



*Your Guide  
to*  
**TRANSCATHETER  
AORTIC VALVE  
REPLACEMENT  
(TAVR)**

**Editor**

**Cassie Ramm, RN, BSN**

# YOUR GUIDE TO TAVR

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## **Important Phone Numbers:**

**Cardiac Procedures Scheduling Office: 984-974-7787**

**3 Anderson/ICCU: 984-974-1939**

**Cardiac ICU (CICU): 984-974-5421**

**Cardiothoracic Stepdown Unit (CTSU): 984-974-1952**

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For more information, please visit. <http://www.uncheartandvascular.org/>

\*Portions of book adapted from University of North Carolina Hospital's "Living with Heart Failure" and "Your Guide to Cardiac Surgery" patient education books.

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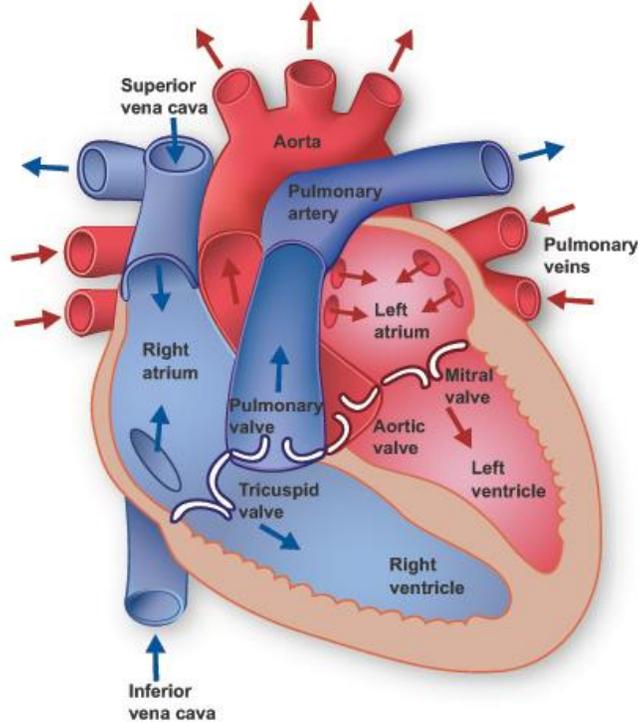
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## SECTION 1: THE HEART

### What Is The Heart And How Does It Work?

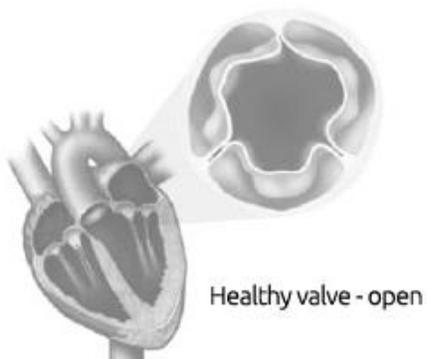
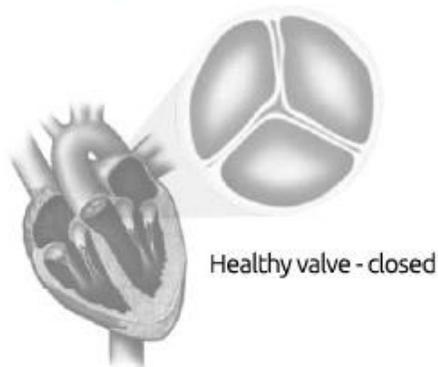
The heart is a muscle that pumps blood through the body. It has 4 areas (chambers), 2 atria and 2 ventricles. The right atrium receives blood that has moved through the body. It passes through the tricuspid valve into the right ventricle. The right ventricle pumps blood to the lungs where the blood will pick up oxygen. The blood with oxygen moves into the left atrium, through the mitral valve, and into the left ventricle. The left ventricle is a strong muscle that pumps blood through the aortic valve and out to the entire body. This cycle is repeated every time the heart beats. The valves in the heart allow blood to move forward, and stop blood from leaking back into the heart.



