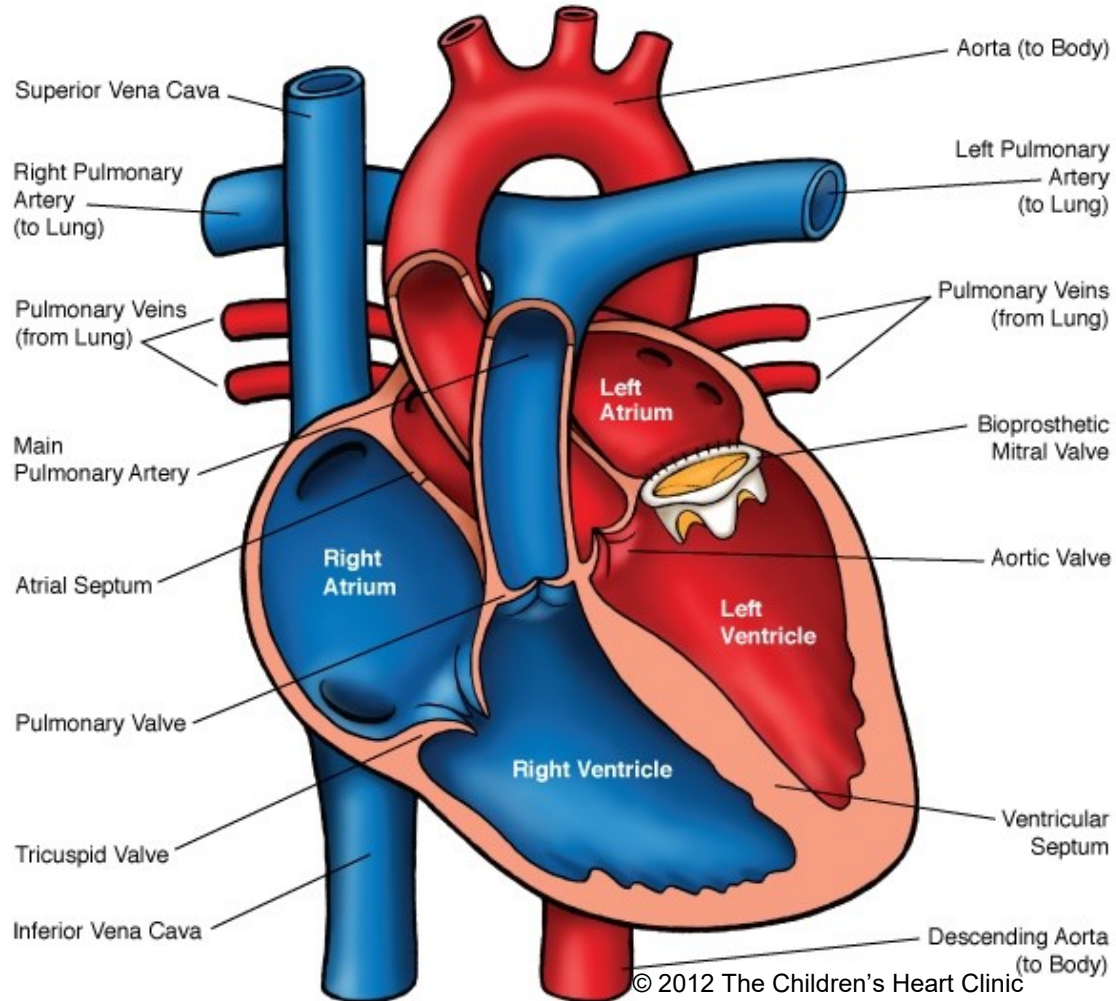


Mitral Valve Replacement (MVR): Bioprosthetic Valve



Notes:

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Mitral Valve Replacement (MVR)

Mitral valve replacements are done to fix a narrowed (stenotic) or leaky (regurgitant) mitral valve. Many patients may have had prior interventions, depending on their type of heart defect.

There are different types of valves that can be used to replace a mitral valve. Either a bioprosthesis (valve made of tissue from a human, cow, or pig) or a mechanical prosthesis can be used depending on the surgical plan. Most commonly, a mechanical valve is used.

A median sternotomy (incision through the middle of the chest) is done through the patient's prior incision, if present. The patient is placed on cardiopulmonary bypass (heart-lung machine). The left atrium is opened and the mitral valve is removed. An appropriately sized prosthesis is selected and sewn into place. The valve is tested to assure for adequate leaflet motion after placement. The atrium is then closed.

Typical Post-Operative Course:

- Surgery Length: Approximately 4 hours
- Typical Lines: Most patients will return to the Cardiovascular Care Center after surgery with a breathing tube, an arterial line to monitor blood pressure, a central venous line (for giving IV medicines and drawing labs), a peripheral IV, chest tubes to drain fluid, a Foley catheter to drain urine, and occasionally, temporary pacemaker wires.
- Typical Post-Operative Recovery: The breathing tube is usually removed shortly after surgery. The arterial line is usually removed within a few days, once most IV medicines are stopped. The central venous line is removed once most IV medicines are stopped and labs no longer need to be drawn. Chest tubes are usually removed 24-48 hours following surgery, once the output of fluid is minimal. The patient is placed on heparin shortly after surgery to prevent clots from forming on the newly placed mitral valve. Once the patient is eating and drinking, they are transitioned to Coumadin, which is an oral medication used to prevent clotting in the blood. A value known as the International Normalized Ratio, or INR, is followed to make sure that the dose of Coumadin is correct. Excessively high INR levels can cause spontaneous bleeding, and low INR levels can lead to clot formation. Once the INR level is therapeutic, the heparin is stopped. Patients with tissue valves usually are placed on Coumadin for a few months, then transitioned to Aspirin.
- Typical Length of Stay: A patient usually stays in the hospital for 5 days following a MVR.

Typical Home Medications: Children will require one or more medications at home following a MVR such as:

- Diuretics (Lasix) to control fluid
- Anticoagulant (Coumadin, Lovenox, Aspirin) to prevent clotting
- Bacterial endocarditis prophylaxis is required in patients that have undergone a mitral valve replacement.