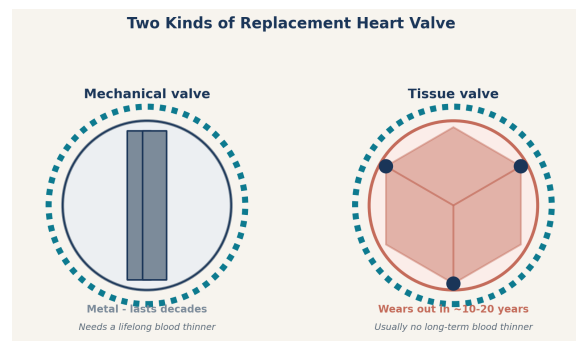


Living With a Prosthetic Heart Valve

Mechanical and tissue valves, and how to live well with each

A new valve is a fresh start - here is how to protect it.



Online: <https://go.riasalimd.com/prosthetic-valve-guide>

Rias KS Ali, MD FACC

Board Certified in Interventional Cardiology & Cardiovascular Disease

4740 Mile Stretch Drive, Holiday FL 34690 | Office: (727) 943-5200 | Fax: (727) 943-5201 |
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Names & Terms You Will Hear

Term	Meaning
Prosthetic heart valve	A man-made valve put in to replace a heart valve that no longer works. It can be mechanical or tissue.
Mechanical valve	A valve made of strong metal and carbon. It lasts for decades but needs a lifelong blood thinner.
Tissue valve (bioprosthetic valve)	A valve made from treated animal tissue (cow or pig). It usually needs no long-term blood thinner but wears out over time.
Valve replacement	Surgery, or a catheter procedure, that puts in a new valve in place of a damaged one.
SAVR	Surgical Aortic Valve Replacement - open-heart surgery to replace the aortic valve.
TAVR / TAVI	A catheter-based way to place a new aortic valve without open surgery. It can also be used to fix a worn-out tissue valve (valve-in-valve).
Valve-in-valve	Placing a new tissue valve inside an old, worn-out tissue valve - often with TAVR, no open surgery.
Anticoagulant (blood thinner)	Medicine that lowers the chance of a clot forming on the valve. Warfarin is the one used for mechanical valves.
INR	A blood test that shows how 'thin' your blood is on warfarin. The goal is to keep it in a set range.
Endocarditis	A serious infection of a heart valve. Good dental care and antibiotics before some dental work lower the risk.
Structural valve deterioration	The slow wear-and-tear of a tissue valve over years that can make it leak or narrow.



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Two things to know on day one. First, know your valve type (mechanical or tissue), the brand, and - if it is mechanical - your INR target. Carry it on a card or medical ID. Second, a faint, steady **clicking** can be the normal sound of a mechanical valve. A new, changed, or missing sound is worth a call.



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Living With a Prosthetic Heart Valve?

- A prosthetic valve is a man-made valve that takes over for one of your own heart valves that no longer opens or closes well.
- There are two main kinds: mechanical (metal) and tissue (made from animal tissue). Each has a different trade-off.
- A mechanical valve lasts for decades but needs a lifelong blood thinner called warfarin, with regular INR blood tests.
- A tissue valve usually needs no long-term blood thinner, but it wears out in about 10 to 20 years and may need to be redone.
- A worn tissue valve can often be fixed with a valve-in-valve TAVR - a new valve placed inside the old one, with no open surgery.
- With either valve, a soft new heart sound can be normal. A mechanical valve may make a faint, regular clicking.
- Both valve types need lifelong follow-up: a yearly visit, an echocardiogram when your team asks, and steps to prevent infection.

Mechanical vs Tissue Valve: The Main Trade-Off

Mechanical valve

- Made of strong metal and carbon.
- Lasts for decades - often a lifetime.
- Needs a lifelong blood thinner (warfarin).
- Needs regular INR blood tests.
- A soft clicking sound can be normal.
- Often chosen for younger patients.

Tissue valve

- Made from cow or pig tissue.
- Wears out in about 10-20 years.
- Usually no long-term blood thinner.
- Can often be redone with a valve-in-valve TAVR.
- No clicking sound.
- Often chosen for older patients.

The two valve types at a glance. Neither is simply better - the right one depends on your age, your bleeding risk, and your plans.



