit, however, your family will have to take your belongings home. There is very limited storage in intensive care.
Once you are back on the nursing ward, your belongings can be brought back for the remainder of your stay. Do not, at any time, bring valuables with you.

Contact Person
Please identify a contact person (family member or close friend). We have a system for keeping your contact person informed about your progress.

If You Are Coming in the Day before Your Procedure
Call the Admitting Department at 613-761-4577 between 9:00 and 9:30 a.m. on the morning of your admission to learn when your bed will be available.
Your bed cannot be booked until your admitting day and may not even be ready until after lunch. You will be asked to come to the Admitting Department once your bed is available.
Make sure you bring the following items with you to the Heart Institute:

- Your health card
- All of your medications, in their original pharmacy containers or blister packs.
- **Be sure to tell us about any allergies you have.**

Leave these items at home:

- All of your valuables (anything over $20.00, jewelry, mobile phone, and other personal electronic devices). The Heart Institute is not responsible for any loss or damage to your personal belongings.
What to Expect During Your Stay

Before Your Implant Procedure

The evening before the procedure, you will need to take a shower using antiseptic soap (the soap will be provided for you). From midnight on, you must not eat or drink anything. If you usually take medications in the morning, ask your doctor or the staff if it is okay to take the medications before your implant procedure.

The nurse will shave a small area in both sides of your groin and you will take another shower using the special soap.

Before you are taken to the cardiac catheterization laboratory, the nurse may give you some medication that the doctor has ordered with a sip of water. The medication may relax you and make you sleepy.

During the Implant Procedure

Your implant procedure will probably take about three hours (occasionally a little longer) and it is done in the cardiac catheterization laboratory.

You will receive a general anesthetic so that you will sleep during the procedure and not feel any pain.

After you are asleep, the anesthesia doctor will put a breathing tube in your mouth. This tube is connected to a breathing machine. Usually the breathing tube is removed before you are fully awake. If, however, you still need some support with your breathing, then the breathing tube will not be removed until after you arrive in the intensive care unit.

All other equipment such as intravenous lines, a heart monitor, a temporary pacemaker and a tube to drain your bladder, will be put in after you are asleep.

Once your implant procedure is completed, you will be transferred to the Intensive Care Unit.

For the Family/Contact Person

Once your procedure is completed, the doctor will want to contact your family to let them know how you did. The doctor can either talk to your family in person or call a designated family member on the telephone.

If your family wants to speak to the doctor in person, we will refer them to the lobby volunteer desk where they can register with the volunteers and wait in the Family Lounge.

If you want the doctor to call a specific family member, the staff will ask you for the name and phone number where your family member can be reached.

The staff will ensure those arrangements are made with you and your family before your procedure starts.
After the Implant Procedure

In the Intensive Care Unit
Depending on your particular situation, after your procedure, you will be transferred to either the CSICU (Cardiac Surgical Intensive Care Unit) or the CCU (Coronary Care Unit). The CSICU and the CCU are both intensive care units where you will be carefully monitored for the first 24 hours after your TAVI procedure.

Intensive Care Visiting Hours
Visits to the CSICU and the CCU are arranged through the volunteer desk on the main floor of the Heart Institute. There is a family lounge available on the main floor where you can wait while the volunteers arrange for you to visit your family member.

Progress Reports
If you are in the CSICU: On the evening after the procedure, the nurse looking after you will call your family member with a progress report between 9:00 and 10:30 p.m. and, again, in the morning some time between 9:00 and 10:30 a.m.

If you are in CCU: We recommend that you appoint one family member to act as a contact person. Your contact person can call the CCU at 613-761-4751 to ask about your progress at any time.

While You Are in Intensive Care
Usually, by the time you are transferred to intensive care, you are breathing on your own. If a breathing tube is still needed, it will be taken out as soon as you are awake, breathing on your own and able to follow directions.

There will be a nurse with you at all times until you are awake and breathing on your own. For the first four hours after your implant procedure, expect the nurse to be constantly reminding you to keep both legs straight. This is very important to prevent bleeding from the insertion sites in your groin. There may still be some intravenous tubes in your groins.

Your nurse will be checking with you regularly to make sure you are comfortable. Let the nurse know if you are having any pain.

Depending on your progress, you will begin gradually to increase your activity. This will begin with sitting up in bed, then sitting in a chair and then walking.

Your diet will be clear fluids at first and increased gradually to your regular diet over the first few days after your implant procedure.

Most of the specialized monitoring equipment will be removed once you are ready for transfer to the nursing ward.

When your condition is stable and you are able to sit up, you will be transferred to the fourth or fifth floor nursing units.
Recovering on the Nursing Ward

You will be able to gradually increase your level of activity with assistance. Every day you will be able to do more activity and walk further.

As your appetite improves, you will gradually resume your regular diet.

You will be wearing a cardiac monitor for at least 48 hours.

Blood tests, X-rays and electrocardiograms (ECGs) will be done during your stay. Before you leave the Heart Institute, an echocardiogram or ultrasound of your heart will be done.

The nurse will check your insertion sites to monitor for any problems and teach you what to look for as you heal. A small bruise or a small soft lump at the site where the tube was placed for the procedure is normal. It is also normal to experience bruising at the site, sometimes spreading quite a bit.

Notify your nurse or doctor if you have any of the following problems with the insertion site:

- An expanding lump or a persistent area of redness and warmth
- Yellow drainage from the insertion site
- Worsening numbness in your leg
- Severe discomfort at the insertion site

If You Have a Chest Incision

If your insertion site is a chest incision, the nurse will remove the dressing on the third day after your procedure. If there is no drainage, then it will be left open to the air. Keep an eye on your incision. Wash it gently every day with a non-drying soap, rinse, and pat dry.

Notify your nurse or doctor if you have any of the following occur:

- The incision becomes very red and tender
- The incision becomes more painful
- The incision starts to leak or drain pus
- You develop a fever

You will require help at home after the implant procedure. Please arrange for someone to stay with you for the first week after discharge from the Heart Institute.

If you do not have anyone available, consider a short-term stay in convalescent care. Our social work department has a list of local convalescent homes and can help you plan for this. If you cannot afford this option, the social worker will look at other possibilities with you.

You cannot drive for at least four weeks after the implant procedure. Please arrange your transportation home as well as for someone to help you with driving until you are able to do so.
Going Home

Managing at Home

You and your family must start planning for your return home before your admission to the hospital. Most people who have this procedure say that it takes them one to three months to recover.

Physical Activity

Do not lift, push or pull anything that weighs more than 10 pounds for the first five days after you go home.

Carry on with the physical activity plan that you started in the hospital.

Why Your Physical Activity Plan Is So Important

After your TAVI procedure, you will start a physical activity program which is designed to help you recover and get your energy back.

Exercise helps you to:

- Feel less tired
- Feel less short of breath
- Sleep better
- Gain more energy to do what you love
- Improve your mood
- Have less difficulty with daily activities
- Feel more confident and in control

Learn to Balance Your Activity with Rest

Give yourself time to get back to normal. Most of our patients tell us it takes about a month to feel fully recovered.

Use the tips below to save your energy and help your recovery:

Prioritize:

- Decide what tasks you really need to do yourself and what tasks you can ask someone else to do.

Plan:

- Do the things that use up your energy when you are feeling your best. Make sure you build in rest or relaxation periods during the day.
Pace:
• Break down hard jobs into smaller tasks and take regular breaks before you become tired.

Position:
• If you sit to perform a task, you will use 25% less energy than standing. Avoid unnecessary bending or overhead reaching.

Practical Tips:
• Organize your time so that you take fewer trips up and down your stairs.
• Double the recipe when you cook and freeze some for another day.
• Use lightweight pots and pans for cooking.
• Consider equipment such as a shower chair, reacher and long handled shoe horn.
• Get extra rest the day before a celebration.
• Get extra rest during times of emotional stress or illness.
• Use a weekly schedule.

