

TAVI Transcatheter Aortic Valve Replacement

My story

Chapter 1 — Learning about TAVI

A year and a half ago, in late 2022, during my annual heart assessment and Echo cardiogram, my heart specialist (Dr David Gray) pointed out that my aortic valve had a potential problem: it was showing signs of deterioration such that the valve wasn't working as it should.

He called the condition aortic valve stenosis and stenosis means narrowing. He said we would have to keep an eye on it to make sure it didn't get worse.

Because of Dr Gray's concerns, towards the middle of last year on July 3, 2023, I had another echocardiogram at his practice.

On 12 July 2023 I saw Dr Gray to discuss the findings of the most recent echo cardiogram. Not good news I'm afraid. The condition was deteriorating, and he mentioned that there was a newish procedure called TAVI which was a non-intrusive way to replace the aortic heart valve.

He said there was a program in place to replace the valve using a new-ish procedure, but certain conditions had to be met before another surgeon could carry out the operation. This operation went by the acronym of TAVI, which stands for Transcatheter Aortic Valve Insertion or replacement. Only two hospitals on the northern side of the harbour are equipped to carry out this procedure: the San Private and North Shore Private (or maybe it's Royal North Shore)

Dr Gray said that we should put it off until early 2024 and take another look at the heart.

Things begin to happen 08/01/2024 and 15/01/2024

I had another echo cardiogram on 08/01/2024 at Dr Gray's offices and a follow up consultation on 15/01/2024. Dr Gray said that the condition was now serious or critical. I forget the exact term he used. Funnily enough, I feel fine and I'm unaware that I have a problem. On the internet, aortic valve stenosis is called the "silent killer."

All of Doctor Gray's patients have this procedure carried out by Doctor Dylan Wynne, a specialist in this area of the heart. I expressed concern that even though we had private health insurance that we were left thousands of dollars

out of pocket by Jenni's most recent surgery and that this operation sounded expensive. Dr Gray said he would phone Dr Wynne and discuss our situation to see if there was anything Dr Wynne could do to reduce the out-of-pocket expenses.

Dr Gray called back as he promised. Dr Wynne had told him that the out-of-pocket expenses would be somewhere between \$500 and \$1000. Dr Gray asked if I wanted him to send a referral to Dr Wynne and, of course, I said yes.

Things move very quickly — Doctor Dylan Wynne 07/02/2024

I called Doctor Wynne's office and was fortunate enough to get a cancellation the following Wednesday 07/02/2024. On the day there was a slight mix up, so that when Jenni and I got to the office, there was no appointment listed. We discussed this a bit and the Secretary said "Well, we'll see if he can squeeze you in" and that is what happened.

Dr Wynne turned out to be a smiling Welshman who made us feel welcome and valued. Once again, I mentioned cost and he said not to worry. He would do it at no-gap which means no out of pocket expenses. This was a huge relief.

Dr Wynne explained that there was a list of requirements before a patient could be accepted for the procedure. He wanted real data, which was provided in part by Dr Gray in his referral, which had numbers, graphs and images, the whole bit.

As far as age was concerned, I was an ideal age for the procedure, and that I had ticked most of the boxes. What remained was to carry out an angiogram to explore the arteries, the general condition of my heart and a large artery leading up my leg directly to the aortic valve. Then to follow it up with a CT scan.

Dr Wynne also explained that the candidates for the surgery were discussed at a team meeting that meets every Tuesday to identify those suitable.

The angiogram 08/02/2024

On 8th March (the next day), Dr Wynne did the angiogram procedure himself at the San. He declared I was physically able or capable of having the procedure and that I had ticked another box.

The previous angiograms (in 2003 and 2009) were clear of cholesterol at that time, but he mentioned that there was now a slight build-up in the arteries since then. The anti-cholesterol pills I have taken for twenty years have done

their job. *Note here: In 2003 my GP identified that my cholesterol, which was in the middle of “normal” at 5.5, was too high since I had the beginnings of heart disease. He put me on Lipostat (a statin) and I’ve been on a reading of about 4.0- 4.5 for many years.*

Cardio CT scan 09/02/2024

The next day 9th March 2024, I had a cardio CT scan at the San. This is the type of scan where the radiographer injects a radioactive dye so that they can tell what's going on inside the heart and arteries. During the scan they take movies, sound bites and still images. They also take measurements for a new valve to be inserted into my heart.