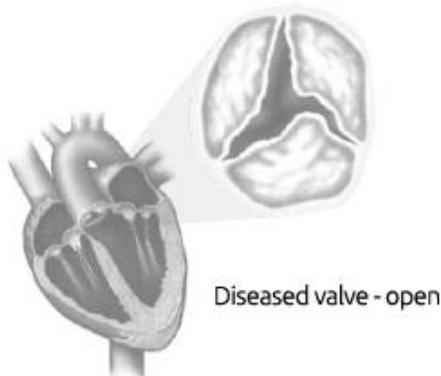
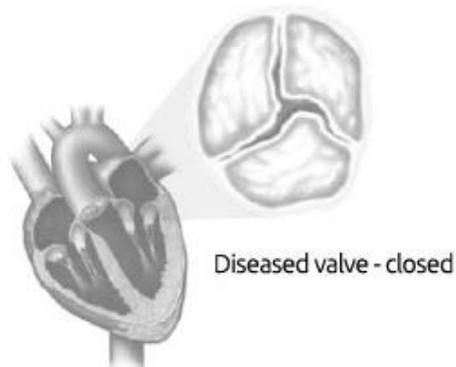
## Why Do I Need Aortic Valve Replacement?

Severe aortic stenosis is a narrowing of your aortic valve opening that does not allow normal blood flow to your body. In older patients, this is usually caused by the build-up of calcium (mineral deposits) on the aortic valve's leaflets. Over time, the leaflets become stiff, reducing their ability to fully open and close. When the leaflets don't fully open, your heart must work harder to push blood through the aortic valve to your body. Eventually, your heart gets weaker, increasing the risk of heart failure (when your heart can't supply enough blood to your body). Severe aortic stenosis is a very serious problem. Without treatment, about half of the people who feel sick from this problem die within an average of 2 years.

### Healthy Aortic Valve



### Diseased Aortic Valve



Images from [www.newheartvalve.com](http://www.newheartvalve.com)

If the Heart Team decides that you are at high-risk or too sick for surgery, transcatheter aortic valve replacement (TAVR) may be an option. This is a less invasive procedure than surgery and allows a new valve to be inserted within your diseased aortic valve while your heart is still beating.

TAVR allows a new valve to be inserted through a catheter either through the vessel in the leg (femoral artery), through a small cut on the left side of the chest, or through a small cut in the upper chest. The Heart Team will discuss with you and your family which approach is best for you.

## Section 2. PREPARING FOR TAVR

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**YOU ARE SCHEDULED TO HAVE A TAVR PROCEDURE AT UNC HEALTH CARE ON**

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**YOUR INTERVENTIONAL CARDIOLOGIST IS**

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**YOUR CARDIAC SURGEON IS**

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**YOU WILL BE ADMITTED TO THE HOSPITAL THE NIGHT BEFORE THE PROCEDURE. YOU WILL RECEIVE A PHONE CALL THE DAY BEFORE TO LET YOU KNOW WHEN A BED IS AVAILABLE.**

**DO NOT COME TO THE HOSPITAL UNTIL YOU RECEIVE A CALL THAT YOUR BED IS READY.**

**WHEN YOU ARRIVE, YOU WILL CHECK IN AT THE UNC REGISTRATION OFFICE (Memorial Hospital ground floor left of the Information Desk)**

## What do I need to do before my TAVR?

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### 1. Your medications:

#### ALL TAVR Patients

- If you take **COUMADIN**/warfarin STOP taking this medication 5 days before your procedure:  
Stop date: \_\_\_\_\_
- If you take **PRADAXA** (dabigatran), **ELIQUIS** (apixaban) or **XARELTO** (rivaroxaban) STOP taking this medication 7 days before your procedure.  
Stop date: \_\_\_\_\_

#### If Your TAVR Procedure is Planned Through the Leg

- If you take **PLAVIX** (clopidogrel), **EFFIENT** (prasugrel), or **BRILINTA** (ticagrelor) you do **not** need to stop before the procedure.
- If you take **ASPIRIN**, you do **not** need to stop before the procedure.

