
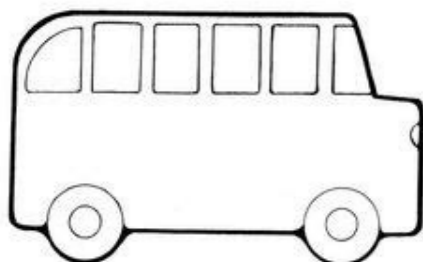


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# Open the eyes of my heart chords pdf printable worksheets free template



The goal of surgery for severe secondary mitral regurgitation is to reduce symptoms, so surgery is generally reserved for symptomatic patients. Other indicators which should suggest the need for surgery in severe mitral regurgitation include development of an irregular heart rhythm called atrial fibrillation or the development of high pressures in the lung arteries known as pulmonary hypertension. This will not be effective for primary mitral regurgitation. Strategy. Some people would argue that the open approach allows the highest chance of success in a high quality repair. In torrential mitral regurgitation the majority of the blood is going backwards, this happens in conditions such as flail leaflet. EKG Heart Tracing This is not the best test for diagnosis of mitral regurgitation but may give some clues as to the effect on the heart. Unlike primary mitral regurgitation, medicines may actually be able to help a lot in those with secondary mitral regurgitation. A rupture of a large chord can lead to a condition known as flail leaflet, leading to torrential mitral regurgitation, described here in detail. It's important to realize that all this blood still has to go forward into the bottom heart with the next beat. On the other hand, we don't want to send someone too late because there is the chance that any damage done would be irreversible. Echocardiogram This is basically the test of choice in diagnosing mitral regurgitation and is indispensable. Rarely the heart attack can lead to rupture of one of these papillary muscles and basically leave one of the mitral valve leaflets free hanging leading to torrential mitral regurgitation. Generally if any of these appear then its time to operate. In the Mitraclip procedure there is a clip applied to the mitral valve leaflets (as can be seen in the video below) that can reduce the amount of mitral regurgitation. If not why not? If it closes properly blood won't go backwards, if it doesn't close properly then blood will leak backwards. In those younger than 40 years of age, it is likely only around 0.5% and in those over 75 years of age it likely approaches 10%. Rheumatic heart disease leads to hardening and limited function of the mitral valve and can cause both narrowing and regurgitation so the valve is too tight and also too leaky! Valve Calcification. For this reason, the current management of valvular heart disease in the US is far from optimal. This basically leads to a hole being eaten out of the valve and the leak occurs through the hole. Unlike other conditions we can't just rely on the pumping function of the heart to tell us what's going on because in mitral regurgitation it initially looks normal and we often only find out its abnormal after the valve is fixed! For this reason, in severe mitral regurgitation, if the pumping function of the heart is at all reduced, even minimally, the valve should be operated on. Can a Pacemaker Help Mitral Regurgitation? Keyhole Catheter Based Treatment of Mitral Regurgitation Incredible advances in technology over recent years has led to the development of a way to fix some mitral valves without having to perform open heart surgery. At myheart.net we've helped millions of people through our articles and answers. Often those with secondary mitral regurgitation have severely reduced pumping function and so any operation is of course high risk when compared to the generally healthier population with primary mitral regurgitation. In severe disease, these are important as they may indicate the need for mitral valve surgery. When deciding to send someone for valve surgery we have to consider the following. The development of post-surgical heart failure is also common when, in fact, much of this may have been avoided if patients had been sent for surgery at a more optimal time. Develop an understanding and take an interest in your condition. Up to 50% of patients will have EKG evidence of left ventricular chamber enlargement known as hypertrophy. Robotic Vs. Open Surgery for Mitral Regurgitation The standard way to repair the mitral valve is to do this via a sternotomy, which is the term for sawing the breastbone. Lyanas as much as you can and take an active role in management. What Questions to Ask Your Cardiologist If You Have Mitral Regurgitation Cause. If being monitored. how often should this be monitored and why? In expert centers, its reasonable to consider surgery for severe mitral regurgitation even if there are no symptoms and the heart appears to function normally, as long as there is an almost certainty the valve can be repaired rather than replaced. The advantage to a robotic approach would be that the incisions are much smaller than that of standard open surgery. The coronary arteries supply blood to the heart muscle, including the muscles that control the function of the mitral valve. Why it's So Important to see a Dedicated Valve Specialist I have patients from all over the world come and see me to obtain opinions