

What are the treatment options available?

Most people with mitral regurgitation will not require any treatment and will just require regular monitoring of their condition.

If your mitral valve is severely leaky and you develop symptoms, the heart becomes severely stretched or starts to pump less efficiently you may be referred for heart surgery.

What does heart surgery involve?

A series of tests before you are referred to a surgeon will decide whether you are suitable for either a mitral valve replacement or a mitral valve repair. A small number of patients at high risk of conventional surgery may be offered keyhole surgery.

During a mitral valve replacement, the existing mitral valve is removed and replaced by either a metal or tissue valve. Your surgeon will discuss which type of valve would be most suitable for you. During a mitral valve repair, the surgeon will modify your existing valve to stop it from leaking.

Both these procedures require a general anaesthetic and the use of a heart-lung bypass machine. You will be left with a scar down the centre of the chest. You will usually spend 1-2 days after the operation in intensive care and are usually discharged from hospital 7-10 days after surgery

Do I need to change my lifestyle?

As with any type of heart disease, it is important that you follow a healthy diet, keep your weight within a normal range and do not smoke. Most patients with mitral regurgitation will be encouraged to take regular gentle exercise but you should check this with your healthcare professional. If you are planning pregnancy, you should discuss this with your healthcare professional first and let them know immediately if you become pregnant.

Patients with mitral regurgitation are also advised to take good care of their teeth and skin to prevent the risk of heart valve infection (endocarditis), which is a rare but serious condition.

Teeth

It is important to take good care of your teeth by brushing your teeth twice a day and visiting your dentist for regular check ups (at least once per year). If you have toothache or an abscess it is important that you get treated for this quickly. Make sure you tell your dentist you have a heart condition.



Skin

Keep your skin clean by washing regularly. Wash any cuts and grazes and keep them clean until they heal and see your GP if your skin becomes red or inflamed. Avoid cosmetic procedures (e.g. tattoos, body piercing, fillers etc) that involve breaking the skin.

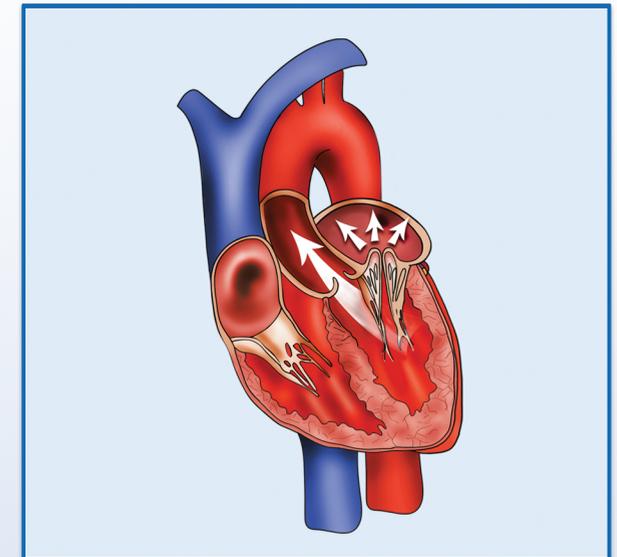
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PATIENT INFORMATION LEAFLET

