Class 1/2 certification - Aortic valve replacement

Aortic valve replacement (note 1) Temporarily unfit for 6 months

If no cardiac symptoms:
Cardiology review (note 2) to include:
Exercise ECG (note 3)
Echocardiography (note 4)

Class 1 OML

Class 2 Unrestricted or OSL/OPL (note 6)
Follow up (note 7)

Notes:
1) Tissue or mechanical valves are acceptable. If pilot is anti-coagulated with a coumadin (eg: warfarin), 6 months stability of the INR (with at least 4 measurements within the target range) is required. Class 1 certification will require INR testing with a near patient testing device within 12 hours prior to flying (flight only possible if INR within target range).

2) By a cardiological specialist. If an angiogram was performed pre-operatively, for Class 1 applicants, the hard copy will need to be reviewed by the Authority Medical Section (AMS).

3) Exercise ECG - Bruce protocol and symptom limited. Requirements are at least 9 minutes and no significant ECG or abnormal blood pressure changes. (See UK CAA exercise ECG protocol). Any abnormality may require further investigation such as myocardial perfusion scanning. If coronary artery surgery was performed at the same time as the valve replacement, the appropriate post-CABG protocol will need to be completed as well.

4) Echocardiogram – The valve replacement should be functioning normally. Left ventricular size and function should be normal (>=50%).

5) The cardiology report will be reviewed by the AMS for Class 1 and by the AME for class 2. It may be necessary to see the investigations in which case the actual tracings/films/videos will be requested. In difficult cases a secondary review panel of cardiologists will be convened.

6) If the above requirements cannot be met, Class 2 restricted (OSL or OPL) recertification may be appropriate.

7) Annual cardiological review including echocardiography. Reports should include demonstrated stability of anticoagulant therapy where taken.