#### If Your TAVR Procedure is Planned Through the Chest

- If you take **PLAVIX** (clopidogrel), **EFFIENT** (prasugrel), or **BRILINTA** (ticagrelor) STOP taking this medication 5 days before your procedure.  
Stop date: \_\_\_\_\_
- If you take **ASPIRIN**, STOP taking this medication 2 days before your procedure.  
Stop date: \_\_\_\_\_

- 2. *The day before your surgery***, rinse your mouth with CHLORHEXIDINE MOUTH RINSE provided by the nursing staff.
- 3. *The night before and the morning of your surgery***, using a Q-tip to swab BACTROBAN (mupirocin) 2% ointment on the inside of your nose. We will provide you with a prescription.
- 4. *The night before and the morning of your surgery***, take a shower with the special (antimicrobial) soap provided by the nursing staff. You will need to bathe from chin to toes leaving it on your skin for 2 to 3 minutes and then rinse it off your skin. After you bathe do not apply lotions, creams, powder or deodorant. Remove all makeup, fingernail or toenail polish.
- 5. *THE NIGHT BEFORE YOUR SURGERY DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT.*** You may take small sips with your medications as prescribed. **Do not drink any alcoholic beverages for 24 hours** before your procedure.
- 6. *Wear comfortable clothes and shoes.*** Wear a shirt or top that has a front zipper or buttons. Please do not bring anything important with you to the hospital such as eyeglasses, dentures, hearing aids, jewelry. If a family member or friend is available, we encourage you to give your belongings to them for safe keeping.

**IF YOU HAVE ANY QUESTIONS OR CONCERNS PLEASE CALL 984-974-7821**

## What to Expect After TAVR:

## **Please read this information before having TAVR:**

Each patient recovers from the procedure at his/her own pace. Most patients are able to restart many normal activities and return to work within 4-6 weeks of TAVR. The following are normal after TAVR:

1. Your appetite may be diminished. Food may taste differently. In the weeks after surgery it should return to normal.
2. You may have swelling in your legs. Raise your legs when sitting. Wear elastic stockings during the day, and take them off at night.
3. You may have trouble sleeping at night. It can be hard to fall asleep or stay asleep for more than a few hours. In the weeks after TAVR this should improve. Try not to nap in the afternoon.
4. You may have constipation or hard stools. You should take a stool softener such as Colace (docusate sodium). Eat more fruits and vegetables and stay hydrated. Eat fiber every day. Walk every day. These things will help your stools to return to normal.
5. You may feel “down”, depressed, or irritated in the weeks following surgery. Some days will be better than others. Stay active during the day and begin doing the things you liked before surgery. These mood swings will get better. If not contact your health care provider.
6. Procedures may be performed in the femoral artery in the groin (in the area at the top of your thigh). You may have an incision or a small puncture wound. It is normal for this area to be black and blue for a few days. The area may also be slightly swollen and pink, and there may be a small lump at the site.

7. Most patients are in the hospital for 5-7 days after TAVR. Talk with your doctor about how much time he/she thinks you will be in the hospital.
8. It is normal to have some pain or discomfort after the procedure. The TAVR medical team will work with you to control your pain after the procedure.

## STOP SMOKING NOW:

If you smoke, quit NOW!! It is the best thing you can do for your health!!! Smoking irritates your lungs, constricts (squeezes) the blood vessels on your heart, and increases your chance of developing pneumonia (lung infection) after surgery. Smoking may also raise your blood pressure, increase your heart rate, increase blockages in your coronary arteries, and damage your lungs. Here are a few helpful tips to help you quit.

- Ask family and friends not to smoke around you (not in your house or in the car).
- Throw away all cigarettes and give away ash trays.
- Avoid things that remind you of smoking (such as a favorite chair where you used to smoke).
- Talk to a family member or friend who wants to quit with you. Support each other.
- Ask your health care provider for assistance.
- UNC School of Medicine Nicotine Dependence Program:
  - [http://www.ndp.unc.edu/tobacco\\_users.htm](http://www.ndp.unc.edu/tobacco_users.htm)
  - Phone: (919) 843-1521

## **SECTION 3: WHAT TO EXPECT THE DAY OF TAVR**

### **THE EVENING BEFORE YOUR PROCEDURE:**

You will be admitted to the hospital the day before your procedure. You will most likely stay on 3 Anderson, which is the unit for cardiology (heart) patients. That evening, you will have the following:

- Chlorhexidine mouth rinse (to prevent infection)
- Q-tip to swab BACTROBAN (mupirocin) 2% ointment on the inside of your nose.
- Any hair on your chest and groin area will be clipped
- Shower with a special (antimicrobial) soap provided by the nursing staff. You will need to bathe from chin to toes leaving it on your skin for 2 to 3 minutes and then rinse it off your skin. After you bathe do not apply lotions, creams, powder or deodorant.
- Remove all makeup, fingernail or toenail polish.

