

## At Home After Your TMVr or TTVr with the MitraClip

### *Self-care and what to expect*

*This handout explains what to expect after your **transcatheter mitral valve repair (TMVr) or transcatheter tricuspid valve repair (TTVr) with the MitraClip** and how to care for yourself at home.*

### Plan Ahead for Your Return Home

A successful TMVr or TTVr with the MitraClip means that you go home to a better quality of life. Planning ahead is the most important thing you and your family can do to help make your procedure a success.

**You will need help when you first go home.** Start planning for your return home as soon as you know you will be having this procedure.

- We suggest that a responsible adult stay with you for **at least 1 week** after you return home. Plan ahead so you are sure you have the help you need.
- It is hard to know how much help you will need or how long you will need it. Coping with mitral regurgitation may have affected your overall health. Depending on your strength, mobility, and nutrition before your procedure, you may need 1 to 4 weeks to fully recover after a successful TMVr or TTVr.
- If you are not sure you will have the help and support you need at home, you may need home healthcare or to stay in a skilled nursing or rehabilitation facility after your procedure. Please ask to talk with one of our social workers for help.



*Plan ahead so you are sure you have the help you need at home after your procedure.*

### Care Timeline

- **First 30 days:** Your UWMC Heart Team will manage your care for the first 30 days after your procedure. After you go home, we will monitor you closely to make sure your recovery is going well.

We want to make sure that you will not need to be readmitted to the hospital, so we will:

- Manage all your cardiac medicines, adjustments, and refills.
- Work closely with your local doctors so they know what medicines you are on and are prepared to take over your care after 30 days.
- **In the first few days after discharge:** A nurse will call you to follow up on your symptoms, medicines, and overall well-being. If you feel that you need to be seen sooner than the scheduled follow-up visits, please call us and we can help coordinate an appointment with one of our providers.
- **30 days after your procedure:** You will have a follow-up visit at UWMC with your cardiologist and nurse practitioner. At this visit, you will:
  - Have an *echocardiogram* (ultrasound of the heart) to check how well your valve is working.
  - Do a walk test. **Please bring to this appointment any device you use to walk such as a cane or a walker.**
  - Fill out a questionnaire about your symptoms and quality of life.

These tests provide important information about your heart, symptoms, stamina, quality of life, and the MitraClip.

- **6 weeks after your procedure:** Make an appointment to see your local primary care provider and primary cardiologist about 4 to 6 weeks after your procedure. If you have other health issues, or if the team advises you to, you may need to see your local care providers sooner than 6 weeks.
- **1 year after your procedure:** You will have a follow-up visit at UWMC 1 year after your procedure. This visit will include an echocardiogram, a walk test, and a questionnaire about your symptoms and quality of life.

## Research Study Participants

If you are in a research study, you may have follow-up visits more often.

## Dental Work After Your Procedure

Tell your dentist that you had a MitraClip procedure. For 6 months after the MitraClip procedure, you **must** have antibiotics before any dental work, even a dental exam. This is done to prevent any infection in your valve.

Your primary cardiologist can prescribe the antibiotics for you. If your dental office has any questions, please tell them to contact us.

## Mitral Regurgitation and Congestive Heart Failure

People with mitral regurgitation often have *congestive heart failure* (CHF). This is when your heart does not pump blood as well as it should.

Some symptoms of CHF are:

- Ankle and leg swelling
- Shortness of breath
- Fatigue
- Increasing weight gain

Your medicines may be changed after your procedure to help ease symptoms of CHF.

### Your Fluid Balance

If you have CHF, your body may retain fluid after your procedure. We will manage your fluid balance with *diuretics* (water pills). Weight gain is one sign of fluid buildup.

Even if you have too much fluid in your body tissues, you must still drink liquids for good health. Most people need to drink about 1 to 2 liters of liquid a day. Ask your doctor how much liquid you should drink each day.

If you start retaining more fluid or are having more symptoms, we may place you on a fluid-restricted diet. We will talk with you about this in your follow-up phone calls and office visits.

