

Mitral Valve

Transcatheter **Edge-to-Edge** Repair

A Guide for Patients and Families

Royal Columbian Hospital



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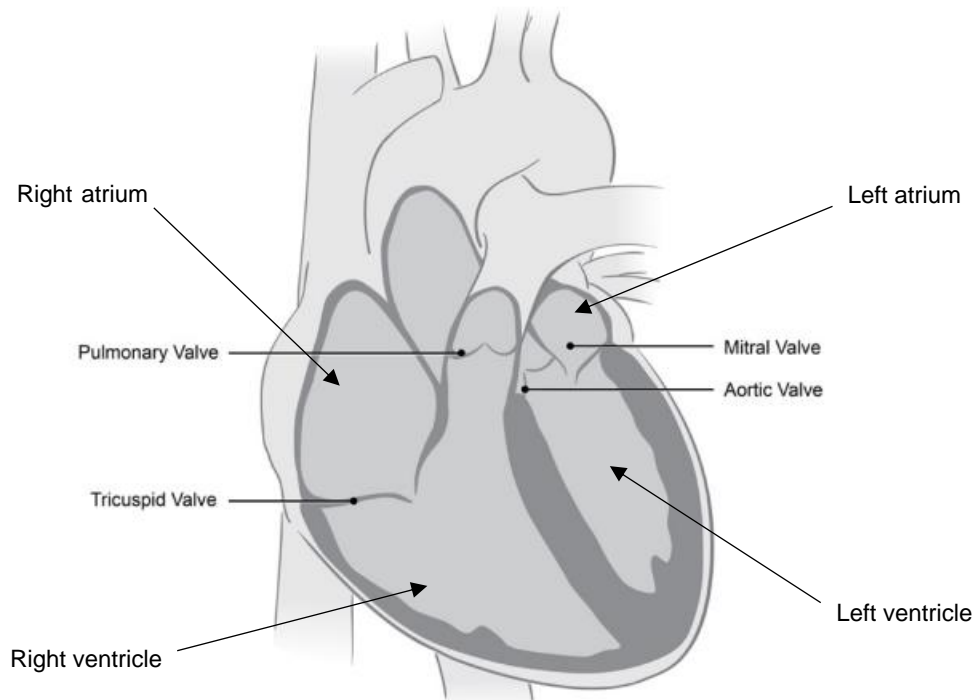
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Mitral regurgitation

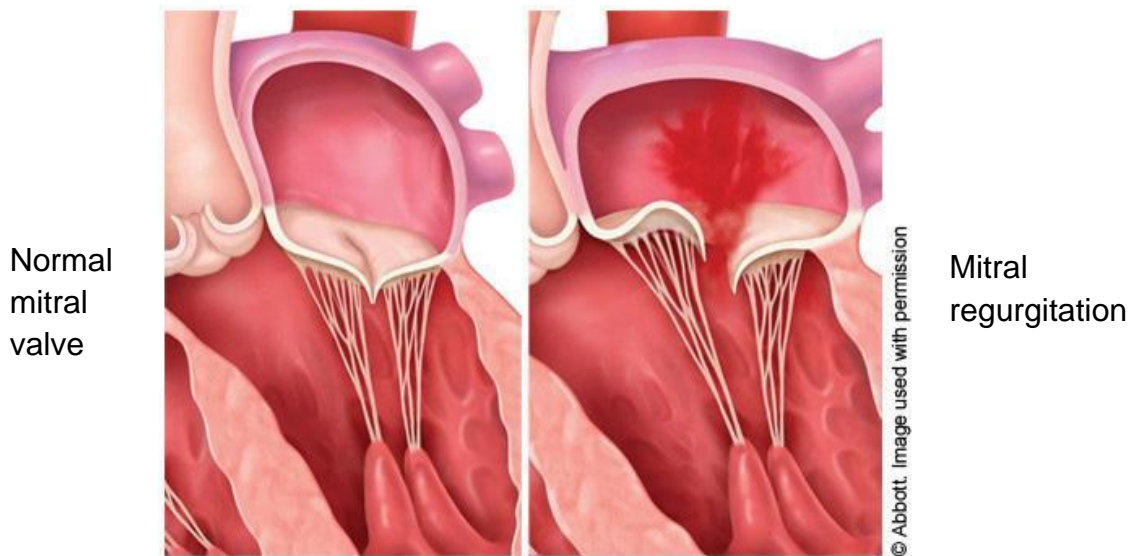
Your heart has 4 valves. The valves control the flow of blood in the right direction through the heart. Each valve has flaps that open and close as the blood travels through.

