



Percutaneous Mitral Balloon Valvuloplasty

1. What is mitral stenosis?

Mitral stenosis is a blockage of the mitral valve in the heart. The two flaps of the valve (leaflets) have become stuck together. This reduces the blood flow from one heart chamber to another, causing a back-up of fluid into the lungs. This makes you feel short of breath (puffed).

2. What is percutaneous mitral balloon valvuloplasty?

A valvuloplasty is a procedure where the valve is widened using a balloon. This will allow the blood to flow more easily. The procedure may also involve the following:

- Angiogram to show any narrowing or blockage in your coronary arteries.
- Right Heart Catheter to measure pressures in the heart
- Echocardiogram is an ultrasound of the heart. This can be either intracardiac or oesophageal.

A needle with a tube connected to it will be put in your arm. This is called an intravenous line or IV.

Angiogram - After an injection of local anaesthetic, a fine tube (catheter) is put into the artery in the groin/arm. The tube is passed into each coronary artery. A series of video pictures are taken using x-rays and a contrast medium (x-ray dye). Contrast medium may be injected into the main pumping chamber of the heart (left ventricle). This is to measure the size of the heart and how well it is pumping.

Right Heart Catheter – a soft balloon 'pressure catheter' is put into the vein in your groin or arm. It is passed up until it reaches the heart and then goes into the blood vessels of the lungs. Pressure in the lungs and heart are recorded.

Trans Septal Puncture – a procedure to create a small hole to allow passage of the balloon catheter from the right to the left side of the heart.

Echocardiogram – an ultrasound which uses soundwaves to form a picture of the heart. This can be either via the oesophagus (food pipe) or via the catheter already in the artery.

Mitral Valvuloplasty - A wire is passed along the blood vessel, up to the heart, until it gets to the mitral valve. The doctor uses x-ray imaging to see the wire. Once the wire is in place, a balloon is passed along the wire and into the damaged valve. The balloon is pumped up where the valve is narrowed. This widens the valve, as far as possible. The balloon may be pumped up several times. At the end of the procedure the wire and balloon are removed.

A mitral valvuloplasty can give you complete relief of symptoms in over 90% of patients. This improvement can last for up to 20 years. Most patients have relief for at least 5 to 10 years.

3. Anaesthetic

This procedure will require a local anaesthetic. Sedation may also be given.

4. What are the risks of this specific procedure?

In recommending this procedure your doctor has balanced the benefits and risks of the procedure against the benefits and risks of not proceeding. Your doctor believes there is a net benefit to you going ahead. This is a very complicated assessment.

There are risks and complications with this procedure. They include but are not limited to the following.

Common risks and complications (> 5%) include:

- Minor bruising at the puncture site.
- Abnormal heartbeat lasting several seconds, which settles by itself.
- Major bruising or swelling at the groin/arm puncture site.
- A severe leak in the mitral valve can happen. This will need surgery to repair.

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Uncommon risks and complications (1 – 5%) include:

- A stroke. This can cause long term disability.
- Loss of pulse in the arm after a radial artery (wrist) procedure.
- Embolism. A blood clot may form and break off from the catheter. This is 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 (< 1%) include:

- Abnormal heart rhythm that continues for a long time. This may need an electric shock to correct.
- Surgical repair of the groin puncture site and blood vessel.
- 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 eg neck or arm.
- The femoral artery (in the groin) is accidentally punctured. This usually requires pressure on the artery. Rarely, this may require surgery to repair.
- 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.

Disclaimer: This brochure has been prepared for information and for informed consent only and is not medical advice. All care has been taken to ensure the accuracy of the information. This information may be changed or updated without notice.

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