Contents | Page
---|---
What is TAVI? | 3
What is aortic stenosis? | 3
Typical pathway for a patient referred to the TAVI team | 4
What valve is used for a TAVI? | 5
How is a TAVI valve inserted? | 5
What happens if I might be suitable for a TAVI procedure? | 5
What happens after the TAVI clinic? | 6
What happens during the assessment admission? | 6
What if I have already had some of these tests before? | 7
What happens after the tests? | 7
What happens during a TAVI procedure? | 7
What happens after a TAVI procedure? | 9
What are the potential benefits of valve implantation? | 9
What are the potential risks of the procedure? | 9
What are the potential risks of not having the procedure? | 10
What can I do to improve my health before a TAVI procedure? | 10
Recovering from a TAVI procedure | 10
Will I have a follow-up appointment? | 13
Where can I get more information? | 13
Who can I contact with my queries? | 14
What is TAVI?

You have been diagnosed with a condition called aortic stenosis – a narrowing of the aortic valve of the heart. Your cardiologist has decided you may benefit from treatment to replace the valve. However, due to your overall medical condition you are at higher risk of complications from conventional surgery to replace the valve.

You are being considered for a newer type of treatment where a catheter (plastic tube) is inserted into the heart via a small incision and a new valve implanted inside the old valve. The medical name for this procedure is Transcatheter Aortic Valve Implantation, or TAVI.

Patients being considered for treatment of aortic stenosis require careful and thorough assessment to ensure the best possible treatment is provided.

It is important to understand that not all patients referred for consideration of a TAVI procedure by another cardiologist or cardiac surgeon will be able to have the procedure. Reasons for this may include:

- Your own valve being either too large or too small for a Transcatheter valve to safely fit inside
- Technical reasons why the procedure cannot be performed at an acceptable level of risk
- Additional medical problems likely to either significantly increase the risk of the procedure or significantly reduce the likely chance of the procedure improving symptoms and quality of life

What is aortic stenosis?

The heart contains four valves, which make sure blood flows in the correct direction out of the pumping chambers. The aortic valve is an outlet valve on the left side of the heart which opens to allow blood to flow out of the heart and around the body.

Aortic stenosis describes a narrowed valve which opens less easily and it is harder for the heart to push blood out and around the body.

Aortic stenosis is usually caused by ‘wear and tear’ of the valve, and less commonly due to the valve being abnormal at birth, or following infection such as rheumatic fever.

The extra work placed on the heart can cause breathlessness, fluid retention, chest pain, dizzy spells or blackouts.
Typical pathway for a patient referred to the TAVI team

*Balloon valvuloplasty is stretching of the aortic valve with a balloon. The effect is only short term.

It usually takes between 10 – 12 weeks from being seen in the TAVI clinic to a decision on treatment being made. If TAVI is recommended then typically this would be performed after a further 10 - 12 weeks.

Compiled by the TAVI team. August 2016. For queries contact Helen Jackson 01865 223279. For review August 2017.
What type of valve is used for a TAVI?

We use the Lotus valve for most patients and the Edwards Sapien valve for others. The picture below on the left is the Edwards ‘Sapien’ valve. The valve is made of inert biological material from a cow mounted on a stainless steel stent (mesh frame) which is then squashed down to a small size over a small balloon. The picture on the right is the Boston Scientific ‘Lotus’ valve (photograph provided courtesy of Boston Scientific © Boston Scientific 2015 - do not copy or distribute).

How is a TAVI valve inserted?

The procedure is carried out under sedation if via the femoral artery, and under a general anaesthetic for all other approaches.

The small compressed valve is inserted via a small catheter (plastic tube) into the heart. There are three ways the procedure is performed:

1. Transfemoral approach – the tube is inserted via small incision into a large blood vessel at the top of the groin (the femoral artery) which leads up to the heart
2. Transapical approach – the tube is inserted through an incision on the chest wall under the left breast and directly into the heart. This is used if the femoral artery is not big enough for a transfemoral approach
3. Transaortic approach – a small cut is made through the upper part of the breastbone and the catheter passed directly into the aorta and then on into the heart

The exact procedure used depends upon the size of your femoral arteries and whether there is any significant ‘furring up’ (calcification) of the femoral artery or the main blood vessel of the body (aorta).