### **THE MORNING OF YOUR PROCEDURE:**

In the operating room the anesthesiologist (doctor who puts you to sleep for surgery) will give you medicine that will put you to sleep. Once you are asleep, other tubes and monitors will be used to closely watch your heart rate and blood pressure during the surgery. The anesthesiologist who will care for you in the operating room has special training to care for patients during heart surgery.

Once you are taken into surgery, your family may go to the **CICU waiting room on the third floor of the Anderson Building**. The TAVR procedure usually lasts 2-3 hours.

## IN THE INTENSIVE CARE UNIT- AFTER THE SURGERY:

After surgery you will be taken to the CICU (Cardiac Intensive care Unit). There will be nurses and doctors trained to care for cardiac patients, who will watch you closely. This is what will happen in the CICU:

- When you arrive in the CICU you will still be sleepy, and will slowly begin to wake up.
- Your family member will be able to see you about 1 hour after you arrive. During this first hour we will be performing tests (Chest X-Ray, EKG, blood work) and checking vital signs (heart rate, blood pressure, etc).
- As you wake up, you may still have a breathing tube in your mouth. This tube is attached to a breathing machine (ventilator) that will help you to breathe.
- You will not be able to talk with the tube in place, but it is important to remain calm. You will be able to talk again once the tube is removed.
- The nurses will ask you questions and you can answer by shaking your head yes or no. Our goal is to remove the tube as soon as possible, usually right after the procedure in the operating room. Some patients may need the breathing tube for a bit longer after the procedure.

**Once the breathing tube is removed it will be very important for you to take deep breaths and cough. This will help prevent pneumonia (lung infection). If you have pain, you will be given medicine to ease the pain. You will be given a heart pillow to hold on your chest to make coughing more comfortable.**

- As you continue to wake-up there will be doctors, nurses, and respiratory therapists in your room.
- You will hear beeping, alarms and other noises. This is NORMAL. The bedside monitor has a lot of numbers which will give key information to the doctors and nurses. The alarms on the monitor will sound from

time to time. This does not mean anything is wrong. All the information on the monitor is also seen by the nurses at the nursing station.

- During the first several hours after TAVR, your vital signs (blood pressure, heart rate & rhythm, breathing rate, and urine) will be watched very closely.
- You will also be on bed rest and asked to keep your legs straight to reduce any chance of bleeding from the incision or puncture wound on your groin.

**After about 4 to 6 hours of bed rest, your nurse and/or physical therapy will help you sit up in your chair for a few hours and then walk. This is a very important part of your recovery. It helps your physical strength and also helps with your breathing. If you have pain, you will be given medicine to ease the pain.**

## WHAT ARE ALL THE TUBES AND DRAINS?

**SWAN GANZ CATHETER** - This is a special IV line in your neck. It tells us how strong your heart is, your temperature, and fluid levels. We can also give you medicine through the line.

**ARTERIAL LINE (A-Line)** – This line will be in your wrist, it tells us your blood pressure and allows us to take blood without using a needle.

**FOLEY CATHETER** – This is a tube in your bladder. It drains your urine and tells us how your heart and kidneys are working.

**CHEST TUBES**-These are put in your chest after TAVR if the procedure is done through the side of the chest. They drain fluid and blood which is normal.

**JP DRAIN** – This is a smaller drain in the middle of your chest. It drains fluid and blood from around your heart.

**PACING WIRES-** These wires are connected to your heart and exit your body through your neck or groin. The wires control your heart rate if needed. They will be removed before you go home.