At home, you will weigh yourself every day and keep a record of your weight. You received a handout called “Heart Failure Daily Weight Log” to record your weight and vital signs before you left the hospital. This log is also attached to this handout. **Please bring this log of weights and vital signs to your follow-up visits.**

If you gain more than 2 pounds over what you weighed when you went home from the hospital, or if you have symptoms of congestive heart failure (see page 4), please call us:

- During clinic hours, call **206.598.VALV (8258)** and ask for the nurse or nurse practitioner
- After hours and on holidays and weekends, call **206.598.6190** and ask to page the CARD I Structural Fellow

## Symptoms of Congestive Heart Failure and What to Do

### OK



**I am OK if I can do my normal activities without a problem:**

- No shortness of breath
- Weight is stable
- No new swelling
- Normal appetite

### Warning



**I need to call my healthcare provider if my symptoms are getting worse:**

- Gained 3 pounds in 1 day or 5 pounds in 2 days
- New or increased swelling in my legs or ankles
- Harder time breathing, new cough, or I need to use more pillows to breathe while sleeping
- Nausea that will not go away, or I cannot eat
- Fatigue that is getting worse
- Increased heart rate (*palpitations*)

### Emergency!



**I need to call 911 right away if my symptoms are very bad or get worse quickly:**

- Chest pain that does not go away
- Severe dizzy spells or have fainted
- Severe or sudden shortness of breath
- New confusion or I cannot think clearly

## Incision Care

After your procedure, you will have a small puncture wound on your groin. You may have bruising, but you should not have any drainage, bleeding, or pain.

A few patients have a small *suture* (stitch) at the puncture site. This suture is usually removed before you leave the hospital. If it is not, call our office at 206.598.8258 and make an appointment for us to remove it.

While your incision is healing:

- It is best to leave the area open to the air.
- If your clothing rubs or irritates your incision, you can cover the area with dry gauze. Remove the gauze at night. You do not need to apply any special dressing.
- Do not apply powders, lotions, or creams to the area until it has healed.

## Signs of Infection

Watch your incision closely for any of these signs of infection:

- Redness around your incision
- New drainage
- Warmth or heat at your incision
- Fever of 101°F (38.5°C) or higher

If you have any of these signs, call one of these numbers **right away**:

- During clinic hours, call **206.598.VALV (8258)** and ask for the nurse or nurse practitioner.
- After hours and on holidays and weekends, call **206.598.6190** and ask to page the CARD I Structural Fellow on call.

## Showering and Bathing

- You may shower when you get home, unless your doctor tells you not to. When you shower:
  - You may gently wash your puncture site with mild, unscented soap and water.
  - Gently pat your puncture site dry. Do **not** rub it.
- Do **not** take very hot showers. Hot water may lower your blood pressure and make you weak or dizzy. This could cause you to faint. (Medicines you are taking may also cause fainting.)
- For 1 week after your procedure, do **not** take a bath, sit in hot tub, or go swimming. This precaution will help lower your risk of infection in your puncture site.

## Activities

After you get home, you can expect to slowly return to a normal lifestyle. But, be careful not to do things that make your heart work too hard. Your activity level after you leave the hospital will depend on:

- Your condition before the procedure
- Your recovery in the hospital after procedure

Your activity level and energy should slowly increase everyday. Please call a nurse or provider if your stamina starts to decline or you have new or worsening symptoms that limit your activity.

As soon as you wish, you may:

- Shower (unless your doctor has told you not to), wash your hair, and shave.
- Walk on level ground at an easy pace. Remember to slow down when you walk up hills.
- Walk up and down stairs at a normal pace, but limit how much you do this. Remember that going up takes more energy. Slow down or stop when you become short of breath.
- Ride a stationary bicycle for exercise.
- Ride in a car, go out for meals, or visit friends.
- Prepare meals.
- Wash dishes and clothes, as long as you follow the lifting restrictions under “Activity Precautions” below.
- Do light housekeeping, such as dusting. See “Activity Precautions” below.
- Resume sexual activity (see page 10).

## Activity Precautions

- **For 7 days** after this procedure:
  - Do **NOT** lift anything that weighs more than 10 pounds (4.54 kilograms). This includes pets, groceries, children, trash, and laundry. (A gallon of water weighs almost 9 pounds.)
  - Do **NOT** garden, including lawn mowing and raking.
  - Do **NOT** hold your breath, bear down, or strain when having a bowel movement.

Do **NOT** allow the puncture site to be covered by water. This means do not take a bath, sit in a hot tub, or go swimming. Starting 24 hours after your procedure, it is OK to take a shower.

- **For 2 weeks** after your procedure, your care team will check your progress. They will tell you if you need to follow any other restrictions.