Your Walking Program
Walking is one of the best exercises for improving your health after a TAVI procedure. Plan to walk every day. Have someone walk with you for the first couple of weeks.
Begin with short periods at a slow pace. Gradually increase the length of time before increasing the intensity.
If you can't walk 5 minutes without stopping, try interval training:
• Walk for 2 to 5 minutes and then rest for 2 to 5 minutes
• Repeat as many times as you are able
• Gradually decrease the resting time between intervals

Your goal is to work up to 20 to 30 minutes of walking every day.
Exercises

While you are exercising:

- You should be able to carry on light conversation.
- Start with a warm-up and end with a cool-down (e.g., slower walking, seated or standing exercises).
- Walk on flat ground.
- Wait at least one hour after a meal before exercising.
- Exercise at a time of day when you feel rested, usually the morning rather than afternoon.
- Avoid extreme heat or cold. You might consider walking indoors in a mall, using a treadmill (no incline) or a stationary bicycle (little or no tension).
- Avoid heavy lifting or pushing.
- Avoid activities that involve using your arms above your head.
- Avoid exercises that make you strain, grunt or hold your breath.
- You should be back to your resting state within 10 minutes of completing your exercise. If not, reduce the time or intensity of exercise next time.

When to Stop an Activity:

Always listen to your body. Stop the activity if you:

- Cannot carry on a conversation without being short of breath
- Feel weak or dizzy
- Feel sick to your stomach (nauseated)
- Feel your heart is pounding or racing
- Have any discomfort

Stop and rest. Sit in a comfortable chair. If these symptoms persist, call 9-1-1.
Sitting Exercises

**Deep Breathing**
Place hands on stomach and take a deep breath. Feel hands move out. Exhale fully and feel hands move in. Repeat ____ times.

**Trunk Rotations**
With feet flat, turn upper body as far as possible toward one side. Hold for 3 seconds. Return to starting position. Repeat ____ times each side.

**Shoulder Flexion**
Lift one arm straight up and over your head as far as possible while you inhale. Return arm to your side as you exhale. Repeat ______ times each arm.

**Shoulder Exercise**
Bring both shoulders up as high as you can, and then let them relax down. Keep your chin tucked in. Repeat ____ times.

**Ankle Pumps**
Push down on your toes as you lift your heels off the floor as far as you can. Then return your feet to starting position and lift your toes off the floor. Repeat ______ times.
Knee Raise
Raise knee up towards your chest and then lower it to the starting position. Repeat with other knee. Keep alternating right and left. Repeat ____ times.

Knee Extension
Sit with your back straight and hands in your lap or at your sides. Slowly straighten one knee. Hold for 3 seconds and then lower it to the starting position. Repeat ____ times with each leg.

Notes
Standing Exercises

Toe Raises
Gently rise up on toes, then roll back on heels. Repeat _____ times.

Mini Squat
Holding a chair for balance, slowly bend knees. Keep both feet on the floor. Repeat _____ times.

Hip Abduction
Holding stable surface, move one leg straight out to your side. Return to starting position. Keep back straight and avoid leaning over when bringing your leg out. Repeat _____ times with each leg.

Hip/Knee Flexion
Holding stable surface, raise knee to hip level, and then lower knee. Repeat _____ times with each leg.

Notes
Tips to Stay Active

- Include a variety of activities that you enjoy.
- Any amount of activity is better than none at all.
- Stick with it until it becomes a habit.
- Wear comfortable clothing and shoes.
- Invite a friend to join you for a walk.
- Schedule exercise into your day.
- Set reasonable goals for yourself.
- Keep an exercise journal to track your progress.

What to Watch For

Examine your insertion site every day. It is normal for it to be slightly red and tender, a bit lumpy or bumpy, slightly swollen, and, occasionally, to have some clear drainage.

Call your doctor or the nursing coordinator immediately if you notice:

- A lump that is getting bigger
- Any area of redness or warmth
- Any kind of yellow or pink drainage

Pain/Discomfort: Expect the discomfort in your groin to gradually decrease as you continue to heal. If you begin to have more pain or any chest pain or breathlessness, contact your doctor or the nursing coordinator.

Other Symptoms: Call your doctor or the nursing coordinator if you develop a fever or flu-like symptoms, such as feeling unusually tired.

Travelling

We do not recommend long distance traveling for the first month after the procedure. Do not drive for four weeks after the implant.

Cardiac Rehabilitation

These programs provide more specific exercise and lifestyle guidelines.

There is no cost for participation and options include on-site or home-based programs. To get started, call 613-761-4572.

Call 911 or go to the nearest Emergency Department if you experience:

- Unrelieved shortness of breath
- Shortness of breath at rest
- Wheezing or chest tightness at rest
- Needing to sit in a chair to sleep
- Weight gain of more than 2 pounds in one day or 5 pounds in one week
- Feeling confused or disorientated
Home Monitoring
If you need close follow-up after discharge, you may be referred to the Telehome Monitoring Program. If you are referred, the nurse from Telehome Monitoring will meet with you and show you how to use the special equipment before you go home.