on their valve disease. Is there any sign of heart rhythm disturbance (atrial fibrillation)? This is because as described above the heart adapts to mitral regurgitation by growing larger. How many do they do per year? Years ago patients with severe mitral regurgitation would be sent for surgery only when the heart showed clear evidence of failure. In secondary mitral regurgitation, there is a problem with the structures that surround the valve (like the door frame being too big so the doors don't meet in the middle leaving a gap). A handful of specialist centers are offering a robotic approach to mitral valve surgery. In some cases, this degeneration can deform valve leaflets and interfere with valve function leading to regurgitation. How experienced is your surgeon in mitral valve surgery? Stability. Some centers still prefer what's called a watchful waiting strategy where they watch patients with severe mitral regurgitation closely for development of symptoms or subtle evidence of heart dysfunction. Trials are ongoing that will establish the role of the clip in wider subsets of mitral regurgitation. In mitral valve prolapse, the leaflets become thickened and spongy and if severe can lead to leakiness through the valve. Management of valvular heart disease is complex. If opting for a robotic approach, its important to know the surgeon is highly experienced in this and has a good track record of mitral valve repair. Pulmonary Hypertension Pulmonary hypertension is the term for increased pressure in the arteries of the lungs. To complicate matters even further, the leakiness allows the pumping function of the heart to appear higher than it actually is. Many expert centers are now moving towards mitral valve surgery in patients who have severe mitral regurgitation even if the heart is pumping normally and the patient has no symptoms. Measures should be taken to ensure adequate control of blood pressure as increased blood pressure may lead to increased severity of mitral regurgitation. The other option is mitral valve replacement, using either a metal valve or a tissue valve. Mitral Regurgitation is basically a leaky mitral valve. In mitral regurgitation, there will be a murmur that lasts throughout the whole of the pumping phase. Secondary Mitral Regurgitation In secondary mitral regurgitation the problem is not with the valve itself, but rather the structures that hold the valve in place and keep it functioning. These skills are not commonplace in general cardiology and even though guidelines exist to help management of valvular heart disease, very few of these guidelines are based on a high level of evidence and therefore they are far from perfect. These modifications include addition of artificial chords to stabilize the valve and also addition of a band around the valve to allow it to function normally. Mitral regurgitation becomes more common with age. In a heart attack, the blood supply to these muscles can be compromised causing dysfunction and valve regurgitation. Excitingly there is progress being made on catheter-based mitral valve implantation and this is likely to change the field significantly over the next decade. Mitral Valve Repair vs. If so what has been the rate of progression. What were the methods used to determine the severity and do the measurements add up? Mitral valve repair involves making modifications to the existing valve that result in elimination of the mitral regurgitation and restore the valve competency. Age is the most obvious risk factor; the elderly are at highest risk. Currently in the US, the Mitraclip is limited to high-risk subsets of mitral regurgitation, basically those patients that are felt to be at prohibitively high risk of surgery. This is because of age-related wear and tear of the valve. The rationale for that is 1) The surgery is performed before heart failure sets in to prevent any irreversible damage 2) The modern day risk of mitral valve surgery in expert hands is minimal and 3) In expert hands it is almost always possible to repair the valve rather than having to replace it. In secondary mitral regurgitation, the main problem is not the valve itself, but rather structures that hold the valve in place. The options are mitral valve repair and mitral valve replacement, which are discussed later in detail. Mitral valve repair is complex, and an advantage to an open surgical approach is that the entire valve can be visualized and complex repair performed. Such as in chordal rupture or papillary muscle rupture. This is known as acute severe mitral regurgitation and is a medical emergency. In patients being followed up for mitral regurgitation, especially those with moderate or greater disease, has the disease progressed? Rheumatic Fever. Sometimes the chords, which are the strings holding the valve in place, can snap rendering that part of the valve ineffective. As we age there can be degeneration of the heart valves, similar to the way in which joints degenerate. When to have surgery for secondary mitral regurgitation? If not, is it truly severe? This is the noise made by the blood leaking backward. That becomes all the more important