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Mechanical Valves - Built to Last, Managed With Warfarin

- Made of strong metal and carbon, a mechanical valve usually lasts for decades - many people never need a second valve operation.
- The trade-off is a lifelong blood thinner: warfarin, taken every day, to stop a clot from forming on the valve.
- You will check your INR with a blood test - often at first, then less often once your dose is steady.
- Common INR targets are about 2.5 for a mechanical aortic valve, and about 3.0 for a mechanical mitral valve or an aortic valve with added clot risk.
- Newer blood thinners (DOACs such as apixaban or rivaroxaban) are NOT safe for a mechanical valve - only warfarin is proven.
- A soft, steady clicking sound can be normal. A new, changed, or missing sound is worth a call.
- Mechanical valves are often chosen for younger patients, because avoiding a future redo matters more over a long life.



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Tissue Valves - No Daily Blood Thinner, but They Wear Out

- A tissue (bioprosthetic) valve is made from treated cow or pig tissue mounted on a ring.
- The big advantage is that it usually needs no long-term blood thinner - often just a short course early on, then nothing, as your team decides.
- The trade-off is durability: a tissue valve wears out in about 10 to 20 years, and sooner in younger patients.
- When a tissue valve wears out, it can often be fixed with a valve-in-valve TAVR - a new valve placed inside the old one through a catheter, with no open surgery.
- Tissue valves are often chosen for older patients, and for anyone who wants to avoid a lifelong blood thinner or is planning a pregnancy.
- They still need lifelong follow-up and infection prevention, just like a mechanical valve.



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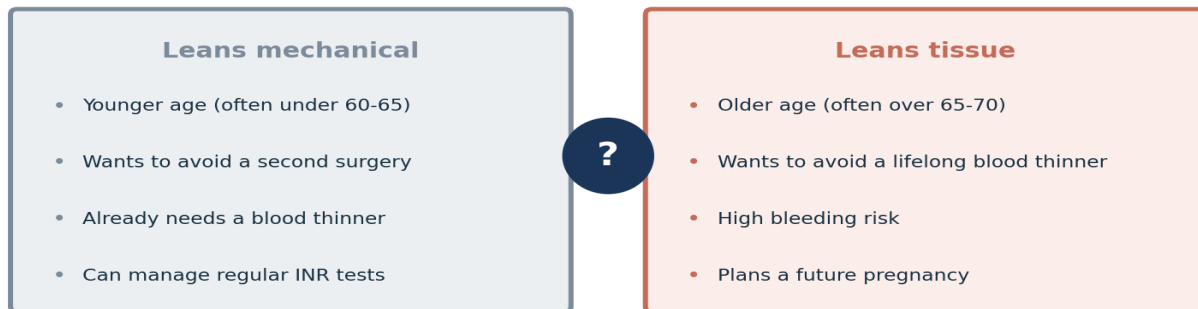


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Why It Matters

- The kind of valve you have shapes the rest of your daily life - your medicines, your blood tests, and your future procedures.
- A mechanical valve only stays safe if the blood thinner is kept in range. Too little risks a clot; too much risks bleeding.
- A tissue valve frees you from a daily blood thinner, but it is not forever - it will be watched for wear over the years.
- Both valve types can be damaged by infection (endocarditis), so preventing infection is a lifelong habit, not a one-time step.
- Knowing your valve type, the brand, and your target INR helps every future dentist, surgeon, and emergency team care for you safely.

How the Valve Choice Is Made - Shared With Your Heart Team



No single answer fits everyone - age, bleeding risk, and pregnancy plans all matter.

The factors that pull the choice one way or the other. The final decision is shared between you and your heart team.



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Pregnancy With a Mechanical Valve - Plan Well Ahead

- Pregnancy with a mechanical valve is high-risk for both mother and baby, and it must be planned with a heart team before trying to conceive.
- Pregnancy makes the blood clot more easily, so the risk of a clot forming on the valve goes up - the blood thinner becomes even more important.
- Warfarin crosses the placenta and can harm the baby, especially early in pregnancy. The blood-thinner plan is adjusted carefully across the pregnancy.
- Because of this, a tissue valve is sometimes chosen for a woman who is planning a pregnancy - even though it wears out sooner.
- If you have a mechanical valve and are thinking about pregnancy, talk with us early so a specialized team can guide every step.