**PULSE OXIMETRY-**This is a sticker placed on your finger. It has a red light that tells us your oxygen levels.

## **MEDICATIONS IN THE ICU:**

You will receive pain medicine to treat your pain. Once the breathing tube is taken out, we will ask you to rate your pain from 1 to 10. It is normal to have some pain even with the pain medicine. Our goal is to have your pain less than a 4, or at a level that is comfortable for you.

Surgery can cause your blood sugars to run high. You may get Insulin through your IV. This is normal even if you do not have diabetes.

You may get IV medications to treat your blood pressure and control your heart strength.

## **VISITING IN THE CICU:**

The door to the CICU is locked. To visit, pick up the phone on the wall, when someone answers, state who you would like to visit.

**Please wait for a response before entering the unit EVEN IF THE DOOR IS OPEN.**

There are no strict visiting hours in the CICU, but a nurse may need to limit visits when giving patient care. This is done to protect patient privacy. Please pick up the phone outside the door and ask to visit **EVERY** time you want to enter the unit. There are times other patients may have emergencies and we have to limit visitation.

The nurses change shifts between 7:00-8:00 am & pm. You are allowed to visit, but please stay in the patient's room. The nurses will be discussing each patient and we want to protect each patient's privacy. One family member is allowed to spend the night in the CICU. You will need to let the nurse know.

## CONTACT INFORMATION:

The nurse will ask for a phone number where you can be reached in case we need to contact you. You will also be given the CICU card with our phone number (984-974-5421). If we forget, please ask for it.

**Federal laws do not allow us to give information over the phone. We will ask you to choose a password so you can call to get information. We will not be able to provide you with information if you do not have a password. We also ask that you pick one person to call the CICU for updates on your family member. That way we are able to provide more attention to your family member.**

## THE MORNING AFTER SURGERY:

Your nurse will get you out of bed to a chair to sit for a few hours. This is a very important part of your recovery. It helps your physical strength and also helps with your breathing.

You may be able to drink clear liquids or eat a light meal. When you get back to bed your chest tube or drain may be taken out, if you have one. A chest X-ray will be taken afterwards.

Physical activity is a very important part of recovery. The nurses and physical therapists will continue to help you to walk.

When the doctor thinks you are ready, you will be moved to a different room on the 4<sup>th</sup> floor Anderson Building. This unit is called the Cardiothoracic Stepdown Unit.

The CTSU is the next step on your road to recovery. This is a unit who cares for patients after heart, lung and vascular surgeries.

When you transfer to CTSU, you will continue your breathing exercises, sit in a chair for your meals, work with a physical therapist, and begin walking around the unit several times a day.

## **NURSING CARE ON THE CARDIOTHORACIC STEPDOWN UNIT (CTSU):**

- You will wear a heart monitor (telemetry) so the nurses can watch your heart rate and rhythm all the time.
- Blood pressure, heart rate, oxygen level, temperature, and pain level are checked at least every 4 hours.
- You will also walk around the unit at least 3 to 4 times a day with the nurses, physical therapist, or your family. This is one of the most important parts of your recovery.
- You will continue to do your coughing and breathing exercises to keep your lungs healthy and prevent infection.
- The nurses will teach you and your family about your medicines and wound care as you get ready to leave the hospital.
- The nurses on CTSU will continue to work with you to treat your pain after surgery.

### **The keys to recovery on CTSU:**

- Walk 3-4 times each day
- Cough and deep breath (use the heart pillow and incentive spirometer, a hand-held device that helps you exercise your lungs)
- Stay out of bed for most of the day

## SECTION 4: RECOVERING AND PREPARING TO GO HOME

**This begins the day of the TAVR procedure!!**

### INCISION AND WOUND CARE

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While in the hospital, the nurses will help with your wound care. You will have small incisions (cut or wound) on your groin and/or your chest.

After you go home:

- Remove ALL dressing/ bandages
- Wash your wounds with mild soap and water EVERY DAY in the shower.
- Pat dry after washing. Do not scrub the wounds.
- DO NOT soak in a bathtub, hot tub, swimming pool, etc until the wounds are healed (usually 4 weeks after the procedure).
- DO NOT rub any lotions, gels, powders, or antibiotic ointments on your incisions. This could slow wound healing or cause infection.