in the treatment of severe mitral regurgitation. If this means you have to travel further to see that specialist, then so be it, as in my mind there is no doubt that the benefits of correct management of the disease will be worth it in the long run. So basically in mitral regurgitation the heart has to handle more blood. In these cases, medicines that can possibly reverse this process in some way, will allow the heart to become smaller and possibly restore valve competency. One of the advantages is that it is highly reproducible and so it may be of use in cases where close monitoring is important. Now our authors are keeping readers up to date with cutting edge heart disease information through twitter. This is much more common and basically means the disease is present for years and typically progresses slowly. Symptoms of Mitral Regurgitation Acute Mitral Regurgitation. Although much less common now, there have been drugs used in the past, such as weight loss, or migraine headache medications that were found to cause damage to the valve leaflets. Ask the surgeon the likely approach to fixing the valve, based upon the information supplied by the echocardiogram. The heart can sometimes enlarge so much that the mitral valve leaflets cannot meet in the middle and allow blood to leak backwards. If there has been rapid progression closer follow-up may be warranted. It was then realized, that many patients would never recover their function and remain symptomatic. Valve disease is usually clinically silent for many years and may only be picked up by the presence of a murmur. The most common cause in the US is mitral valve prolapse. If the surgeon is taking a robotic approach, what is their experience level? Is there evidence of increased pressures in the arteries of the lung (pulmonary hypertension)? Some very skilled and experienced robotic surgeons, of whom there are not too many, are able to perform even complex repairs. How Does the Heart Handle Mitral Regurgitation In mitral regurgitation, blood is leaking from the bottom chamber of the heart back to the top chamber of the heart. If you develop these discuss this with your doctor when possible. This involves implanting a new valve through a small tube and has been wildly successful. In the population as a whole around 2% of people have at least moderate mitral regurgitation. Surgery in Primary Mitral Regurgitation - Key Points Before considering surgery its important to ensure that the mitral regurgitation is indeed severe in nature. There is no proven medical therapy to make the valve better and the only way to get rid of the mitral regurgitation is by mitral valve surgery. The most widely studied method of percutaneous mitral valve repair is known as the Mitraclip. The same goes for patients who have symptoms such as fatigue and shortness of breath. Primary mitral regurgitation where the valve leaflets are affected. Unfortunately in the process of enlargement the heart muscle becomes weaker over time and eventually fails if not treated in time. In moderate mitral regurgitation around 30% of the blood in the heart is leaking backwards. What Can You Do to Improve Your Chances of a Good Outcome? Most people would perform TEE prior to consideration of surgery, and a TEE is almost always performed in surgery to ensure the valve is repaired. Those with a history of mitral valve prolapse and regurgitation are at risk of their disease progressing. The higher the degree of mitral regurgitation the more likely it is to progress. Mitral Valve Endocarditis. How many of their robotic surgeries end up as open operations? Secondary mitral regurgitation is often due to heart enlargement, whereby the heart becomes too big for the valve leading to leakiness. A tissue valve does not require the use of the blood thinning medication, however will be subject to wear and tear and therefore have a limited life time, maybe up to 10 years after which further procedures may be required. Enlargement of the top and bottom chambers of the heart may be seen in chronic severe mitral regurgitation. It can occur in mitral regurgitation from the back transmission of pressure from the left chambers of the heart that are dealing with the increased blood volume. Look at the image of the mitral valve below. What is their success rate for repair? In secondary MR often an enlarged heart leads to the valve not being able to meet in the middle. Is there any evidence of heart muscle dysfunction, even if subtle? In severe mitral regurgitation, there may be an irregular heartbeat known as atrial fibrillation; this can be picked up on the EKG. Endocarditis is an infection within the valve that directly destroys the valve tissue. Mitral valve repair is considered superior, when possible, because it may result in improved outcomes and greater preservation of heart function. It is also reserved for primary, and not secondary mitral regurgitation for the time being. Don't get lost to follow up! Ensure you keep a track of your appointment. In some cases the valve itself isn't amenable to repair, but often people will have mitral valve replacement when they should have had repair