



HURLEY IN THE MORNING > PODCAST TRANSCRIPT

Heart Valve Disease - Fact or Fiction

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FEATURED PROVIDER

Jennifer Joiner, APN

Nurse Practitioner, Cardiology

Harry Hurley

Hey, thanks so much! It is 6 minutes past the hour. This is a very delightful return appointment with the great Jennifer Joiner — nurse practitioner extraordinaire, nurse practitioner cardiology. Her leadership title at Deborah Heart and Lung Center is Coordinator of the Structural Heart Disease Program.

Her certifications include Adult-Gerontology Primary Care Nurse Practitioner, Critical Care Nurse, and Critical Care Nurse Cardiac Surgery Subspecialty, along with a Post-Master's Certificate in Advanced Practice Nursing. She holds a Master of Science in Nursing (Nursing Education) and a Post-Master's Certificate from Monmouth University in West Long Branch, New Jersey, and a Bachelor of Science in Nursing from James Madison University in Virginia.

And as I mentioned, we have visited in the past. Jennifer, it is great to welcome you back. How are you?

Jennifer Joiner, APN

I'm great, Harry. How are you? Thanks for having me back.

Harry Hurley

Outstanding! It is a pleasure. And such an important topic: heart valve disease. And we're going to play the Deborah Heart and Lung Center game show version of Fact or Fiction. First question to Jennifer: fact or fiction — valves regulate the flow of blood through the heart?

Jennifer Joiner, APN

Fact.

Harry Hurley

Do tell.

Jennifer Joiner, APN

Okay, so we have four heart valves. They are one-way doors that regulate blood flow in one direction. When you have valves that can no longer function properly, sometimes that blood is going in the wrong direction, or it can't get out properly if the valves are too tight.

Harry Hurley

Valve disease can occur in any of the heart's four valves. Fact or fiction?

Jennifer Joiner, APN

That is a fact. Some valves are more prone to problems than others, but yes, we can have tight valves, leaky valves, prolapsed valves, and underdeveloped valves in any of the four parts of the heart.

Harry Hurley

Valve disease is a disease of aging. Fact or fiction?

Jennifer Joiner, APN

Well, I'll hedge my bets and say it can be. It can be a function of aging. Some valve problems can take a decade or longer to progress to severe, but sometimes valve disease or damage can happen much more quickly. If you have an infection in the bloodstream or from a sudden heart attack, that can damage the valves immediately in the short term.

Harry Hurley

Jennifer, bonus question: I think an area where many people don't pay attention to the potential seriousness of what can happen — you just reminded me of something with that great answer — is dental hygiene. If folks have infections or other poor oral hygiene, that can go directly to an otherwise healthy heart valve and cause tremendous damage, can't it?

Jennifer Joiner, APN

It absolutely can. It's called systemic bacterial endocarditis. Our valves are made of tissue, and they're very sensitive to bacteria in the bloodstream. The bacteria can latch on to these valve leaflets, causing damage. One of the most common and more preventable causes comes from our mouth. Our mouth is very bloody with flossing and brushing, so it's very easy for bacteria to get into our bloodstream from the mouth.

So dental hygiene — seeing the dentist, getting your routine cleanings, and getting any dental pain or cavities addressed in an expeditious manner — is really important and can be directly tied to heart valve health.

Harry Hurley

And people, many times, just don't realize that. They think it's never a good thing to not have good oral hygiene, but I think a lot of people don't realize the potential damage that can occur.

Jennifer Joiner, APN

Correct. It's a very rare occurrence, but it absolutely can be devastating once you have an infection of the heart valve. Very difficult to treat.

Harry Hurley

Jennifer, causes of heart valve disease — what do they include?

Jennifer Joiner, APN

Well, we could be born with some heart valve issues. They're called congenital heart conditions — either the valves are underdeveloped or they're malformed. It's very common for people to have a bicuspid aortic valve, which is a two-leaflet valve instead of a three-leaflet valve. If you think about it, two valves are working much harder than three, and oftentimes that valve will wear out decades earlier. So a bicuspid aortic valve may need replacing in your 50s and 60s versus the traditional trajectory of 70s or 80s. Medical conditions play a role too: if you've had rheumatic fever as a child — which of course is not as common as it used to be, though baby boomers may still remember people having rheumatic fever as a child — that can damage your heart valves in a way that shows up decades later in life. Infections, like we talked about, heart attacks, and heart failure can cause valve problems, and valve problems can cause heart failure. Heart rhythm issues such as atrial fibrillation can cause heart valve problems, and the reverse is true as well.

