

Mitral and Tricuspid Intervention

There are an increasing number of options for the treatment of both mitral and tricuspid valve disease and intervention is reserved for patients with severe symptomatic valve disease that persists in spite of optimal medical therapy or if there is evidence of cardiac dysfunction.

The aim of the treatment is to avoid the risks of open-heart surgery particularly in patients with multiple co-morbidities.

After clinical assessment, Prof Ruparelia may suggest intervention due to the presence of symptoms attributable to the valve.

To determine suitability for mitral or tricuspid intervention, Prof Ruparelia shall organise some specific investigations including blood tests, echocardiography, transoesophageal echocardiography, invasive catheterisation and on occasion a CT scan to aid in confirmation of the diagnosis, procedural planning and determine risk of intervention.

Intervention options include TEER (transcatheter edge-to-edge repair) of valves, percutaneous mitral valve implantation or percutaneous tricuspid valve implantation.

How should I prepare?

Once a date for your procedure has been organised you will be given specific information with regards to admission times and also your medications.

If you are taking anticoagulants (e.g. warfarin), Prof Ruparelia will usually ask you to stop taking these some days prior to the procedure.

You should not eat or drink for 6 hours prior to your procedure.

Prior to your procedure, you shall also be reviewed by an anaesthetist.

What are the risks?

The overall risk of intervention varies between 2-5% depending on the intervention being undertaken including vascular complications, damage to the heart, stroke and mortality.

Prof Ruparelia shall discuss each of these in detail prior to proceeding onto any intervention.

The Procedure

Procedures are performed under a general anaesthetic with fluoroscopic and echocardiographic guidance via the vein at the top of the leg (femoral vein).

After manipulation of the device, once in the desired position, the device is deployed. Following this the tubes are removed and you are transferred to the ward for ongoing care and recovery.

The procedure takes approximately 1-2 hours.

Recovery and post-procedural care

You will be asked to lie flat in bed for a few hours to aid in the healing of the legs. You can eat and drink once appropriately recovered from the anaesthetic

You should be able to sit out of bed within 4-6 hours and walk after 8 hours. Depending on progress, you may be suitable for discharge within 24 hours.

When at home you are able to walk and gradually build up your exercise tolerance and activity.

Prof Ruparelia shall organise a follow up with clinical assessment, ECG and echocardiogram following your procedure.

Your valve will require long-term annual surveillance.