

DECISION AID

For Patients With Severe Aortic Stenosis Deciding Between TAVR and SAVR



This booklet will help you understand what **aortic stenosis (AS)** is and what treatment options are available. You have been given this to help you and your family talk to your treatment team about which treatment option is best for you: **transcatheter aortic valve replacement (TAVR)** or **surgical aortic valve replacement (SAVR)**.



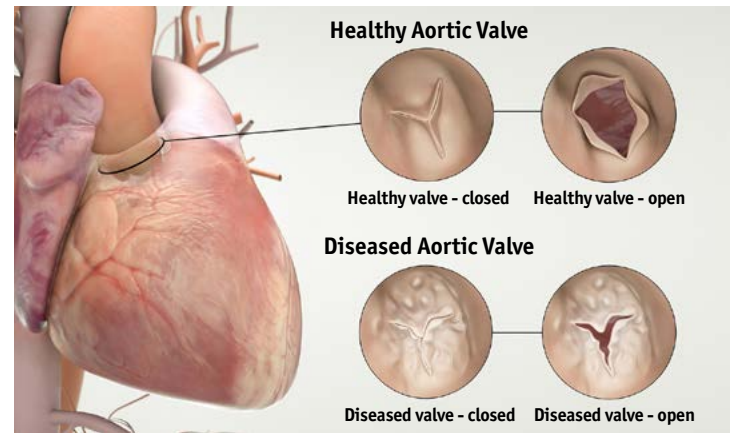
Along the way, we want you to think about:

- ▶ What are your goals for treating your AS?
- ▶ What concerns do you have about your treatment options?
- ▶ What additional questions do you have for your treatment team?



UNDERSTANDING AS

In AS, the valve does not open and close fully, which makes it harder for your heart to work. The type of AS you have might change what options you have for treating it. Talk with your treatment team about what kind of AS you have.



SYMPTOMS OF SEVERE AS INCLUDE:

- feeling dizzy
- feeling tired
- trouble breathing
- chest pain
- swelling of the legs

You may be experiencing some of these symptoms. They may make it harder to do the things you want to do. If left untreated, these symptoms usually get worse over time and can lead to death.



What options do I have to fix my valve? **THIS IS THE BIG QUESTION!**

Most people decide between two different procedures: **TAVR** and **SAVR**. The rest of this brochure will help you understand these options.

Most people with severe AS symptoms choose to have their valve fixed. Other people may not be sure if their symptoms are caused by AS. Additional testing may be needed to help figure out the options for treatment.



TREATMENT OPTIONS

The decision of whether to have TAVR or SAVR is an important one that is made together with your treatment team. They may find some medical reasons why one treatment might be much better than the other. For example, TAVR may not be a good option for people who have blood vessels that will not allow the catheter to pass through safely. In addition, SAVR may be a better option for people who have other major heart problems that can be fixed with surgery at the same time.

For many patients, both treatments are good options. To figure out which one is best for you, the treatment team needs to hear what is important to you, and your goals and concerns about surgery, recovery and longer-term considerations, such as what treatment is available in the future if the valve needs to be replaced again.

TAVR

Transcatheter Aortic Valve Replacement transcatheter procedure

WHAT:

TAVR is a procedure where a new valve is placed in the heart through a small tube (called a “catheter”) typically in the leg.

HOW:

This procedure involves a small incision in the groin where a catheter is inserted to access the heart to replace the valve.

WHO:

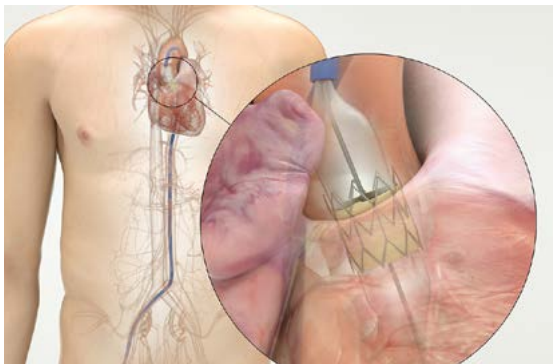
People whose blood vessels allow the catheter to move through safely, people who want a shorter recovery.

HOSPITAL STAY:

On average, 1-2 days

RECOVERY TIME:

On average, 1-2 weeks



SAVR

Surgical Aortic Valve Replacement open-heart surgery

WHAT:

SAVR is open-heart surgery where a new valve is placed in the heart directly, replacing the old valve.

HOW:

This surgery usually involves an incision along the breastbone to access the heart to replace the valve.