If you have connective tissue disorders such as Marfan syndrome or Ehlers-Danlos syndrome, if you're diabetic, if carcinoid tumors form in the heart, if you have autoimmune diseases such as lupus, or if you have an aortic aneurysm — all of these things can contribute to valve problems.

But also, medical treatments can play a role: if you've had radiation to the chest area, that can damage heart valves. That's mainly true of older radiation techniques — more recent radiation technology is a lot more precise — but it can still damage heart valves if you've had chest radiation.

Harry Hurley

We are visiting with Jennifer Joiner. The topic is heart valve disease this half-hour on Deborah Heart and Lung Center Presents: Jennifer Joiner.

To make an appointment with the Department of Cardiology or any of the disciplines at Deborah Heart and Lung Center, you can call 609-621-2080. I'll repeat: 609-621-2080. It's so easy — the attendant will work you right through to the scheduling portal, and you'll be all set. If you'd like to do it on your smartphone, laptop, desktop, or iPad, you can go on the web to DemandDeborah.org.

Again, the topic this half-hour on Deborah Heart and Lung Center Presents: Jennifer Joiner is heart valve disease. And we continue Fact or Fiction.

You may be at risk for valve disease if you have certain risk factors. What are they? Is it fact or fiction, and depending on your answer, what are they?

Jennifer Joiner, APN

Yes. There are absolutely some common things that people may have that put them at risk for valve disease.

Age: if you're 65 and older, you're automatically at risk for having valve disease. If you have a family history of valve problems in your family.

Of course, congenital heart conditions. If you're a smoker. If you're obese. If you live a sedentary lifestyle.

Or if you have unhealthy eating patterns — all of that puts you at risk for developing valve problems.

But one thing I'd also like to note is the unfortunate fact that heart valve disease diagnosis rates are a lot lower for women, people from lower-income households, minorities, and those living in rural communities. This can unfortunately lead to diagnosis of these valve problems at a much later stage, when symptoms are much more severe, with potentially permanent heart damage, increased heart failure, and hospital admissions. This, of course, leads to higher death rates, and at a much younger age.

Deborah Heart and Lung Center is committed to community outreach in rural and underserved communities, especially in Southern New Jersey, to increase health screenings, diagnosis, and treatment of heart valve disease. Increasing access to care is a priority for us, in part, for this really important reason.

Harry Hurley

Very important answer. Fact or fiction in terms of symptoms — what are the symptoms?

Jennifer Joiner, APN

You know, symptoms are often attributed to just getting older:

- Fatigue.
- Shortness of breath, especially with exertion.
- You may notice swelling in your feet or legs.
- Fullness in your belly.
- Chest pain.
- Dizziness, even passing out.

And overall, a decrease in your usual functional capacity. You're not doing as much as you used to because you just don't feel like it — you're exhausted when you're exerting yourself.

And I know we've talked before on previous shows about how many of us, as we get senior in life, just chalk some of these symptoms up to getting older, as if that's normal. But please don't make that decision for yourself. Please pair up with a provider who can do a full examination, listen to your story and your symptoms, and understand how things have changed over the last three months, six months, a year. Let the provider help figure out if this is actually a heart valve problem or something else that's quite treatable, especially in its earlier stage.

Harry Hurley

So important. We only take one time-out, one break, during Deborah Heart and Lung Center Presents. Today, Deborah Heart and Lung Center Presents: Jennifer Joiner. To make an appointment with the Department of Cardiology or any of the various disciplines that Deborah Heart and Lung Center is legendary for, you can call 609-621-2080, 609-621-2080, or visit demanddeborah.org.

When we come back in just a few minutes with Jennifer, the question on the floor will be about heart murmurs. Is a heart murmur the sign of valve disease? We'll get into what a heart murmur is and all of that when we come back in just a little bit. Don't go away. Much more Deborah Heart and Lung Center Presenting: Jennifer Joiner, right here on The Harry Hurley in the Morning Program.

