Best Single Speciality Hospital in Cardiology
ICICI Lombard & CNBC TV18 India Healthcare Awards 2015,
for the third consecutive year

Best Cardiac Service in India
Frost & Sullivan, 2014

Best Private Cardiac Hospital in India

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1 WHAT IS TAVR?

Transcatheter Aortic Valve Replacement (TAVR) is a well-proven procedure for aortic valve replacement in people who are considered as high risk patients for Open Heart Surgery. In this procedure, a new aortic valve is fixed without removing the old, damaged valve with the help of a specialised catheter through a process similar to stenting. A new artificial valve wedges into the place of the older aortic valve.

A dedicated Heart Team consisting of Interventional Cardiologist, Cardiac Surgeon, Non-Invasive Cardiologist, Cardiac Radiologist and the Cardiac Anaesthesiologist, first conduct a comprehensive evaluation to determine whether this procedure is an appropriate treatment option for the patient or not. This includes Clinical Examination, Echocardiogram, CT scan and Cardiac Catheterization.

2 HOW IS TAVR PERFORMED?

Somewhat similar to a stent placement in an artery, the TAVR approach delivers a fully collapsible replacement valve to the original valve site through a specialised tube-based delivery system (Catheter). It is done by a small puncture in the groin, entering through the Femoral Artery (large artery in the groin), and usually does not require any major cut. The valve is taken through the specialised delivery catheter at the site of the original valve and is deployed there. Once the new valve expands, it pushes the old valve leaflets out of the way and the tissue in the replacement valve takes over the job of regulating blood flow. The small puncture in the groin is finally sealed.

3 WHAT IS AORTIC VALVE STENOSIS (AS)?

Aortic Stenosis is one of the most common and serious valve disease problems. In this, a heart valve situated at the gateway between the main pumping chamber of the heart (Left Ventricle) and the big blood vessel (Aorta), that supplies blood to the whole body, becomes thick, calcified and narrowed. The heart chamber has to work harder against the narrowed, diseased valve and ultimately starts failing. The treatment constitutes replacing the diseased aortic valve with a new valve. The common causes of this disease are old age, rheumatic infection or a structurally malformed valve present from birth, degenerating by the fourth or the fifth decade of life. They all result in calcification and scarring of the valve leading to restriction of the amount of blood flow.

The treatment involves replacing the valve either by an Open Heart Surgery or through an approved non-surgical technique like Angioplasty called TAVR.

4 HOW DO YOU SUSPECT AORTIC STENOSIS FROM YOUR SYMPTOMS?

It’s important to note that many people with Aortic Stenosis do not experience noticeable symptoms until the amount of restricted blood flow becomes significantly reduced. Symptoms of Aortic Stenosis may include breathlessness, chest pain, pressure or tightness, fainting (also called Syncope), palpitations or a feeling of heavy, pounding, and noticeable heartbeats. Also, decline in activity level or reduced ability to do normal activities requiring mild exertion. Even sudden death can occur or heart may gradually fail.
HOW IS TAVR DIFFERENT FROM THE SURGICAL TECHNIQUE OF VALVE REPLACEMENT?

It is a minimally invasive interventional (non-surgical) technique performed in a cath lab, like Angioplasty, and does not need the chest to be opened, has low hazards and risks of long hours of general anaesthesia as needed in case of Open Heart Surgery. There is no big scar and the puncture site is sealed off at the end of the procedure. It can even be performed in an awake condition under mild sedation. The hospitalisation is just three to four days and the stay in ICU is just a night for monitoring and recovery after the procedure is done. The person can return back to normal life activities soon after a discharge from the hospital. It has lower risk for the patients who have multiple serious medical or surgical conditions as discussed, that make them risky or unfit for Open Heart Surgery. A small percentage of patients similar to open heart surgical valve replacement, may require permanent pacemaker implantation.

WHO IS A GOOD CANDIDATE FOR TAVR?

At this time, the procedure is reserved for those people for whom an open heart surgical procedure is a high risk due to medical and surgical conditions like old age, previous heart surgery, severe lung disease, diabetes, kidney failure, dependent on oxygen at home, and severely calcified Aorta (Porcelain Aorta). A person whose previous artificial aortic valve is degenerated can also have a new valve through this technique without a redo open heart surgery. Although relatively new, TAVR is an effective option to treat and improve survival and quality of life in these patients. It is an established and well-proven treatment for severe Aortic Stenosis.

