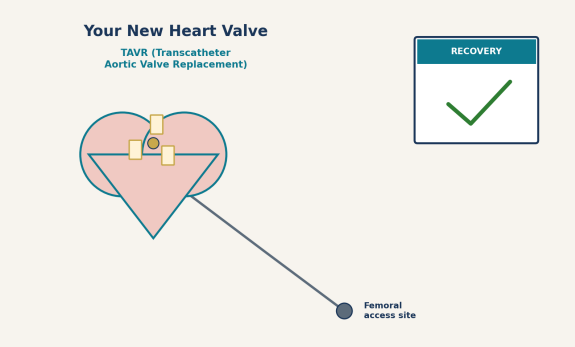
Recovery After TAVR

Life after transcatheter aortic valve replacement - access-site care, medicines, and what to watch for

The new valve is working the moment you wake up. Your job now is healing, watching, and following up.



Online: https://go.riasalimd.com/post-tavr-guide

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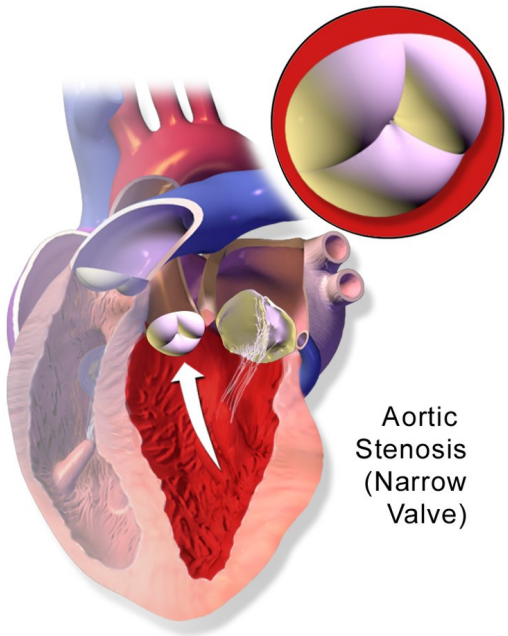
Names & Terms You Will Hear

Term	Meaning
TAVR (transcatheter aortic valve replacement)	A new heart valve placed with a catheter, usually through the leg artery. No open-heart surgery is needed. This guide covers recovery afterward - see our TAVR guide for how the procedure works.
Transfemoral access	The most common way TAVR is done. The catheter enters an artery in the groin. Other routes are used when leg arteries are too narrow or diseased.
SAPT (single antiplatelet therapy)	One blood-thinning pill, usually low-dose aspirin alone. This is the default long-term medicine after TAVR for most patients.
DAPT (dual antiplatelet therapy)	Two blood-thinning pills taken together. After TAVR, this is used only for a set time when there is another reason for it, such as a recent stent.
Conduction system	The heart's electrical wiring. It keeps the heartbeat steady and runs close to the aortic valve. TAVR can affect it.
LBBB (left bundle branch block)	A change in how the heart's electrical signal travels. It is a common new finding after TAVR. It does not always need a pacemaker.
Permanent pacemaker	A small device placed under the skin. It keeps the heartbeat steady if the wiring is injured. It is a well-proven fix, not a sign anything went wrong.
Bioprosthetic (tissue) valve	The type of valve used in TAVR. It is made from animal tissue. It has good mid-term data but may not last forever in younger patients - see our Bioprosthetic Heart Valve guide.
Valve-in-valve TAVR	A second TAVR valve placed inside the first one if it wears out. This is a future option, not something most patients need soon.

Recovery After TAVR?

