

PFO closure

A PFO is a small flap between the upper two chambers (atria) of the heart. A transthoracic echocardiogram, bubble echocardiogram and transoesophageal echocardiogram are used to confirm the diagnosis and aid in the ongoing management.

Prof Ruparelia may suggest PFO closure if you have suffered a stroke or other event related to a paradoxical embolus. In the absence of any modifiable risk factor, PFO closure has been demonstrated to significantly reduce the risk of recurrent ischaemic event when compared to optimal medical therapy alone.

Rarely Prof Ruparelia may suggest closure to reduce the risk of complications related to diving or following other embolic event.

How should I prepare?

The procedure is carried out under a general anaesthetic and so please do not eat or drink anything for the 6 hours before your planned procedure time.

Prof Ruparelia shall discuss if any specific medications should be taken prior to your procedure.

What are the risks?

PFO closure is generally very safe with the risk of complication <1%.

Common risks include pain, bleeding bruising of the leg. There is a small chance of developing an abnormal heart rhythm, stroke, failure or cardiac damage requiring surgery.

The Procedure

Prof Ruparelia performs the majority of cases under a general anaesthetic with the aid of X-ray and TOE guidance.

A small tube is positioned in the vein at the top of your leg (femoral vein) and an umbrella shaped device is advanced across the hole to close it.

The procedure takes approximately 30 minutes - 1 hour and you are usually woken up in the operating room straight after your procedure

Recovery and post-procedural care

Following your procedure, you will be asked to lie flat for a few hours to aid in the recovery of the top of the leg (the site of tube insertion).

You should be able to go home the same day (if performed in the morning) or the following morning if performed later in the day.

After your procedure you will be required to take two blood thinning medications (aspirin and clopidogrel) for 1 month followed by aspirin monotherapy for the intermediate period.

For the first 6 weeks, do not perform any strenuous activity including heavy lifting or bending.

Prof Ruparelia shall arrange a follow up including an interval bubble echocardiogram to confirm complete closure