WHO:

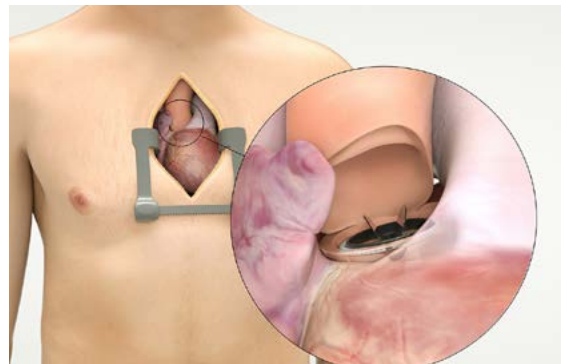
People who need open-heart surgery for another reason, people who want to be more certain of long-term treatment options or who want a mechanical valve.

HOSPITAL STAY:

On average, 1 week

RECOVERY TIME:

On average, 6-8 weeks



Every patient is different. There may be certain things about your heart or other parts of your body that affect which options are safe for you.

Talk to your treatment team about any concerns you have, including how long your new valve might last and your options for future treatment if you need to have the valve replaced again.

THE RISKS & BENEFITS OF YOUR OPTIONS

The numbers below are from studies of people with severe AS who were otherwise healthy. People with other health problems may have higher risks than shown here. Five years after having either TAVR or SAVR, patients were just as likely to be alive, with similar quality of life and similar chance of serious problems like strokes. Talk with your health care team to learn about your benefits and risks with TAVR or SAVR.

TAVR

+ BENEFITS:

- Helps you live longer
- Helps you feel better
- Less invasive procedure
- Shorter recovery time

About **98 out of 100** patients are still living within two years and about **2 in 100** patients will die.



- RISKS:

About **1 in 100** patients suffer from a **stroke** in one year



About **3 in 100** patients suffer from **major bleeding** in one year



About **8 in 100** need a **pacemaker** within 30 days



About **7 in 100** patients develop new **atrial fibrillation** within two years



SAVR

+ BENEFITS:

- Helps you live longer
- Helps you feel better
- Over 50 years of experience with procedure
- Can address other heart problems like blocked heart arteries or problems with other valves

About **97 in 100** patients are still living within two years and about **3 in 100** patients will die.



- RISKS:

About **1 in 100** patients suffer from a **stroke** in one year



About **9 in 100** patients suffer from **major bleeding** in one year



About **6 in 100** need a **pacemaker** within 30 days



About **41 in 100** patients develop new **atrial fibrillation** within two years



TREATMENT SCENARIO 1



- **JANE IS A 78-YEAR-OLD WOMAN WITH SEVERE AS.**
- She also has moderate lung disease and diabetes.
- She has shortness of breath when she walks across a room.
- Her treatment team thinks her symptoms might be related to her aortic valve. Jane talked to her treatment team to better understand the risks and benefits involved with her options.

Option 1: Choose TAVR

- ▶ TAVR is less invasive.
- ▶ The recovery time is shorter.
- ▶ Jane can expect similar results.

Option 2: Choose SAVR

- ▶ SAVR has been around longer than TAVR.
- ▶ Jane knows people who have had open-heart surgery.



After talking to her treatment team, Jane decided the **TAVR procedure** was the best option for her. She is concerned her other illnesses will make recovering from open-heart surgery more difficult.

TREATMENT SCENARIO 2

- **JOHN IS A 67-YEAR-OLD MAN WITH SEVERE AS WHOSE SYMPTOMS ARE STARTING TO GET IN THE WAY OF HIS DAILY ACTIVITIES.**
- **Otherwise in good health.**
- **He does not want to have more procedures.**



Option 1: Choose TAVR

- ▶ TAVR is less invasive.
- ▶ The recovery time is shorter.
- ▶ John can expect similar results.

Option 2: Choose SAVR

- ▶ SAVR has been around longer than TAVR.
- ▶ John knows people who have had open-heart surgery.
- ▶ SAVR offers a mechanical valve, which can last a long time.



John decided the **SAVR procedure** was the best choice for him. He wanted a valve that is known to last, and he wasn't concerned about the longer recovery time. The surgery gives him more options if he needs to have the valve replaced again.



MAKING YOUR DECISION

TAVR and SAVR can be effective options for helping your aortic valve. The choice is ultimately a very personal one based on your overall health, goals and individual preference.

There is a lot to think about when trying to decide which path is right for you. Take some time to consider what you have learned about treatments for AS. If you're still not sure what the best choice is for you, ask yourself these questions.

What do you hope for with TAVR or SAVR?

What concerns do you have with TAVR or SAVR?

What questions do you have for your treatment team?

What questions do you have for your family and loved ones?

The material provided on this guide is intended for informational purposes only and is not provided as medical advice. Any individual should consult with his or her own physician before determining their treatment options for aortic stenosis. To learn more about the ACC, visit [ACC.org](https://www.acc.org) | Copyright © 2024, American College of Cardiology Foundation Z24002