## Driving

Most patients who were driving before TMVr or TTVr can start driving again **48 hours after discharge**.

Some people have other medical reasons that make it unsafe for them to drive. If this is true for you, your primary doctor(s) may need to decide if you can drive after your procedure.

## Exercise Safely

Daily exercise is vital to your healing. Regular exercise:

- May help strengthen your heart muscle so that it pumps blood better
- Improves muscle tone and blood flow in your body
- Helps with weight loss or maintaining your weight
- May help you feel better overall



*Be sure to use the right device needed to keep you safe and prevent falls.*

## When You Exercise

- If your doctor or physical therapist advises you to use a device to help you walk safely, **be sure to use the right device needed to keep you safe and prevent falls**. This may be a cane or a walker, or another device. It is important to stay active, but staying safe is more important than walking on your own without a cane or walker.
- Wait 1 hour after eating before you exercise.
- Wear loose clothing. Any clothes that restrict your movements may affect your breathing.
- Wear comfortable, flat shoes with good foot support and non-slip soles.
- Stretch your muscles before and after exercising. This will help you get the most from your exercise and keep you from getting injured.
- Take your pulse to see how hard your heart is working. **Tell your providers if your pulse is more than 20 to 30 beats per minute above your resting heart rate.** (See “How to Take Your Pulse” on page 9.)
- If you are going to walk a long distance, stay on level ground. Going up hills and stairs is OK if you go slowly and keep your heart rate within your safe guidelines.
- Avoid being outside on very hot or very cold days during your recovery. Very high and very low temperatures stress your heart. In the winter, walk in the afternoon or the warmest part of the day. In the summer, walk in the morning or the coolest part of the day.

## **Your Walking Program**

How long and how far you walk will depend on how well your body is handling the exercise. Remember to use your pulse as your guide to tell you how hard your heart is working.

As you get stronger, start walking a little farther and a little faster. Increase how far you walk first, before increasing how fast you walk.

## **Slow-down Signals**

Your body will tell you if the exercise you are doing is too hard for you. Slow down or stop what you are doing, write down what happened, and talk with your nurse or doctor if:

- Your heart rate is more than 20 to 30 beats above your usual resting heart rate.
- You cannot talk while you are exercising. Slow down your activity until you are breathing easily and can talk without running out of breath.
- Your heart rate stays high for 10 minutes after you stop exercising.
- It takes more than 10 minutes to catch your breath after you stop exercising.
- You are tired for up to 24 hours after you exercise.
- You have pain in your joints, shins, or heels.
- You have pain or cramping in your calf muscles.

## **When to Stop Exercising**

Do **not** exercise if you:

- Have a bad cold, flu, or fever
- Are very tired

**Stop exercising** and talk with your doctor before you start your exercise program again if you:

- Have an abnormal heart rhythm, such as:
  - An irregular pulse or palpitations
  - Your pulse suddenly gets very slow
  - A sudden burst of rapid heartbeats
- Have new pain, pain that lasts a long time, or pressure in your chest, arms, or throat
- Are dizzy, confused, or lightheaded
- Lose control of your muscles or faint



- Have cold sweats or become pale
- Feel sick to your stomach or are vomiting

### Warm-up Exercises

Warm-up exercises help your body get ready for activity. If needed, do warm-up exercises – marching in place or leg stretches – twice each day, once in the morning and once in the afternoon. Do them slowly and steadily, and keep breathing slowly. Do **not** hold your breath.

Begin by doing each warm-up exercise 5 times. Each time you do an exercise is called a *repetition*, or “rep.”

Over time, you can increase the number of reps, but do not do more than 20 reps at a time. Do **not** add more reps if you have any of the symptoms under “Slow-down Signals” on page 8 and “Warning Signs” on page 12.

### Cardiac Rehabilitation

You may be eligible for a Cardiac Rehabilitation program 30 days after your procedure. This can be done at your local hospital. This program can help you safely do exercises with trained professionals while monitoring your heart. This can be arranged at your 30-day follow-up visit. **Do not start an exercise program before 30 days after your procedure.**

### How to Take Your Pulse

As your heart pumps blood through your body, you can feel movement in some of the blood vessels that are close to the surface of your skin. This movement is called your *pulse*, or heart rate.

When you feel your pulse, you are actually feeling your heart pushing blood through your blood vessels. The faster your pulse is, the higher your heart rate is, and the harder your heart is working.