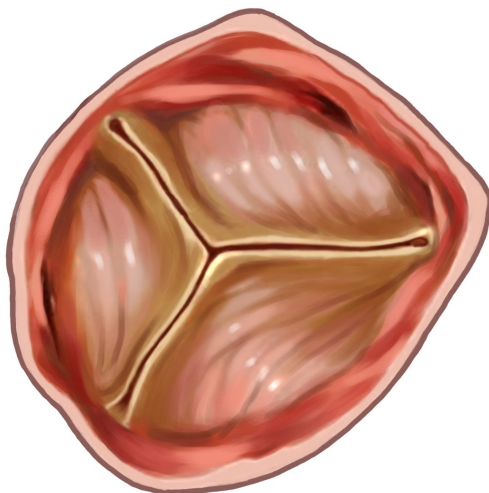
Approved Tuesday 13/02/2024

As I write this, on Tuesday 13th of February, Doctor Wynne’s office has just phoned to advise us that the team has decided that I am a suitable candidate for TAVI and that I should report to the San Hospital in Wahroonga next Wednesday 21/02/2024 in the afternoon for the operation to be carried out the next day Thursday 22/02/2024.

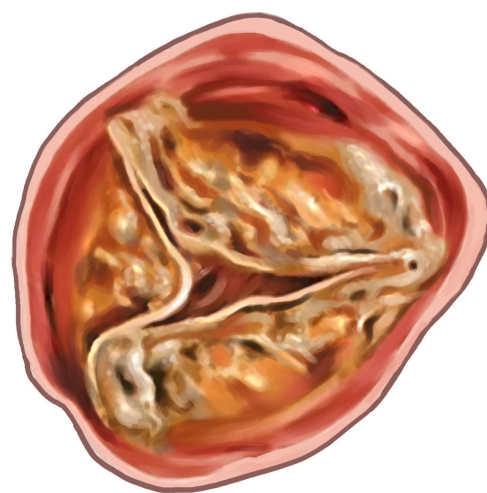
I've just sent Joan, Jacqui, and Caroline a text message to let them know what's going on.

I feel very positive, and I have to say I'm not even slightly concerned or slightly worried. I have two options: 1) doing nothing and hope that God will save me, or 2) to trust modern surgery. Option 1 is sure to lead to heart failure and perhaps a miserable death. Option 2 has a 97% success rate, so it's a no-brainer really.