Harry Hurley

Welcome back, 22 minutes past the hour. Deborah Heart and Lung Center Presents: Jennifer Joiner. Our discussion this half-hour is heart valve disease, Fact or Fiction. And let me just remind everybody listening of two quick things, both important. One, if you've missed any of today's program with Jennifer, you've missed a lot, but when we upload the podcast, you'll be able to download it, so this episode will be available on demand — either at demanddeborah.org or right here on the WPG Talk Radio 95.5 app. As soon as we upload it, it's available on demand.

And it's important content. We've said this over the many years we've worked with Deborah Heart and Lung Center: this program has, provably, saved lives. People listen and hear an expert like Jennifer talk about a certain issue, and they literally go seek out the care they need because they heard something that showed them, undeniably, that

they were dealing with something one of you had just described. So the program is very important, is what I'm trying to say, Jennifer — and thanks for your time and expertise.

Jennifer Joiner, APN

Happy to help!

Harry Hurley

Absolutely. So we talked, right before the break, about coming back and having you address heart murmurs. Is a heart murmur a sign of valve disease? And you would get to it anyhow, but let me make sure we cover it: what is a heart murmur?

Jennifer Joiner, APN

Yeah. So a heart murmur is an abnormal sound of the heart. When we listen to the heart sounds, we're not listening to the heart beating — we're actually listening to the sound of the valves. And the valves are supposed to sound a certain way.

When they have a different sound, providers can determine whether it's a leaky valve or a tight valve. We call this abnormal sound a murmur. Not all murmurs are serious, but a murmur can be an early sign of a heart valve problem.

Harry Hurley

Jennifer, I recall a listener of yours who went through the whole program — actually went through it with the incredible, very special doctor in the devices area of Deborah Heart and Lung Center. They wore a Holter monitor for a period of time because they were having palpitations.

They went through the whole Deborah program, it turned out to be nothing serious, and they didn't have palpitations for about 15 years. Now the palpitations are back. Does that mean anything? Should they do something about it, or should they think, "Well, I went through all of this before, so I'm sure it's the same thing"?

If the palpitations are back, and actually happening more than they were 15 years ago, what would you say to somebody like that?

Jennifer Joiner, APN

I would say absolutely get back in with a provider and have another look. Anytime you have palpitations, that's not normal. And just because they didn't find anything that needed to be addressed or fixed back then doesn't mean the situation is the same now. Having a reevaluation is really important. You're older now, other medical conditions can come into play, and the palpitations may mean something is going on. Screening saves lives. Yes, it takes time out of your day to meet with someone, and you may think, "I'm having all this testing again and it's probably nothing" — but maybe it is. So I would say, absolutely, get back in with a provider for another look.

Harry Hurley

Yeah, they're going to do it, and they're going to be calling Deborah, because they don't want to ignore it. It's disconcerting that it goes away for 15 years and then comes back. So they're going to follow up, and that's an important question from that gentle lady listener. Thank you, Jennifer, for the answer.

Now, you covered what a heart murmur is. Is a heart murmur a sign of valve disease?

Jennifer Joiner, APN

It can be. Remember, most heart valve disease starts silently. When I say silently, I mean behind the scenes — you have no idea, you're living your life, you have no symptoms, nothing's holding you back. But if you put a stethoscope to the chest, a provider can hear that abnormal sound, and it could be your heart valve.

Heart valve disease can start behind the scenes long before we actually start having symptoms. When symptoms do start, the valve disease may be progressing, but you're not quite ready to have it intervened on yet.

At that point, you should have more frequent screenings and more contact with your provider, so that as your symptoms worsen over time, they can match that up with how the valve disease is progressing, and find the right window of opportunity to replace or repair the valve.

Harry Hurley

We've done, as you know, whole half-hour programs with Deborah on high blood pressure. They call it the "silent killer" because people can deal with it for years without even realizing something's going on, if they're not regularly seeing their healthcare provider. You just go on like everything's fine, but it's not fine.

Could heart valve disease go on for years the same way, with people going on, maybe feeling the things you're talking about — fatigue, chest pain with exertion, and some of these other things you've covered, Jennifer — without being properly diagnosed for an extended period?

