

Dr R J L BRERETON

MBBS FRACS

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Thursday 10th June 2025

Dr Peter Hansen
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Dear Peter

RE: Mr Donald Low DOB: 26/11/1944 8A Buller Street, Turramurra NSW 2074
Phone: 0415 522 577 02 9449 3767

I reviewed Donald on 4th June and 5th June as per your request with a view to assessing suitability of salvage surgery or planned surgery for his severe mitral and tricuspid regurgitation.

The pre-existing history of course is of coronary intervention and coronary bypass surgery 10 years ago, with adequate patency of the grafts at this stage; the left mammary artery to the left anterior descending is patent, and the major circumflex is patent and feeding a subsidiary circumflex lateral wall branch via the skip segment of the T graft.

His degree of heart failure has been gradually worsening, with very significant symptoms disabling at any level of activity now. Initially we had tried to address this with biventricular pacing, and this was remarkably successful, allowing him to climb his index hill with much reduced limitation. Device interrogation has shown worsening heart failure concomitant with increase in weight from fluid retention and confirmed with echocardiographic findings.

Whereas there a number of factors making the repair of both valves percutaneously quite difficult, the concept of double valve surgery in someone of 82 years of age, with a creatinine well over 300, and a seriously impaired ventricle, is a little hard to hold.

Surgery would require planning for post-operative dialysis, initially CVVHD, and quite possibly ECMO for a number of days. This would require keen commitment from the hospital and staff. On the other hand, I cannot look Mr Low in the eye and say that there is nothing more that can be done when he is cognitively not limited and 1 year ago was walking pretty well when the BiV device was functioning.

Let us hope that the mitral valve can be addressed percutaneously even if it is necessary to leave the tricuspid valve alone. This would be the best option. I would not say however that is not suitable for salvage, I cannot say that. Should the mitral valve percutaneous treatment not being successful with time over the first 6 months, then open surgery will need to be considered again, but I would certainly get a second opinion from another surgeon as well as from an experienced and committed intensivist.

Yours sincerely,



John Brereton

cc:

Alex Baer, Structural Heart Co-ordinator, North Shore Private Hospital

Dr Shubhada Kharwadkar, Neutral Bay Medical Centre, 116 Military Road, Neutral Bay NSW 2089