

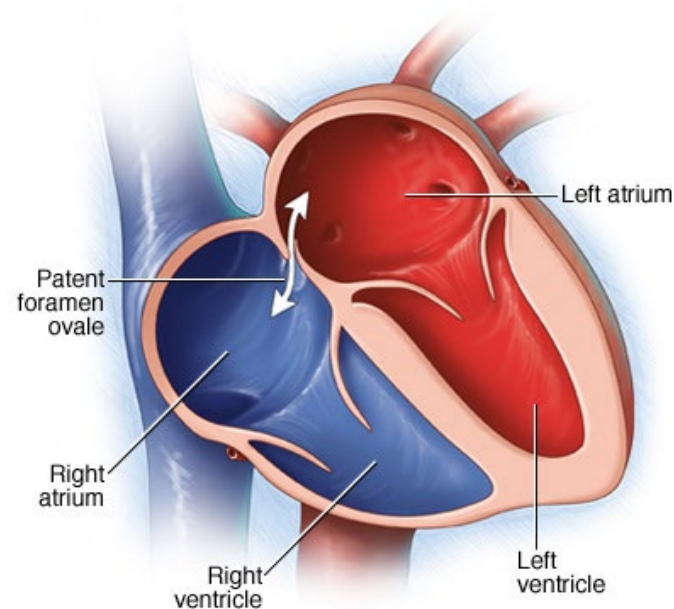


Patent Foramen Ovale Repair

1. What is a patent foramen ovale repair?

The Foramen Ovale is an opening in the atrial septum that allows blood to flow between the atria in the foetus prior to birth. If the atrial septum doesn't close properly at birth, it is called a PFO. A PFO may allow blood or emboli to cross from the right atrium to the left atrium which is called a left to right shunt.

A Septal Occluder will be used to close the hole. This is a permanent artificial device put into the defect.



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The procedure may include the following:

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

Right Heart Catheter – after an injection of local anaesthetic, a soft balloon 'pressure catheter' is put into the vein in your groin. The tube is passed along until it reaches the heart and then goes up into the blood vessels of the lungs. The pressures in the lungs and heart are recorded.

Angiogram – after an injection of local anaesthetic, a fine tube (catheter) is put into the artery in the groin/arm. This tube is passed into each coronary artery. A series of videos pictures are taken using xrays and a contrast medium (x-ray dye). The 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.

A Septal Occluder is passed into the fine tube and advanced through your heart and put into the defect.



One type of Septal Occluder

2. Anaesthetic

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

3. What are the risks of this specific procedure?

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

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.

The risks/complications of this procedure are;

Common risks (more than 5%) include;

- Minor bruising at the puncture site.
- A higher lifetime risk from exposure to radiation.
- Abnormal heart rhythm that continues for a long time. This may need an electric shock to correct.
- Major bruising and swelling (Haematoma).
- Bleeding around catheter site.
- High or low blood pressure.
- Sore throat from the anaesthetic tube or echo probe

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Rare risks (less than 1%) include;

- Stroke or TIA (Transient Ischaemic Attack). This may cause long term disability.
- Incomplete closure of the defect. This may require surgery.
- An allergic reaction to the x-ray dye.
- Embolism. A blood clot may form and break off from the catheter. This is treated with blood thinning medication.
- Fever, headache or migraine.
- Injury to the artery, veins or nerves in the groin or neck. This may require surgery.
- Tear of oesophagus, vein or heart (from the camera). This may be life threatening. This may require surgery.
- Clots in the leg (deep vein thrombosis or DVT) with pain and swelling. Rarely part of this clot may break off and go into the lungs.
- Device Infection. This will need open heart surgery and antibiotics.
- Dislodgement of the Septal Occluder which may require open heart surgery to repair.
- Puncture of the heart with a collection of blood around the heart. This will require surgery to repair.
- Death as a result of this procedure is rare.

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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