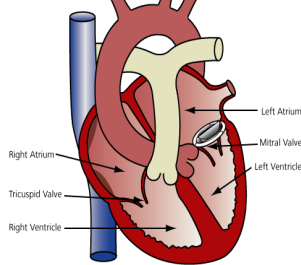
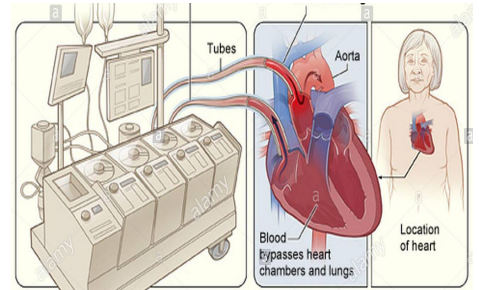


1. What is valve surgery?

Heart valves allow blood to pass through the heart in one direction. They may be narrowed or leaking and may be repaired or replaced by mechanical or tissue (pig or cow) valves.



During heart valve surgery you will be placed on a heart-lung bypass machine that takes over the job of your heart and lungs. This allows Dr Fourie to stop the heart during surgery. The machine adds oxygen to the blood, keep the blood warm (or cold), and keeps the blood pumping through the body while the heart is operated on. Once the surgery is completed, the heart-lung bypass machine is stopped, and your heart starts beating again.



This surgery is traumatic so you may have some ongoing aches, pains, swelling and numbness for some time after the surgery. Recovery will take months, and not everyone recovers fully. This surgery is not a total cure and you will almost certainly be on medication for the long term. The aim of this surgery is to improve your quality of life and longevity.

2. My Anaesthetic

This procedure requires Anaesthetic. You will be referred to the anaesthetist's office or the anaesthetist will come and see you in the hospital before surgery. He/She will supply you with an **Anaesthetic information sheet** about the anaesthesia and the risks involved. If you have any concerns discuss it with your anaesthetist.

3. My ICU stay

After the surgery you will be taken to ICU while still asleep and with the ventilator breathing for you. You will stay asleep until your heart has recovered from the trauma of the surgery and we are sure that you are not bleeding. When you wake up, you might feel confused at first. You might wake up a couple of hours after the surgery, or a little later. The team will carefully monitor your vital signs, such as your heart rate. They may hook you up to several machines so the nurses can check these more easily. You may have a tube in your throat to help you breathe. This may be uncomfortable, and you won't be able to talk. Someone will usually remove the tube within 24 hours. You will also have the following:

- Bandages will cover your incision
- Urine catheter: as soon as you can get out of bed, this will be removed
- Chest drain: a tube between the ribs to remove air, fluid or blood
- CVP in neck and A-line in arm: this is to monitor your heart

You will feel some soreness, but you shouldn't feel severe pain. If you need it, you can ask for pain medicine. The physiotherapist will visit you the morning after surgery to help you cough, help you get out of bed (it is important to start moving around early) and show you how to protect your breastbone. You will be able to drink water the day after surgery and you can have regular foods as soon as you can tolerate them.

You may receive elastic stockings to help blood circulate through your leg veins.

Your medication will be restarted as well as injections to prevent blood clots and Warfarin for the valve.

You will stay in the ICU until your heart is stable and you can walk to the bathroom

4. What are the risks to this procedure?

In recommending this procedure Dr Fourie has balanced the benefits and the risks of the surgery against the benefits and the risks of no intervention. Dr Fourie believes there is a net benefit to you having this surgery. This is a very complicated assessment. There are risks and complications with this procedure. They include, but are not limited to the following:

Common risks and complications (>5%)	Uncommon risks and complications (1-5%)
<ul style="list-style-type: none"> Bleeding from the wound or chest cavity: this may require going back to theatre or blood transfusion 	<ul style="list-style-type: none"> Kidney dysfunction: more likely in patients with preexisting kidney problems. This may require dialysis
<ul style="list-style-type: none"> Heart rhythm changes: usually temporary but might need medication 	<ul style="list-style-type: none"> Infection in the chest, breastbone, blood, leg or arm wounds. This will require antibiotics
<ul style="list-style-type: none"> Short term memory loss, difficulty with concentration and reading and visual blurring may occur for a few weeks post-surgery 	<ul style="list-style-type: none"> Leaking of a valve or when the valve fails to work properly: this might require resurgery
<ul style="list-style-type: none"> Chest pain 	<ul style="list-style-type: none"> Heart attack: this may be mild or serious
<ul style="list-style-type: none"> Shortness of breath and easy tiring will occur in most patients: depending on your pre surgery function this will be temporary or permanent 	<ul style="list-style-type: none"> Respiratory failure: this may need prolonged ventilation with tracheostomy. This is more likely to happen in smokers
<ul style="list-style-type: none"> The wound may not heal normally (especially if you are a diabetic) 	<ul style="list-style-type: none"> Changes in heart rhythm that is permanent and need a pacemaker
<ul style="list-style-type: none"> Numbness of your chest wall (especially the left) 	<ul style="list-style-type: none"> Stroke
<ul style="list-style-type: none"> Blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs 	<ul style="list-style-type: none"> Bacterial endocarditis: infection of the inner lining of the heart. This is serious and will require long term antibiotics
<ul style="list-style-type: none"> Blood transfusion 	<ul style="list-style-type: none"> Death is possible due to this procedure

5. Post-Surgery Expectations & Cardiac Rehabilitation

Upon discharge you must go by Dr Fourie's rooms or phone the rooms for a follow-up appointment as well as a sick note. Your wound has sutures under skin that will dissolve by itself. The drain sutures can be removed by Dr Fourie 14 days after the surgery. You must see your cardiologist 1 month after the surgery and Dr Fourie again weeks after the surgery.

You MUST take your Warfarin and have your INR levels tested by the lab. The pathology lab you chose to use will adjust your Warfarin dose according to the INR level and they will give you a next testing date.

INR range

Mitral Valve: 3.0-3.5

Aortic Valve: 2.5-3.0

You must NEVER run out of Warfarin. If your level stays low (without going up despite increase in Warfarin dose by the lab) contact the rooms that we can prescribe you blood clot prevention injections.

If your INR is above 6 contact the rooms. If you start bleeding spontaneously from anywhere go to your nearest hospital and tell them that you are using Warfarin.

In future, if you are using Warfarin and you are going for any dental or surgical procedure (no matter how minor!), you must tell the doctor. Do not let them stop the Warfarin without consulting Dr Fourie or your cardiologist.

Infective Endocarditis: In future, if you had heart valve surgery and you are going for any dental or surgical procedure (no matter how minor!), you must tell the doctor. Prophylactic antibiotics should be taken before these procedures to prevent Infective Endocarditis happening to you