### Your guide to Aortic Valve treatment in New Zealand



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### Treatment for Aortic Stenosis depends on how far your disease has progressed.

Severe Aortic Stenosis cannot be treated with medication<sup>1</sup>, the only cure is to replace the diseased valve.

If your aortic stenosis is mild, medication may be prescribed to regulate your heartbeat and prevent blood clots, however – medication will not stop the aortic stenosis progressing, so it is very important to follow up with your doctor regularly on when to get your valve replacement.

# What are the treatment options for replacing your aortic valve?

A cardiologist will explain your treatment options. The treatment options may include either a surgical aortic valve replacement (SAVR), or a transcatheter aortic valve implantation (TAVI).

A doctor will help you decide which is the most appropriate type of treatment for you.



Aortic Stenosis is a life-threatening valve disease<sup>2</sup>. Once symptoms occur it is critical you receive treatment.

#### Transcatheter Aortic Valve Implantation(TAVI)

Transcather aortic valve implantation, or TAVI for short, does not require open-heart surgery.

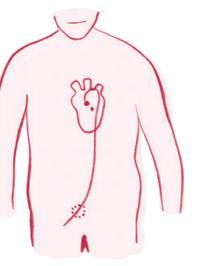
Instead of opening up the chest, a small access site is made, often in the groin.

A new valve is inserted using a small tube to place the new valve within the diseased valve and it will begin to work immediately.

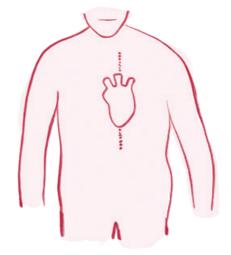
#### Surgical Aortic Valve Replacement (SAVR)

Surgical aortic valve replacement uses open heart surgery to replace your valve.

With this treatment, patients will have a general anaesthetic so that they are asleep. A surgeon will open the chest cavity and replace the narrowed valve with a new valve.



Both surgical and transcatheter treatment options should improve the symptoms of aortic stenosis<sup>3</sup>. The structural heart team may perform an evaluation on the patient and decide



which of these options are best for each individual case. Treatment option suitability is dependent on each person and the heart team will discuss the best intervention for each patient. A heart team of doctors will help decide which is the most appropriate type of treatment for you based on your current health, anatomy, and age.

In New Zealand, you can receive both TAVI and Surgical replacement at public and private hospitals.

## Surgery and TAVI cardiac providers in New Zealand

#### Auckland

Auckland City Hospital 2 Park Road, Grafton, Auckland (09) 367 0000

Intra (Private) 98 Mountain Road, Epsom, Auckland (09) 630 1961

#### Hamilton

Waikato Hospital 183 Pembroke Street, Hamilton (07) 839 8899

**Midland Cardio-Vascular Services (Private)** 24 Ohaupo Road, Hamilton West 3204 (07) 843 1895



#### Wellington

Wellington Regional Hospital 49 Riddiford St, Wellington (04) 385 5999

Wakefield Hospital (Private) Florence Street, Newtown, Wellington (04) 381 8100

#### Christchurch

**Christchurch Public Hospital** 2 Riccarton Avenue, Central City, Christchurch (03) 364 0640

**St Georges Hospital (Private)** 249 Papanui Road, Strowan, Christchurch (03) 375 6000

#### Dunedin

Public Hospital 201 Great King Street, Central Dunedin (03) 474 0999

**Dunedin Mercy Hospital** (Private, no TAVI, only surgery) 72 Newington Avenue, Māori Hill, Dunedin (03) 464 0107

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Information on this material includes educational information regarding certain conditions and potential therapies or treatment options. Other therapies or treatment options may be available, and you should discuss any educational information you access online with your healthcare professional. Appropriate treatment for individuals is a matter for healthcare professionals to decide in consultation with each individual.

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<sup>1</sup> Lindman BR, et al. Calcific aortic stenosis. Nat Rev Dis Primers 2016;2:16006. doi: 10.1038/nrdp.2016.6.

<sup>2</sup> Bonow RO, Carab ello BA, Chatterjee K, et al. ACC/AHA 2006 Guidelines for the Management of Patients With Valvular Heart Disease. Circulation August 1, 2006.

<sup>3</sup> Vahanian A, Blanc JJ, Budaj A, et al. Guidelines on the management of valvular heart disease. Eur Ht J. 2007. 28:230-68

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