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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 clot forming on a mechanical valve	If warfarin drops too low - missed doses, a new interacting drug, or a gap around surgery - a clot can form on the valve.
Bleeding on a blood thinner	Warfarin makes bleeding more likely, so falls, ulcers, and some other medicines raise the risk.
Tissue-valve wear-out	Tissue valves wear faster in younger patients and in people with kidney disease or high calcium turnover.
Endocarditis (valve infection)	Any prosthetic valve can be seeded by bacteria - from poor dental health, skin infections, or certain procedures.
Pregnancy with a mechanical valve	Pregnancy makes the blood more likely to clot, and warfarin can harm the baby - this combination is high-risk and needs planning.
Missing follow-up	Skipping yearly visits and echocardiograms lets a slow leak or early wear go unnoticed until it causes symptoms.



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Mechanical vs Tissue Valve - Side by Side

Feature	Mechanical valve	Tissue valve
What it is made of	Strong metal and carbon	Treated cow or pig tissue
How long it lasts	Decades - often a lifetime	About 10-20 years
Long-term blood thinner	Yes - lifelong warfarin, with INR checks	Usually none long-term
INR blood tests	Yes, regularly	Not needed long-term
If it wears out / fails	Rare; a redo is open surgery if needed	Often fixed with valve-in-valve TAVR
Sound	A soft, steady clicking can be normal	No clicking
Often best for	Younger patients who can manage warfarin	Older patients, high bleeding risk, or a planned pregnancy



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Treatment Options

- Mechanical valve: take warfarin every day, check your INR on schedule, and keep the number in your target range.
- Tissue valve: usually a short course of a blood thinner or aspirin early on, then often nothing long-term - your team decides.
- Both valves: prevent infection with good dental care and antibiotics before certain dental work (see the callout below).
- Both valves: keep every yearly visit and get an echocardiogram whenever your care team asks for one.
- Carry a card or wear a medical ID that lists your valve type, the brand, and your INR target.
- Tell every dentist, surgeon, and emergency team that you have a prosthetic valve - before any procedure.
- A worn tissue valve is often redone with a valve-in-valve TAVR rather than a second open surgery.

Living With Warfarin: The INR Routine (Mechanical Valves)



This is a repeating loop - the test interval stretches out once you are steady.

**Common INR targets: about 2.5 for a mechanical aortic valve;
about 3.0 for a mechanical mitral valve, or aortic with added risk.**

Your exact number is set by your care team. Tissue valves usually do not need this routine.

If you have a mechanical valve, the blood thinner is managed as a repeating loop. Tissue valves usually do not need this routine.



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Everyday Life - Activity, Travel, and Dental or Surgery Planning

- Most people with a well-working valve return to a full, active life - walking, swimming, and moderate exercise. Ask your team about contact sports.
- If you take warfarin, keep your diet steady. You do not have to avoid greens, but big swings in vitamin-K foods move your INR.
- For travel, carry enough medicine, a card with your valve details and INR target, and know how to get an INR check away from home.
- Before any dental work or surgery, tell the team you have a prosthetic valve - antibiotics or blood-thinner bridging may be needed.
- Our valve work begins with treating the underlying disease - see our [Aortic Stenosis guide](#) and [TAVR guide](#) for how a valve is replaced in the first place.



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Preventing valve infection (endocarditis). Because you have a prosthetic valve, you are in the highest-risk group for a valve infection. Two habits protect you: (1) **excellent daily dental care** - brush, floss, and see your dentist regularly; and (2) take **antibiotics before certain dental work** - the kind that disturbs the gums or the root of a tooth. The usual dose is amoxicillin 2 g by mouth, about an hour before, with other options if you are allergic. Always tell your dentist you have a prosthetic valve. See our [Infective Endocarditis guide](#) for more.

Planning surgery or dental work? Ask about bridging. If you take warfarin for a mechanical valve, it may need to be paused and covered with a short-acting blood thinner around a procedure - this is called **bridging**. Never stop your blood thinner on your own. See our [Anticoagulation Bridging guide](#), and call us before any procedure so we can make a plan.



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Comfort Measures at Home (No Medication Needed)

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

- Brush and floss daily and see your dentist regularly - healthy gums are one of the best defenses against valve infection.
- Stay active. Most people with a well-working valve can walk, swim, and do moderate exercise - ask your team about contact sports.
- Keep your diet steady if you take warfarin. You do not have to avoid greens, but big swings in vitamin-K foods move your INR.
- Limit alcohol - it can change how warfarin works and raise bleeding risk.
- Plan ahead for travel: carry enough medicine, a list of your valve details, and know how to get an INR check away from home.
- Learn your normal heart sounds. A faint, steady click can be normal with a mechanical valve - a new or changed sound is worth a call.



