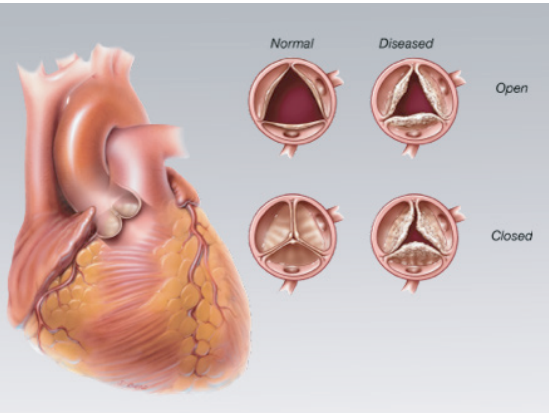


Transcatheter Aortic Valve Replacement (TAVR) at John Muir Health

Newly expanded indication now includes patients at intermediate surgical risk

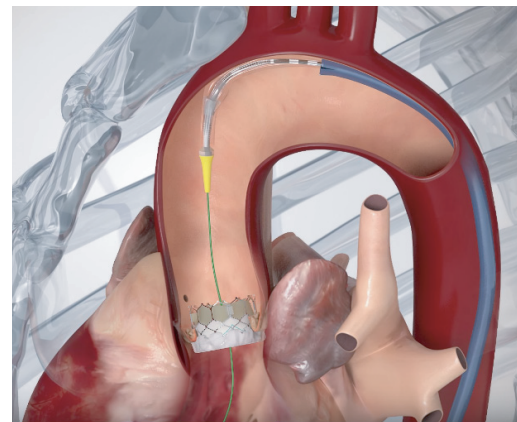
Fulfilling an unmet need for treating patients at intermediate and severe surgical risk for aortic stenosis.

What is severe aortic stenosis?



- Aortic stenosis (AS) is a narrowing of the aortic valve, often caused by a build-up of calcium on the aortic valve leaflets
- Reduces the ability of the left ventricle to pump blood to the brain and the rest of the body
- Typically affects patients in their 70s and 80s who have additional co-morbidities
- Chance of death in symptomatic patients without aortic valve replacement is 50% at two years, and 80% at 5 years*

- In the TAVR procedure, a new valve is delivered through a catheter to the inside of the diseased aortic valve
- Once inside the diseased valve, the new valve is expanded, pushing aside the diseased valve
- Multiple studies have confirmed the effectiveness and safety of the procedure
- Over 200,000 TAVR procedures have been completed worldwide, with over 50,000 performed in the U.S.



An established procedure with proven benefits

Why John Muir Health

- Our highly experienced heart team provides a comprehensive diagnostic and treatment plan for each TAVR patient
- We were one of the first three hospitals in the Bay Area to perform this procedure starting in 2012
- Over 200 TAVR procedures completed at JMHealth
- Excellent outcomes, exceeding national benchmarks

* Otto C. VALVE DISEASE: Timing of aortic surgery. *Heart*. 2000; 84 (2): 211-218

Transcatheter Aortic Valve Replacement (TAVR) at John Muir Health

What your patients can expect

During the procedure

- Each procedure is performed by a dedicated heart team which includes an interventional cardiologist, cardiac surgeon, cardiac anesthesiologist and often an imaging cardiologist
- The patient is placed under a conscious sedation or general anesthesia, and a catheter containing a valve delivery system is inserted in the groin (transfemoral approach), ribs (transapical approach) or directly into the aorta (transaortic approach)
- When the delivery system reaches the diseased valve, the new valve is expanded into place
- The new valve pushes the diseased leaflets aside and then uses them to secure itself in place
- Once in place, the delivery system is removed
- The interventional cardiologist and surgeon will ensure the new valve is working before closing the incision site

After the procedure

- The procedure usually takes 1 to 2 hours, the average hospital stay is 1 to 3 days, and most patients are up and walking by the day after the procedure
- After discharge from the hospital, it takes about 2 to 3 weeks to fully recover from TAVR
- Most patients can expect an improvement in symptoms - reduced shortness of breath, less fatigue, and amelioration of angina or presyncope
- Patients are expected to participate in a comprehensive follow-up program to ensure full recovery, with follow-up visits at 1 month and 12 months in the first year following the procedure

For more information or to facilitate a patient referral, contact:

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