What happens if my doctor thinks I might be suitable for a TAVI procedure?

The first step for many patients is to be referred for review in the TAVI clinic where they will be seen by one of our consultants. The purpose of this clinic is to assess the following:

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1. Is aortic stenosis the main problem?
2. Is aortic stenosis the cause of symptoms?
3. Is it appropriate to consider treatment including TAVI?
4. What investigations are needed next?
5. Is any treatment to the valve required urgently?

_It is important to know that at this point it may be clear to the Consultant that TAVI is not suitable for you and if that is the case the reasons will be explained._

**What happens after the TAVI clinic?**

If an admission to the cardiology ward for investigations is required then an admission date for these investigations will be posted out to you. Typically this will be around 6 – 8 weeks after the clinic visit.

Some patients require additional clinic visits to monitor progress or seek additional information from other specialists involved in your care.

**What happens during the assessment admission?**

You will usually be admitted for test which may include:

- General physical examination
- Routine blood tests
  - Kidney and liver function
  - Haemoglobin to exclude anaemia
  - Blood clotting
- Chest X-Ray
- An ECG (recording of the heart electrical activity)
- An echocardiogram (an ultrasound examination of the heart)
  - This may be performed by either placing the ultrasound probe on the chest wall or passing a small probe into the oesophagus (gullet) under sedation - this usually takes between 10 - 30 minutes
- A coronary angiogram
  - This is a procedure under local anaesthetic where a small plastic tube is inserted into the femoral artery at the top of the groin and passed to the heart under X-Ray guidance
  - A special dye is injected to show up areas of the heart including the coronary arteries, aorta and the femoral artery
  - The procedure takes 30 minutes and at the end the tube is removed and the artery gently pressed until the small hole has sealed
- Discussion with a surgeon
  - As surgical aortic valve replacement is often a better treatment for aortic stenosis than TAVI all patients must be seen by a surgeon
• It is very important to have good dental hygiene to minimize the risk of infection of a heart valve - if you have not had a recent dental checkup this will be organized and any treatment needed arranged
• It might be necessary to have lung function tests and a scan of the blood vessels (arteries) in the neck

What if I have already had some of these tests before?
Often routine tests such as a coronary angiogram or echocardiogram have already been performed. To avoid unnecessary duplication of tests we will obtain the results of these and decide if a repeat assessment is needed.

If you only need one or two further tests to complete your assessment this might be arranged via a single visit to our day case ward if you have appropriate transport and care on discharge already available

What happens after the tests?
Once the tests have been completed you will be discharged home.

The TAVI team meets weekly to review all cases in detail. All of the results from the tests are reviewed and discussed. The team then decides what the best treatment option is and this may include:

1. Surgical aortic valve replacement
2. Transcatheter aortic valve replacement
3. Medical treatment with medications only
4. Additional investigations
5. A temporary stretch of the valve with a balloon (Balloon Aortic Valvuloplasty)

Additional investigations might include a special CT scan to evaluate the aorta and other arteries in more detail, or an MRI scan of the heart to assess the heart muscle function, or a stress echo where the heart is assessed at rest and after simulated exercise using drug stimulation. Detailed assessment of lung function is also often needed for patients with respiratory problems.

Once the team have decided on the best option a letter will be sent to you and your GP (and any other doctors involved in your care) explaining the decision and what happens next. Often we will ring you personally to explain the decision of the team. You may be contacted by a member of our research team for further discussion.

What happens during a TAVI procedure?
Immediately before the procedure you will have some local anaesthetic in your wrist and a cannula (a small tube) will be inserted into an artery to allow close monitoring of your blood pressure. If being performed under general anaesthetic you will also have a drip inserted into a vein in your neck for monitoring purposes and to allow medication and/ or fluids to be given to you easily. You may also have a urinary catheter inserted into your bladder so that you can pass urine freely into a bag.

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The aim will be to remove all of these the following day or sooner, depending on your progress. If the procedure is performed under sedation then these are not normally needed.

The TAVI procedure will be performed in a cardiac catheterisation laboratory using fluoroscopy (x-rays) and echocardiography (ultrasound of the heart) for visualization. The duration of fluoroscopy that you receive should not be more than 20 minutes. The aim of these procedures is to avoid prolonged, deep anaesthesia and open-heart surgery which require a longer recovery period.

