Aortic stenosis: Preparing for your appointment to discuss treatment options

For patients who need an aortic valve replacement and are waiting for their evaluation and treatment selection



This brochure is designed to help **you** prepare for your appointment with the cardiologist or Heart Team. It should help you to make the most of your appointment by giving you ideas for questions you might want to ask your specialists.



## Preparing to meet with your consultant

In your appointment with the heart specialist, they will explain your condition to you and the most suitable treatment options. It is also an opportunity for you to tell them what is important to you so that they can take your wishes into account when making the final decision about the best treatment.

Aortic stenosis is a serious disease, and your doctors will understand your concerns. However, it is a treatable disease, and your Heart Team are highly qualified and skilled, and these procedures are routine for them.

If you can, ask a relative or close friend to attend the appointment with you. It is easy to forget what you wanted to say in your



appointment, so it is a good idea to write down any questions that you have about your illness and treatment and take them into the appointment. There is a blank page that you can use at the end of this brochure.





## What are my treatment options?

In your appointment, your doctor will discuss the treatment options that may be suitable for you. You may want to ask questions about these, such as:

What are my treatment options? 0. Q. What are the risks of doing nothing? What are the risks of valve replacement? How long will I have to stay in hospital? How long will it take me to recover? Q. How will the treatment impact my current lifestyle – О. 0. How long will my new valve last?

If you don't understand something your consultant says, don't be afraid to ask more questions - it is important that you understand your illness and how it can be treated; your doctors are there to help and support you.

What are the advantages and disadvantages to me of each option?

will I be able to return to my favourite activities?

What do I need to do to stay well after my treatment?

Will I have to take medication after my valve replacement?

Will I have to change my diet after my valve replacement?

Can I have a normal life after valve replacement?

Q. What happens if the valve needs to be replaced again in the future?





## Shared decision-making?

You may hear a lot about the term 'shared decision-making' as the experts know how important your preferences are in choosing the best treatment option for you.

You may feel that you don't know enough to decide, or are worried about making the wrong decision, but your specialists are here to support you. They will explain all the options to you and will ask you about yourself - what your goals are and what is important to you – and will then explain to you what they think the best treatment option is for you, and why. This way, you can be confident that you are getting the most suitable treatment for you and you will feel more in control of your illness.

Let your cardiologist/Heart Team know that you want to be involved in the treatment decision so that you can chose the treatment that supports your life goals.

Shared decision-making is not:	Shared decision-making is:1
Your doctor telling you what	Your doctor explaining the
treatment they have decided	advantages and disadvantages
you should have	of each treatment option
You being given lots of information	You telling your doctor about your
and having to decide on your own	expectations and what you want
what treatment to have	to achieve from the treatment
	You and your doctor discussing the options and deciding what is best for you together



## **Treatment options**<sup>2</sup>

You have been referred for an evaluation of which treatment option is most appropriate for you. This is because you have severe aortic stenosis and:

- replaced will benefit you
- future complications

These are the guidelines that your doctors will use to decide if you are eligible for a transcatheter valve, or if a surgical valve is your best option.



These guidelines will be used by your doctor to decide whether you should have a surgical or transcatheter valve, but you will be inscluded in future decisions about what type of valve is best for you.

• Have symptoms, and your doctors agree that having your aortic valve

• Do not yet have symptoms, but have agreed with your doctors that it is better for you to have your valve replaced now to prevent



# Surgical or transcatheter valve replacement



\*transcatheter valves have only been studied for a maximum of 8 years, but they may last longer than this before needing to be replaced

To speak to other patients and hear their experiences with these valves please contact your local patient organisation:



## What do you need to consider?

During your discussion, your doctor may ask you some questions about your goals and expectations. It may be easier for you to think about these things before your appointment.

There are no 'right' or 'wrong' answers – the questions are to help your doctor understand you better and will help determine which treatment options may be the most suitable for you.

What do you hope to accomplish by having your valve replaced? It is important for your doctor to know what your goals are after treatment. These can include:<sup>4</sup>

- Maintaining your independence
- Extend your lifespan
- Reducing/eliminating pain or symptoms
- The ability to do a specific activity

### The ability to do a specific activity

Many people with your diagnosis have a specific activity/hobby in mind that they have not been able to enjoy because of their illness. Think about activities that you used to enjoy, or things you want to be able to do after your valve replacement, such as:

- Social activities like dancing or group sports
- Walking/hiking
- Arts and crafts •
- Travelling

### Specific plans for the future

Think about whether you have any plans or events that you are looking forward to in the near future, for example:

- A special anniversary that you want to celebrate
- A wedding/graduation that you wish to attend
- Travel plans
- Religious or cultural activities

• Spending time with a partner/children/grandchildren/friends/pets







#### Notes

#### References

- 1. Lindeboom J, Coylewright M, Etnel J *et al*. Shared decision making in the Heart Team: Current team attitudes and review. *Structural heart*. 2021; **5:** 163–7.
- 2. Vahanian A, Beyersdorf F, Praz F et al. 2021 ESC/EACTS Guidelines for the management of valvular heart disease. Eur Heart J. 2022; **43**: 561–632.
- 3. Johnston DR, Soltesz EG, Vakil N *et al*. Long-term durability of bioprosthetic aortic valves: implications from 12,569 implants. *Ann Thorac Surg*. 2015; **99**: 1239-47.
- 4. Coylewright M, Palmer R, O'Neill ES et al. Patient-defined goals for the treatment of severe aortic stenosis: A qualitative analysis. *Health Expect*. 2016; **19:** 1036–43.

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