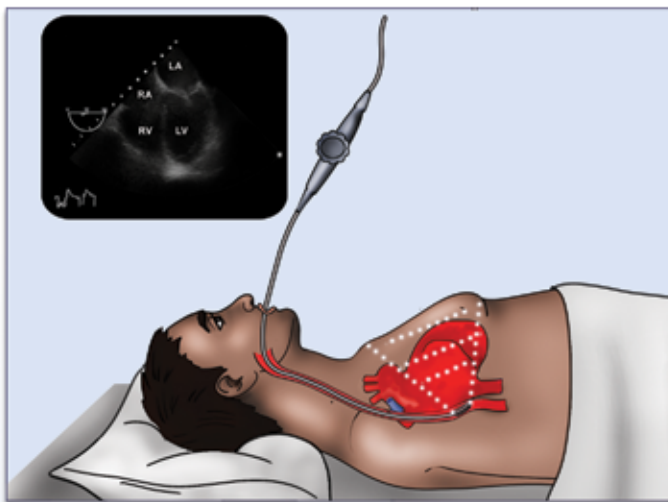


What tests will I need?

In order to assess your suitability for surgery you may be sent for further tests. These often include:

- **Chest X-Ray**
- **Transoesophageal echocardiogram (TOE)**

This is a day case procedure which takes place under sedation. A probe is passed into the gullet and detailed pictures of the heart are obtained using ultrasound.



- **Angiogram**

This is a day case procedure to assess whether there is any narrowing of the heart arteries. A tube is inserted under local anaesthetic into the artery in the wrist which travels to your heart. An injection of x-ray dye shows the heart arteries in detail.

- **Lung function tests**

This is designed to assess how well your lungs are working. You will be asked to carry out various breathing exercises which measure different aspects of your lung function.

- **Carotid Ultrasound**

An ultrasound scan of the neck arteries to look for blockages.

Life after heart valve surgery

Although you are usually discharged within weeks of valve surgery, the recovery can take up to 6 months. You will usually be encouraged to take part in a cardiac rehabilitation programme.

Medications

You will be discharged on a range of medications. Many of these will be reduced or stopped in the 12 months following surgery. If you have a mechanical heart valve then you will remain on anticoagulation (usually warfarin) for the rest of your life.

Preventing infection

Patients who have had heart valve surgery are at increased risk of developing infection of the heart valves (endocarditis). This is a condition where bacteria enter the bloodstream (usually via the skin or mouth) and latch on to the heart valve. The best way to prevent endocarditis is by maintaining good dental and skin hygiene. Your healthcare professional may also recommend antibiotics prior to dental procedures and you should discuss this with them and your dentist.

What are the symptoms of endocarditis?

The symptoms of endocarditis are vague and this can make it difficult to diagnose but include fever, night sweats and weight loss. If you are concerned you should see your GP as soon as possible taking along a record of your temperature readings.

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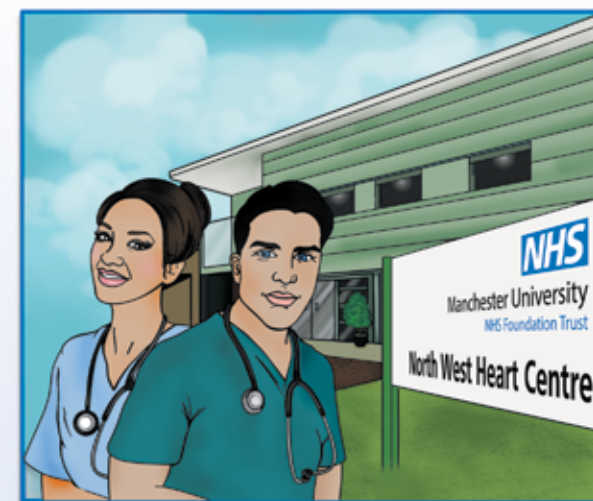
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PATIENT INFORMATION LEAFLET