Your wounds may feel sore, numb, or even itch as they heal. It may be normal to have a small amount of drainage from your incisions, especially where your drainage tubes were in place. You may use a bandage or small dressing over these sites to prevent your clothes from getting soiled.

You may have some bruising or soreness, which is normal.

**Call the cardiac surgery office if you notice redness, warmth, or increasing soreness along the wounds, drainage from the wounds, or have fevers over 100.5 F.**

## TIPS FOR SAFE EXERCISE

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Walking and staying active after TAVR is a key part of your recovery. After leaving the hospital you need to walk every day. If you feel short of breath, dizzy, or faint, stop and rest. If these symptoms do not subside within 20 minutes, notify your cardiologist. When you are getting back into life after the procedure, choosing a healthier lifestyle is key to keeping your heart as healthy as possible.

### RECOVERY TIME:

You will need 4 to 6 weeks to recover after your TAVR procedure. The first few weeks are the hardest. It is normal to feel tired and stressed. This will get better if you give yourself the rest and recovery time you need.

### GETTING STARTED:

You may not want to think about exercise when you leave the hospital. While rest is important for healing, so is daily physical exercise. Exercise will help lessen the effects of being in the hospital, such as muscle atrophy (loss), muscle and joint stiffness, and decreased balance and coordination.

## ACTIVITY GUIDELINES:

### When to Resume Usual Activities:

First 3 weeks	After 3 weeks	After 12 weeks
<ul style="list-style-type: none"><li>• Weigh yourself daily</li><li>• Daily temperatures</li><li>• Shower (no tub baths)</li><li>• No lifting anything heavier than 5 lbs.</li><li>• No driving (can be a passenger in the back seat)</li><li>• TED stockings (on in the morning and off for sleep)</li><li>• Use incentive spirometer throughout the day</li><li>• Return to work (ask your cardiologist for clearance)</li><li>• Cooking</li><li>• Light housework (dusting, folding clothes, doing dishes)</li><li>• Shave with an electric razor if you are on blood thinners</li></ul>	<ul style="list-style-type: none"><li>• Continue activities of first 3 weeks, but you can tolerate more</li><li>• Walking on a treadmill</li><li>• May lift heavier than 5 to 7 lbs.</li><li>• Driving a car</li><li>• Heavier housework</li><li>• Vacuuming, sweeping, laundry</li><li>• Ironing</li><li>• Shower or tub bath</li><li>• Shopping with groceries over 5 to 7 lbs.</li><li>• Business or recreational travel</li></ul>	<ul style="list-style-type: none"><li>• Swimming any stroke</li><li>• Using a lawn mower</li><li>• Cast fishing</li><li>• Golfing</li><li>• Bowling</li><li>• Hunting (arrow/gun)</li><li>• Rowing a boat</li><li>• Starting motors with a pull cord</li><li>• Chopping wood</li><li>• Playing tennis</li><li>• Riding a bicycle</li><li>• Scouring the bathtub</li><li>• Diving</li><li>• Skiing</li></ul>



**WALKING** is the best form of exercise after surgery because it increases blood flow to the heart muscle and the body.

- Begin with several short walks every day for a span of time that is comfortable for you.
- You might start with 3 to 6 walks per day for about 5 to 10 minutes each. Slowly work up to longer walks less times per day.
- To know whether you're walking at a good pace try using the “**talk test**”. If you cannot talk while you walk, your pace is too fast. Slow down. Try to keep your heart rate at or below your resting heart rate plus 20.
- Wear comfy sneakers or flat shoes.
- Dress in layers so you may remove a layer if you get warm.
- Choose a place to walk with a smooth surface that is well lighted and safe.
- Walking up stairs is fine. Just go slowly, and stop to rest if needed.

- Avoid severe weather conditions (really hot or cold). Try walking at a shopping center, grocery store, department store etc.
- Ask a family member or a friend to walk with you. A partner can help you keep it fun.
- Track your progress. Write down the distance or time spent walking and how you felt after each session. Use the chart provided in this book.
- If you feel chest pain or discomfort, slow down or stop exercising. If the discomfort does not go away or continues to get worse, call for help.