Illustration of aortic valve stenosis

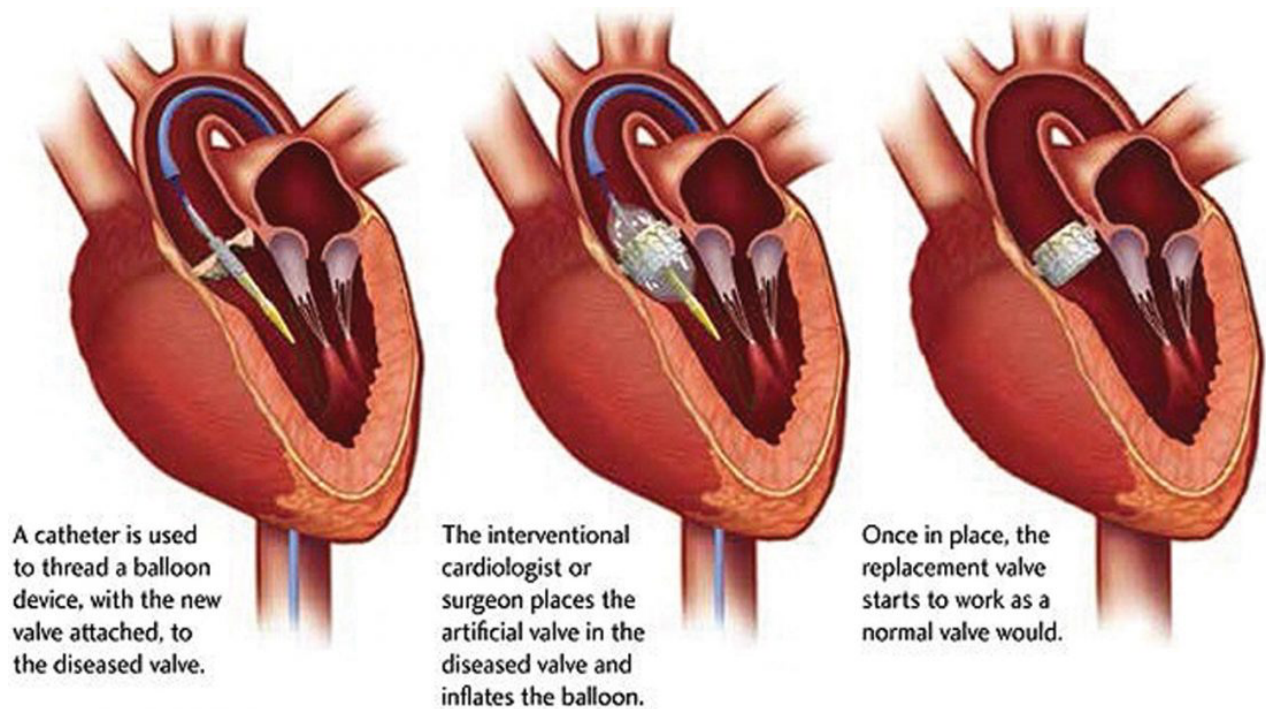


Healthy aortic valve



Aortic valve with stenosis

Illustration of the procedure



Chapter 2 — My hospital adventure

Wednesday 21 February 2024 — the day before Doom's Day

It's now 6:30 pm, and I'm lying in my hospital bed after all the preparation. I'm using talk-to-text on my iPhone to record my observations.

Jenni and I got here about 3:30 pm. The first thing we had to do was to check in and pay our bill, \$250 excess.

Then we wandered into the CC unit, and were immediately escorted to my room, which is surprisingly large.

We were a little earlier than most people and we were immediately rushed through everything before the crowds arrived.

Then all of the tests and preparations began. Not necessarily in this order:

- Blood pressure, very pleasing at 128/77. I was quite calm and not at all stressed.
- Oxygen from the oximeter
- Electrocardiogram with a paper printout was over in a flash.
- Echo of the heart. This took quite a while. Maybe she was taking measurements or something.
- Then bloods, it seemed like four or five vials.
- I had a pee and took a sample so that could be looked at by the lab.
- After the pee, a nurse was waiting to shave me. He was a male nurse unfortunately but interesting anyway because he was from Zimbabwe and very black. We had an interesting chat about Sydney house prices and a few other things. He came to Australia with his parents when he was five. I didn't touch the subject of Zimbabwe at all.
- I had to complete a questionnaire so that the doctors can tell if my lifestyle has improved after a couple of months have passed.
- I had to do a rigorous intellectual test, the same as Trump aced a couple of years ago. I correctly identified the lion, a camel, and a hippopotamus. I had to identify that 1 went with A, 2 with B, 3 with C, etc. I was also able to say where I was, what day it was, and what month and year was. I aced it. It felt really good to be as clever as Trump.
- I had a nasal swab, first time ever, to prevent spread of human metapneumovirus (HMPV). It's sweeping through hospitals right now.
- I think the only thing left now is an x-ray.
- Later, I got a free ride in a wheelchair down one story and had an X-Ray.

What happens next?

A female nurse (yeah!) explained what happens tomorrow.

I am second of two TAVI patients. The lady patient will have the first operation and I will follow. After my operation I return to this room where I am now.

I won't be allowed to move for four hours after the operation, and this is going to be difficult. (*in reality, I was zonked out by the drugs and slept for 5 hours*).

The same nurse took a copy of my medication stored in my iPhone and went through my medication in their original packaging. The Hospital did not allow my pre-packaged medication that I had prepared.



I was not yet hooked up to the ECG monitor but my blood pressure was good

I had dinner a short time later, and it was not totally inedible, but it came close. The nearest I can think of is the NCR cafeteria in Dayton.

A nurse just came to tell me that I had to have a shower with antiseptic gel and she is going to get a towel and the special gel. I think I'm a bit out of sequence because about 15 minutes ago I went downstairs for an x-ray. It's now about five minutes to 8:00 and the time is passing fairly quickly.

Nurse just arrived with a towel and body lotion, and I have to do everything head to toe. I guess even between my toes, under my nails and everything.

Doom's Day — 22 February, 2024

Waiting for the axe to fall — Doom's Day 22 February 2024

It's morning now, I got woken up for a blood pressure test. I probably only slept about 3-4 hours last night, but I had the headset and my music on and had a fairly relaxing night.

I need to have a shower about 6:00 - 6:30 and it's only a little after 5 o'clock at the moment.



Cardiogram shows my blood pressure is good but my heart pulses are all over the place

It's not likely that I will go back to sleep now. My blood pressure reading of 108/68 indicates that I am still quite calm.

It's very quiet here at the moment. All the noises have stopped and it's rather peaceful.

During the night I charged my phone and the headset from my battery-powered charger.

The sound from the headset is really good and much better than from the hearing aids. I slept the night with the headset on and put it on the charger as well.

