

Transcatheter tricuspid valve implantation for symptomatic severe tricuspid regurgitation

Information for the public

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When open-heart surgery is high risk, and transcatheter valve repair is unsuitable

There are uncertainties about how well this procedure works or how safe it is. But there are few options to treat tricuspid regurgitation when open-heart surgery and transcatheter valve repair is unsuitable. So, this procedure can be done while more evidence is generated about how well it works and how safe it is. This means you will have regular appointments afterwards to check how well it is working or if it has caused problems.

When open-heart surgery is not high risk, or transcatheter valve repair is suitable

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. It is unclear whether the benefits of this procedure outweigh the risks, when there are other suitable treatment options.

Your healthcare professional should talk to you about the research.

About the procedure

The tricuspid valve controls blood flow between the upper and lower right-sided chambers of the heart. If the tricuspid valve does not close properly, blood flows backwards through the valve (regurgitation) when the heart contracts. So, the heart must work harder to pump blood around the body. This can lead to heart failure, which can cause shortness of breath, swollen abdomen and ankles, liver problems and tiredness. Some people have no symptoms. Other people have 1 or more symptoms (symptomatic) that cannot be controlled by medicines.

In this procedure, an artificial valve is put inside the existing faulty valve. This is done through a tube (transcatheter), usually inserted into a large blood vessel (vein) in the leg or neck. The aim is to reduce symptoms and improve quality of life.

Is this procedure right for me?

You should be included in making decisions about your care. See [our webpage on shared decision making](#).

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 heart valve disease](#) 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 interventional procedures guidance](#) explains what an interventional procedure is and how we assess it.
- [NICE's information on recommendations](#) explains the types of recommendation we make.

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

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

NICE is not responsible for the quality or accuracy of any information or advice provided by these organisations.

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