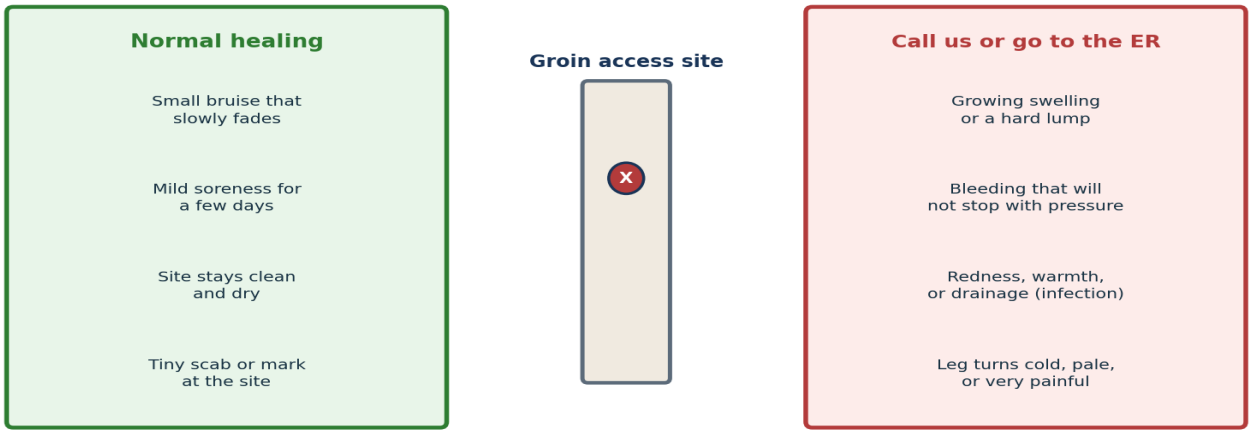
- Recovery after TAVR is about healing the access site, letting your body adjust to the new valve, and following up closely in the first year. See our TAVR guide for how the procedure itself is done.
- Most TAVR today is done through the femoral artery (transfemoral access), so recovery centers on caring for that small access site in the groin.
- Because there is no chest incision, recovery is faster than traditional open-heart surgical valve replacement - many patients go home in a day or two.
- Your heart's electrical wiring runs close to the new valve, so part of recovery is watching for signs of a new conduction problem in the days and weeks after the procedure.
- You will likely be on one blood-thinning medicine long term (not two), and you will have follow-up echocardiograms to check the new valve over time.



Aortic Stenosis

The narrowed, calcified aortic valve (aortic stenosis) that TAVR treats. TAVR places a new valve inside the old one through a catheter, without open-heart surgery. Image credit: BruceBlaus, Wikimedia Commons (CC BY 3.0).

Access-Site Care: What Healing Looks Like vs. Warning Signs



Most patients heal without trouble. Know the difference between normal healing and the signs that need a call.

Access-Site Care

- Most TAVR is done through a leg artery. This is a small puncture, not an open cut.
- Other access routes are used when leg arteries are too narrow or stiff. Your team picks the safest route for you.
- Keep the site clean and dry. Watch for bleeding, swelling, or bruising in the first week.
- Avoid heavy lifting and hard leg activity for about a week. This lets the site heal.
- If bleeding starts, press firmly on the site. Call us or go to the ER if it does not stop.

Why It Matters

- Watching the access site closely in the first week catches bleeding, infection, or a blood-flow problem in the leg early, when they are easiest to treat.
- Taking the right blood-thinning medicine - and not more than you need - balances protecting the valve against the risk of bleeding; taking the wrong one can cause real harm.
- New conduction problems can appear even after you leave the hospital. Knowing the warning signs means a pacemaker, if needed, is placed before a dangerously slow heartbeat becomes an emergency.
- Following your echo schedule tracks how well the new valve is working and catches any change in gradient or function early.
- Building activity back up at the right pace - not too slow, not too fast - gets you back to normal life while the access site and heart adjust.

Risk Factors

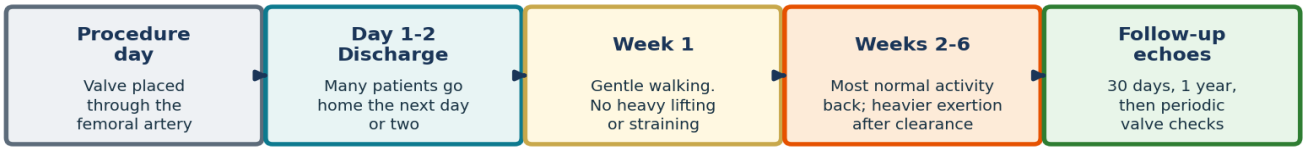
Some patients are more likely to develop this condition. Knowing your risk helps your care team take extra precautions.

Risk Factor	Why It Increases Risk
A prior right-sided rhythm delay	This raises the chance TAVR injures the heart's remaining wiring. It can cause heart block.
A deep valve placement	A valve set deeper than usual presses more on the wiring near it. This raises pacemaker risk.
Certain valve types	Some valve designs have higher pacemaker rates than others. Your team weighs this when picking a valve.
Narrow or stiff leg arteries	This can mean a different access route is needed, such as the shoulder or chest area. It can change your recovery course.
Skipping or changing your blood thinner on your own	Taking too strong a blood thinner raises bleeding risk. Skipping the right one raises clot risk. Take exactly what is prescribed.