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Risks, Benefits, and Alternatives

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

Option	Risks	Benefits	Alternatives
Mechanical valve	Needs a lifelong blood thinner (warfarin) with regular INR tests. Higher bleeding risk. Not ideal during pregnancy.	Very durable - usually lasts for decades, so most people never need a second valve operation.	Tissue valve, if avoiding a daily blood thinner matters more than avoiding a future redo.
Tissue valve	Wears out in about 10-20 years and may need a redo. Wears faster in younger patients.	Usually no long-term blood thinner. Easier in pregnancy. A worn valve can often be fixed with valve-in-valve TAVR.	Mechanical valve, if avoiding a second procedure matters more than avoiding a blood thinner.
Warfarin for a mechanical valve	Daily pill, regular blood tests, food and drug interactions, and bleeding risk.	Keeps a clot from forming on the valve - the main danger for a mechanical valve. Decades of proven use.	Newer blood thinners (DOACs) are NOT safe for mechanical valves - only warfarin is proven here.
Antibiotics before certain dental work	A single dose, with a small chance of an allergic reaction or stomach upset.	Lowers the chance of a serious valve infection (endocarditis) from mouth bacteria.	Excellent daily dental hygiene, which is the foundation either way.



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Common Misconceptions

Myth	Reality
Once my valve is replaced, I am cured and need no follow-up.	A new valve still needs lifelong care - yearly visits, an echocardiogram when asked, infection prevention, and (for mechanical valves) a blood thinner.
A mechanical valve clicking means something is broken.	A faint, steady clicking can be the normal sound of a mechanical valve. A new, louder, or changed sound - or no sound where there was one - is worth a call.
Tissue valves are better because they need no blood thinner.	Neither valve is simply 'better.' Tissue valves avoid a daily blood thinner but wear out sooner. Mechanical valves last longer but need warfarin. The right choice is personal.
I can switch from warfarin to a newer blood thinner like apixaban.	For a mechanical valve, newer blood thinners (DOACs) are not safe - only warfarin is proven. For some tissue valves a DOAC may be fine; ask your team.
I should stop my blood thinner before any dental cleaning.	Most routine dental work is done without stopping warfarin. Never stop a blood thinner on your own - stopping it can let a clot form on the valve.
Endocarditis is rare, so I do not need to worry about my teeth.	A valve infection is uncommon but very serious. Good daily dental care, plus antibiotics before certain dental work, is a lifelong habit for valve patients.
A tissue valve wearing out means another open-heart surgery.	Often a worn tissue valve can be fixed with a valve-in-valve TAVR - a new valve placed inside the old one through a catheter, with no open surgery.
I can get pregnant any time with my mechanical valve.	Pregnancy with a mechanical valve is high-risk and warfarin can harm the baby. Plan ahead with a heart team well before trying to conceive.



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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
Clot on the valve (valve thrombosis) and stroke	If a mechanical valve's blood thinner runs too low, a clot can form on it. A piece can break off and cause a stroke. Keeping your INR in range is the main defense.
Bleeding from the blood thinner	Warfarin makes bleeding easier - from the nose, gums, gut, or after an injury. Tell us about black stools, blood in urine, or bleeding that will not stop.
Endocarditis (valve infection)	Bacteria can settle on any prosthetic valve and cause a serious infection. Fever, chills, or night sweats in a valve patient always deserve a prompt check.
Tissue-valve wear-out (structural valve deterioration)	Over years a tissue valve can stiffen or leak. It is watched with echocardiograms, and a worn valve is often fixed with a valve-in-valve TAVR.
Leak around the valve (paravalvular leak)	Sometimes blood leaks around the edge where the valve meets the heart. Small leaks are watched; larger ones may need a repair.
Problems during pregnancy	A mechanical valve raises clot risk in pregnancy, and warfarin can harm the baby. This is why pregnancy must be planned with a heart team.



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Points to Know

If you remember nothing else, remember these key points.

- Know your valve: mechanical or tissue, the brand, and (if mechanical) your INR target. Carry it on a card or medical ID.
- Mechanical valve: take warfarin every day and keep your INR in range. Never stop it on your own.
- Newer blood thinners (DOACs) are NOT safe for mechanical valves - only warfarin is proven.
- Tissue valve: usually no long-term blood thinner, but it wears out in ~10-20 years and may need a valve-in-valve redo.
- Prevent infection: brush, floss, see your dentist, and take antibiotics before certain dental work.
- Tell every dentist, surgeon, and ER team that you have a prosthetic valve before any procedure - bridging may be needed.
- Pregnancy with a mechanical valve is high-risk - plan ahead with a heart team.
- Keep every yearly visit and get an echocardiogram whenever your team asks.