The following is a recommended walking program:

<b>Week</b>	<b>Frequency</b>	<b>Duration</b>
Week 1	walk 4x / day	5 minutes = 20 min. total
Week 2	walk 3x / day	10 minutes = 30 min. total
Weeks 3 & 4	walk 2x / day	20 minutes = 40 min. total
Week 5	walk 1x / day	45 minutes = 45 min. total
Weeks 6 & 7	walk 1x / day	46 minutes = 46 min. total
Week 8	walk 1x / day	47 minutes = 47 min. total
Weeks 9 & 10	walk 1x / day	48 minutes = 48 min. total
Week 11	walk 1x / day	50 minutes = 50 min. total
Weeks 12 & on*	walk 1x / day	60 minutes = 60 min. total

\*For Weeks 12 and on, 60 minutes of walking per day is recommended. Instead of 60 straight minutes of walking, it is acceptable to divide this into 2 30-minute periods or 3 20-minute periods.

## RESUMING NORMAL ACTIVITIES:

2 to 3 months after your procedure, most types of exercise will be fine. Check with your doctor before increasing the amount of exercise you do.

## CARDIAC REHAB:

Before you are discharged from the hospital, a member of the TAVR team will talk about the Cardiac Rehab Program with you. Cardiac Rehab is an exercise program for patients with heart conditions, where nurses and therapists will create an exercise program for you. The program is 3 mornings a week for 12 weeks. We will work with you to find a program close to your home.



## **LIFE AFTER TAVR**

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### **APPETITE:**

Your appetite may be lessened after the TAVR procedure. Eating food is a key part of your recovery. Try eating small meals, 3-6 times per day. Drink protein shakes (Boost, Ensure) to add protein and calories to your diet. Try to eat a meal first, and then drink a shake if needed.

### **PAIN CONTROL:**

Our goal is to make you as comfortable as possible after the procedure. Your pain level will be checked often by your nurse. However, be sure to tell him/her if your pain is not controlled. Keep in mind that you will have some pain or discomfort after surgery. We will work with you to treat your pain so you can remain active.

### **REST/SLEEP:**

You may have trouble sleeping after TAVR. Sleep anywhere you are comfortable (bed or recliner). It may not be comfortable to sleep on your side for a few weeks after surgery. Rest as needed during the day, but try not to take naps in the afternoon. Late naps may keep you from sleeping at night. Your sleep should return to your pre-surgery routine after a few weeks.

To improve your sleep after surgery:

- avoid caffeine
- relax or have some quiet time before going to bed
- remain active during the day
- do not drink fluids before bedtime.

## **EMOTIONS:**

You may have a variety of emotions or feelings after TAVR. Some patients feel “down”, depressed, or irritable. Other patients may have trouble concentrating or feel like their memory is not as good. All of these things are normal and usually get better 4-6 weeks after surgery. Be sure to call your doctor if these feelings are not getting better.

## **DRIVING:**

You are allowed to ride in a car and should wear a seatbelt. If in the car for long periods, stop and walk around every 1-2 hours. Check with your physician about resuming driving.

## **SEXUAL ACTIVITY:**

You may resume sexual activity after talking with a member of the TAVR medical team. Generally, you can resume sexual activity when you feel comfortable walking up 2 flights of stairs.

## **AVOIDING INFECTION:**

We recommend a yearly flu shot. In the weeks after your surgery, stay away from people who are sick with a cold or the flu. Wash your hands often. Hand washing is the best way to prevent infections.

## DANGER SIGNS AND WHEN TO CALL

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If you have any of these symptoms call the cardiac surgery office:

- Chest pain/ angina like the pain you had before surgery
- Fever over 100.5 F or shaking chills
- Fainting or passing out
- Fast and/or irregular (skipped beats) heart rate (over 130 beats per minute)
- Pain in your chest, neck, or shoulders that is worse with deep breathing
- Pain that is not controlled with the pain medication
- Nausea/ vomiting that prevents you from eating or drinking
- Shortness of breath/ feeling winded that does not improve when resting or is getting worse
- Feeling very weak or tired
- Swollen (puffy) ankles/ legs that does not improve with raising your legs
- Weight gain: Gaining over 2-3 pounds in 24 hours or 5 pounds in a week
- Bleeding or oozing from wounds
- Redness along wounds that worsens
- Numbness or tingling in your arms/ fingers that gets worse
- Feeling more down or depressed than usual

Call 911 for emergencies.