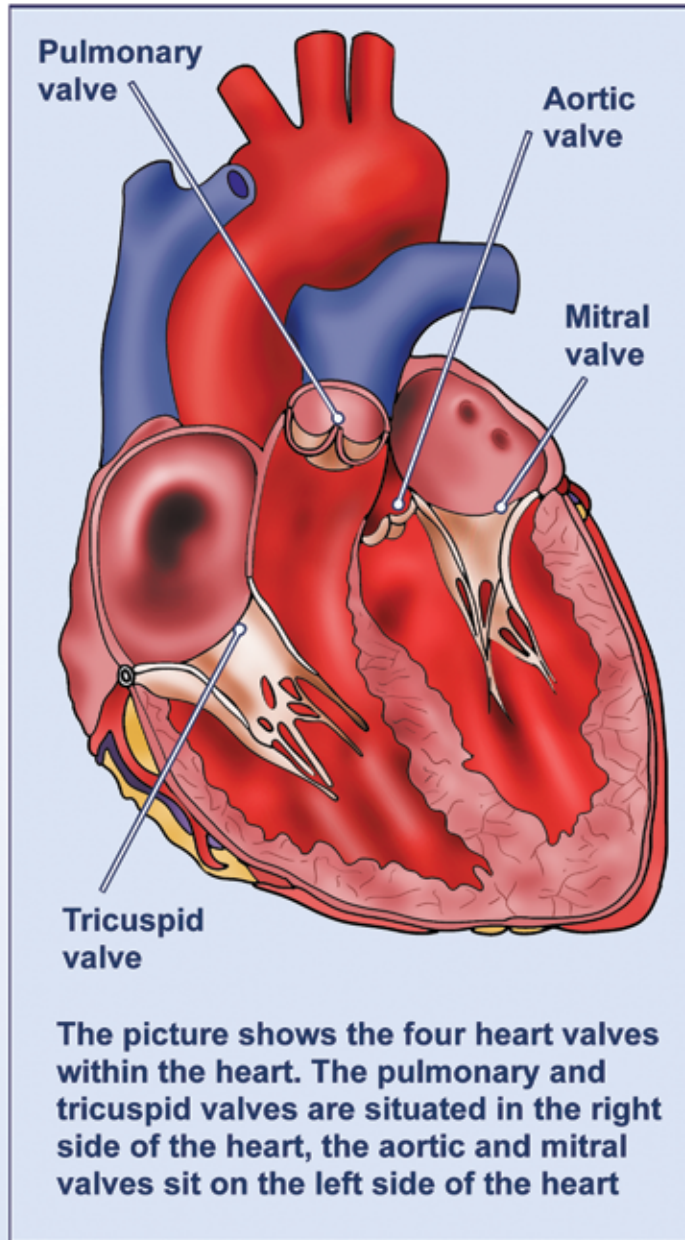
Heart Valve Surgery



MANCHESTER HEART VALVE TEAM

What are Heart Valves?

There are four valves in the heart. They allow blood to be directed around the heart and when working normally allow the blood to flow in one direction. They open and close with every heartbeat - that's 100,000 times a day!



What is Heart Valve disease?

Heart valve disease is a term used to describe heart valves which are not functioning normally.

Sometimes people are born with abnormal heart valves (congenital abnormalities) or the valve disease can be acquired due to degeneration (wear and tear), infection or previous rheumatic fever.

When valves do not function correctly they either become narrowed (valve stenosis) or leaky (valve regurgitation or incompetence).

Heart valve disease is usually diagnosed when the doctor listens to your heart and hears a murmur. The term murmur is used to describe a sound caused by abnormal blood flow across a diseased heart valve.

If your heart valve disease is considered severe and you have symptoms and/or there is other evidence that the heart is struggling to cope then your healthcare professional will refer you on for consideration of heart valve intervention.

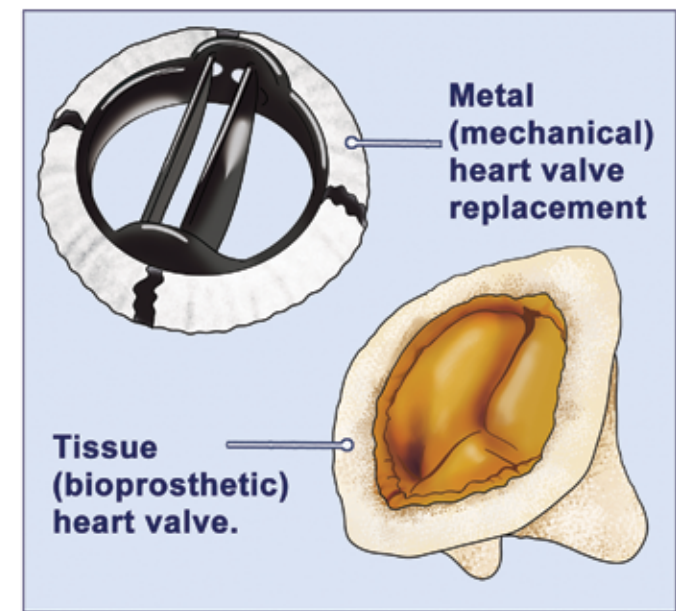
What is Heart Valve intervention?

There are many types of heart valve intervention. The commonest type is heart valve replacement surgery. During this operation your faulty valve is removed and a new valve is put in its place.

These valves can either be metal (mechanical) or tissue (bioprosthetic) (usually from pig or cow tissue). Your surgeon will discuss the different options for you according to your age and lifestyle.

Metal (mechanical) valves last a long time but require you to take warfarin (a blood thinner that requires regular blood tests).

Tissue (bioprosthetic) valves do not require blood thinners (warfarin) but don't last as long as metal valves, especially in younger patients.



In some cases it is possible to repair the heart valve rather than replace it. This is usually only possible if you have a regurgitant (leaky) valve. Stenosed (narrowed) valves are not amenable to repair. A series of tests before your operation will determine whether you are suitable for valve repair.

Both valve replacement and valve repair require a general anaesthetic and the use of a heart-lung bypass machine. You will be left with a scar down the centre of the chest. If you are found to have blockages in the heart arteries, you may also be offered a heart bypass operation (coronary artery bypass grafts) at the same time as your valve surgery. You will usually spend 1-2 days after the operation in intensive care and are usually discharged from hospital 7-10 days after surgery.

In some valve conditions there are newer ways of treating a faulty valve including keyhole surgery. Your healthcare professional will discuss this with you if this is an option.