Treatment Options

- Keep the access site clean and dry, and avoid heavy lifting or strenuous leg activity for about a week.
- Take your prescribed antithrombotic medicine exactly as directed - do not stop or change it without asking us first.
- Walk starting the day of the procedure if you are able, and build up distance gradually over the first weeks.
- Watch for fainting, near-fainting, a very slow pulse, or extreme fatigue - these can signal a new conduction problem, even after you leave the hospital.
- Keep every scheduled follow-up echocardiogram - typically before discharge or at 30 days, then at 1 year and periodically after that.
- Ask about cardiac rehab, which many patients find helpful for regaining strength and confidence after TAVR.

A Faster Recovery: What to Expect After TAVR



TAVR recovery is faster than open-heart valve surgery - no sternum incision to heal. Your own timeline may vary.

TAVR recovery moves faster than traditional open-heart valve surgery because there is no chest incision to heal.

Your Blood Thinner After TAVR

- Most patients take one antiplatelet pill - usually low-dose aspirin alone. This is the default after TAVR.
- The POPular TAVI trial tested this. Aspirin alone caused less bleeding than two blood thinners together. Death, stroke, and heart attack rates were the same either way.
- The GALILEO trial tested a stronger blood thinner instead. It caused more bleeding and more deaths, with no added benefit. So a strong blood thinner is not the default after TAVR.
- Some patients need two blood thinners or a stronger one for a set time. This applies if you have another reason, such as a recent stent or atrial fibrillation.
- Your cardiologist will tell you exactly which medicine and for how long. Do not stop or change it without asking.

Comfort Measures at Home (No Medication Needed)

These simple steps support healing and ease symptoms. Use them alongside any medication your doctor prescribes.

- Use an ice pack wrapped in a towel on the access site for comfort if it is sore, unless your team advises otherwise.
- Wear loose, comfortable clothing over the groin site while it heals.
- Sit or lie down right away if you feel lightheaded, dizzy, or notice a very slow pulse.

Getting Back to Activity After TAVR - General Timelines

Activity	Usual timeline	What to know
Gentle walking	Day of the procedure	Start walking as you are able; build distance up gradually
Light household activity	First few days	Fatigue is common the first 1-2 weeks; energy returns over several weeks
Avoid heavy lifting or strenuous leg activity	About 1 week	Protects the healing femoral access site
Driving	About 1 week	If no complications; your cardiologist confirms exact timing
Most normal activities	1-2 weeks	Many patients feel back to their usual routine
Heavier exertion, gym, cardiac rehab	About 4-6 weeks	After cardiologist clearance; cardiac rehab is often offered and helpful

Activity and Follow-Up

- Walk on the day of the procedure if you are able. Add more distance over the following days and weeks.
- Driving usually resumes in about a week if there are no problems. Your cardiologist confirms the exact timing.
- Most normal activities are back within 1-2 weeks. Heavier exertion or the gym usually waits until 4-6 weeks and a clearance.
- Cardiac rehab is often offered. It can rebuild strength and confidence after TAVR.
- Fatigue in the first 1-2 weeks is common. Full energy usually returns over several weeks.
- Keep every follow-up visit. Your team checks the access site, reviews medicines, and confirms you are on track.

Risks, Benefits, and Alternatives

Every choice has trade-offs. Use this table to start the shared decision conversation.

Option	Risks	Benefits	Alternatives
One blood thinner (usually aspirin alone) after TAVR	Some bruising or mild bleeding. This is lower than with two blood thinners.	Aspirin alone caused less bleeding in the POPular TAVI trial. Bleeding was 15.1% with aspirin alone versus 26.6% with two blood thinners, with no difference in death, stroke, or heart attack.	Two blood thinners for a set time, or a stronger blood thinner, only if you have another reason - such as a recent stent or atrial fibrillation.
Watching for a new rhythm problem instead of an early pacemaker	A small chance a slow rhythm develops after you go home. This can need urgent care.	It avoids a pacemaker that many patients will never need. About 5-15% of TAVR patients need one overall.	Closer heart monitoring, or an earlier pacemaker, for patients at higher risk - such as those with a prior right-sided rhythm delay or a deep valve placement.
Routine follow-up echocardiograms	Extra visits and time. The test itself carries no real risk.	It catches a change in how the valve works early, before it causes symptoms.	Closer spacing if a change is found. A longer gap once several normal echoes show the valve is stable.
Groin access for the original TAVR	Bruising, bleeding, or rarely a blood-flow problem in the leg.	It is the least invasive route with the fastest recovery for most patients.	A different access route, such as the shoulder or chest area, when leg arteries are too narrow or stiff.