One of these valves is called the **mitral valve**. It is on the left side of your heart and it allows blood to flow from the left atrium to the left ventricle.



Mitral regurgitation happens when the mitral valve flaps do not seal completely when they close. It is often called a leaky valve. Some of the blood will 'regurgitate' or flow backward through the leaky valve back into the left atrium.

Because less blood is going in the correct direction, the heart must work harder to push blood through the body.



Common symptoms include:

- feeling tired
- shortness of breath
- coughing
- an irregular heartbeat
- worsening heart failure

Mitral regurgitation gets worse over time. It can eventually affect your quality of life and make daily activities more difficult.

Treating mitral regurgitation

The goal of treatment is to reduce the regurgitation and improve your quality of life. There are several ways to treat it.

Medication

The first treatment is medication. The medication improves the function of your heart. Your symptoms will be reduced but you will still have the leaky valve.

If medication can no longer control your symptoms, we might suggest open-heart surgery or a transcatheter edge-to-edge repair procedure. You might hear us refer to it as the TEER procedure.

Open-heart surgery

The best way to treat a very leaky mitral valve is to do open-heart surgery. The surgery can either repair the leaky valve or replace it with an artificial valve. To do the surgery, the surgeon must open your chest to get to your heart. This surgery is an effective way to cure a leaky valve, but it has risks and is not suitable for everyone.

If you are very ill or have many medical problems, open-heart surgery can be too high risk. You might not be eligible for open-heart surgery if you are very old or frail, have a weak heart, or have other problems with your lungs, kidneys, or brain. If you have had previous open-heart surgery, it might be too high risk to do another open-heart surgery.

TEER procedure

If you are not eligible for open-heart surgery, the TEER procedure can be an option. This procedure involves putting a very small clip on the flaps of the leaky valve so that that valve can close better. The advantage of this procedure is that you do not need to have open-heart surgery. It can also have a quicker recovery. On the other hand, the procedure is still being studied and evaluated for its long-term effectiveness.

Is a TEER right for you?

To find out if a TEER would be a good treatment for you, you will need to have several tests and appointments. This includes a cardiac catheterization and a trans-esophageal echocardiogram (TEE) to measure your mitral valve.

Once all your appointments and tests are complete, the information goes to the heart team at the hospital.

The team looks at all the information and discusses your case. They decide if a TEER procedure is the best treatment for you.

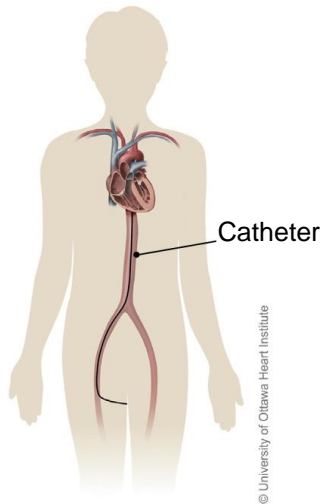
If the team decides it is the best treatment for you, the trans-catheter heart valve (THV) coordinator will contact you and offer you the procedure.

After you are offered the procedure, it is up to you to decide if you want to have it. Speak to your doctor about any concerns you have. Make sure you have answers to all of your questions, and that you understand how this procedure will help you before you make the decision. See [Appendix 2](#) for a list of questions you might want to ask your doctor.

Note: If the team decides you would not benefit from a TEER procedure, one of the doctors on the team will explain to you the next step in your care.

Performing a TEER procedure

At Royal Columbian Hospital we do the TEER procedure in the cardiac catheterization lab. You are given a general anesthetic or sedation so that you will be asleep during the procedure.



We insert a long, flexible tube called a catheter through a small hole made in the skin of your groin. The catheter goes into a large blood vessel. We use ultrasound and X-ray images to guide the catheter to your heart.



A clip is attached to the end of the catheter. Once the catheter reaches your heart, we do a trans-esophageal echocardiogram. This allows us to see the flaps of the valve more clearly and determine where exactly they are leaking.



We then attach the clip to the flaps of the valve in the place where they are leaking. If the valve is very leaky, we might attach 2 clips.

The clip holds the flaps firmly together. The mitral valve is now able to close and seal better.