instead, simply because the surgeon is not expert in mitral valve repair techniques. In general patients with severe mitral regurgitation should be monitored closely and surgery should certainly be performed if there is development of symptoms or if there is even subtle evidence of heart dysfunction. For those patients with moderately severe or severe mitral regurgitation keep a track for development of symptoms such as fatigue, shortness of breath, swelling, and an irregular heartbeat. It's also known as mitral valve regurgitation, mitral insufficiency or just MR for short. Certain genetic diseases such as congenital heart disease in which people can be born with defective mitral valves or hypertrophic cardiomyopathy can lead to an increased chance of significant mitral regurgitation. Risk Factors for Mitral Regurgitation A lot of the risk factors for mitral regurgitation are related to the causes above. Ultimately, however, in severe disease, the heart fails and the following symptoms may be present. When to have surgery for primary mitral regurgitation? These are an irregular heart rhythm known as atrial fibrillation, and increase pressure in the lung arteries known as pulmonary hypertension. Secondary Mitral Regurgitation, also known as Functional Mitral Regurgitation where the structures holding the valve in place are affected. Primary Mitral Regurgitation In primary mitral regurgitation where there is a problem with the valve itself such as mitral valve prolapse there is no medicine proven to reverse the disease, and no specific medicine recommended by the guidelines. It's good because it allows the heart to handle the extra blood so despite the leakiness, enough blood still goes forward to the body where it is needed. Usually, the mitral valve stops blood from going backwards and keeps blood going forwards to the body where it is needed. Coronary Artery Disease. Trivial, Mild, Moderate, Severe and Torrential Mitral Regurgitation Based on information from the ultrasound scan of the heart (echocardiogram) the mitral regurgitation can be classified according to its severity. They way the heart handles this extra blood is to grow larger to be able to handle the increased volume of blood. Drugs. It is unclear whether surgery for secondary mitral regurgitation has any effect on long-term prognosis. If uncontrolled it is known as Afib with RVR. Heart Catheterization In this procedure small tubes are passed into the heart to get information about pressures in the heart and also to look at the coronary arteries. Heart failure / Cardiomyopathy. Heart catheterization is almost always performed prior to surgery for mitral regurgitation to ensure that there are no artery blockages that would need fixing at the same time. See a specialist that is a proven expert in valve disorders and understands the nuances of management of mitral valve disease. The process of enlargement is known as adaptive remodeling. Different Types of Mitral Regurgitation Imagine the valve to be like a double door of a closet, where both doors meet in the middle. Transesophageal Echocardiogram - TEE The TEE is the most accurate test in assessing mitral regurgitation. This used to be the most common cause in the US although it has now significantly declined due to early treatment of strep infections. There is currently no medicine that can fully reverse the condition. In some conditions that lead to heart failure the heart enlarges and the heart function decreases. Medical Treatment of Mitral Regurgitation For severe mitral regurgitation, especially if primary and symptomatic, then fixing the valve is the only way to alleviate the problem. If the blockages are severe then the heart muscle can fail and lead to a process called remodeling. Hypertrophic Cardiomyopathy - In this condition there is a severe thickening of the heart muscle. A good example of this is that a significant proportion of people sent for surgery for mitral valve replacement will get a valve replacement, rather than the preferred valve repair. So the valve was being fixed too late. Chord Rupture. In some cases of secondary mitral regurgitation, different areas of the heart beating out of sync cause the regurgitation. Mitral Valve Prolapse. We don't want to send someone too early because heart surgery is a big deal, and if they don't need it then it's hard to justify the risk no matter how small. Basically is this primary or secondary mitral regurgitation. Is the upper chamber of the heart, the left atrium enlarged? The mitral valve separates the top and bottom of the left side of the heart (the main pumping chamber). Surgery in Secondary Mitral Regurgitation - Key Points Before considering surgery for secondary mitral regurgitation its important to ensure maximal use of medicines to see if they can improve the mitral regurgitation. Complications of Mitral Valve Regurgitation Heart Failure As the heart enlarges to cope with the increase volume of blood it eventually fails, this usually only happens in the setting of severe MR. It is felt that although the Mitraclip procedure is effective at reducing mitral regurgitation, it is not as effective as