Daily Weight Checks
While you are recovering in the hospital, your weight will be checked daily. A sudden weight gain might be an early sign that you are retaining extra fluid. When you go home, you will need to continue to weigh yourself every day for the first month to make sure that you are not building up extra fluid.

Before you are discharged, you will be given a daily weight tracker form. There are spaces on this form for you to write down your weight every day. The nurse will review with you how to weigh yourself daily and when you need to call us.

Medications
When you are discharged from the Heart Institute, expect to have a new prescription written for all of your medications. Some of the medications will be the same as what you were taking before and some will be different.

Before you go home, it is important that you and your family understand your prescription and how to take each medication. If you have any questions, make sure you ask. You may have to take an anti-platelet medication. These medications make your blood less sticky and will help to prevent clots forming on your new valve.

<table>
<thead>
<tr>
<th>Name of Anti-platelet Medication</th>
<th>How Medication Works</th>
<th>Potential Side Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASA (Aspirin®, ECASA)</td>
<td>• Helps prevent blood clots on transcatheter valves (clopidogrel, prasugrel)</td>
<td>• Increased risk of bleeding &amp; bruising</td>
</tr>
<tr>
<td>Clopidogrel (Plavix®)</td>
<td>• Decreases the risk of future heart attacks</td>
<td>• Stomach upset (nausea, diarrhea, heartburn)</td>
</tr>
<tr>
<td>Prasugrel (Effient®)</td>
<td></td>
<td></td>
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<tr>
<td>Ticagrelor (Brilinta®)</td>
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Living with Your Aortic Valve Implant

Maintaining a Heart Healthy, Low-Salt Diet
Too much salt in your diet can cause fluid to build up, forcing your heart to work harder. A low-salt diet will help your heart to work more efficiently and place less stress on your heart valve. It may even keep you out of the hospital.

The following tips can help you to lower salt and keep your diet heart healthy:

- **Read food labels**
  - Choose any food in which the sodium (salt) content is 8% or less per serving

- **Reduce salt in cooking and avoid adding salt at the table**
  - Replace salt with fresh or dried herbs, unsalted spices, lemon juice, and flavored vinegars
  - Rinse canned vegetables before using them in cooking
  - Try Mrs. Dash™ or McCormick’s No Added Salt™ seasoning blends

- **Prepare meals using fresh ingredients**
  - Use fresh or frozen foods wherever possible
  - Aim for a variety of food from each food group every day
  - Use canola or olive oils instead of hydrogenated or trans fats
  - Don’t forget about keeping fibre up with whole grains and unsalted nuts and seeds

For more details about how to manage salt and fluid, ask for a copy of the Heart Failure Guide.

Preventing Complications from Dental Work
Bacteria in your mouth can enter your blood stream through your gums and infect your heart tissues and valves.

- Keep your teeth and gums as healthy and clean as possible by regular brushing and flossing.
- For the first six months after your implant procedure, do not have any dental work done, including a cleaning, unless you have a toothache or an abscess.
- After the first six months, make sure you see a dentist at least once a year.
- Tell your dentist that you have had valve surgery.
• You will need to take antibiotics before any dental cleaning or treatments. Your dentist or family doctor will give you a prescription before your appointment.

Preventing Other Infections
Your skin is a barrier against infection. Protect your skin by avoiding any body piercing or tattooing. Pay careful attention to any breaks or cuts in your skin.

Contact your doctor immediately if you develop:
  • A fever
  • An abscess or boil
  • A cut that has become swollen or tender or draining pus
  • Any other suspected infections including urinary tract infections

Notify your doctor if you experience increased shortness of breath or swelling of your ankles or feet.

Medic-Alert Bracelet
You will receive a Medic-Alert application form when you are discharged. Please wear this bracelet to alert health care professionals that you have an artificial heart valve.

Follow-up Appointments
You will be given an appointment to see either your cardiologist or your cardiac surgeon about one month after your valve implant procedure. You will have another echocardiogram on the day of this appointment.

Keep Your Healthcare Team Informed
Inform any healthcare professional involved in your care that you have had a transcatheter valve implant procedure. This includes your family doctor, any other doctors that you see, your pharmacist, physiotherapist, home nurse, or anyone else who helps you to keep healthy.

