How severe is my aortic stenosis?
What might happen if I don't do anything? Can I wait?
How can I monitor my aortic stenosis at home?
What changes should I make to diet and exercise routines?
Are there medications I can take to help me feel better?
What treatment options are available for me with the risks and benefits of each option?
What is the success rate for this procedure and/or treatment?
How long is my recovery time for each option?
Who is the best person to do the procedure or surgery?
When should I call the doctor?

Questions to Ask Your Doctor

Contact Us
If you would like to receive support or need more information, please contact us at:

The Mended Hearts, Inc.
1500 Dawson Road
Albany, GA 31707
1-888-HEART99
info@mendedhearts.org
www.mendedhearts.org

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What is Aortic Stenosis?
Aortic stenosis (AS) is a type of heart valve disease. If you have aortic stenosis, that means your aortic valve has become hard or the opening has become narrow making it harder for your heart to pump blood to the body.

Your aortic valve is an important heart valve that controls blood flow from your heart to your body. A normal aortic valve has three leaflets that open and close to make sure the blood flows in the right direction. When it is not working well, it is difficult for blood and nutrients to get to your body.

What causes Aortic Stenosis?
Aortic stenosis is most commonly caused by calcium buildup on the aorta’s heart valve flaps that happens as a person ages. It can also be caused by a congenital heart defect, rheumatic fever or radiation therapy. People who smoke or have a family history of heart valve disease, uncontrolled high blood pressure, or high cholesterol have a higher risk of aortic stenosis.

Signs and Symptoms
If you have mild-to-moderate aortic stenosis, you might not have symptoms. Common aortic stenosis symptoms are:
- Shortness of breath or difficulty breathing
- Feeling very tired, fatigue
- Dizziness or fainting
- Chest pain
- Rapid heart rate or fluttering

1.5 million in U.S. have AS
500,000 have severe AS
20% of elderly have AS

Treatments available
The good news is most people with aortic stenosis have treatment options. If you have mild or moderate aortic stenosis, your doctor might suggest monitoring the aortic valve to make sure the stenosis doesn’t worsen. Sometimes medications may be prescribed to manage symptoms.

People with severe aortic stenosis may need valve replacement. This may be done during surgery (SAVR) or cardiac catheterization (TAVR) depending on the patient’s condition and other factors.

Valve Replacement
Valve replacement is a treatment option for many patients with aortic stenosis. Replacing a diseased valve can help patients reduce or eliminate symptoms. Many say they feel like they got their lives back after valve replacement. Valve replacement is where the diseased valve is replaced with a new valve, typically a mechanical or tissue valve, during heart surgery or a transcatheter aortic valve replacement (TAVR) procedure.

TAVR
Today, many patients are candidates for a TAVR (transcatheter aortic valve replacement) instead of heart surgery. During a TAVR procedure, a long tube, called a catheter, with a collapsible valve on it is placed in an artery (usually in the groin). The new valve is placed inside the existing aortic valve and expanded, pushing the old, diseased valve leaflets out of the way.

Because no surgery is required, having a TAVR typically means a shorter hospital stay, lower risk of infection, and less recovery time. As with any procedure, there are some risks involved with TAVR, including the risk infection, bleeding and stroke. Now, there is a cerebral embolic protection device designed to catch debris during a TAVR procedure, which may reduce the risk of stroke.

“Last September, I had a TAVR procedure performed and my life changed dramatically. Today I have lost 30 lbs, walk 20 miles per week and enjoy life. I am 76 years old.

Frank, TAVR Patient

Clinical review by:
Drs. Srihari S. Naidu and Ankur Kalra