Yesterday a nurse told me that I will continue, before and after the operation, to do Trump's IQ test. This is so that they can monitor any deterioration in brain function. I guess that they measure the difference between barely functional and non-functional.

A small improvement is the way I'm connected to the ECG monitor. It's a wireless device that hangs around my neck and it was quite comfortable during the night as I sleep on my back now.

Previously, from what I can remember, I was connected to the ECG monitor via hard-wired cables, and it was extremely uncomfortable. I remember that at Hornsby many years ago, I disconnected the cables so that I could go and have a pee.

A small thing is that I slept the night without My CPAP machine not that I slept all that long anyway. My iPhone's voice-to-text seems to be working quite well at the moment in the very quiet Hospital environment.

134/79 which is more like normal for me.

Sometime later, voice-to-text is not working. It's probably because of cell-phone traffic as Sydney wakes up for the day. The talk-to-text feature is not on the iPhone itself; it goes to iCloud which uses AI to create the text. It's quite clever and Apple uses normal AI (unlike generative AI as it produces nothing new). SIRI works on the same principle.

I waited comfortably in my bed until about 10 o'clock when I was wheeled across the ward to the operating theatre.

The operation - Doom's Day, 22 February 2024

The pacemaker technician saw me first, took readings and readjusted the software and explained he would put it all back at the end of the operation. He was quite a nice chap, completely different to the arrogant arsehole who first programmed it.

I also had a quick visit, more of a hello, from Dr Wynne

At 10:37 I was wheeled into the operating room. It took a while to prepare me and I eventually got to meet the anaesthetist. I was still quite calm.

After the first round of drugs, I was in big trouble and could hardly speak. I needed to vomit but I could only turn my head sideways to expel the bile. A nice male nurse helped me and gave me an injection to stop the vomiting and I was OK for a short while.

On reflection, this is the worst operation I've ever had because of the almost continuous vomiting.

During the operation itself, I was awake but felt I could easily go to sleep. I resisted this temptation; I was being kept awake for a reason.

I heard Dr Wynne's assistant saying, "a quick jab" and this meant taking in more vomit-inducing stuff. So, I vomited again, sideways because I had to lie flat.

I was awake during the whole procedure and not in any pain, but the vomiting was the worst thing about the operation.

Twice Dr Wynne yelled at me to keep still and not move my legs or body because he was doing critical things (like inserting a catheter deep into my heart). I vomited again and again. I could do this only by turning my head because I had to lie flat. I received extra injections to stop the vomiting.

In the end the male nurse put a towel around my head and under my neck to catch the vomit, more like bile really. I and I went back to my room with vomit all around my neck and on my gown.

During the operation, I had no idea what was going on and could only guess.

Dr Wynne had an assistant, and I could hear them talking. He was probably a white Aussie by the sound of him. Asians born in Australia have an Aussie accent, but they still sound a little different. It's the same as hearing an educated black African born in America, the same but different.

Dr Wynne was separated from me by a plastic screen the whole time probably so I didn't infect him and vice versa.

At one stage, I could see a small monitor on the other side of the theatre and could see the catheter entering the heart and that was very interesting. It's a bit weird to watch a video like this and think, "This is real time and that's me."

I wondered if there would be a time (when the catheter was inserted over the old aortic valve), if I would be clinically dead for a moment. I felt nothing and knew nothing. The nice male nurse told me when the new valve was in, "You've done very well," he added. That's what they always say to old people.

The number of staff in the room was enormous, 8 or 10 at a guess. Of course, everyone there had a specific job to do and when the surgeon yelled, someone responded immediately. It was all quite encouraging and, at one point, I was so drugged that I felt I could go to sleep but thought that would be a bad idea so I had to struggle to stay awake.

The facilities - Doom's Day 22 February 2024

I wish I could describe the equipment that they had here. It was a very large theatre, much bigger than others I've been in. My guess is that many of the people there had workstations or monitors so that they could react when Dr Wynne yelled something. He always said "please". Politeness is part of his nature and it paid off; he never had to ask twice.

What was impressive was the huge TV monitor mounted on a large circular contraption, perhaps 10 feet in diameter mounted vertically, that allowed the monitor to rotate around the patient's body. For some reason, it reminded me of the movie "Alien." There's no connection of course.

This circular contraption was in turn connected to 2 moving rails on the roof mounted East-West for one rail and North-South for the other rail. Combined with the rotational path of the TV monitor, the surgeon could move the monitor as close as he wanted or as far away in any direction.

This massive construction could be moved along the patient's length or around the patient with minimum effort. I noticed that Dr Wynne moved it a lot.