If you have any questions, call the TAVI Advanced Practice Nurse at:
Phone: 613-798-5555 ext. 18826

If you need help outside of normal business hours, call the Nursing Coordinator at:
Phone: 613-761-4708
Appendix 1: Where to Find More Information

General Information

The University of Ottawa Heart Institute website can provide you with information concerning all aspects of heart disease. Please visit the website at www.ottawaheart.ca.

Diagnostic Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Brief Description</th>
</tr>
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<tbody>
<tr>
<td><strong>Echocardiogram</strong></td>
<td>This test uses ultrasound (high-frequency sound waves) to look at your heart and how the different parts of your heart are working—for example, the different chambers, or your heart valves. An echocardiogram is performed by placing a hand-held ultrasound wand on your chest. By positioning the wand, the sonographer can evaluate the functioning of your heart.</td>
</tr>
<tr>
<td><strong>Transesophageal Echocardiogram (TEE)</strong></td>
<td>This is a specialized type of echocardiogram test. It uses a special thin, flexible tube that is inserted down through your throat through to your stomach. The reason for having a TEE is that your doctor is able to get a very good look at your heart without interference from your ribs and lungs.</td>
</tr>
<tr>
<td><a href="www.ottawaheart.ca/patients_family/transesophageal.htm">www.ottawaheart.ca/patients_family/...</a></td>
<td></td>
</tr>
</tbody>
</table>
| **Cardiac Catheterization**               | Cardiac catheterization is a procedure used to detect and treat some types of heart problems. A thin flexible tube called a catheter is inserted into an artery and/or vein located in the groin area (or the arm) and guided to the heart. Cardiac catheterization is used to:  
  - Evaluate or confirm the presence of coronary artery disease, valve disease or disease of the aorta  
  - Determine the need for further treatment (such as an interventional procedure or coronary artery bypass graft, or CABG, surgery) |
<p>| <a href="www.ottawaheart.ca/patients_family/cardiac-catheterization.htm">www.ottawaheart.ca/patients_family/...</a> |                                                                                                                                                   |</p>
<table>
<thead>
<tr>
<th>Test</th>
<th>Brief Description</th>
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<tbody>
<tr>
<td>ECG (Electrocardiogram)</td>
<td>An electrocardiogram (ECG) is a test that measures and records the electrical activity of your heart.</td>
</tr>
<tr>
<td><a href="http://www.ottawaheart.ca/patients_family/electrocardiogram.htm">www.ottawaheart.ca/patients_family/electrocardiogram.htm</a></td>
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<tr>
<td>Chest X-ray</td>
<td>A chest X-ray lets doctors take pictures of the structures inside your chest, including your heart, lungs, blood vessels, and bones. X-ray pictures of the chest can show how large your heart is and whether there is too much fluid in your lungs (pulmonary edema) caused by heart failure.</td>
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<tr>
<td><a href="http://www.ottawaheart.ca/patients_family/chest-xray.htm">www.ottawaheart.ca/patients_family/chest-xray.htm</a></td>
<td></td>
</tr>
<tr>
<td>CT Scan</td>
<td>A computed tomography (CT) scan is a type of X-ray test that lets doctors take three-dimensional (3-D) pictures of your heart and blood vessels. The CT scanner combines the specialized X-rays with a high-powered computer that reconstructs the information into 3-D views.</td>
</tr>
<tr>
<td><a href="http://www.ottawaheart.ca/patients_family/computed-tomography-scan.htm">www.ottawaheart.ca/patients_family/computed-tomography-scan.htm</a></td>
<td></td>
</tr>
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</table>

**Heart Healthy and Low Salt Diets**

For more information about a low salt diet, check our website at:

www.ottawaheart.ca/content_documents/5.6_HF_Booklet_-_ENG.pdf
Appendix 2: Talking to Your Doctor

Risks and Complications

Your cardiologist and cardiac surgeon will fully discuss the risks of this procedure with you and your family.

When talking to your doctor, the following is a list of questions that may help you to decide whether this procedure is right for you.

How would this procedure benefit me?

What are the risks of this procedure for me?

How painful is the procedure?

How long is the waiting list for this procedure?

How long will this valve last?

How will I be followed up?

Will long-term medication or medication changes be required after the procedure?