

Treatments for Aortic Stenosis

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EDITORIAL

The treatment plan for your aortic stenosis depends on how severe your condition is. If still, your doctor may decide to keep an eye on how you're doing for a while, if your case is mild or moderate. You'll get regular checks and echocardiograms. You may hear this called "vigilant waiting," and indeed if your stenosis is severe, your doctor may recommend it if you have no symptoms.

Your doctor will assumable encourage you to make changes to better your overall heart health. Those shifts might include

- Tweaking your diet to make it healthier
- Working on weight loss, if demanded
- Quitting smoking
- Managing your stress
- Exercising, depending on your symptoms

Medications

No lozenge can cure or indeed upgrade your aortic stenosis. But there are some medications that may help you control your symptoms and lower the chance of having certain complications.

- Among the drugs your doctor might define are
- ACE inhibitors, which can open blood vessels more completely
- Medicines that domestic heart beat problems
- Beta-blockers, which decelerate your heart rate
- Diuretics ("water capsules"), which lessen the quantum of fluid in your body and ease stress on your heart

You and your doctor will assembly also talk about whether you should take aspirin every day and whether you need to take statins, which are meds that lower your LDL ("bad") cholesterol. They've some benefits for your overall heart health but- like all specifics- come with hazards as well.

Procedures

Still, you may have choices, if your aortic stenosis needs more aggressive treatment. Some procedures repair your defective valve. Others replace it.

Balloon valvuloplasty aims to repair your heart's defective valve. The doctor attendants a flexible, thin tube tipped with a deflated balloon through a cut in your groin into a roadway and up to your heart. Once it's there, the balloon inflates so that it can stretch the narrowed valve. Also the balloon deflates and comes out, along with the catheter.

The effect does not last ever, so doctors do not use this procedure veritably frequently. It may be stylish for children, for people who are not well enough to have major surgery, or for those who are staying for another operation.

Relief options

Occasionally the stylish option is to remove the defective valve and replace it. Your relief valve might be mechanical, or it might be tissue from cows, gormandizers, or people. Both choices have advantages and disadvantages. Man-made valves last longer, but you'll need to take blood-thinning drugs for the rest of your life. Biological valves must be replaced after 10 or 15 times. Your doctor can help you weigh your options.

A newer approach allows you to get a fresh valve without open-heart surgery. It's called Trans catheter aortic valve relief, or TAVR. It's a little such like balloon valvuloplasty, because it uses a catheter threaded into a roadway to your heart. The catheter can go through your groin (your doctor will call this Trans femoral), your neck (internal jugular), or your chest (Trans apical). The catheter carries a deflated balloon and your relief valve, folded, on the tip. The doctor guides the new valve into place and also inflates the balloon. This opens your relief valve and makes it fit snugly inside your old, damaged valve. The balloon deflates; also the doctor removes it and the catheter. Another interpretation of this procedure uses a valve that can expand on its own, making the balloon gratuitous. Doctors also can use TAVR occasionally if you've formerly had valve relief but the valve has worn out. That's called a valve-in-valve procedure.

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