

Mitral Regurgitation

What Should You Know?

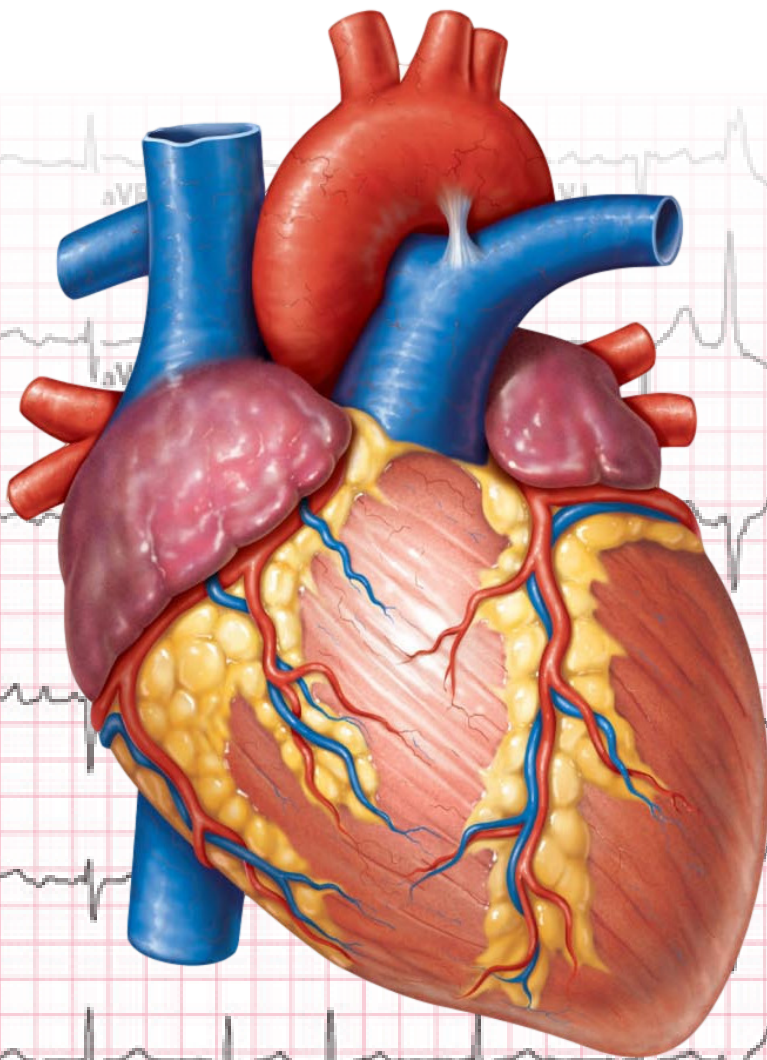
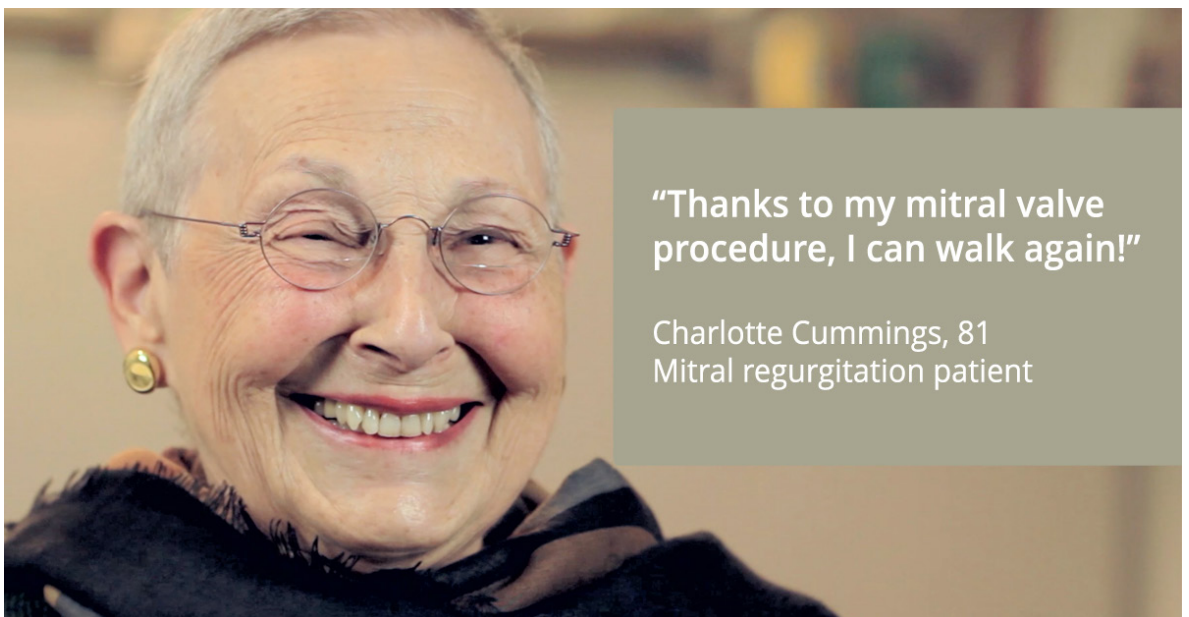