Common Misconceptions

Myth	Reality
I should be on a strong blood thinner to protect my new valve.	For most patients without another reason, one antiplatelet pill (usually aspirin alone) is the recommended default. The GALILEO trial found routine anticoagulation actually caused more bleeding and death without added benefit.
If I need a pacemaker after TAVR, something went wrong.	A new pacemaker is a well-established, effective backup fix for a conduction problem that can happen simply because of where the valve sits, not a failure of the procedure.
TAVR recovery takes as long as open-heart valve surgery.	Because there is no chest incision, recovery is faster for most patients - many go home in a day or two and return to light activity within days.
Once I go home, I am past the risk of a heart-rhythm problem.	A new conduction problem can appear even after discharge in a minority of patients. Knowing the warning signs - fainting, a very slow pulse, extreme fatigue - matters for weeks after you go home.
My new valve will need to be replaced again soon.	Mid-term data (PARTNER 3 and Evolut Low Risk trials, out to 5 years) show good valve durability. Tissue valves are not expected to last forever in younger patients, but valve-in-valve TAVR is an option in the future if needed.
Any bleeding or bruising at the access site means something is wrong.	Mild bruising and soreness are normal healing. Growing swelling, bleeding that will not stop with firm pressure, or redness and drainage are the signs that need a call.

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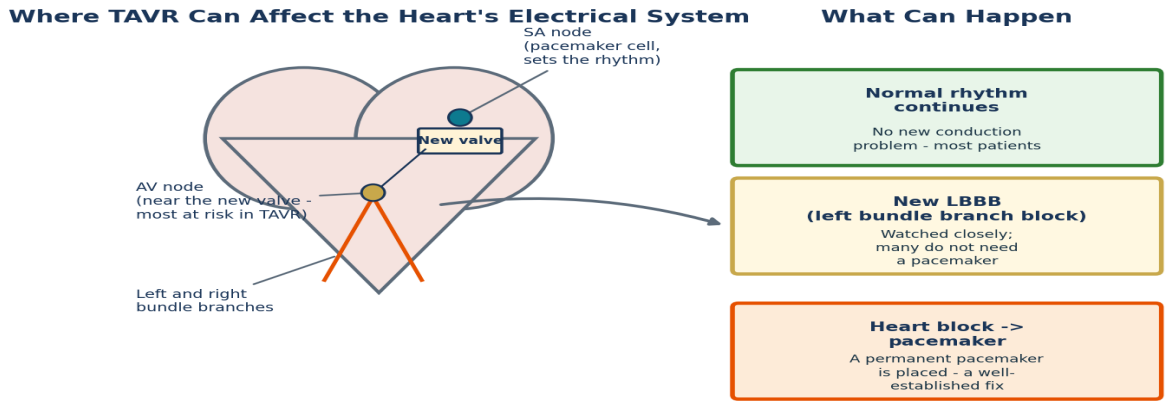
Possible Complications

Knowing what can go wrong helps you spot problems early. Most complications are uncommon, especially with treatment.

Where / What	What Can Happen
Access-site bleeding or a hematoma	This is the most common problem - a bruise or swelling at the groin. Most is minor and heals with time and pressure. Growing swelling or bleeding that will not stop needs urgent care.
A new rhythm problem needing a pacemaker	TAVR can injure the wiring near the valve. This can cause new LBBB or heart block. About 5-15% of patients need a permanent pacemaker; the rate is higher with a prior right-sided delay or a deep valve placement. See our Pacemaker/ICD guide, AV Block guide, and LBBB guide.
Stroke	TAVR carries a small stroke risk around the time of the procedure. This risk is now low with modern technique. Watch for stroke signs - sudden weakness, numbness, facial drooping, or slurred speech - in early recovery. Call 911 right away if these occur.
A blood-flow problem in the leg	Rarely, the access artery can narrow or block. The leg can turn cold, pale, or painful. This needs urgent care.
Valve wear over time	Most TAVR valves are made of tissue. They have good data out to 5 years (the PARTNER 3 and Evolut Low Risk trials). They are not expected to last forever in younger patients. Valve-in-valve TAVR is a future option if the valve wears out - see our Bioprosthetic Heart Valve guide.
Bleeding from your blood-thinning medicine	The medicine that protects your valve also raises bleeding risk. Taking one antiplatelet pill, not a stronger blood thinner, keeps this risk as low as possible for most patients.



