

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Date of Procedure: [Date]

Discharge Date: [Date]

Discharge Summary: Transcatheter Aortic Valve Replacement (TAVR)

Dear [Patient Name],

You have successfully undergone a Transcatheter Aortic Valve Replacement (TAVR). This letter provides important instructions for your recovery at home.

Procedure Details

- **Valve Type/Size:** [Insert Valve Model/Size]
- **Access Site:** [e.g., Right Femoral Artery]

Medications

Follow your updated medication list closely. Do not stop taking blood thinners or antiplatelet medications unless directed by your cardiologist.

- **Antiplatelet/Anticoagulant:** [Drug Name, Dosage, Frequency]
- **Other New Medications:** [Drug Name, Dosage, Frequency]

Wound Care (Incision Site)

- Keep the access site (usually the groin) clean and dry.
- You may shower 24-48 hours after the procedure, but do not scrub the site.
- Do not submerge in baths, pools, or hot tubs for at least 7 days.

Activity Restrictions

- Do not lift anything heavier than 10 pounds for the next 7 days.
- Avoid strenuous exercise or heavy pushing/pulling for 1 week.
- Walking is encouraged; start with short distances and increase slowly.

When to Call the Doctor Immediately

- Bleeding, a large lump, or sudden bruising at the incision site.
- Fever, chills, or redness/drainage at the incision site.
- Chest pain or worsening shortness of breath.
- Fainting, dizziness, or sudden swelling in the legs.

Follow-up Appointments

- **Cardiology Follow-up:** [Date and Time] with [Doctor Name]
- **Echocardiogram:** [Date and Time]

Sincerely,

[Doctor Name/Signature]

[Hospital/Clinic Name]

[Contact Phone Number]