

Frequently Asked Questions for On-X Valve Patients

Q: Is there a patient identification card or implant card for my On-X Valve?

A: Yes, you should have received your On-X **Patient Record Card** from the hospital after your implant surgery, but in case you did not, please email info@heartvalvechoice.com for this request. You can also submit a request for a replacement Patient Record Card or updates to your contact information to info@heartvalvechoice.com.

Q. Will my On-X Valve be detected by the airport full body scanner?

A. It is not likely that your On-X Valve will register a response by the airport full body scanner. In the event your On-X Valve is detected by this system, it is suggested that you present your On-X Patient Record Card to airport personnel. The full body scanner will not affect the performance of your On-X Valve.

Q. Can I undergo hyperbaric oxygen therapy as an On-X Valve recipient?

A. There is no restriction on hyperbaric oxygen therapy with your On-X Valve since the valve exists in a closed, pressurized system that is not affected by external atmospheric pressure changes. A search of relevant literature indicated no reports of restrictions or contraindications. Contraindications are referenced in the Instructions for Use (<https://www.onxlti.com/ifu/>).

Q. What are the bridging guidelines for a mechanical heart valve (aortic or mitral) patient undergoing a *minor procedure* or surgery while on anticoagulants?

A. It is recommended that anticoagulation therapy is continued at therapeutic range for mechanical heart valve patients undergoing **minor procedures**, such as dental extractions/cleaning, surgery on the skin, or eye surgery.¹

Q. What are the bridging guidelines for an On-X Aortic Valve (*only*) patient with no other risk factors for thrombosis who are undergoing *invasive or surgical procedures* while on anticoagulants?

A. It is recommended that anticoagulation therapy is stopped 2 to 4 days prior to the procedure so that the INR falls to <1.5, and restarted as soon as bleeding risk allows post-surgery for mechanical heart valve patients undergoing major surgical procedures.¹

Q. What are the bridging guidelines for a 1) mechanical aortic valve patient with other risk factors for thrombosis, 2) older-generation mechanical aortic valve, or 3) mechanical mitral valve patient who are undergoing *invasive or surgical procedures* while on anticoagulants?

A. It is recommended that bridging therapy with an alternate agent be given (such as Heparin) during interruption of anticoagulants. When bridging therapy is required, it is recommended to stop anticoagulants 2 to 4 days prior to the procedure so that the INR falls to <1.5 for major surgical procedures. Bridging is to occur with the alternate agent when the INR is subtherapeutic at <2 and then discontinued prior to surgery. Anticoagulation therapy is to be restarted as soon as bleeding risk allows post-surgery for these specified patients.¹

Q. What is the bridging protocol for *emergency non-cardiac surgery or invasive procedure* for a mechanical heart valve patient while on anticoagulants?

A. It is recommended that in an emergency non-cardiac surgery or invasive procedure with uncontrolled bleeding, mechanical heart valve patients on anticoagulation therapy can be administered fresh frozen plasma or prothrombin complex concentrate.¹

Q. What is the bridging protocol for mechanical heart valve patients with *uncontrollable bleeding who require reversal of anticoagulation*?

A. It is recommended that fresh frozen plasma or prothrombin complex concentrate be administered to mechanical heart valve patients with uncontrollable bleeding who require reversal of anticoagulation.¹

*After 3 months standard therapy. 1. Nishimura RA et al., 2017 AHA/ACC focused update of the 2014 AHA/ACC guideline for the management of patients with valvular heart disease: a report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. 2017;135:e1159-95.

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