New pacemaker needed in roughly 5-15% of TAVR patients overall - more likely with a pre-existing right bundle branch block or a deep valve implant.

The heart's electrical wiring runs close to the new valve. Most patients keep a normal rhythm; some develop a new conduction problem that is well managed, sometimes with a pacemaker.

Conduction and Pacemaker Watch

- The heart's electrical wiring sits close to the valve. TAVR can affect it during or after the procedure.
- New LBBB is a common finding after TAVR. It does not always need a pacemaker. Some patients need care for a stronger heart block instead.
- Watch for these signs, even after you leave the hospital: fainting or near-fainting, a very slow pulse, and extreme fatigue or dizziness.
- About 5-15% of TAVR patients overall need a new permanent pacemaker. The rate is higher with a prior right-sided rhythm delay or a deep valve placement.
- A pacemaker, if needed, is a well-proven fix. See our Pacemaker/ICD guide, AV Block guide, and LBBB guide for more.

Valve Surveillance

- Routine echocardiograms check the valve's work. These happen before discharge or at 30 days, then at 1 year, then on a regular schedule after that.
- Most TAVR valves are made of tissue. The PARTNER 3 trial showed stable valve function at 5 years. The Evolut Low Risk trial showed similar results to surgical valves at 5 years.
- Tissue valves may not last forever, especially in younger patients - see our Bioprosthetic Heart Valve guide for more.
- If a valve wears out over time, valve-in-valve TAVR is a future option. This places a new valve inside the old one.
- For how TAVR works and how it compares to surgery, see our TAVR guide and our Aortic Stenosis guide.

Fainting or a very slow pulse after TAVR needs urgent attention. TAVR can affect the heart's electrical system near the new valve, and this can happen even after you leave the hospital. If you faint, feel like you are about to faint, or notice your pulse is very slow, **call your cardiologist right away or go to the ER.** A permanent pacemaker, if needed, is a well-established, effective backup fix - not a sign that anything went wrong.

Points to Know

If you remember nothing else, remember these key points.

- Keep the groin access site clean and dry; avoid heavy lifting and strenuous leg activity for about a week.
- You will likely take one blood-thinning medicine (usually aspirin alone), not two, unless you have a separate reason - never stop or change it without asking us.
- Watch for fainting, near-fainting, a very slow pulse, or extreme fatigue - signs of a possible new conduction problem, even weeks after discharge.
- Many patients go home in a day or two; walk as you are able starting the day of the procedure and build activity up gradually.
- Keep every follow-up echocardiogram - they track how well your new valve is working over time.
- Chest pain, shortness of breath, fainting, stroke signs, or a cold, pale, or painful leg all need urgent attention - call us or go to the ER.
- Your cardiologist will tell you exactly which medicine and for how long - do not stop or change it without asking.

When to Call Us - and When to Call 911

If you are not sure, call. We would rather hear from you twice than miss a real problem.

- Groin bleeding or swelling that will not stop with firm pressure, or is getting bigger - press firmly and call us or go to the ER right away.
- Fever, redness, warmth, or drainage at the access site - signs of possible infection.
- Chest pain or pressure, or sudden shortness of breath - call 911.
- Fainting, near-fainting, a very slow or irregular pulse, or extreme dizziness - call us or go to the ER; this can signal a new heart-block problem.
- Sudden weakness or numbness, a drooping face, or slurred speech - signs of a possible stroke - call 911 right away.
- A leg that turns cold, pale, or very painful - a possible blood-flow problem at the access site - call us or go to the ER.
- Any question about your blood-thinning medicine, including whether to stop it before another procedure - always call us first.

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Warning Signs After TAVR - What They Might Mean and How Urgent

Symptom	What it might mean	Urgency
Mild bruising or soreness at the access site	Normal healing	Routine - mention at follow-up
Growing swelling or bleeding that will not stop	Access-site bleeding or hematoma	Urgent call or ER now
Fever, redness, warmth, or drainage at the site	Possible infection	Call us today
Fainting, very slow pulse, extreme fatigue	Possible new heart block	Urgent call or ER now
Chest pain or sudden shortness of breath	Possible heart problem	Call 911
Facial drooping, slurred speech, sudden weakness	Possible stroke	Call 911
Leg turns cold, pale, or very painful	Possible blood-flow problem at the access site	Urgent call or ER now

Trusted Resources

The links below are the trusted resources Dr. Ali used to write this guide and that he recommends you visit for more information. Each is a clickable link in the digital version and a Short.io tracked URL on the printed version.