Jennifer Joiner, APN

Absolutely. And again, as we get older, some of these symptoms are subtle and slowly progress over time, so it's very easy to say, "I'm under a lot of pressure, I'm under stress, I'm just getting older," without realizing it's actually a slow progression of valve disease happening behind the scenes.

So it's really important — even if it's once a year, even if you feel fine and think it's probably nothing — to let the providers make that decision. Let them do the screening, the blood work, the physical exam, and talk with you to understand what subtle changes you're seeing over time. If you have a good relationship with a provider, they may notice

the change in you. And family is often the people who come with patients and are the ones reporting that they've noticed a change in their family member.

So it really takes a village, and I'd rather see you early and often — that way we know when the right time is to intervene on that valve disease. But we don't know what's going on behind the scenes unless we screen. So please, screening saves lives.

Harry Hurley

Jennifer, it's so important. I've never heard of earliest detection ever being a bad thing in terms of the best potential outcome. So that's so important, what you just said.

To make an appointment at Deborah Heart and Lung Center — it's so simple to do, but it's potentially one of the most important phone calls you will ever make: 609-621-2080, 609-621-2080, or on the web, any digital device will do, DemandDeborah.org.

How is heart valve disease diagnosed, Jennifer?

Jennifer Joiner, APN

The easiest way is with a stethoscope and a good physical exam.

From there, if we have any suspicion that there may be valve disease, we usually recommend a routine echo. An echo is an ultrasound — it's non-invasive. We put some jelly on the chest area and use an ultrasound probe, which turns sound waves into pictures on a screen for a provider to review. It looks at all of the heart valves and the heart wall muscle motion, and it gives us a wealth of information that can help confirm exactly what we're suspecting on physical exam.

Harry Hurley

So beyond listening with the stethoscope, and an echocardiogram if you deem that appropriate, are there other diagnostic tests that may be performed to detect valve disease?

Jennifer Joiner, APN

Yeah, in recent years they've developed cardiac-specific CAT scans and cardiac-specific MRIs that can assess valve function on a different level as well. But the easiest starting point is a physical exam and a routine echo.

Harry Hurley

So you've hit it out of the ballpark in terms of diagnosis, and in terms of getting folks to pay attention to symptoms rather than assuming, "I'm just getting older, so I won't do anything about this — this is just normal." No, it's not normal. This has been very instructive, what you've covered here today, Jennifer.

And I'm sure people are wondering: after diagnosis, what are the treatment options?

Jennifer Joiner, APN

Yeah, so when you're first diagnosed and you're still feeling well, it could just be, "Come back once a year, once a year, once a year." As your symptoms progress and the valve disease progresses, we'll see you more often — sometimes down to every three months, if needed.

But at the point where we recommend intervention — traditional open-heart surgery used to be the only option. About 15 years ago, that changed when the structural heart field came into its own. The FDA first approved the TAVR procedure. By now, a lot of people have heard of TAVR — it's a way to replace the aortic valve using stent technology with animal tissue, delivered through a small puncture site in the groin rather than traditional surgery.

From that point forward, this field has just exploded. We are now into the mitral and tricuspid valve space, with both repair clips and replacement valve options designed specifically for those valves.

The tricuspid valve has often been considered the "forgotten valve," because people often didn't do very well with traditional open-heart surgery for it, and until recently we really didn't have good transcatheter options to address leaky tricuspid valves. Well, now we do, and it's been very rewarding to see the long-term impact that intervention has made in these patients' quality of life.

The most recent FDA-approved valves in our arsenal were approved in the past year: transcatheter mitral valve replacement, and a new valve designed specifically for leaky aortic valves. The original TAVR valve was designed for aortic stenosis, which is typically caused by a layering of calcium on the aortic valve. Leaky aortic valves are often different — they don't have that calcium, they're leaking for a different reason — so we needed a specific valve for leaky valves, since there's no calcium for a valve to hold onto.

Now that we have this newly approved valve for leaky aortic valves, it's been a game changer for us. Deborah is proud to have access to all of this FDA-approved valve technology, and we're also involved in some of the latest research trials in the valve space, which may help transform the field even further in the future.

