

Advice for patients with a prosthetic heart valve

Who is this information for?

This advice is for people who have a prosthetic (mechanical/metallic or tissue) heart valve. It aims to inform you of important information you need to keep yourself well and what to do if you notice a deterioration in your health or day to day function.

Prosthetic heart valve and Endocarditis

What is Endocarditis

Infective Endocarditis is a rare but serious condition when:

- the inner lining of the heart becomes infected
- this commonly takes place on one of the heart valves

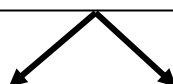


If you have had surgery on your valve, you are at higher risk of developing Endocarditis

If you have flu-like symptoms or a high temperature for longer than a week please see your GP, or in an emergency, visit your local A&E. If Endocarditis is suspected, you will need to be referred to the hospital cardiology team for immediate treatment.



How can you prevent Endocarditis?



Dental hygiene and care

- One of the most common routes of infection causing Endocarditis is via the teeth and mouth. This could be caused by poor dental maintenance or an invasive dental procedure.
- As per local trust policy we recommend antibiotics prophylaxis for invasive dental procedure.
- Your Dentist will know what is classed as an 'invasive procedure'. It includes manipulation of your gums, periapical region of teeth or perforation of oral mucosa.

- All patients with prosthetic valve should maintain regular dental check-up at least once every 6 months (except with full dentures or no teeth)
- Brush your teeth twice daily to maintain a good oral hygiene

Other endocarditis prevention

To prevent risk of infection please avoid:

- Tattoos
- body piercings
- intravenous drug use

Prosthetic valve and Anticoagulation (blood thinning medications)

Anticoagulation is a class of medication used to thin the blood. It reduces the chance of developing a blood clot which could cause a Stroke, a Pulmonary Embolus (blood clot in lungs) or Deep Vein Thrombosis (blood clot in the leg).

- **Mechanical (metallic) valves** require **lifelong** anticoagulant medicine, usually Warfarin, to prevent forming clot(thrombus) around the mechanical valve. (New anticoagulation medicine such as Apixaban or Rivaroxaban, are **not licensed** and are clearly contraindicated in patients with mechanical valves).
- **Tissue valves** may require anticoagulant treatment for up to 2 to 3 months after surgery **only** if recommended by surgeons post operatively.
- **Atrial fibrillation**, or an irregular heartbeat, is another reason for using anticoagulation medication to prevent stroke.

If you take warfarin for mechanical valve, the thickness of the blood is measured by a blood test called INR and the target number/ range depends on the type of valve you've had replaced. This target INR should be recorded in your yellow book and **it is really important that the INR target range is maintained to prevent forming clot around the valve.**

Tips for INR monitoring:

- Monitor your INR regularly, even if stable (maximum every 6 to 8 weeks).
- Correct INR promptly, if out of range by seeing your GP/ Nurse.
- Check for abnormal bleeding, and report if present.
- Report symptoms of a suspected TIA (mini stroke) or visual disturbances promptly.

Contraception and pregnancy

If you are of childbearing age, and are considering pregnancy, then please discuss this with your Cardiologist.

Certain types of contraceptive are recommended for people with valve replacements and/ or on anticoagulation therapy. Please contact the Valve Clinic Specialist nurse for advice. The emergency contraceptive pill **can** be used in patents with a prosthetic heart valve and/ or anticoagulation therapy.

Change in condition- what to look out for

If you notice a change in your symptoms, please report them to a medical professional as soon as possible. For example:

- Worsening shortness of breath
- Chest pain on exertion
- New limitations in your daily activities
- Swelling in your feet or ankles/ rapid weight gain
- Dizziness and/ or collapse
- Being unusually tired/ persistent fever not responding to appropriate treatment or no obvious cause

Further sources of information

- **British Heart Foundation:** Heart Helpline on **0300 330 3311** or visit their website **www.bhf.org.uk**
- **Heart Valve Voice:** **07399606386** or visit their website **www.heartvalvevoice.com**

Nurse led-valve clinic contact:

If you have a query please contact Anna Gentry, Valve Clinic co-ordinator on: **0300 13 14 500 Ext: 134741** and she can liaise with a member of the Valve Team, if required.

Important information

This patient information is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team - Tel: 0300 13 14 500 Ext: 135860 or by email at: esh-tr.patientexperience@nhs.net

Hand hygiene

The trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department. Tel: 0300 13 14 500 – Email: kim.novis@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

The following clinicians have been consulted and agreed this patient information:

Professor N Patel, Clinical Lead and Consultant Cardiologist.

Dr A Marshall, Consultant Cardiologist.

Dr V Kanthasamy, Cardiology Speciality Registrar.

Katie Rose, Valve Clinic and ACHD Specialist Nurse.

The Clinical Specialty/Unit that have agreed this patient information leaflet:

Cardiology Dept, EDGH.

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