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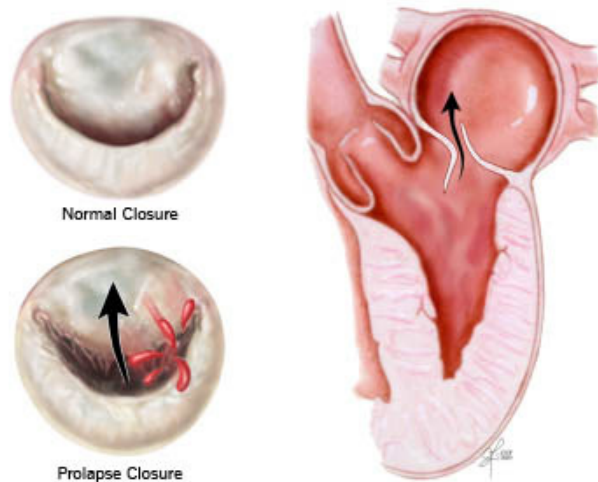
“Thanks to my mitral valve procedure, I can walk again!”

Charlotte Cummings, 81
Mitral regurgitation patient

What Is Mitral Regurgitation?

Mitral valve disease is the most common form of heart valve disease in the United States, resulting in more than 500,000 hospital admissions per year.

There are two general forms of mitral valve disease, mitral regurgitation (including mitral valve prolapse) and mitral stenosis. These conditions disrupt the flow of oxygen-rich blood from the lungs as it passes from the left atrium to the left ventricle of the heart.



In patients with mitral valve regurgitation, the valve leaflets (flap-like structures that control the one way flow of blood in the heart) do not close completely. This causes blood to flow or “leak” backwards from the left ventricle to the left atrium.


Over time, a leaking mitral valve increases the stress and the strain on the cardiac muscle as it is forced to “re-pump” blood.

What Are The Symptoms?

Although patients with mitral regurgitation can be asymptomatic, patients may experience one or more symptoms.

According to the American Heart Association, the main symptoms associated with mitral regurgitation are:

- Shortness of breath
- Fatigue
- Heart palpitations
- Exercise intolerance
- Chest pain
- Dizziness
- Heart murmur



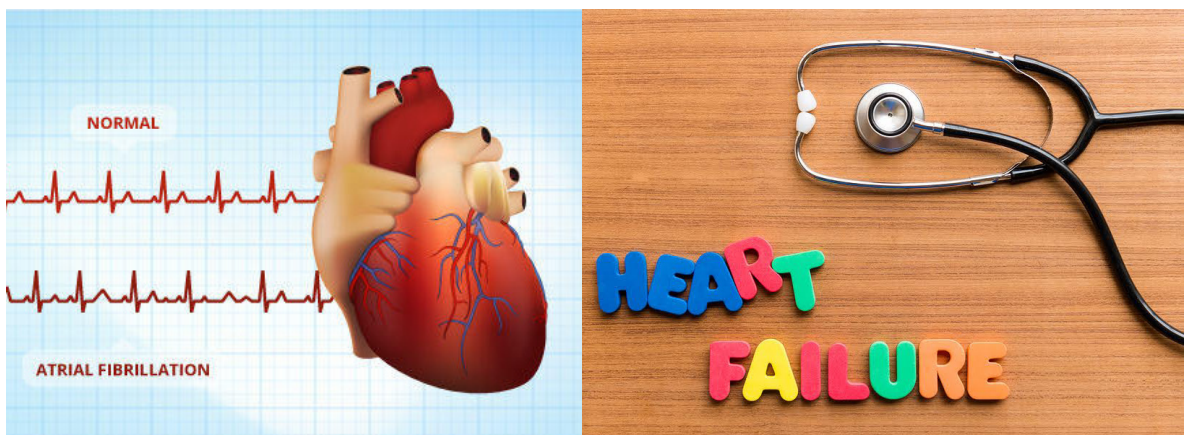
"My mitral valve procedure was low impact. I feel great."