Waiting for your TEER procedure



Expect a call from the THV coordinator

Once the decision is made for you to have a TEER procedure, the [THV coordinator](#) will contact you and give you an approximate timeline for when you can expect to have the procedure. They will complete an assessment and do the following:

- Work with you to coordinate everything you need to do to prepare for the procedure
- Explain what to expect while you are in the hospital
- Help you to make plans for going home
- Explain how to have a safe recovery at home

You might find it helpful to include a family member or friend in the conversation. They can help you by taking notes or asking questions.

As it gets closer to the date of your procedure, you will be contacted by the pre-admission clinic. They will arrange x-rays, an electrocardiogram (ECG), blood tests, and any other tests you need. You will also speak with the anesthesiologist.

About 7 to 10 days before your procedure, the THV coordinator will contact you to confirm the date for your procedure. They will give you the information you need about going to the hospital.

Note: We carefully monitor the wait time for TEER procedures at Royal Columbian Hospital. The length of time that you wait for your procedure will depend on how urgent your condition is.

We sometimes need to cancel scheduled procedures because there are other people who need procedures more urgently or for other emergencies. We do not cancel procedures until every possible option is considered.

Having your procedure cancelled can be very difficult for you and your family. If we need to cancel your procedure, we will let you know immediately. We try to reschedule your procedure for the earliest possible date.



Call us with questions

Waiting for your procedure can be stressful for you. It is normal to worry. If you have questions or concerns about the procedure, or about the wait times, call the THV coordinator. It is better to get your questions answered early than to wait until the morning of your procedure.

THV Coordinator

604-520-4253 local **526295**

Monday to Friday from 7:30 a.m. to 3:00 p.m.

If there is no answer, please leave a message and the THV coordinator will call you back as soon as possible.



Keep track of your symptoms

Symptoms such as tiredness and shortness of breath can get worse over time. You might find it harder to do your normal activities. If your symptoms are getting worse, call your family doctor or nurse practitioner. You might need to visit your doctor more often or have your medications changed.

If you have a sudden change in your condition or are admitted to the hospital, ask a family member or friend to let the [THV coordinator](#) know.

Call 9 1 1 or go to the nearest emergency department if you have either of the following:

- chest pain or discomfort that is new or does not get better with nitro spray
- shortness of breath all the time, even while you are resting



Keep doing physical activity

Continue to be active every day, even if only for short times. Ask your doctor what level of activity is best for you. Slow down if you become short of breath or feel faint.



Eat healthy

Good nutrition before your procedure is important and can help you to heal more quickly after your procedure. Here are some tips that can help you eat well.

Try to eat at regular times

- Eat breakfast no more than 1 to 2 hours after waking up.
- Do not wait too long between your meals. It is harder to make healthy choices when you are hungry.

Keep it simple

Sometimes you might feel too tired to make a meal. Meals and snacks do not need to be complex to be healthy. Have meals and snacks that are easy to prepare ready for when you don't feel like cooking.

- Make simple, healthy meals. Try these:
 - whole wheat English muffin with peanut butter, fruit, and a glass of milk
 - scrambled eggs with whole-grain bread, sliced tomatoes, and yogurt
 - whole grain pita bread with hummus, cucumbers, and carrots
- Make simple, healthy snacks. Try these:
 - fruit and cheese
 - frozen berries and plain Greek yogurt
 - ¼ cup of nuts and seeds
 - egg, chicken, or tuna salad sandwich
 - whole grain crackers with hummus or nut butter
- When making meals with meat, cook more meat than you need and freeze the extra. The meat is ready to reheat and add to dishes when you need it.
- Consider using a service like Meals on Wheels, Better Meals, Heart to Home, or other meal delivery. Ask friends and family to help you with groceries and making your meals.

Eat enough protein

Eat a variety of foods from each food group every day.

- Include protein at every meal and snack. Foods with protein include:
 - Lean meats, poultry, fish, seafood, eggs,
 - milk products (choose 2% or less milk fat), soy milk
 - beans, lentils, peas, tofu,
 - nuts and nut butter, seeds

Try adding the following:

- meats, poultry, fish, or eggs to salad
- beans and lentils to soup
- nuts and nut butter to cereal

Note: If your doctor has told you to limit the amount of fluid and salt in your diet, continue to follow those recommendations.

Refer to the section called [Living well after your procedure](#) for more tips that will help you eat well before your procedure.