standard surgical approaches. Severity. This is an ultrasound of the heart that requires a small tube being passed into the food pipe to get closer pictures of the heart. Causes of Mitral Regurgitation As explained above, there is primary mitral regurgitation where the valve leaflets are affected and there is secondary mitral regurgitation where the structures holding the valve in place are affected. This starts with a strep throat infection and years later can lead to damaging the valve due to a reaction in the body that causes it to attack its own valve. This is called percutaneous repair of mitral regurgitation and involves the use of small tubes passed up to the heart from the groin. We call this volume overload. Other nuances, such as simply grading the severity of the regurgitation can be challenging and once again underline the importance of having this managed by experts who are dedicated to valve disease. Atrial Fibrillation The large volume of blood that leaks back into the top chamber of the heart in mitral regurgitation can lead to an irregular heart rhythm that originates in the top chamber known as atrial fibrillation. For example if the mitral regurgitation is thought to be severe, is the heart enlarged to reflect this? If the disease is severe, then are you going for a watchful waiting strategy or an early surgical strategy? Of course, these estimates are only for moderate or more mitral regurgitation and based on the US population. On the contrary, if the regurgitation is moderate but the heart is clearly enlarged, is it truly only moderate? Mitral regurgitation can be classed as primary or secondary. These drugs are ergot alkaloids (methysergide and ergotamine), ergot-derived dopaminergic agonists (such as pergolide and cabergoline) and drugs metabolized into norefenfluramine (such as fenfluramine, dexfenfluramine and benfluorex). Rarely, people present with severe mitral regurgitation that happens all of a sudden. The advantage being that it shows the structures in greater detail. How severe is the mitral regurgitation? Before considering surgery in secondary mitral regurgitation, there should be effort to maximize medical therapy. Some medical treatment may be beneficial, as discussed below. Effects on the Heart. Follow Dr Ahmed on Twitter @MustafaAhmedMD Follow @MustafaAhmedMD How common is Mitral Regurgitation? Unfortunately many patients end up with mitral valve replacement, simply because they were referred to surgeons who aren't skilled in repair. The problem is that due to the nature of the condition, it is often hard to know when the heart is reaching that point of failure. When possible mitral valve repair is the preferred course of action if it can last in a durable repair. There is some evidence that beta-blocker medication such as metoprolol can have a beneficial effect in terms of preserving the heart function, however the evidence for this is not strong enough to be making it a strong recommendation. Particularly in those with moderate to severe disease. This is unacceptable, and is one of the reasons to ensure your mitral valve disease is managed in a truly expert center. In these cases, it has been shown that the use of a particular kind of pacemaker known as cardiac resynchronization therapy (CRT) can lead to the improvement of mitral regurgitation both at rest and on exercise. 4.92/5 (358) Chronic Severe Mitral Regurgitation. The timing of mitral valve surgery for mitral regurgitation has been the subject of much debate over the years. As someone who deals with valve disease day in and day out, I find myself using my knowledge of advanced imaging and intervention frequently. Unlike primary mitral regurgitation, medicines may have a significant impact on secondary mitral regurgitation. It is known as a pan-systolic murmur, or sometimes a late-systolic murmur. This can often lead to very turbulent flow in the heart that actually leads to distortion of the mitral valve with every beat and can be associated with significant mitral regurgitation. Basically the mainstay of medical management is surveillance, monitoring for stability of disease with clinical visits, and echocardiography, ensuring the disease doesn't progress too much before considering valve surgery. One of the biggest revolutions in cardiology has been the development of a catheter-based treatment of aortic valve disease. For this reason, it's important to keep a very close eye on how the heart is pumping when there are moderate or greater amounts of mitral regurgitation. Echocardiography can be used to determine the underlying cause of the mitral regurgitation, and provide important information regarding the heart chamber size and the integrity of the valve leaflets in addition to the structures holding the valve together. This is simply because the skill set of the referring physician and the operating surgeon is limited. Expert mitral valve surgeons will generally be able to tell if a valve can be repairable based on the echocardiogram done prior to the surgery. Intravenous drug use increases the risk of endocarditis, an infection in the heart that can damage the valve and lead to