To take your pulse:

- Use your fingers (**not** your thumb, since it has a pulse of its own) to find your pulse on the inner part of your other wrist, just below your thumb.
- If you cannot find your wrist pulse, gently find the pulse in your neck. Do not press too hard, or you could reduce blood flow to your head, making you dizzy or faint.
- For 1 minute, count the times you feel pressure under your fingers as your blood pulses through the blood vessel. This number is your heart rate. You can also count your pulse for 15 seconds and multiply that number by 4.



*Use your fingers to take your pulse on your wrist.*

## **When to Take Your Pulse**

Take your pulse:

- As directed
- If you have these symptoms:
  - Hard or thumping heartbeats
  - *Palpitations* (rapid, fluttering heartbeats)
  - Dizziness
  - Shortness of breath that does not go away when you rest

## **Resuming Sexual Activity**

Wait at least 2 weeks before you resume sexual activity. If you have any questions or concerns after that time, please talk with your healthcare provider.

## **Returning to Work**

When you can return to work will depend on your recovery and what kind of work you do. Talk about your return to work with your healthcare provider at your 30-day follow-up visit.

Most people can return to full-time work 30 days after a heart procedure. Many people return earlier than that.

## **Common Concerns After TMVr or TTVr with the MitraClip**

Here are some concerns that many people have after their procedure:

### **Sleep Changes**

In the first week as you recover after your procedure, it is common to:

- Sleep more
- Have a hard time falling asleep
- Wake during the night
- Have nightmares or very intense dreams

These changes may be caused by many things, such as having anesthesia and not sleeping well during your hospital stay. Your body may also be adjusting to medicines you are taking. As you catch up on sleep at home and get back to your normal sleep routine, these problems should go away.

Even if you feel tired and weak from lack of sleep, try to get dressed every day and do your normal activities. Go for a walk, have lunch, then take a nap. Rest between your activities.

You will sleep better at night if you are physically active during the day. Try not to sleep too much during the day, since you are then more likely to lie awake at night.

### **Being Restless and Not Able to Concentrate**

After procedures with anesthesia, it is common to be irritable and restless, and you may have a hard time concentrating. Things you thought you would look forward to doing during recovery may not interest you.

This is common after any major procedure and will not last. As time passes, you should return to your normal interests.

### **Lack of Appetite**

You may not feel like eating much after your procedure, and food may taste different than it did before your procedure. But, your body needs extra calories for healing.

Because of this, we advise that:

- You eat what tastes good to you in the first weeks after your procedure so that you get enough calories.
- After 6 to 8 weeks, you may need to make changes in your diet, such as eating less fat, cholesterol, or salt.
- If you have a history of congestive heart failure, keep eating a low-sodium diet (less than 2,000 mg, or 2 grams, of sodium a day).

### **Becoming More Independent**

As your health got worse before your procedure, you may have depended a lot on loved ones. After a successful TMVr or TTVr, you will start becoming more independent and need less help from others. For your safety and well-being, talk with your loved ones about how to balance your independence with having help when you need it.

### **Warning Signs**

These symptoms are **warning signs**:

- Chest pain when you are active
- Shortness of breath that does not improve with rest
- *Palpitations*, fluttering in your chest, or a hard, thumping heartbeat
- Dizziness, feeling faint, or feeling like you may pass out
- Unexpected, sudden changes in your vision, strength, or coordination

**If you have any of the warning signs listed above:**

- Sit down or lie down and rest.

- Then take your blood pressure and pulse.
- **If your symptoms do not improve after a few minutes of rest:**
  - 9 a.m. to 5 p.m. on weekdays, call **206.598.VALV (8258)** to talk with a nurse
  - After hours and on holidays and weekends, **call 911.**

**If you have any urgent concerns, call 911.**

### **If You Have More Questions**

It is normal to feel anxious about going home after your procedure. If you have any questions or concerns:

- During regular office hours (9 a.m. to 5 p.m.), call 206.598.VALV (8258) and ask to talk with a nurse or nurse practitioner.
- After hours and on holidays and weekends, call 206.598.6190 and ask to page your TMVr or TTVr cardiologist.

## **Questions?**

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

### **UW Medicine Heart Institute:**

Call 206.598.VALV (206.598.8258) during clinic hours and ask for the nurse or nurse practitioner

**After clinic hours or on holidays or weekends:** Call 206.598.6190 and ask to page the CARD I Structural Fellow on call.