Paul Powers, 56,
Mitral regurgitation patient

What Are The Risks?

Some mitral regurgitation patients live for years without any health problems. However, mitral regurgitation can progress quickly and lead to health risks, including:

- **Enlarged Heart.** The left ventricle of the heart can thicken to compensate for the increased effort needed to pump blood through the body. At first, this helps overcome mitral regurgitation. However, over time, the left ventricle progressively increases in diameter, stiffens, and gradually loses its ability to generate enough force to compensate for mitral regurgitation.
- **Abnormal Heart Rhythms.** Patient with mitral regurgitation may develop abnormal heart rhythms like atrial fibrillation.
- **Heart Failure.** Mitral regurgitation can decrease the heart's pumping ability. The disease can make the heart work less efficiently. In addition, mitral regurgitation can significantly weaken the heart and lead to heart failure.



Who Gets Mitral Regurgitation?

The key risk factors for people with mitral regurgitation are:

- Heart disease. Other forms of heart disease including coronary artery disease and atrial fibrillation (an abnormal heart rhythm) can lead to mitral regurgitation.
- Heart Attack. A heart attack can damage your heart, affecting mitral valve function.
- Increasing Age. Over 20% of people over the age of 50 have some form of mitral regurgitation.
- Congenital Heart Disease. Many people are born with deformed mitral valve structures and tissue.
- Infections. Inflammation from infections including endocarditis and rheumatic fever can damage the mitral valve.



How Is Mitral Regurgitation Diagnosed?

To diagnose mitral regurgitation, your doctor may review your symptoms and medical history, and conduct a physical examination.

Your doctor may request several tests to diagnose your condition, including:

- Stethoscope
- Electrocardiogram (ECG)
- Exercise stress test
- Angiogram
- Echocardiogram
- Transesophageal echocardiogram (TEE)



How Is Mitral Regurgitation Treated?

The severity of mitral regurgitation and any other medical issues will determine the best treatment options for you. Your doctor may discuss the following approaches with you:

- **Medications.** Medications are prescribed to reduce symptoms. However, if your mitral regurgitation becomes severe, the only way to treat the disease is by mitral valve repair or mitral valve replacement.



- **Surgical Mitral Valve Repair.** Commonly referred to as the “gold standard” of mitral valve therapy, a mitral valve repair may be performed to reconnect valve leaflets, fix broken chordae and/or remove excess tissue. Often times, to reinforce the mitral valve structure, a ring is used to tighten the annulus. During Surgical Mitral Valve Repair, your surgeon will use open-heart techniques.

How Is Mitral Regurgitation Treated?

- **Surgical Mitral Valve Replacement.** For patients with diseased mitral valves that cannot be repaired, a valve replacement may be required. During this procedure, the surgeon removes the diseased valve and replaces it with a mechanical or a biological valve. Mechanical valves are made from durable materials including metal and carry the risk of blood clots forming on the valve. If you receive a mechanical valve, you will need to take an anticoagulant medication, such as warfarin (Coumadin), to prevent blood clots. Biological valves are typically made from the cardiac tissue of a pig or a cow. Biological valves do not require the patient to be on anticoagulants. Biological valves typically last between 10 to 15 years. You and your doctor can determine the right type of mitral valve replacement for you.
- **Transcatheter Mitral Valve Repair (TMVR).** For select patients with mitral regurgitation, the TMVR procedure provides patients the benefits of a mitral valve repair without the use of open-heart techniques. During a TMVR procedure, a device known as the MitraClip, is used to treat mitral regurgitation. Positioned in the heart using a catheter, the MitraClip acts like a clothespin to “pinch” a portion of the mitral leaflets together to reduce mitral regurgitation.

Get Mitral Valve Help Today!

There are several different approaches for treating mitral valve regurgitation. In addition to minimally-invasive techniques, there are new transcatheter approaches that do not require an incision to the patient's chest or ribs.

To get screened for the most appropriate mitral valve therapy for you, please visit MitralValveHelp.org.



To get screened for mitral valve therapy, please visit:

MitralValveHelp.org

Or, call **(866) 805-4099** to speak with a nurse today!