

Transcatheter aortic valve implantation (TAVI) for native aortic valve regurgitation

Information for the public

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For people who cannot have SAVR or when SAVR is high risk

For people with native aortic valve regurgitation who cannot have surgical aortic valve replacement (SAVR) or when it is high risk, there is not enough evidence about how well this procedure works. So, it can only be done while more evidence is generated to check if it is clinically effective. This means you will have regular appointments after the procedure to check how well it is working or whether it has caused problems.

For people who could have SAVR and it is not high risk

For people with native aortic valve regurgitation who could have SAVR and it is not high risk, this procedure can only be done as part of a research study. This is because there is not enough evidence to be sure how well it works or how safe it is.

Your healthcare professional should talk to you about the research.

About this procedure

The aortic valve controls the flow of blood out of the lower left chamber of the heart into the main artery (aorta). In native aortic valve regurgitation, the aortic valve cannot close properly and so blood leaks from the aorta back into the heart. This can cause fatigue, chest pain and shortness of breath, and may lead to heart failure.

In transcatheter aortic valve implantation (TAVI), a tube (catheter) is inserted into the heart through a large blood vessel, usually in the groin, or directly through the chest wall. A replacement valve is passed through this tube and implanted inside the existing faulty valve (the native valve). The procedure is less invasive than open heart surgery and avoids the need for a heart and lung bypass. The aim is to reduce symptoms and prolong life.

Is this procedure right for me?

You should be included in [making decisions about your care](#).

Your healthcare professionals should explain the risks and benefits of this procedure and how it is done. They should discuss your options and listen carefully to your views and concerns. They should offer you more information about the procedure. Your family or carers can be involved if you want or need them to be.

You will be asked to decide whether you agree (consent) to have the procedure. Find out more about [giving consent to treatment on the NHS website](#).

Some questions to think about

- How many appointments will I need?
- What are the possible benefits? How likely am I to get them?
- What are the risks or side effects? How likely are they?
- Will I have to stay in hospital?
- What happens if it does not work or something goes wrong?
- What happens if I do not want the procedure?
- Are other treatments available?

Information and support

The [NHS webpage on aortic valve replacement](#) may be a good place to find out more.

The [NHS website has information about NHS hospital services](#) and [referrals for specialist care](#).

- [NICE's information on HealthTech guidance](#) explains what HealthTech is and how we assess it.
- [NICE's information on HealthTech recommendations](#) explains the types of recommendation we make.

[Heart Valve Voice](#) (info@heartvalvevoice.com) can also give you advice and support.

You can also get support from your local [Healthwatch](#).

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