Try to stay the same weight

When you are feeling sick, you might not feel like eating. You might lose weight quickly and without trying. If this is happening to you, tell your doctor or the [THV coordinator](#). They might refer you to see a dietitian.

If you are losing weight without trying, try the suggestions on the previous page. The following might also help:

- Eat smaller amounts of food more often. Try to eat every 2 to 3 hours.
- Eat more food when your appetite is best.
- If you cannot eat a full meal, try to eat just a little. Eating half of a meal is better than eating nothing.

Try to eat food with more healthy fat, oil, and protein. Here are some ideas:

- Add fats and oils to each meal.
 - Top your salads, vegetables, pasta, or rice with a few teaspoons of oil such as olive or canola.
 - Have margarine or butter on your bread, vegetables, potatoes, and rice.

- Have protein at every meal and snack. See the previous page for foods with protein.
- Have milk, milkshakes, yogurt drinks, or nutritional supplements such as Ensure® or Boost® instead of low-calorie drinks such as water, broth, tea, coffee, or diet drinks.
- Try adding powdered milk to your soups, breakfast cereal, pudding, or scrambled eggs for extra protein.
- Avoid reduced-fat food such as food labeled “light,” “low fat,” or “fat-free.”

**If you are living with diabetes,
blood sugar control is important**

If you have diabetes, keep taking your medication and insulin as prescribed.

While you are waiting for your procedure is an ideal time to improve your blood sugar levels. If your blood sugar is good, you are likely to:

- spend less time in the hospital
- heal more quickly
- avoid infection

Test your blood sugar more often while you are waiting for your procedure.

Waiting is a stressful time with less physical activity. Your blood sugar might go high more often. If it does, please contact your family practitioner or your diabetes team. Your medication might need to be changed while you are waiting for your procedure.



Take your medications

Keep taking all of the medications your doctor has prescribed. Talk to your doctor before starting any new medications or before making changes to your medications.



Plan ahead for your procedure and recovery

Now is a good time to plan for your hospital stay and your recovery at home.

You will need a person that the hospital can contact when you are there. Decide who this will be and write the information below. When you go to the hospital for your procedure, you can share this information with the nurse.

My contact person's name and phone number:

You have the option of having a friend, family member, or caregiver come to the hospital with you as your **essential care partner**. They can stay with you before and after your procedure and can help with your care. Your contact person can also be your essential care partner.



Ess Care Partners

Scan this QR code for a pamphlet explaining more about [Essential Care Partners](#).

Read the section of this booklet called [Managing at Home](#) to find out what you can expect when you go home and how to prepare.

You will need to have someone to drive you home and help you as soon as you leave the hospital. If you live alone, arrange for a family member or friend to stay with you for the first 24 hours.

Talk to your [THV coordinator](#) now if you need more information about your recovery or if you are worried about going home.

Preparing for your hospital stay

It is best to be prepared to stay up to 3 days. Most people are able to go home after just 1 day in hospital, but others need to stay 2 or 3 days.



What to bring

Bring only the personal items you will need, including:

- ☐ slippers (with nonslip soles)
- ☐ housecoat
- ☐ glasses, if you use them
- ☐ toothpaste and toothbrush
- ☐ hearing aid, if you use one
- ☐ walking aid, if you use one

Make sure you also bring:

- ☐ your BC Services card or BC CareCard
- ☐ all of your medications, in their original packaging or blister-packs
- ☐ the name and phone number of your contact person
- ☐ this booklet

The physiotherapist and the nurses use this booklet during your stay to guide you and your family as you are recovering and preparing to go home.

Please leave valuable items such as rings, necklaces, and watches at home. Fraser Health is not responsible for loss or damage to personal belongings.



How to prepare

The evening before the procedure, do all of the following:

- ☐ After midnight drink only clear fluids such as water, juice, or tea without milk. Do not eat any food.
- ☐ Stop drinking fluids 3 hours before you are to arrive at the hospital (unless instructed differently).
- ☐ You can have sips of fluid to take your medication. The [THV coordinator](#) will let you know what medications to take the morning of your procedure.

Having your TEER procedure



When you arrive

Go to Patient Registration, which is in the main lobby on Level 1 of the Health Care Centre building (Green Zone).

After you are registered, go to the Admitted Cardiac Interventional Unit (ACIU) on the second floor.