And I don't know if you knew this, Harry, but we were the first hospital in New Jersey, Pennsylvania, and Delaware to implant this newer transcatheter mitral valve replacement valve. We're really excited and very proud of that. It's the direct result of our robust heart valve team focusing on personalized care and having the latest technology available. Our goal is to improve not only the quantity of your life, but the quality of it.

We want to screen patients for the right procedure, at the right time, with the right valve — we have everything from soup to nuts, including surgery if we think you need it, but we're excited that we now have something for every valve that doesn't require open-heart surgery. It's a really exciting time to be in the structural heart field.

Harry Hurley

In order to appear with the great Jennifer Joiner, I did have to do a little bit of reading before the program. So I spent a few hours looking at things like how many Americans deal with heart valve disease, and I learned that it's not a small number. I've seen different reports, but it seems fairly agreed upon that up to 15 million Americans are affected. So this is not just a handful of people, Jennifer.

Jennifer Joiner, APN

No. Our baby boomers are all within that target range of being old enough to have developed valve problems, so we're going to continue to diagnose thousands of people with valve disease each year. And when you have one valve problem, you often develop a second, or even problems with three of your valves. The more valves that are impacted, the more complex your case is, and the more it matters that you're at the right center to address it.

Harry Hurley

Final question, a bonus question: is there a clear answer right now in terms of which route to go? I'm sure it matters for the individual, and their healthcare provider would tell them which option is best in their particular case. But there's a mechanical valve route, a tissue route, even a donor route. Is mechanical becoming the top choice?

Jennifer Joiner, APN

No, no. Just to clarify — when we talk about mechanical valves, that's purely a surgical valve. That's not the structural, transcatheter valves that we're working with through the groin.

Mechanical valves have leaflets that are metallic, and they require lifelong anticoagulation with blood thinners. That option is in the surgical space, often offered to patients who are much younger, so that they get one open-heart surgery with a metallic valve that, in theory, should last them for life.

When you're older, providers don't typically offer the mechanical surgical valve — they'll go with tissue valves instead. In the transcatheter valve space, it's all tissue valves, either from cow or pig tissue. It's not the actual heart valve of an animal — it's tissue that surrounds the animal's heart, which is carved and shaped into a valve, then attached to stent technology. The stents are those metal cages we talk about, but that's not the same as a metallic valve — mechanical valves are surgical, and transcatheter valves are all tissue.

Harry Hurley

All right, I feel like I'm flying without a net, but I'm going to dare to ask this: the tissue doesn't require anti-rejection medication or anything like that, does it?

Jennifer Joiner, APN

No, you are correct!

Harry Hurley

Whew! I was scared, Jennifer! (Laughter)

Jennifer Joiner, APN

(Laughter) These tissue valves are treated so that all of the antibody response is taken care of before they go into patients. We only require low-dose coated aspirin for these tissue valves.

Harry Hurley

You've been very generous — it's actually a minute and a half past when I should have let you go. But if I could just beg your indulgence: if you get a tissue valve, is that like a 10-year deal, or is that too arbitrary to put a number on?

Jennifer Joiner, APN

You know, it's always the hot question: "How long is this valve going to last?" We always take into account what your next procedure may look like, so the shortest answer I can give is: it depends.

We'd like to say these valves can last 10 to 15 years. In the transcatheter space, valve technology has only been out for 15 years, but the data from all the research trials that led up to these FDA approvals shows these valves working beautifully. We have no reason to think they can't go longer, but we can't guarantee anything we haven't yet proven in research.

So 10 to 15 years would be great. For some patients the valve fails sooner; others are still going strong at 20 years, depending on whether it's a surgical or transcatheter valve. But we'd like to say 10 to 15 years, depending on the patient's risk factors.

Harry Hurley

You can see why I love doing the program with Jennifer so much! Outstanding appearance, Jennifer Joiner.

To make an appointment, call 609-621-2080 or visit DemandDeborah.org. Thanks for the bonus time. I hope I didn't hurt your schedule.

Jennifer Joiner, APN

Not at all! Thank you so much for having me back, Harry. I appreciate it.

Harry Hurley

Yeah, it's a real honor to present you, Jennifer. We'll be back.