- Cleveland Clinic - After Transcatheter Aortic Valve Replacement - Plain-language recovery guidance, access-site care, and warning signs after TAVR.
- Mayo Clinic - Transcatheter Aortic Valve Replacement (TAVR) - Overview of the procedure, risks, and what to expect.
- American Heart Association - Heart Valve Disease Resources - Patient-facing hub of resources on heart valve disease and treatment.

Sources Used to Build This Guide

Every recommendation in this guide is grounded in one or more of the studies, guidelines, or trusted resources below. Short links are tracked so Dr. Ali can see which references patients are reading; nothing personally identifying is captured.

- POPular TAVI — Sex Differences in Outcomes After TAVR (POPular TAVI Subanalysis) *[Trial]*
  PMID 37164609. Subanalysis of the POPular TAVI trial confirming single antiplatelet therapy over DAPT for patients without a separate anticoagulation indication, across sexes
- Brouwer J, et al. Aspirin with or without Clopidogrel after Transcatheter Aortic-Valve Implantation (POPular TAVI) *[Trial]*
  Parent trial establishing aspirin-alone (SAPT) as the default antithrombotic strategy after TAVR without another indication for DAPT; bleeding 15.1% aspirin-alone vs 26.6% aspirin+clopidogrel at 1 year, no difference in death/stroke/MI
- A Controlled Trial of Rivaroxaban after Transcatheter Aortic-Valve Replacement (GALILEO) *[Trial]*
  PMID 31733180. Showed routine anticoagulation (rivaroxaban) without another indication increased death and thromboembolic and bleeding events versus antiplatelet therapy after TAVR
- Reduced Leaflet Motion after Transcatheter Aortic-Valve Replacement (GALILEO-4D) *[Trial]*
  PMID 31733182. Companion imaging substudy of GALILEO on leaflet motion and anticoagulation strategy after TAVR
- 2020 ACC/AHA Guideline for the Management of Patients With Valvular Heart Disease *[Guideline]*
  PMID 33342586. US guideline framing for post-TAVR antithrombotic therapy, surveillance echocardiography, and conduction-abnormality management
- 2021 ESC/EACTS Guideline for the Management of Valvular Heart Disease *[Guideline]*
  PMID 35636831. European guideline corroborating antithrombotic strategy and follow-up surveillance recommendations after TAVR
- Sugiyama Y, et al. Risk Assessment of Permanent Pacemaker Implantation After TAVI in Patients With Preexisting Right Bundle Branch Block *[Trial]*
  PMID 38103766. Predictor study for new permanent pacemaker after TAVR: pre-existing RBBB, deep implantation depth, self-expanding valve type, and predilatation as risk factors
- Forrest JK, et al. 5-Year Outcomes After Transcatheter or Surgical Aortic Valve Replacement in Low-Risk Patients (Evolut Low Risk) *[Trial]*
  PMID 40158212. 5-year durability and outcomes data supporting valve surveillance guidance and reintervention rates
- Hahn RT, et al. 5-Year Echocardiographic Results of Transcatheter Versus Surgical Aortic Valve Replacement in Low-Risk Patients (PARTNER 3) *[Trial]*
  PMID 40243974. 5-year echo outcomes showing stable valve hemodynamics and low structural valve deterioration, supporting the surveillance-echo timeline
- Cleveland Clinic — After Transcatheter Aortic Valve Replacement *[Patient Resource]*
  Plain-language recovery timeline, access-site care, and warning-sign framing after TAVR
- Mayo Clinic — Transcatheter Aortic Valve Replacement (TAVR) *[Patient Resource]*
  General patient-facing overview used for recovery and follow-up framing

- American Heart Association — Heart Valve Disease Resources *[Patient Resource]*
  Patient-facing valve disease resource hub for trusted-resources section

About This Guide

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Reviewer note: Reviewed against the Cleveland Clinic 'After TAVR' page, the Mayo Clinic TAVR overview, and the AHA heart valve disease resource hub. Ours adds: a femoral access-site care diagram with side-by-side normal-healing vs. warning-sign panels, a five-stage fast-recovery timeline through follow-up echo milestones, a conduction-system diagram showing exactly where TAVR can affect the AV node with a three-path pacemaker-watch outcome strip, an explicit antithrombotic-therapy section naming the POPular TAVI and GALILEO trials, a tinted warning-signs table by urgency, and cross-links to our TAVR, tissue valve, pacemaker, AV block, LBBB, and aortic stenosis guides.

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