Before your procedure

When you get to the ACIU, check in at the desk. They will let your nurse know you are here. Let them know the name and phone number of your contact person. If you have also brought someone as your [essential care partner](#), let the nurse know who they are.



If you do not speak or understand English well enough to have medical conversations, let us know. We can arrange for a medical interpreter in your language. This service is free.

You will be given a hospital gown to change into. We check your vital signs, test your blood sugar, and start an intravenous (IV) line.

We then take you to the cardiac catheterization lab for your procedure.



During your procedure

We shave a small area on the side of your groin. We give you medicine so that you sleep during the procedure and feel no pain.

After you are asleep we will put a tube in to help you breathe. This tube is usually removed before you wake up. We connect you to a heart monitor.

Your procedure will take about 3 hours or a little longer.

Once your procedure is finished, you will spend a few hours in the Post Anesthesia Care Unit (PACU). In some cases, you have to go to the Cardiac Surgery Intensive Care Unit (CSICU) so we can watch you more closely.

After that, we take you to the Cardiac Unit, which is 2 North.

We will contact your contact person to let them know how you are doing. We can either talk to them in person or on the telephone.



After your TEER procedure

You will stay in the Cardiac Unit overnight or longer if necessary.

Your nurse will check with you regularly to make sure you are comfortable. Let the nurse know if you have any pain.

For the first 2 to 4 hours after your procedure, you will be sleepy. The nurse will be reminding you to keep both legs straight. This is very important to prevent bleeding from the insertion site in your groin, where there might still be some intravenous lines.

Depending on your progress, we will help you gradually increase your activity. You will start with sitting up in bed, then sitting in a chair, and then getting up and walking if you can, with assistance.

In the evening, we will offer you a small amount of food. You can usually have your normal food the next day.

We remove most of the monitoring equipment by the morning.

The day after your procedure you will have the following tests:

- echocardiogram
- blood tests
- chest X-ray
- electrocardiogram (ECG)

A nurse will check the site in your groin for any problems and teach you what to look for as you heal. They will remove the stitch from the insertion site. A small, soft lump at the site is normal. It is also normal to have bruising at the site, which can go down your leg.

Tell your nurse or doctor if you have any of the following problems at the site, such as:

- a lump that is getting larger, or an area of redness and warmth that doesn't go away
- yellow liquid
- a loss of feeling in your leg that is getting worse
- severe discomfort

Your contact person can call the Cardiac Unit to see how you are doing.

Cardiac Unit – 2 North
604-520-4052



Before you leave the hospital

Please arrange to have someone drive you home and someone to stay with you for your first night at home.

As you prepare to leave the hospital, expect to have new prescriptions written for you. Some of the medications will be the same as you were taking before, and some will be different.

It is important that you and your family know what each medication is for and how to take it. If you have any questions, ask your nurse before you leave.

You might need to take anti-platelet medication. This medication makes your blood less sticky and helps prevent clots from forming on the TEER. If you have had an irregular heartbeat (atrial fibrillation) in the past, the doctor might change your medication to a different type of blood thinner.

We give you a form for writing down your weight every day. We ask you to weigh yourself because a sudden weight gain might be an early sign that you are building up extra fluid. The nurse will review with you how to weigh yourself each day and when you need to call us.

Before you leave the hospital make sure you have the following:

- ☐ personal belongings
- ☐ prescriptions
- ☐ plan for next appointment
- ☐ daily weight form
- ☐ this booklet

Managing at home



Making appointments for follow-up

We check your TEER by doing an echocardiogram. When you leave the hospital, we give you an appointment for an echocardiogram at Royal Columbian Hospital. It will be about 4 to 6 weeks after your procedure.

We will schedule another echocardiogram for you 12 months after your procedure. After that, you will have an echocardiogram once a year.

You will also need to see doctors.

- Please make an appointment with your family doctor or nurse practitioner for 1 week after you return from hospital.
- Please make an appointment with the THV doctor for 6 to 8 weeks after your procedure. Call the THV office to make the appointment. Make sure this appointment is after you have your ultrasound so the doctor can look at the ultrasound.

THV Office

604-515-9830

- Please make an appointment with your cardiologist for 6 to 8 weeks after your procedure.