**If you are having the transfemoral approach**

The procedure is performed by a Cardiologist through a small puncture in your femoral artery at the top of the leg. A vascular surgeon who has specific expertise in this type of procedure will be available should problems arise.

The procedure is designed to improve your heart function, without requiring removal of your own narrowed aortic valve. Before implantation, the narrowed aortic valve may need to be stretched open by inflating a balloon on the catheter (this is called balloon aortic valvuloplasty). The replacement valve will be carefully crimped (compressed) and mounted onto a delivery catheter, using a specially designed device. It will then be inserted into the femoral artery in your leg and delivered to the heart. The replacement valve will then be expanded to fit across your own aortic valve, holding it open permanently. The puncture site in your groin is closed using special stitches.

**If you are having a transapical or transaortic (surgical) approach**

The procedure is performed by the Cardiac Surgeon, assisted by the Cardiologist, through a small incision (thoracotomy) either on the left side of your chest allowing the surgeon to access the apex (tip) of your heart – the transapical approach. Alternatively a small cut is made through the upper part of the breastbone and the catheter passed directly into the aorta and then on into the heart – the transaortic approach.

The replacement valve will be carefully crimped (compressed) and mounted onto a balloon delivery catheter, using a specially designed device. The valve will then be inserted directly through the chest wall, delivered to the correct position and expanded using a balloon to fit across the narrowed aortic valve, holding it open permanently. The balloon is then deflated and removed, the puncture site is repaired by the Cardiac Surgeon and a pleural (chest) drain inserted.

As the valve is implanted we will speed your heart rate up to 200 beats per minute with the use of a temporary pacing wire – this wire is put in through a vein in your groin or arm and passed through the vein to the heart. An electrical impulse will then be passed through the wire in order to speed your heart rate up for a few seconds only – this reduces the blood pressure and motion of the heart, making the procedure easier. Once the new valve is in place, the pacing is stopped and your heart rate will return to normal. The pacing wire is then removed. In some circumstances a permanent pacemaker is required.
What happens after a TAVI procedure?

If the procedure is performed under sedation you will recover in the cardiac angiography suite, if performed under general anaesthetic you will go to the Cardiothoracic Critical Care Unit (CTCCU) for close monitoring for a period ranging from hours to days depending on your particular circumstances. As you recover from your anaesthetic, your breathing tube will be removed as soon as possible. The aim is to remove the tubes in your neck, wrist and chest within 24 hours so that you can get up and move around. If the procedure was performed using the transapical or transaortic approach you will be prescribed a course of antibiotics.

When you have recovered sufficiently you will be transferred to the Cardiology Ward or Cardiothoracic Ward to continue your recovery. Your expected hospital stay will be between 2 – 5 days, depending on your progress. It is important that you have someone to care for you for the first week when you go home.

Anonymous information relating to your TAVI procedure will be submitted to the National Outcomes Registry for monitoring and quality assurance purposes.

Your doctor will likely ask you to take aspirin and clopidogrel (blood thinning tablets) following the procedure for at least three months – some people will require warfarin.

Visiting times

We have protected meal times for patients. Visitors are welcome from 9 am to 12 midday and 3 pm to 9 pm on the Cardiothoracic Critical Care Unit and Cardiology Ward. Visiting is from 3 pm to 8pm on the Cardiothoracic Ward. If you have a particular difficulty with these visiting times please discuss this with the ward staff who will try to accommodate you.

What are the potential benefits of valve implantation?

Treatment with the new valve should improve your symptoms. It will give you a more normal aortic valve performance and improve your overall heart function. We would hope this will increase your life expectancy and improve your quality of life.

What are the potential risks of the procedure?

Implanting a TAVI valve is a major procedure and has a significant risk. We have performed hundreds of these procedures and we will do everything we can to minimise these risks. However complex procedures like TAVI are never completely predictable and it is important that you and your family understand this procedure. The risks include:

- Risk of death during the procedure approximately: 5 % (1 in 20 people might die during the procedure)
- Risk of heart attack or stroke 5%. (1 in 20 people might have a stroke or heart attack during the procedure)
- Risk of requiring a permanent pacemaker: 30% (1 in 3 people might need a pacemaker as part of the procedure)
- Damage to groin arteries or bleeding or infection: <5%
- Kidney failure (if impaired kidney function existed prior to surgery) rarely

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THE OVERALL RISK OF DEATH OR MAJOR COMPLICATION DURING OR WITHIN ONE MONTH OF
PROCEDURE IS APPROXIMATELY 5-10% 

A TAVI will only be recommended if your doctors feel this risk is lower than conventional aortic 
valve replacement surgery.

What are the risks of not having the procedure?
A TAVI is recommended if aortic stenosis is causing significant symptoms as without any treatment 
these will usually continue to worsen and heart function starts to deteriorate, requiring more 
medication and monitoring.

What can I do to improve my health before a TAVI procedure?

Stop smoking
If you smoke, you should try and stop completely or at least for several weeks before your 
treatment. This reduces the risk of breathing problems and makes your anaesthetic safer. The 
sooner you stop smoking, the more it will reduce your risk. There is plenty of support available to 
help you give up for good. Please talk to your GP, pharmacist or call SMOKEFREE on 0800 0224 332.

Controlling your weight
If you are overweight, losing weight before your treatment will reduce many of the risks when 
having an anaesthetic.

Visit your dentist
Visit your dentist to make sure your teeth and gums are as healthy as possible to reduce the risk of 
infection. If you have loose teeth or crowns, treatment from your dentist may reduce the risk of 
damage to your teeth when the anaesthetist inserts a tube into your throat to help you breathe.

Visit your GP
If you have any on-going medical problems such as diabetes, asthma, bronchitis, thyroid problems or 
high blood pressure (hypertension), you should ask your GP if you need a check-up. If you become 
unwell when you are due to come into hospital, please contact the Cardiology Ward for advice on 
01865 572675.

Recovering from a TAVI procedure

When you have had your TAVI you will need someone to collect you from hospital and we suggest 
that they stay with you for the first few days after discharge. This is not for nursing care but so that if 
you feel unwell you have someone to help you. If you live alone please consider whether you could 
ask a family member or friend to stay with you so that you could call them if you felt unwell, or 
whether you could stay with them. They would not need to be with you all the time. Perhaps you 
know of a local convalescent home or community hospital. If so, discuss these possibilities with your 
General Practitioner. Everyone is different so recovery times can vary. As soon as you are walking 
comfortably around the home you can carry out light housework such as washing up, dusting, 
laundry, small amounts of ironing (while sitting down) and light weeding in the garden. None of 
these activities should make you feel extremely breathless – if they do you are working too hard and 
need to slow down.

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2017.
Will I need to do any specific exercises?
Walking is the best form of exercise you can take following a TAVI and it is essential for your recovery. You may find that the amount you can manage varies from day to day. You may feel a little ‘washed out’ and tired and need to rest in the afternoon. For the first one or two weeks after your surgery it is best to exercise little and often. Begin by walking around the house and taking short walks outside. You may feel slightly out of breath on walking at first, which should improve as your fitness level increases.

Once you are comfortable walking on flat ground, try walking up hills slowly, resting as necessary. After the first week at home aim for two 5 minute walks, one in the morning and one in the afternoon each day. Increase this by 1 minute per day if it feels comfortable to do so – your aim is to be able to walk for 30 minutes, five days a week. You may find this difficult if you have mobility problems, so just do what you can manage as it is important to be as active as possible. You may be able to manage much more than this eventually if you do not have other medical problems that might limit you. Always wait at least one hour after eating before you exercise, and plan your exercise into your day to avoid taking on too much and tiring yourself out. You should avoid strenuous activity for six weeks. This includes heavy lifting e.g. shopping, suitcases, or pushing and pulling e.g. cutting grass, heavy gardening and using the vacuum.

If you experience any of the following symptoms please contact your GP or NHS 111:
- Chest pain.
- Increasing shortness of breath.
- Increased swelling in your ankles
- Any signs of infection (a red or inflamed wound, temperature, fever).

Medication
As well as your normal medicines including aspirin, you will usually be discharged with an additional blood thinning medicine called Clopidogrel. This will be required for at least three months. After this you will only need to take the aspirin. Some people may require warfarin or alternative combinations. You will be discharged with some painkillers which we would recommend you to take regularly until you are no longer getting discomfort from your wound.

Travelling after your procedure
The DVLA advises that you do not drive for four weeks after your procedure. You do not need to inform the DVLA about your procedure, but we do advise you to tell your insurance company in order to avoid problems with any claims you may make in the future. If you have problems with your insurance the British Heart Foundation (BHF) will be able to give you details of insurance companies. You can call the BHF on 0845 070 80 70. If you hold a commercial license, you will need to inform the DVLA who will advise you further. Provided you have had no complications, you will be able to fly:
- one week after your TAVI if you had a cut made in your groin
- two weeks after your TAVI if you had a cut made in your chest.

Despite this, if you are planning a holiday, it may be better if you wait at least six weeks before travelling, as it is unlikely that you will get the best out of your break before then. If you wish to fly within three months of your procedure, check with your doctor and the airline as each has its own procedure. Also, remember to ensure that you have valid travel insurance – you can contact the British Heart Foundation for advice.

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After leaving hospital

Although it is less invasive than having open heart surgery, having a TAVI is a significant event and as well as affecting your physical health, it can affect you emotionally. This is a normal part of recovery and these feelings will pass. Some people who have had a TAVI have reported the following symptoms or problems after the procedure. Some are caused by the procedure itself and others by the anaesthetic. The symptoms are usually temporary and settle over the first few days or weeks after the procedure.

Altered sense of smell/strange taste in the mouth: This is caused by the anaesthetic and it is common for people to lose their appetite. Try to have small meals little and often.
Blurred vision/dots in front of eyes: This occurs as a result of the surgery. It is recommended that you do not have an eye test within the first three months after your surgery to allow this to settle.
Nightmares/hallucinations or difficulty sleeping: Sleep disturbance is common following any operation and will usually settle once you are at home and get back into your normal routine. You may find it is initially best to sleep on your back for comfort.
Muffled hearing/heightened awareness of heartbeat: You may be particularly aware of this when you are lying on your side at night. Again, this is perfectly normal, but can cause concern. Try a different sleeping pattern to see if this helps.
Voice sounds different or hoarse: This occurs as a result of the breathing tube we put in your throat during the operation. This will improve over time.
Sore or numb bottom: It is important to remain as active as you can after your surgery and not sit in one position for long periods.
Constipation: This can occur as a result of inactivity and the strong painkillers you need to take after the procedure. You can ask us for a laxative to help this. Please tell your nurse if your bowels have not opened before you go home.
Loss of concentration/memory problems: Many people find they are unable to concentrate on things like reading a book or newspaper. Be patient with yourself – as you recover your concentration levels will return to normal.
Arm, shoulder or wrist pain/numbness: This can occur as a result of the surgery. The position of your arm during the procedure can sometimes cause this temporary problem.
Ankle and leg swelling in both limbs: This can occur during the first few weeks after your procedure. It will settle down, but you should speak to your GP if it does not start to improve. If you notice swelling in just one leg, see your GP.

How should I care for my wound?

You will have an incision/scar in your groin or on your chest, depending on where we made the cut to perform your TAVI. Your wounds should be healed by the time you leave hospital, if they still require a dressing we will organise a District or Practice Nurse to continue this. The stitches are dissolvable so do not have to be removed. It is normal for your groin to be tender for a few days and sometimes can be tender for several weeks. It is also normal for a bruise to develop. You can shower when you get home but avoid rubbing the wound site. Do not have a bath or use creams, talcum powder or soap directly onto the groin site for up to a week after the procedure to avoid irritation and reduce the likelihood of infection.

However, if you notice any of the following please contact your GP:
- a hard tender lump under the skin around the area of incision (although a pea-sized lump is normal)
- any increase in pain, swelling, redness and/or discharge at the site
- a cold foot on the same side as the angiogram
- a raised temperature/fever.

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If your groin starts to bleed you should apply pressure to the area keeping your leg as straight as possible (lying down if you can). **If the bleeding does not stop after 10 minutes, dial 999.** If the bleeding stops within 10 minutes keep your leg as still as possible for the following hour. If bleeding re-starts, go to your Emergency Department but **do not drive yourself there.**

**Will I be in pain?**
You may need painkillers for up to six weeks so you may need to get more from your GP. Take these tablets as directed until the pain begins to ease and then slowly reduce the dose. You may still be taking the odd dose after six weeks and this is perfectly normal. The pain is normally around the wound, but can also be felt around the neck, shoulders, or back. Initially the side of your chest may feel numb to the touch, but as the nerve endings around the wound begin to knit back together, you may experience tingling or pins and needles. You may also notice sharp stabbing pains where the chest drain was if you required one. These pains will diminish over time and painkillers should help. Certain movements such as raising your arms to get something off a shelf or picking something up off the floor may cause some discomfort initially and it is therefore best to avoid certain activities to allow your chest wall to heal.