PATIENT TESTIMONIALS*

Mr. Amal Chand Sengupta, 81 year old male from Kolkata with previous history of a Bypass Surgery in 2008, was finding life difficult and practically bed-bound because of severe shortness of breath and tiredness due to severe Aortic Stenosis. He successfully underwent TAVR in 2013 and life changed for good. He goes to parks for walks and shopping in malls now. He says, “The operation was successfully done and I am indebted to Fortis Escorts and its wonderful team of doctors. I am impressed to see the confidence in the team of doctors performing TAVR”. TAVR gave him a new lease to life.

Mrs. Hussniah Bahr Amer Alhadi, 74 year old Yemeni lady from Saudi Arabia suffered from breathlessness and tiredness at minimal exertion leading to great difficulty in doing her domestic work. She was diagnosed with severe Aortic Stenosis in her country and was advised a valve replacement. The son of the patient said, “On the internet we found that Dr. Ashok Seth and his team of doctors at Fortis Escorts in India were pioneers in TAVR procedure, and we decided to come to India.”

The lady underwent a Transcatheter Aortic Valve Replacement successfully in 2015 and flew back to her country with a smile and sweet memories of getting well in just five days. The cheerful son says, “There has been a lot of difference in my mother’s condition before and after the procedure and she is able to walk in the Saket City mall without being breathless at all.”

Mrs. Aklo Devi, 75 year old frail lady from Gurgaon, could not have her aortic valve replaced at the time of her Bypass Surgery because she had a very fragile Aorta (Porcelain Aorta) and the surgeon left the diseased aortic valve un-replaced, A TAVR in February 2012, made it possible to have her aortic valve replaced and today she says, “I am able to climb three floors of my house and actively participate in my grandson’s marriage”. She is the first in the country to have undergone TAVR and is doing well.

Mrs. Shanta Pawar (Surat), 65 year old lady was a known case of Bronchial Asthma, diagnosed to have severe calcification as in 2012 as part of an evaluation for her shortness of breath. Her doctor son chose TAVR as the procedure of choice in view of her severe Asthma. The heart team evaluated her and found to be in agreement with the choice of treatment. She successfully underwent TAVR in September 2013. She says, “Now I feel I am just a 26 year old young lady”.

Mr. G. P. Moorjani, 83 year old frail pleasant gentleman from Delhi, with a previous Bypass Surgery in 2003 and permanent pacemaker implantation in 2012, was diagnosed as a case of severe Calcific Aortic Stenosis, due to the onset of chest pain and shortness of breath. He underwent TAVR in February 2012. He’s doing well and is able to walk 30 minutes daily.

*Names mentioned here are real and have been used with the patients’ consent.
Mr. Harbans S. Sahny, 85 year old gentleman from Delhi, with multiple stents and a Pacemaker in the past, with the onset of chest pain and shortness of breath. He was diagnosed to have severe Calcific Aortic Stenosis. He successfully underwent TAVR through Alternative Vascular Access Route (Subclavian Artery) in March 2013. He is all hail and hearty.

WHY CHOOSE FORTIS ESCORTS HEART INSTITUTE FOR TAVR?

Fortis Escorts Heart Institute is the first hospital in India to launch the TAVR programme in 2012 and has the maximum experience of this new technique of valve replacement with an extremely high success rate. A dedicated heart team (consisting of Interventional Cardiologist, Cardiac Surgeon, Non-Invasive Cardiologist, Cardiac Radiologists and the Cardiac Anaesthesiologist) evaluates every patient and jointly performs the procedure. For 25 years, the institute has been a gold standard for clinical excellence and expertise; and continues to be the leader in Cardio-Vascular Sciences. Renowned Cardiologists, Cardiac Surgeons and Clinical Cardiologists come together to provide world-class treatment. The institute has been repeatedly awarded as the best cardiac care provider in the country by various social and public bodies.

Teamwork: Cardiologists, (Interventional Cardiologists, Echocardiography and Imaging Specialists), work with Cardiac Surgeons, Radiologists, Anaesthesiologists, Nurses and Technicians to provide the best cardiac care.

Experience: With a legacy of 25 years, our Cardiologists have received specialised training and have extensive expertise in performing various complex heart procedures under the leadership of Dr. Ashok Seth. FEHI again stands as the first hospital in India to have successfully performed the TAVR procedure.

Latest Technology: FEHI doctors have the latest Imaging Technology available to help them in planning and performing the TAVR procedure. Accurate planning before the procedure helps in reducing the risk of complications.

VAST INSTITUTIONAL EXPERIENCE, HIGHEST STANDARDS OF PATIENT CARE.

Over the past 25 years, Fortis Escorts Heart Institute has conducted more than 1,65,000 Angiographies, 50,000 Angioplasties and 92,000 Cardiac Surgeries, one of the highest numbers in the world.

For more information, please write to tavr.fehi@gmail.com