St. Francis Cardiac Team Performs its First TAVR Procedure

**TAVR offers aortic stenosis patients a shorter procedure with a more rapid recovery versus open-heart surgery**

TRENTON, NJ— St. Francis Medical Center is now performing Transcatheter Aortic Valve Replacement (TAVR) for cardiac patients with severe, symptomatic aortic stenosis. The TAVR procedure is approved by the Food and Drug Administration (FDA) for the treatment of aortic stenosis at any level of surgical risk.

St. Francis’ multidisciplinary cardiac team performed its first TAVR procedure in September. As a well-known leader in cardiac care, St. Francis Medical Center is the only hospital in Mercer County to offer both TAVR and open-heart surgery as options for the treatment of aortic stenosis.

The TAVR procedure provides an innovative, less-invasive treatment option for patients with severe, symptomatic aortic valve stenosis. “We are excited to offer TAVR to our patients,” said Justin Fox, MD, interventional cardiologist with Hamilton Cardiology Associates and Co-Chairperson of the Structural Heart (TAVR) Program at St. Francis Medical Center. “TAVR offers our patients a shorter procedure with a history of excellent clinical outcomes, including a more rapid recovery than open-heart surgery.”

TAVR patients typically undergo a one-to-two-hour procedure, compared to a four-to-six-hour operation for open-heart surgery. As a less invasive procedure, a TAVR is performed without stopping the patient’s heart or the need for cardiopulmonary bypass. Once the new valve is placed, it immediately takes over valve function, regulating blood flow out of the heart. In contrast, with open-heart surgery, the surgeon opens the chest wall, stops the heart, removes the valve and replaces it. Open-heart surgery can require a two-to-three-month recovery period, compared to only a few days for most patients with the transcatheter approach.

The TAVR procedure involves the placement of a collapsible bioprosthetic aortic heart valve into the body. The procedure is percutaneous and most commonly done through a blood vessel at the top of the leg, a similar approach to many cardiac catheterization procedures. Typically, no surgical incisions are required. The valve is advanced from the femoral artery and delivered to the heart. For patients with anatomy where a femoral approach is not an option, alternative
access points are available. In either case, the device is inserted inside the existing valve and expanded by a balloon, allowing the patient to have a new, fully functioning aortic valve.

“After TAVR, most patients experience a dramatic improvement in quality of life and there is known to be a significant improvement in long-term survival compared to patients who don’t receive a valve replacement.,” said Andreas Wolf, MD, interventional cardiologist with Mercer Bucks Cardiology and Co-Chairperson of the Structural Heart (TAVR) Program at St. Francis Medical Center at St. Francis Medical Center.

About 1.5 million Americans have aortic stenosis, a narrowing of the heart’s aortic valve that limits blood flow to the rest of the body. The heart must work much harder to deliver adequate blood to the body, which ultimately may lead to weakening of the heart, heart failure and ultimately death. About 250,000 (predominantly elderly) patients currently have severe aortic stenosis.

Patients with aortic stenosis who do not receive an aortic valve replacement have no long-term treatment option to prevent or delay the progression of severe aortic stenosis. TAVR has shown superior results in one- and two-year survival rates of patients, similar to that of open-heart valve replacement, compared to those treated with medical therapy alone, according to Edwards Lifesciences.

Symptoms of severe aortic stenosis can include the relatively common symptoms of fatigue, activity intolerance, and lightheadedness, all of which may be misinterpreted by patients as normal signs of aging and/or being physically inactive. Since one of the most-feared presentations of end-stage aortic stenosis can include severe heart failure, shock, or sudden cardiac death, it is important that this condition is discovered early in its course.

“In my training, I worked at large university hospitals in New York, Chicago, and Boston. I’ve now practiced in Central New Jersey for almost ten years and I’m proud to work at a hospital like St. Francis, which continues to be a leader in cardiac care in our region,” adds Dr. Fox. “The hospital has maintained a continued commitment toward innovation and providing our patients with the latest technologies in the treatment of cardiovascular disease, now including Transcatheter Aortic Valve Replacement.”

The TAVR procedure at St. Francis is performed by interventional cardiologists with Hamilton Cardiology Associates, Mercer Bucks Cardiology, and Capital Cardiology, working with St. Francis’ cardiac surgeons, including Dr. Arthur Martella who has performed over 1,000 TAVR procedures in his career.

For more information on Transcatheter Aortic Valve Replacement at St. Francis, or to find out if you are a candidate for the procedure, call 1-855-599-SFMC (7362).

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