This handout describes what to expect during your hospital stay for transcatheter mitral valve repair (TMVr) with the MitraClip at University of Washington Medical Center.

When You Arrive at the Hospital

You will check in at the Surgery Desk on the 2nd floor of the Surgery Pavilion. After you are admitted:

- You will change into a hospital gown and a nurse will help you get ready for your procedure.
- You must remove all jewelry and watches. It is best to leave these and other valuables at home, with family members, or in our hospital safe.
- We will ask if you have any advance directives. These are legal forms that describe the medical care you wish to receive if you cannot communicate. They also name a person who you want to make healthcare decisions for you if you cannot. Two common advance directives are a living will and power of attorney for healthcare.

You do not need to have these forms, but bring copies to the hospital if you do have them. They will become part of your medical record, so that we know your healthcare wishes.

- You may receive medicines to help you relax.
- The anesthesia team will greet you and bring you to the procedure room.
- We will ask you to name one person who came with you to the hospital as our contact person. This person will be given a special phone or pager. Your surgery team will call this person and give them updates on your care.

We will ask you to name one person who came with you to the hospital to receive updates on your care during and right after surgery.
Your Procedure

- The procedure will last about 3 to 4 hours. When it is time for your procedure, you will be moved to the procedure room.

- In the procedure room, we will prepare you for anesthesia. To do this, we will numb your skin and place catheters (thin, flexible plastic tubes) into 2 of your arm veins. You will be given medicines and fluids through the catheters.

- You will receive anesthesia through one of the catheters. This medicine will put you into a deep sleep and block pain.

- After you are asleep, a plastic breathing tube will be inserted through your mouth and into your windpipe. You will receive oxygen and other gases through this tube to help you breathe during your procedure. A machine called a ventilator will breathe for you while you sleep.

- A member of the anesthesia care team will stay with you during your procedure. This team member will closely monitor your blood pressure, temperature, heart rate, and other vital signs.

- Your TMVr cardiologist will lead your surgery team. This team has special training in TMVr, and includes your anesthesiologist, nurses, and technicians.

- Please read the handout “Transcatheter Mitral Valve Repair (TMVr) with the MitraClip” for more details about what happens during the procedure.

Blood Transfusions

Most patients who have TMVr with the MitraClip do not need blood transfusions. Your team will give you extra blood products only if it is needed. UWMC gets these products from the Bloodworks Northwest (formerly Puget Sound Blood Center).

About Bloodworks Northwest

Bloodworks Northwest uses only screened blood from unpaid volunteer donors. Using only screened blood from volunteers lowers the risk of viral illnesses being spread through transfusions. Bloodworks Northwest tests all donated blood for hepatitis and HIV/AIDS. Still, there is a slight risk of these diseases being spread through blood transfusions.

According to Bloodworks Northwest:

- The risk of getting hepatitis B or hepatitis C after a blood transfusion, for 1 unit of blood used, is about 1 in 1 million. (One unit of blood equals 450 milliliters, a little less than 1 pint, or 16 ounces.)

- The risk of exposure to HIV (the virus that causes AIDS) from a blood transfusion in the Pacific Northwest is about 1 in almost 2 million.
Since 1985, when testing for HIV began, no patient has been reported to have gotten the AIDS virus from a Bloodworks Northwest transfusion.

You are not required to donate your blood to replace the blood you might need, but Bloodworks Northwest depends on people being willing to donate blood. Friends, clubs, service organizations, and faith-based groups are often eager to donate. Their donated blood helps ensure that this valuable resource is available when it is needed.

To learn more about blood donations and blood transfusions, call Bloodworks Northwest at 206.292.6500.

**After Your Procedure**

- The Heart Team will call your contact person on the special phone. Your loved ones will meet with the doctors to receive an update on your care.

- You will be taken to the Cardiothoracic Intensive Care Unit (ICU). A member of your care team will tell your family that they may go to the ICU waiting room.

- The doctors and nurses will get you settled into your room, which usually takes 30 to 60 minutes. They will let your family know when you are ready for visitors. This is usually 1 to 2 hours after the procedure is done.

- Most patients stay in the ICU for 1 day after the procedure. We will keep you in ICU only as long as you need to be there. We want to help you recover safely and as quickly as you are able.

- From the ICU, you may be able to go home (be discharged) if you are ready. If you are not ready for discharge, you will stay in a cardiac telemetry room on a cardiology unit of the hospital. This will be on either 5-Northeast or 6-Northeast. Most people are in the hospital for 1 to 3 days after TMVr with the MitraClip.

**Medicines**

- You will go home with blood-thinning (*anticoagulant*) medicine. Most TAVr patients take aspirin for life and clopidogrel (Plavix) for 1 month, as tolerated.

- Patients who usually take anticoagulants like warfarin (Coumadin), dabigatran (Pradaxa), rivaroxaban (Xarelto), or apixaban (Eliquis) may need a different medicine until they can resume their usual blood thinner.

- Your medicines may be changed during your hospital stay. This often occurs because your fluid status and vital signs change after the procedure. Your UWMC team will closely monitor your medicine changes over the next 30 days. Your local doctors will be responsible for your medicines after that time.
Your Healthcare Team

A team of healthcare specialists will provide expert care before, during, and after your procedure. This team includes:

- **Interventional cardiologist:** This is the doctor who does your TMVr with MitraClip. Your cardiologist will talk with you before your procedure and work with the cardiology team to manage your care during your recovery. UWMC’s doctors work closely together. One of these doctors is available at all times.

- **Cardiac anesthesiologist:** This is the doctor who gives you anesthesia and watches your blood pressure, heart rate, and other vital signs at all times, both during your procedure and right after. This doctor will also treat you if any problems arise during your procedure.

- **Nurses:** Your nurses are specially trained to care for heart patients. They will teach you about your heart procedure before it takes place, and they will care for you as you recover in the hospital afterward.

- **Nurse practitioners (NPs) and physician assistants (PAs):** These special care providers have advanced training to assess and treat patients. They will be in close contact with your cardiologist and will also answer your questions after you leave the hospital. You will see an NP or PA at your follow-up clinic visits.

- **Cardiac pharmacists:** These healthcare professionals monitor your medicines during your hospital stay. They will also teach you about your medicines before you go home.

- **Physical therapists (PTs):** If needed, these healthcare specialists teach you exercises after your procedure. They will also teach you how to build your physical strength after your procedure, if needed.

- **Respiratory therapists:** After your procedure, respiratory therapists will help manage the breathing machine (ventilator) and help you do your breathing exercises. The breathing tube and ventilator are usually removed right after TMVr, either in the procedure room or when you arrive in the ICU.

- **Social workers:** If needed, these professionals can help you with discharge planning, setting up care for after you leave the hospital, housing, emotional support, and counseling.

**Questions?**

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns.