

In Matters of the Heart, We've Got You Covered



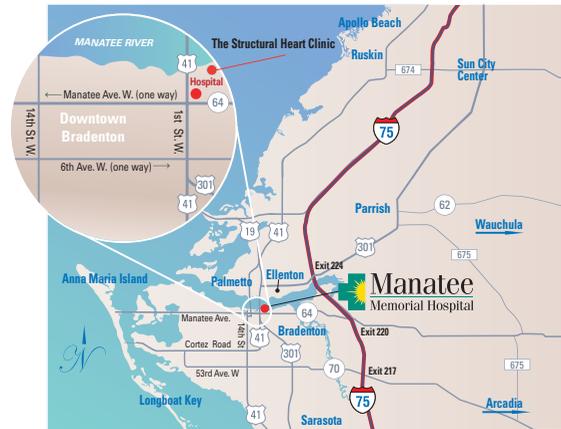
Advanced Cardiac Services

THE STRUCTURAL HEART CLINIC

The Structural Heart Clinic at Manatee Memorial Hospital features a team of physicians specially trained in echocardiography, interventional cardiology and electrophysiology, along with cardiothoracic surgeons, nurse practitioners, program coordinators and navigators who are dedicated to the health of your heart and vascular system.

Located across the street from the main hospital, this clinic gives patients access to a team of heart specialists who work together to fully evaluate each patient and determine the best course of treatment.

The clinical staff focuses on treating aortic stenosis, stroke and bleeding risks associated with atrial fibrillation. Advanced therapies offered at the clinic include Surgical Valve Repair or Replacement, MitraClip® for mitral regurgitation, the WATCHMAN™ Left Atrial Appendage Closure (LAAC) Implant for non-valvular atrial fibrillation and transcatheter aortic valve replacement (TAVR) for symptomatic aortic stenosis.



The Structural Heart Clinic at Manatee Memorial Hospital

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The Structural Heart Clinic

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Meet Our Structural Heart Clinic Staff



Jan Casavant, CMA, AAMA,
Clinic Coordinator



Erin Crowell, MSN, ARNP,
Structural Heart Center and
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Amanda Jensen, RN BSN,
Structural Heart Navigator

MITRACLIP FOR MITRAL REGURGITATION

What is heart valve disease? Heart valve disease can disturb the normal flow of blood through the heart. This can affect your overall health and keep you from enjoying the activities you love.

Heart valves can develop one or both of these problems:

- The valve opening becomes narrow (stenotic), which limits the amount of blood pumped to the rest of the body.
- The valve does not close completely (valve insufficiency or regurgitation), which means that blood can flow backwards, reducing your heart's ability to pump blood to the rest of your body. This also causes a buildup of pressure in your heart and lungs.

Severe cases of heart valve disease can lead to heart failure.

How is heart valve disease treated? Aside from medicine and lifestyle changes, more severe cases of heart valve disease may require repairing or replacing faulty valves. Depending on your type of valve disease and your condition, surgical options range from open-heart (bypass) surgery to minimally invasive, catheter-based approaches.

Heart valve repair usually involves the heart valve leaflets that open and close to pump blood through the heart. In some cases, your doctor may find that repairing your heart valve is the best way to treat your heart valve disease.

What is MitraClip? The MitraClip Implant is an alternative to open heart surgery for mitral regurgitation. The collapsible clip is inserted through a small incision in the groin, guided with a steerable catheter to the left atrium where the delivery system deploys the clip, which grasps the leaflets. Advanced imaging is used to ensure proper placement. Once the clip is in place, the delivery system is retracted. In most cases, patients can go home within one to two days*.

Am I a candidate for MitraClip? Potential candidates for MitraClip must:

- Have significant degenerative mitral regurgitation (MR) (MR>=3+)
- Be symptomatic
- Be at a high risk for surgery due to factors such as age, frailty or severe comorbidities such as liver disease and pulmonary hypertension

Why Choose Manatee? Manatee Memorial is the fifth hospital in Florida to make MitraClip available to patients with MR. The hospital meets rigorous criteria mandated by the Society of Thoracic Surgeons and the American College of Cardiology.

WATCHMAN™ LEFT ATRIAL APPENDAGE CLOSURE (LAAC) IMPLANT FOR NON-VALVULAR ATRIAL FIBRILLATION (AFIB).