Mitral Regurgitation

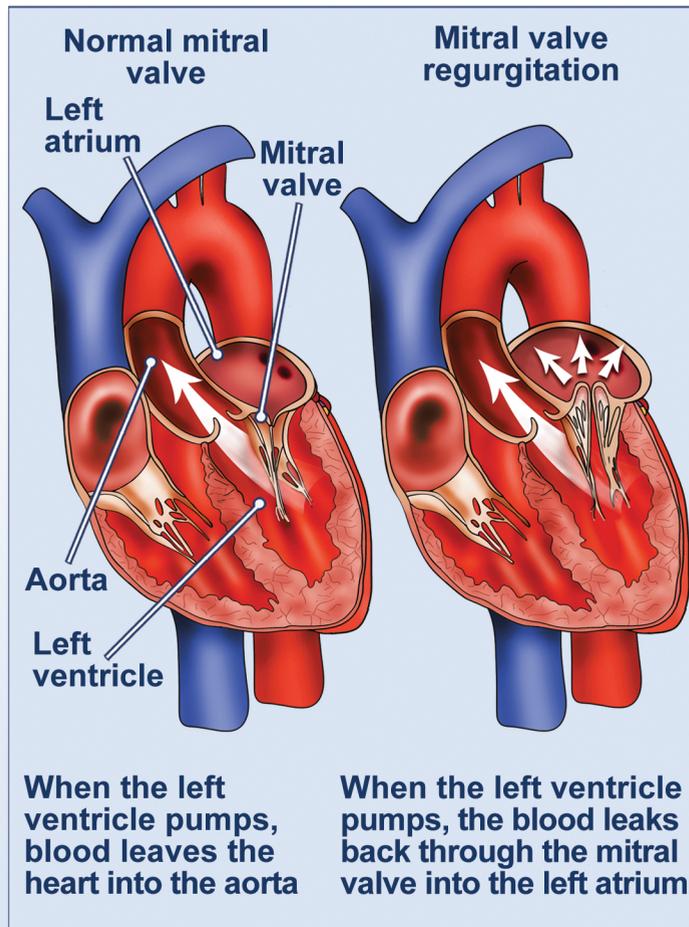


What is the mitral valve?

The mitral valve is a valve situated on the left hand side of the heart. It is a one way valve that allows blood to move from the left atrium (top chamber of the heart) to the left ventricle (bottom chamber of the heart, the main pump).

What is mitral regurgitation?

Mitral regurgitation is a condition where the one way valve is not working correctly. When the main pumping chamber (left ventricle) contracts, all of the blood should leave the heart into the aorta. In mitral regurgitation, the one way mitral valve is unable to close tightly and blood leaks back into the left atrium (top chamber of the heart).



When the heart is listened to with a stethoscope, the abnormal blood flow results in an abnormal sound known as a heart murmur.

What causes mitral regurgitation?

There are many different causes of mitral regurgitation, these include:

Valve degeneration (wear and tear) / mitral valve prolapse (floppy valve)

Damage to the heart valve following heart valve infection (endocarditis)

Congenital disorders (people born with an abnormal heart valve)

Heart failure / following a heart attack

Hypertrophic cardiomyopathy (a genetic condition causing thickening of the heart muscle)

What are the symptoms of mitral regurgitation?

Most people with mitral regurgitation will not experience any symptoms. If the regurgitation (leak) is severe, then symptoms such as exertional shortness of breath, swollen ankles and tiredness can occur.

Palpitations (a feeling of your heart beating rapidly or erratically) can also be experienced by patients with mitral regurgitation.

If you experience any of the above symptoms you should inform your healthcare professional.

What tests will I need?

Most people with mitral regurgitation will have an ECG and echocardiogram. Other tests outlined below may also be performed.

• Electrocardiogram (ECG)

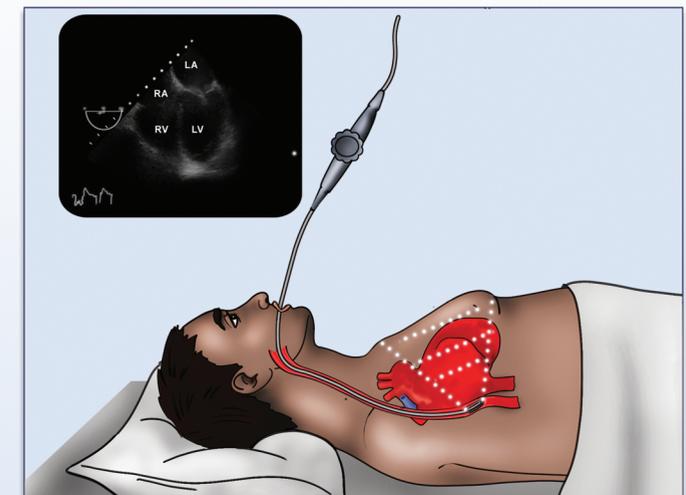
Stickers are placed on the chest and the electrical activity of the heart is recorded.

• Echocardiogram (Echo or cardiac ultrasound)

During the test an ultrasound probe is placed on the chest and moving pictures of the heart are produced. The test takes around 30 minutes.

• Treadmill or bicycle exercise test

Stickers are placed on the chest to record the electrical activity of the heart. You are then asked to walk on a treadmill or pedal on a bike whilst your blood pressure and heart rate are monitored. During the bike test we also take ultrasound pictures of the heart.



• Transoesophageal echocardiogram (TOE)

This is a day case procedure which takes place under sedation. A probe is passed into the gullet and detailed pictures of the heart are obtained using ultrasound.