Nursing considerations in transcatheter aortic valve implantation: pre and post-care

Marija Romić*

University Hospital of Split, Split, Croatia

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***ADDRESS FOR CORRESPONDENCE**: Marija Romić, Klinički bolnički centar Split, Šoltanska 2, HR-21000 Split, Croatia. / Phone: +385-97-6151-277 / E-mail: marijaromic31@gmail.com

ORCID: Marija Romić, https://orcid.org/0000-0002-7683-2837

Whereas surgical aortic valve replacement (SAVR) has been the traditional treatment option for decades for patients with severe aortic stenosis (AS), more recently transcatheter aortic valve replacement (TAVR) has become a widely used alternative to surgery based on clinical trials suggesting comparable efficacy and safety profiles among patients at intermediate or high surgical risk. During the first decade of TAVR innovation, there has been development of improved devices, multimodality assessment, case selection and procedural approaches by the researchers and clinicians.[1] That resulted in TAVR rapidly becoming established as a safe and effective treatment option for people with symptomatic severe AS with surgical profiles ranging from prohibitive to low and has surpassed SAVR as the preferred treatment for AS in multiple international jurisdictions.[2,3] This accelerated success has enabled us to refocus our attention from „ how we do TAVR" task to „ how we care for TAVR patients" task. New focus is driven by early clinical experience, and the pressing need to standardize processes of care to consistently achieve excellent outcomes, patient experiences, and program efficiencies. A successful TAVI program aims to resolve AS safely and efficiently, enabling the patient to be discharged home rapidly without sustaining in-hospital complications and thus improving outcomes. In order to achieve these goals, it is necessary to implement a standardized clinical pathway. Implementing a streamlined TAVI patient pathway requires engagement of TAVI heart team, other hospital staff (cardiac program administration, care coordinators), patients and their families. The dedicated TAVR nurses play a pivotal role in optimizing patients' pathway, communication, and program efficiencies. The goal of TAVR care is to enable patient's easy transitions from their preprocedural assessment pathway and procedure planning to their periprocedural experience and finally to their postprocedural care. As such, the adoption of best practices must encompass a single clinical pathway inclusive of all time points to improve transitions of care and multidisciplinary collaboration.

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LITERATURE

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