What is non-valvular afib? Afib is an irregular heart rhythm in the upper chambers of the heart. Non-valvular afib is not caused by valvular heart disease. Because afib is associated with possible stroke risk, anticoagulants like warfarin are often prescribed. While this therapy is effective, it also comes with bleeding risks, and not all patients are able to tolerate it.

What is the WATCHMAN LAAC Implant? The WATCHMAN LAAC device is an implant designed to block the left atrial appendage (LAA) where clots often form in patients with afib. The procedure is an alternative to open heart surgery. The device is made of lightweight, compact materials, and is about the size of a quarter. The collapsible implant is guided through a catheter from a small incision in the groin to your left atrial appendage (LAA) where the device is deployed. The procedure is done under general anesthesia, takes about an hour, and patients are typically kept in the hospital overnight*. Patients take warfarin until the LAA is completely closed off (about 45 days) when heart tissue has grown a barrier to seal off the LAA.

The WATCHMAN may reduce the risk of possible stroke for people with afib. However, stroke can be caused by factors like high blood pressure and narrowing blood vessels, which the WATCHMAN cannot prevent. The WATCHMAN does not cure afib, but it can offer people with non-valvular afib an alternative to blood thinners.

Am I a candidate for WATCHMAN? The implant should be used only if you have afib that is not related to heart valve disease and you:

- Have an increased risk of stroke
- Are prescribed blood thinners
- Are suitable for warfarin

You may also be a candidate if your physician feels you have an appropriate reason to seek a non-drug alternative treatment. This may mean you:

- Have a history of major bleeding while taking blood thinners

- Cannot maintain a stable international normalized ratio (INR) test, comply with regular INR monitoring, and/or obtain or afford an alternative blood thinner
- Have a medical condition, occupation or lifestyle that involves a high risk of major bleeding, or a history of falls

Why choose Manatee? Manatee Memorial's Heart and Vascular Center is the first in the region to offer patients with non-valvular afib an alternative to long-term warfarin medication.

TAVR FOR AORTIC VALVE STENOSIS

What is aortic valve stenosis? Aortic valve stenosis is a common heart problem caused by a narrowing of the heart's aortic valve due to excessive wear. This can occur with age or from calcium deposited on the valve leaflets. When the valve narrows, it does not open or close properly, making the heart work harder to pump blood. Eventually, the heart weakens and functions poorly, which may lead to heart failure and increased risk for sudden cardiac death.

Symptoms of aortic stenosis may include:

- Chest pain or pressure
- Dizziness
- Fatigue
- Fainting
- Heart murmur
- Heart palpitations
- Shortness of breath during activity

How is aortic valve stenosis treated? A team of experienced cardiologists and cardiovascular surgeons collaborate to manage treatment for severe aortic valve stenosis to determine the most appropriate care for each patient. Medications do not cure aortic valve stenosis; however, medications are sometimes prescribed to help control symptoms, maximize heart function, control blood pressure and control heart rhythm disturbance.

The traditional standard of treatment for severe aortic valve stenosis is aortic valve replacement (AVR), done as an open, invasive procedure. However, TAVR is slowly becoming the standard of care as a less invasive alternative in which the valve is repaired without removing the old damaged valve. Today it is the first-line treatment for inoperable aortic valve stenosis, with FDA approval for patients in intermediate, high and very-high risk groups.

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What is the TAVR procedure? During TAVR, a collapsible aortic heart valve is deployed via a catheter through a small incision in the thigh and then guided through the arteries into the heart. Advanced imaging is also used to assist in guiding/deploying the prosthetic valve. Once in place, the device expands and takes over the original valve's function to enable oxygen-rich blood to flow efficiently out of the heart.

TAVR is performed while the patient is under general anesthesia and is associated with a three to five-day hospital stay*.

Who is a candidate for TAVR? TAVR is reserved for people who are at an intermediate risk for open-heart surgery. Patients who undergo this procedure tend to be over 70 years old and often have other medical conditions that make them a better candidate for this type of surgery. TAVR can be an effective option to improve quality of life in patients who otherwise have limited choices for repair of their aortic valve.

Why Choose Manatee? Patients who opt to have a TAVR procedure here can benefit from the coordinated team approach to treatment.

*Individual results may vary.

 **MANATEE HEART AND VASCULAR CENTER**
AT MANATEE MEMORIAL HOSPITAL

 **The Valve Institute**
at Manatee Memorial Hospital