You can write your appointments in this chart:

Time after procedure	Date and time	Appointment and location	Contact
1 week		Appointment at your family doctor or nurse practitioner	Please call to make appointment.
4 to 6 weeks		Echocardiogram at Royal Columbia Hospital – Diagnostic Cardiology	We will give you an appointment time.
6 to 8 weeks		Appointment at Royal Columbian Hospital – THV Clinic	Please call to make appointment: 604-520-4253 local 526295
6 to 8 weeks		Appointment at your cardiologist's office	Please call to make appointment.
12 months		Echocardiogram at Royal Columbia Hospital – Diagnostic Cardiology	We will give you an appointment time.



Returning to work and activities

How long it takes you to recover depends on your health before the procedure. Typically, it takes 1 week to recover and return to normal activity. It can be longer if you have other health conditions such as diabetes.

Returning to work

When you return to work depends on how you feel. Many people gradually return to work after 1 week. If your work involves heavy physical activity, you might need longer.

Showering

Take showers, not baths, for the first 7 days after your procedure. Do not go in swimming pools or hot tubs. Keeping the insertion site dry helps it heal.

Lifting

For the first 7 days, do not lift, push, or pull anything that weighs more than 10 pounds (5 kg).

Going up stairs

If you need to go up stairs, try to limit this to a couple of trips a day for the first week. When you are stronger, you can go up and down stairs as often as you want.

Doing physical activity

Physical activity will help you recover and get your energy back. It helps you to do the following:

- feel less tired
- feel less short of breath
- sleep better
- gain more energy to do what you enjoy
- improve your mood
- feel more confident and in control
- do daily activities more easily

Exercise should be fun, easy to do, and part of your everyday life.

Fraser Health offers free cardiac rehabilitation programs that give you specific exercises and lifestyle guidelines. You can do the program at a location with other people, or at home.

If you are interested in a program, talk to your cardiologist, cardiac surgeon, or THV coordinator and ask for a referral.

Walking

Walking is one of the best exercises to improve your health after a TEER procedure. Plan to walk every day. Have someone walk with you for the first couple of weeks.

Begin with walks of about 2 to 5 minutes, at a slow pace, once a day. Slowly increase the length of time you walk until you reach your goal.

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

Exercising safely

To exercise safely, follow these tips.

- Start your exercise with a warm-up and end with a cool-down, such as slower walking, or the [sitting or standing exercises](#) described in the next section.
- Walk on flat ground. Avoid hills.
- Avoid heavy lifting or pushing.
- Avoid activities that involve lifting weight above your head.
- Avoid exercises that make you strain, grunt, or hold your breath.
- Don't exercise in extreme heat or cold. Instead, try walking indoors at a mall, using a flat treadmill, or using a stationary bicycle with little or no tension.

The best time to exercise is:

- at least 1 hour after a meal
- at a time of day when you feel rested—usually morning

You should be able to have a light conversation as you exercise. If you are too short of breath, slow down or take a short rest. Within 10 minutes of completing your exercise, you should be breathing like you normally do when resting. If not, reduce the length or intensity of exercise the next time.

When to stop an activity

Always listen to your body. Stop the activity if you have any of the following:

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

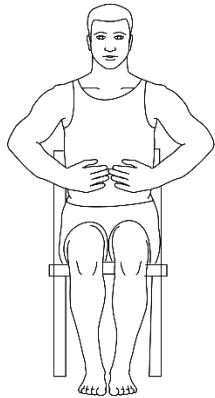
Stop and rest. Sit in a comfortable chair. If these symptoms continue, call 9-1-1.

Warm-up: Sitting exercises

Deep breathing

Place hands on stomach. Take a deep breath in and feel hands move out. Breathe out fully and feel hands move in.

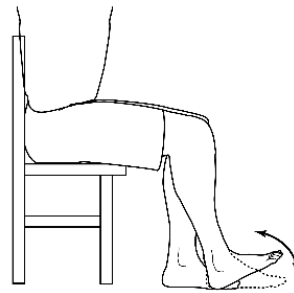
Repeat ____ times.



Ankle pumps

Push down on your toes as you lift your heels off the floor as far as you can. Then return your heels to the starting position and lift your toes off the floor.

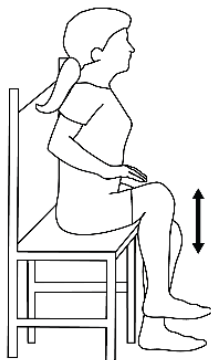
Repeat ____ times.