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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.

- Signs of a stroke - face drooping, arm weakness, or trouble speaking - call 911. A clot from the valve can cause a stroke.
- New or worse shortness of breath, chest pain, or fainting - call 911.
- A mechanical valve that stops clicking, or a new or changed heart sound - call us right away.
- Fever, chills, or night sweats that last more than a day or two - call us the same day. This can be a valve infection.
- Major bleeding, or bleeding that will not stop, while on warfarin - call 911. Black or bloody stools or vomit - call us right away.
- An INR that is far above or below your target - call our office for dosing instructions.
- Before any surgery, dental work, or new medicine - call us so we can plan your blood thinner and any antibiotics.
- Swelling in the legs, fast weight gain, or a pounding or irregular heartbeat - call us within 24 hours.

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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.

- [American Heart Association - Options for Heart Valve Replacement](#) - Plain-language comparison of mechanical and tissue valves.
- [Cleveland Clinic - Heart Valve Replacement](#) - Valve types, anticoagulation, and life after surgery.
- [Mayo Clinic - Heart Valve Disease](#) - Treatment options, follow-up, and warning signs.
- [MedlinePlus - Heart Valve Diseases](#) - US National Library of Medicine overview with trusted links.
- [Dr. Ali - TAVR Patient Guide](#) - Our companion guide on catheter valve replacement, including valve-in-valve.
- [Dr. Ali - Warfarin & INR Monitoring Guide](#) - Our companion guide on living with warfarin and keeping your INR in range.



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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.

- [2020 ACC/AHA Guideline for the Management of Patients With Valvular Heart Disease \(Circulation\)](#) [Guideline]
Primary source for valve choice (mechanical vs bioprosthetic), INR targets, bridging, and prosthetic-valve management.
- [2021 ESC/EACTS Guidelines for the Management of Valvular Heart Disease \(European Heart Journal\)](#) [Guideline]
European guideline on prosthetic valve selection, anticoagulation, and pregnancy with mechanical valves.
- [AHA Scientific Statement - Prevention of Viridans Group Streptococcal Infective Endocarditis \(2021\)](#) [Guideline]
Current antibiotic-prophylaxis guidance for prosthetic-valve patients before dental work.
- [American Dental Association - Antibiotic Prophylaxis Prior to Dental Procedures](#) [Patient-Education]
Plain-language confirmation of which dental procedures need premedication and the standard amoxicillin regimen.
- [AHA - Options for Heart Valve Replacement](#) [Patient-Education]
Patient-facing framing of mechanical vs tissue valve trade-offs.
- [Cleveland Clinic - Heart Valve Replacement](#) [Patient-Education]
Mechanical vs tissue valves, anticoagulation, and living after surgery.
- [Mayo Clinic - Heart Valve Disease Diagnosis & Treatment](#) [Patient-Education]
Valve options, long-term follow-up, and warning signs.
- [MedlinePlus - Heart Valve Diseases](#) [Patient-Education]
US National Library of Medicine plain-language overview and links.
- [2018 ESC Guidelines for the Management of Cardiovascular Diseases During Pregnancy \(European Heart Journal\)](#) [Guideline]
Mechanical valve and warfarin management in pregnancy - high-risk planning.
- [AHA - A Patient's Guide to Taking Warfarin](#) [Patient-Education]
Patient-level INR monitoring, diet, and drug-interaction guidance for mechanical-valve patients.



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About This Guide

Rias KS Ali, MD FACC | Board Certified in Interventional Cardiology & Cardiovascular Disease

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Reviewer note: Reviewed against the AHA heart-valve-replacement pages, the Cleveland Clinic heart-valve-surgery page, and the Mayo Clinic heart-valve-disease pages. Ours adds: a side-by-side mechanical-vs-tissue trade-off table and cards, a plain-language INR routine with guideline target ranges, a shared valve-choice factor map, an endocarditis-prevention callout, pregnancy-with-a-mechanical-valve guidance, and dental/surgery bridging - with cross-links to our TAVR, aortic-stenosis, anticoagulation-bridging, warfarin/INR, and endocarditis guides.

Disclaimer

This guide is for educational purposes only and does not replace medical advice from your physician. Recommendations may not apply to every patient. Always follow the specific instructions of Dr. Ali and your care team. In an emergency call 911 or go to the nearest emergency department.



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