Call your doctor/ heart surgery team at 919-966-3381. This number is available 24 hours a day, 7 days a week.

## **SECTION 5: TAVR Follow-up**

### **FOLLOW UP APPOINTMENT:**

You will return to UNC Hospitals for a clinic visit within 4 weeks of going home. The TAVR team will ask you questions about your recovery since leaving the hospital. An EKG and echocardiogram will be done too. Please bring a list of all pills with you and the pill bottles. These will be reviewed and your medications may be changed if needed. Bring a list of any questions you may have for the surgery team.



## SECTION 6: RESOURCES

### **SECU House:**

The SECU Family House provides housing, healing, and hope to families with an adult patient being treated for a serious illness or injury at UNC Hospitals or its clinics. There is a nightly charge of \$35 to stay in one of the 32 private rooms, or \$50 to stay in one of the 8 fully equipped suites. This includes bus service to and from UNC Hospitals, laundry machines, a help-yourself pantry with snacks and food staples, and access to a library with Internet.

**Please ask us if you would like a referral to the SECU House.**



**SECU House Phone:** 919-932-8000

website- <http://secufamilyhouse.org/>

Address: 123 Mason Farm Road,  
Chapel Hill, NC 27517



THE FOLLOWING BROCHURE IS AVAILABLE FROM UNC HEALTH CARE:

## First Step

Talk with your health care provider about medications that *have been proven* to help people become tobacco free.

- These medications don't make you quit using tobacco. Instead, they help you manage withdrawal symptoms (ex. irritability, depression)
- Medications can also help decrease urges and cravings to smoke.
- Most people use these medications for 3-6 months.

## Next

Try out **new behaviors** that can replace smoking, chewing, or dipping.

- Practice ways of dealing with triggers, including the big one—**STRESS**
- You already have effective planning and organizing skills for having your cigarettes/lighters with you, knowing when/where you can smoke. Use those same skills to plan to be tobacco free.

## On the way

- Set your date for being tobacco free or a schedule for cutting down
- Make your car and home tobacco free
- Plan how you will say "no" if offered a cigarette or other tobacco
- Make a list of 20 things you can do instead of using tobacco
- Make a list of 10 stress reducers—including things that bring you joy
- Make a list of ways you will reward yourself for being tobacco free

## Get the support that you need and deserve

- Let friends & family know specific ways that they can offer support
- Use the free NC Quitline telephone coaching service  1-800-784-8669 (1 800 QUIT NOW)
- Schedule an appointment with UNC's Nicotine Dependence Program by calling 919-966-0210. Learn more at [www.ndp.unc.edu](http://www.ndp.unc.edu)
- Visit online sites like [www.becomeanex.org](http://www.becomeanex.org), [www.trytostop.org](http://www.trytostop.org), or [www.smokefree.gov](http://www.smokefree.gov) (which also offers text support program)

UNC Family Medicine Center  
590 Manning Drive  
Chapel Hill, NC 27599  
919 966-0210 (prepared by UNC NDP July 2012)



## Tobacco Use Self Management Tool



UNC  
HEALTH CARE

## Being tobacco free makes a difference!

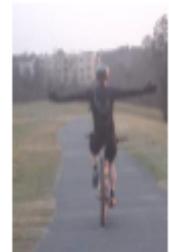
- ⊙ Increased energy
- ⊙ Decreased chance of cancer and heart disease
- ⊙ Improved skin tone
- ⊙ Fewer signs of premature aging, like wrinkles
- ⊙ Better healing from illness and surgery
- ⊙ More money to spend on things that are life-giving
- ⊙ More time to spend with those you love
- ⊙ Knowing you're in control of your life

## What works?

By using **both medication and counseling support** you can greatly increase your chances of becoming tobacco free, even if you've tried before.

## It takes practice

Just like any new skill or behavior, it may take repeated attempts to become tobacco free. Most of us didn't get up on a bicycle and ride the first time we tried. Each time you try, you'll be learning something to help you the next time, until you are able to say:



*"I'm tobacco free!"*

*.....a clear path to becoming tobacco-free*