Knee raises

Raise one knee up toward your chest, and then lower it to the starting position. Repeat with other knee.

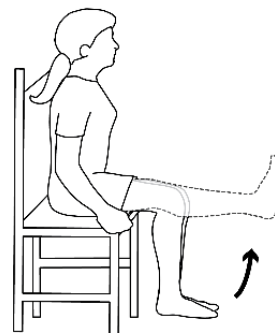
Repeat ____ times.



Knee extension

Sit with your back straight and hands in your lap or at your sides. Slowly straighten one knee. Hold for 3 seconds. Then lower it to the starting position.

Repeat ____ times

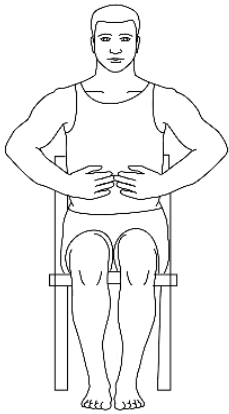


Cool-down: Sitting exercises

Deep breathing

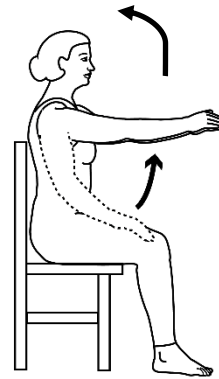
Place hands on stomach. Take a deep breath in and feel hands move out. Breathe out fully and feel hands move in.

Repeat ____ times.



Shoulder flexion

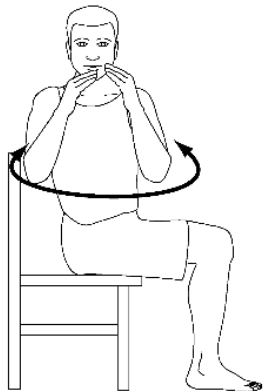
Lift one arm straight up and over your head as far as possible, as you breathe in. Return your arm to your side as you breathe out. Repeat ____ times for each arm.



Trunk rotations

Place feet flat on floor. Turn upper body as far as possible to one side. Hold for 3 seconds. Return to starting position.

Repeat ____ times on each side.





Balancing activity with rest

Give yourself time to get back to normal. Use the tips below to save your energy and help your recovery:

- **Prioritize:** Decide which tasks you really need to do yourself and which 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 plan for 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 less energy than if you stand. Avoid unnecessary bending or reaching over your head.

Practical tips

- Organize your time so that you take fewer trips up and down stairs.
- Make 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, long-handled reacher or grabber, and long-handled shoehorn.
- Make a schedule for your activities and rest times.
- Get extra rest at times such as:
 - before any celebrations
 - when you know the next day will be busy
 - when you have emotional stress or illness



Weighing yourself daily

Weigh yourself at the same time every day for the first month. A sudden weight gain can be a sign your body is building up extra fluid. Write your weight on the daily tracking form that we provided you at the hospital. Call your family doctor or nurse practitioner if you gain more than 4 pounds (2 kg) in two days or 5 pounds (2.5 kg) in a week.



Checking your site

Check the site in your groin every day. It is normal for it to feel like a pea-sized lump that can be slightly red and tender. Sometimes there is a clear liquid.

Call your doctor or the [THV coordinator](#) immediately if you notice any of the following at the site:

- a lump that is getting bigger
- any area of redness or warmth
- yellow or pink liquid
- not healing well
- unusual pain in the groin area, pain going down your leg, or pain in your lower back

Pain or discomfort:

Expect the discomfort in your groin to get better as you heal. If you begin to have more pain, chest pain, or breathlessness, contact your doctor or the [THV coordinator](#).

Other symptoms

Call your doctor or the [THV coordinator](#) if you develop a fever or flu-like symptoms, such as feeling more tired than normal.

Call 9-1-1 or go to the nearest Emergency Department if you have any of the following:

- increasing shortness of breath
- very fast or very slow heart rate
- weakness or a loss of feeling in your arms or legs
- blurred vision



Taking your medications

Please contact your pharmacist, doctor, or the [THV coordinator](#) if you have questions about your medications.

For those living with diabetes, blood sugar control is important

Keeping your blood sugar in control can reduce your chance of infection and help you heal faster.

Living well after your procedure



Choosing foods lower in salt

Following a low-salt diet helps your heart. Too much salt (sodium) in your diet can cause your body to hold extra fluid. The extra fluid makes your heart have to work harder and puts stress on your heart valve.