The operation took nearly two hours, and I got out at 12:30. I was wheeled back to my room where I continued to have violent vomiting spasms. A few more jabs brought this to an end.

Back in the ward — Doom's Day 22 February 2024

I had a really good male nurse who gave me a complete body wash, changed the vomit-drenched stuff I had on and made me comfortable again.

Jenni arrived a short time later. This was the time when I was not allowed to move for four hours. This turned out to be a non-problem for me as I was still zonked out by the drugs. It turned out to be more of a problem for my poor bride who sat selflessly in the chair beside my bed while I slept. I think she went back home after three or four hours and I slept for five hours until nearly sunset.

I can go home early – Doom's Day 22 February 2022

Later that afternoon, Dr Wynne came in and told me everything had gone very well, "textbook" he said, and that I could go home tomorrow.

I knew Jenni would not believe me, so I called her at home and got the nice male nurse speak to her and he said, "Yes, that was indeed what the doctor had said." It's a tragedy when your own beloved wife of nearly 50 years questions your veracity.

Coming home tomorrow threw all of Jenni's plans into confusion. The guests for tonight's farewell for Bonnie had started to arrive and she had a different social arrangement the next day that she would have to work around.

The nice nurse put a chair near the window so that I could watch the setting sun. Unfortunately, this happy time came to an end because it was his change of shift and the new senior nurse came in.

She was a very tiny Indian or Pakistani and she was very authoritarian and told me to get back in bed. She said this very sternly, no messing about or sugar-coating. She said I had just had a major operation and I had to get back in to bed. It was funny because she must've been 5 feet tall and I must've smirked a bit, because as she was leaving, she said, OK? and gave me a 👍 which I thought was cute. I thought then, "I've got this woman."

She came back in again to give me more stern instructions. When she was leaving I grinned at her, yelled out OK? gave her a 👍 and after that we clicked. She couldn't do enough for me and her whole attitude changed. She even went to my bag, got my jammies out and helped me out them on. This made me a lot more comfortable than with the Hospital gown. We were "besties."

I was allowed to move around and go to the toilet, where I had a big wee, and when I returned, my nice Indian nurse took my blood pressure which was 130/70.

She said I could not have a shower because my wounds hadn't healed enough and that I'd had one this morning. I did not question her authority.

There always funny things that happen in hospitals. My funny story is about female nurses. On a couple of occasions, they came into my room to take a look at my wounds. They'd pull my jammies down and look at the wounds and discuss the surgery. It's as though I wasn't there.

Morning of 23 February 2024 — the day after Doom's Day

I had a great sleep which was interrupted for a blood pressure check and it's now 06:05. The Indian nurse, my "Bestie," has been in and removed the second-last catheter. She took my blood pressure 111/58 and looked at the ECG which she said was all good. I have been hooked up to that all night. This time I'm hooked up using hard-wired cables rather than wireless as before so I'm not as mobile as I was.

It's 06:15 and another guy has just been in to extract blood, but he was the best so far and I didn't feel a thing.

7 o'clock and I've just had a shower cleaned my teeth, brushed my remaining hair and I feel good but a little weak. I certainly won't be able to do the wash-up for at least three weeks.

Shortly after, Doctor Wynne called in. It was all positive stuff and he said I could go home this morning. Once again, he said the operation was textbook.

I asked about the vomiting, and he gave me a vague, "It was one of those things and it happens from time to time."

I asked for specifics so that I could put it my list of allergies. He said, "If I did that, no one would have anaesthetics."

He wanted me to start taking the Xarelto blood thinners again starting from tonight.

"Thank you" appeared on my phone. That 'thank you' was from somebody outside this room across the hall and I had my iPhone set to talk-to-text. Be careful, your phones are spying on you. If men in black coats start to arrive, blame your phone.

It's 8:30 am and the nurse has just called in taken my blood pressure it's 111/54. That's a bit low but that's never been a problem in the past. I wonder if I'll have to stop my blood pressure pills.



Blood pressure is encouraging. I also noticed on the ECG that I seem to have better cardiac rhythm now. I wonder if the AF is cured?

I've had a text from Jenni, and she will call about 09:30. She is having breakfast with Bonnie at the moment. Last night's farewell for Bonnie went well and she had stayed overnight.

10:30 and all the paperwork has been completed and Jenni has arrived.

Home by 10:40.

Bloody amazing

Adults only past this point

You were warned

The day after Doom's Day — 24 February 2024



This is why I have to take it easy for the next 30 days. Look at the gaping wound on my right side (your left) where the catheter went in. The bruising on the left doesn't look good either