**Work**
If you were working before your procedure there is no reason why you cannot return to this after a period of recovery up to six weeks if you are feeling well and have no problem with the wound. You do not need to wait for your out-patient appointment.

**Will I have a follow-up appointment?**
A follow-up appointment will normally be organised for you around two to four months after your TAVI, whilst you are there you may have a chest scan known as a trans-thoracic echocardiogram. You will receive notification of this appointment by post. If you do not receive your appointment letter within three months of leaving the hospital, please contact Helen Jackson, Consultant Nurse via 01865 223067 during normal working hours. On discharge we will give you a letter which lists your tablets and what happened to you in hospital. A copy of this will also be sent to your GP.

**Your questions for us**
Please take some time to list any questions you and your family might have to help you remember to ask them when you are next at the hospital.

**If you have any queries following your discharge please ring Helen Jackson, Consultant Nurse on 01865 223067 during normal working hours.**

**Where can I get more information?**

**NHS information:** [http://www.nhs.uk/conditions/aorticvalvereplacement/pages/alternatives.aspx](http://www.nhs.uk/conditions/aorticvalvereplacement/pages/alternatives.aspx)

**Information on the Edwards Sapien Valve:**
[www.edwards.com/products/transcathevalve/Pages/THVcategory.aspx](http://www.edwards.com/products/transcathevalve/Pages/THVcategory.aspx)
[http://newheartvalve.com/#sthash.QmTcDqwE.dpbs](http://newheartvalve.com/#sthash.QmTcDqwE.dpbs)

**The British Heart Valve Society** [http://www.bhvs.org.uk/information](http://www.bhvs.org.uk/information)

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### Who can I contact with my queries?

<table>
<thead>
<tr>
<th>Type of query</th>
<th>Who to contact</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General queries regarding TAVI</strong></td>
<td><strong><a href="mailto:Oxford.tavi@nhs.net">Oxford.tavi@nhs.net</a></strong></td>
</tr>
<tr>
<td><strong>Out-patient appointments with:</strong></td>
<td></td>
</tr>
<tr>
<td>1) <strong>Professor Adrian Banning</strong> or <strong>Dr Jim Newton</strong></td>
<td><strong>Kiri Holmes, Personal Assistant</strong> 01865 228934 <a href="mailto:Kiri.holmes@ouh.nhs.uk">Kiri.holmes@ouh.nhs.uk</a></td>
</tr>
<tr>
<td>2) <strong>Professor Rajesh Kharbanda</strong></td>
<td><strong>Natalie Brechin, Personal Assistant</strong> 01865 220325, <a href="mailto:Natalie.Brechin@ouh.nhs.uk">Natalie.Brechin@ouh.nhs.uk</a></td>
</tr>
<tr>
<td><strong>Out-patient appointments with:</strong> <strong>Mr Rana Sayeed or Mr Krasopoulos</strong></td>
<td><strong>Katharine New, Personal Assistant</strong> 01865 572819, <a href="mailto:Katharine.new@ouh.nhs.uk">Katharine.new@ouh.nhs.uk</a></td>
</tr>
<tr>
<td><strong>Awaiting news of appointment dates for investigations or admission for TAVI</strong></td>
<td><strong>The Elective Access Team 01865 572810 OR Heart Failure Team Office Administrator 01865 223067</strong></td>
</tr>
<tr>
<td><strong>Health related questions whilst awaiting admission for investigations or TAVI</strong></td>
<td><strong>Senior Staff Nurses, Cardiology Ward 01865 231613</strong></td>
</tr>
<tr>
<td><strong>Health related questions following discharge</strong></td>
<td><strong>Helen Jackson, Consultant Nurse via Heart Failure Team Office Administrator 01865 223067</strong></td>
</tr>
</tbody>
</table>