The following tips can help you keep your heart healthy. Eating healthy might even keep you out of the hospital.

- Try to prepare meals from scratch at home as often as possible. Eat less processed food or ready-to-eat meals.
- Read the Nutrition Facts on food labels. Choose foods with less sodium.
- Use less salt when cooking. Avoid adding salt at the table:
 - Replace salt with fresh or dried herbs, lemon juice, flavoured vinegars, and unsalted spices. Try Mrs. Dash® or McCormick's® Salt-Free Seasonings.
 - Use fresh or frozen foods that are not processed.
 - Rinse canned vegetables before cooking.

For more information about how to manage salt and fluid, ask for a copy of [Living with Heart Failure](#) or go to patienteduc.fraserhealth.ca and search 'heart failure'.



Staying active

Doing regular physical activity is important to your health. The following tips can help you to stay active.

- Schedule exercise into your day.
- Include a variety of activities that you enjoy.
- Set reasonable goals for yourself.
- Keep an exercise journal to track your progress.
- Stick with it until it becomes a habit.
- Invite a friend to join you for a walk.
- Wear comfortable clothing and shoes.
- Remember that any amount of activity is better than no activity.



Keeping your health care team informed

Tell any health care professionals involved in your care that you have had a heart valve repair. This includes your family doctor or nurse practitioner, any other doctors that you see, your pharmacist, your physiotherapist, your dentist, your home nurse, or anyone else who helps you stay healthy.



Questions I have

Appendix 1: For More Information



[Heart Healthy Eating Guidelines](#)

Go to patienteduc.fraserhealth.ca and search 'heart healthy'



[Learn About Stress](#)

Go to heretohelp.bc.ca and search 'stress'



[Exercise for a Healthy Lifestyle](#)

Go to patienteduc.fraserhealth.ca and search 'exercise prescription'. This booklet is used with our cardiac rehabilitation program.



[TEER Quick Guide on What to Expect](#)

Go to patienteduc.fraserhealth.ca and search 'teer quick guide'



[After TEER Procedure](#)

Go to patienteduc.fraserhealth.ca and search 'after teer'



[Essential Care Partners](#)

Go to patienteduc.fraserhealth.ca and search 'essential care partner'

Ess Care Partners

Appendix 2: Description of Tests

Test	Description
Echocardiogram (Trans-thoracic or TTE)	<p>An echocardiogram is an ultrasound that allows us to look at your heart. It checks how the different parts of your heart such as chambers and valves are working.</p> <p>An ultrasound wand is placed on your chest. By moving the wand, we can see the parts of your heart.</p>
Trans-esophageal echocardiogram (TEE)	<p>A trans-esophageal echocardiogram is a special echocardiogram that gives us a good view of your heart, without your ribs and lungs blocking the view.</p> <p>A thin, flexible tube goes down your throat to your stomach.</p>
Cardiac catheterization	<p>Cardiac catheterization is used to:</p> <ul style="list-style-type: none"> • check if you have coronary artery disease or problems with a heart valve or the aorta • help us see if you need further treatment • treat certain types of heart disease <p>A thin flexible tube called a catheter goes into an artery or vein in the groin area or the arm. It is guided to the heart.</p>
Chest x-ray (CXR)	<p>A chest X-ray lets us take pictures to see:</p> <ul style="list-style-type: none"> • the location of the catheter • the structures inside your chest, including your heart, lungs, blood vessels, and bones <p>An x-ray machine is placed in front of your chest and takes the picture.</p>
Computerized tomography scan (CT)	<p>A CT scan is a type of X-ray that takes 3-dimensional (3D) pictures of your heart and blood vessels.</p> <p>You lie on a table as a scanner moves around you taking pictures.</p>
Electrocardiogram (ECG)	<p>An electrocardiogram (ECG) checks the electrical activity of your heart.</p> <p>Small sticky pads (electrodes) are put on your chest, arms, and legs.</p>

Appendix 3: Talking to Your Doctor

Your cardiologist and cardiac surgeon will talk about the risks of the TEER procedure with you. When talking to your doctor, the following questions can help you decide if 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 the TEER last?
- How will I continue to see the doctor regularly after the procedure?
- Will I need medication changes or long-term medication after the procedure?

If you have any questions, please call us at
Royal Columbian Hospital
THV Clinic
604-520-4253 local **526295**