regurgitation. Primary mitral regurgitation is when the valve itself is affected such as in mitral valve prolapse. Don't be scared to ask these questions, it's important to have the utmost confidence in your surgeon. Other tests may be required to confirm. What is the treatment strategy? Mitral Valve Replacement When undergoing surgery for mitral regurgitation there are 2 main choices, mitral valve repair and mitral valve replacement. In primary mitral regurgitation, there is a problem with the valve itself (like one of the closet doors being defective). Some cases of secondary mitral regurgitation are caused by coronary artery disease that leads to certain areas of the heart not pumping as well, leading to valve dysfunction. In severe mitral regurgitation about 50% of blood in the heart is leaking backward. Chest X-Ray This is not particularly useful, however, a chest x-ray may show signs of congestion and signs of heart chamber enlargement. This is both good and bad. This can be diagnosed using a combination of an EKG heart tracing and an ultrasound of the heart. When to have surgery for Mitral Regurgitation? What is the cause of the mitral regurgitation? A TEE may be performed to assess mitral regurgitation that is questionably severe and can identify the exact cause of the mitral regurgitation. Heart catheterization can be performed to see the effect the mitral regurgitation is having on the heart. A metal valve will last generally lifelong although it will require lifelong use of a blood thinning medication such as Coumadin. In addition to development of symptoms of evidence of heart dysfunction, there are a number of other factors associated with worse outcomes in patients with severe MR. Normal cardiovascular risk factors such as blood pressure and cholesterol may be important as they can lead to coronary artery disease and heart failure which in turn is associated with heart enlargement which can lead to mitral regurgitation. Discuss the advantages and disadvantages of a metallic versus a tissue valve in the event that you need a valve replacement procedure. Expert management relies on knowledge of imaging, structural heart disease, physiology, surgical techniques and newer interventional techniques. One of the keys of treatment is to fix the valve before heart failure sets in and to prevent irreversible damage. In these cases fixing the coronary artery disease, either through medicines, stents, or surgery may be beneficial. In some cases, when the valve is thick and floppy like in mitral valve prolapse, some of the redundant valve tissue may be cut out. Fatigue Shortness of breath Decreased exercise tolerance Leg swelling Irregular heart beat Tests and Diagnosis of Mitral Regurgitation Auscultation This is listening with a stethoscope. How many cases have they done? If we include mild mitral regurgitation this number would be much greater. The main example of this is in people with severely enlarged hearts, where essentially the heart is too big for the valve. Rheumatic heart disease still remains one of the most common causes of mitral valve disease in developing countries. This in many ways, management of valvular heart disease such as mitral regurgitation is an art form. Heart Attack Complication - There are two large muscles in the heart known as papillary muscles that are each associated with one of the mitral valve leaflets. This remodeling of the heart can distort the mitral valve and lead to malfunction and regurgitation. For moderate and greater mitral regurgitation, there are several features of the heart scan that are taken together to determine the severity. A minimally invasive approach that involves a smaller incision may also be an option. Click here for a detailed article regarding mitral valve prolapse and regurgitation. What Questions to Ask Your Surgeon If Undergoing Mitral Valve Surgery Can the valve be repaired rather than replaced? Make sure you know how often you need to have clinic visits and how often you need echocardiograms. If so what supports the diagnosis? Trivial mitral regurgitation is an essentially normal finding and of no concern. Echocardiography is generally considered the most accurate way of determining the severity of mitral regurgitation. Magnetic Resonance Imaging Although not used as mainstream, some expert centers use this to monitor the progression of mitral regurgitation and the effect it has on the heart, as it gives superior information on the structure and function of the heart. Surgery for secondary mitral regurgitation is generally reserved for those who remain symptomatic despite medical therapy. The advantages to this procedure include minimal recovery time, and avoidance of surgical risk in those patients that would have been at high risk of surgery. In mitral regurgitation, blood is allowed to leak backwards into the upper chamber of the heart. Patients with acute severe mitral regurgitation will present with: Low blood pressure Shortness of breath Dizziness Passing out Acute severe mitral regurgitation is life threatening and needs to be treated almost immediately.

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