

MitraClip

Your doctor has recommended you undergo a procedure that involves installing a MitraClip in your heart.

You might not have heard this medical term before now and may be feeling unsure about the nature of the procedure.

This information sheet outlines what the procedure is and what preparations and risks are involved.

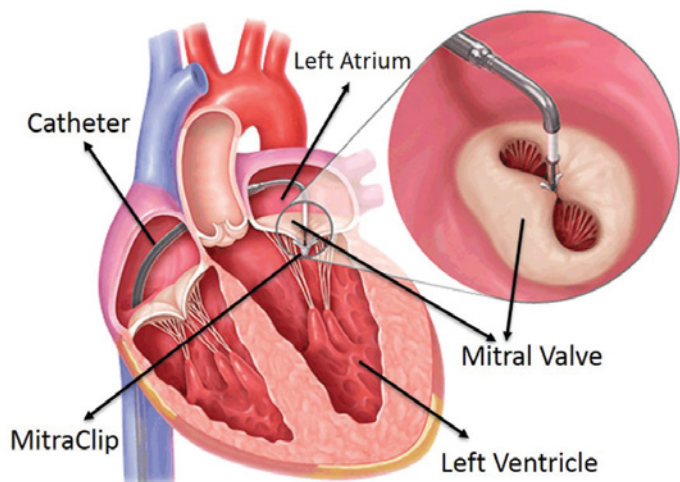
After you read this information sheet, you might still have questions. If you do, please contact the team at Heart HQ. We're here to help.

1. What's a MitraClip?

Your heart has a few valves, one of which is called the mitral valve. This valve can leak, causing a condition known as mitral regurgitation. If this becomes severe, it can cause symptoms of breathlessness, leg swelling and heart palpitations.

Traditionally, open heart surgery was the only treatment for a severely leaking mitral valve. By its very nature, open heart surgery is a very serious procedure and one not suited to people with other heart or health problems. The MitraClip is a new, far less invasive procedure that is an alternative option for patients who may not be good candidates for open heart surgery.

All cases are reviewed by a specialist multidisciplinary heart team led by Doctors Larsen and Butterly. If you've been recommended for a MitraClip, it means your medical team believe it's the best way to manage your mitral valve disease.



Reference: Abbott vascular

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2. How does it work?

Even though this is a minimally invasive procedure, you will be put under general anaesthetic and have a breathing machine attached to support you. You will be carefully monitored throughout the procedure.

The MitraClip device will be delivered to your heart through a catheter (a very fine tube). Your doctor will insert the catheter through a vein in your groin or wrist and carefully pass the MitraClip up to your heart. You'll have an ultrasound probe (transoesophageal echocardiogram) placed down your food pipe as part of the procedure so your heart can be properly visualised by your doctor.

Once your doctor is happy with the position of the device, the leaking portion of your mitral valve will be clipped. It's possible that two or three clips may be required.

The catheter will cross from the right side of the heart to the left side through an internal wall called the atrial septum. This will create a small hole which should close over in time.

Once the clip/s are in place, we will remove the catheter and close the entry site. You will have further monitoring as you wake up in recovery or CCU. The hospital stay is usually two to three nights.

3. Anaesthetic

This procedure requires you to have general anaesthetic. The anaesthetic will be given to you through your IV line.

Please arrange to have a support person (a relative or friend) collect you from hospital and ensure someone stays with you that night. You should not drive or make any important decisions in the 24 hours following general anaesthetic.

If you have any concerns about your anaesthetic please discuss these with your doctor as soon as you can.

4. What kind of risks are associated with this procedure?

Any kind of procedure carries some element of risk, often very small and rare.

Your doctor has balanced the benefits and risks of carrying out the test against the benefits and risks of not proceeding. If your doctor has recommended this procedure, they believe there is benefit to you going ahead.

It's important you understand the risks involved so you can make an informed decision.

Here are the most commonly reported risks and complications associated with the installation of a MitraClip.

Common risks and complications (more than 5% of cases)

- Minor bruising at the puncture site
- Abnormal heartbeat lasting several seconds, which settles by itself
- Major bruising and swelling at the groin/arm puncture site
- Sore throat from the anaesthetic tube or echo probe

Uncommon risks and complications (1–5% of cases)

- A stroke—this can cause long term disability
- Embolism—a blood clot may form and break off from the catheter which will be treated with blood thinning medication
- Accidental puncture of the heart—this may need surgery to repair
- Death is possible due to the procedure

Rare risks and complications (less than 1% of cases)

- Abnormal heart rhythm that continues for a long time—this may need an electric shock to correct
- Surgical repair of the groin/arm puncture site or blood vessel

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- Loss of kidney function due to the side effects of the x-ray dye
- Unable to get the catheter into the leg vein—the procedure may be changed to the opposite leg or to a different approach e.g. neck or arm
- Infection—this will need antibiotics
- Heart attack
- An allergic reaction to the x-ray dye
- A higher lifetime risk from x-ray exposure
- Air embolism/oxygen may be given
- Damage to the nerve in the leg
- Emergency heart surgery due to complications with this procedure
- Skin injury from radiation, causing reddening of the skin

Our commitment to you

As a patient of Heart HQ, you can be assured we will always strive to act in your best interests and we will only recommend tests and procedures we believe will benefit you.

Everyone has questions, and we want to answer yours. Please contact your doctor to discuss any concerns you might have.

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