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| **Mitral Clip Workup Summary and MDT** | Royal North Shore Hospital Commercial Furniture Project | Commercial Sofa  Bed | |
| **Referral Date: 11/11/24** | | **Structural Physician: Bhindi** |
| Name: Frederick Edwards | | Referrer: Rao |
| DOB: 22/12/37 | | Contact Details: |
| MRN: 2354436 | | Email: 0427 699 169 |
| Age: 87YO | | Special Comments: Severe MR + ?severe TR |
| **Past Medical History** | | **Medications** |
| * CABG 1996 * Stroke in 1995 * longstanding chronic atrial fibrillation * reflux | | * Apixaban * Entresto * Bicor * Sozol * Aldactone * Magnesium. |
| **Social** | | **Functional Status** |
| * Lives in Warren in house (not on property) * Supportive daughter close by * Still driving * Cognitively excellent | | * Mild exertional dyspnoea * Denies orthopnoea, paroxysmal nocturnal dyspnoea and peripheral oedema |
| **TOE:** | | |
| |  |  |  | | --- | --- | --- | | LV EF: 40-45% | MR Grade: Severe | Mechanism: Atrial functional | | Comments: Severe, posteriorly directed, mitral regurgitation; ischemic secondary MR with restricted posterior leaflet motion; EROA 0.42 cm2, regurgitant volume 66mL. Mild indentation between P2/P3 segments; MR originates predominantly at A2/P2 and A3/P3; feasible for MitraClip/TEER, consider x1 NTW at medial aspect of A2/P2 and 2nd Clip at central A2/P2. | | | | | |
| **Angio/RHC:** | | **ECG / Device report** |
| Raised pulmonary pressures (mean 30mmHg), elevated wedge (PCWP 19mmHg) with borderline raised PVR (3.2). Mixed pre and post capillary pulmonary hypertension, although predominantly post-capillary.  Native significant RCA and LAD disease, patent LIMA and occluded SVG to R-PDA | | AF |
| **Bloods** | | **MOCA:** |
| Cre 82, EGFR 75, Hb 140, plts 111 | |  |
| **Cardiothoracic: Dr Mathur** | | |
| I think intervention for his valvular pathology would be appropriate but I am not sure whether the timing is right as he only complains of mild exertional dyspnoea.  If the heart team felt that intervention was appropriate, he should definitely have a MitraClip and a Triclip as his first and lowest risk option. If his TOE found his anatomy not ideal for clipping, then careful consideration would have to be given to reoperative surgery at his age, with his previous bypass surgery and cardiomyopathy. | | |
| **Feasibility Meeting** | | |
| **Date: 24/6/25** | | |
| **Attendees**: Dr Ravinay Bhindi, Dr Chris Choong, Ingrid Bromhead, Alice Auton | | |
| TEER  TMVR  Procedure Rating:    Clipping Strategy  En Face View of the Mitral Valve: Definition and Acquisition | Semantic  Scholar   |  |  |  | | --- | --- | --- | | **Clip Number** | **Clip Type** | **Leaflet attachment location** | | **1st** | XTW | Central | | **2nd** |  |  |   **Feasibility Comments:**   * Confirmed severe atrial functional MR, posteriorly directed * Ischemic secondary MR with restricted posterior leaflet motion * Wide central jet, thickened leaflets with thickened chord, MVA 6.9cm2 * Posterior leaflet length adequate * Suitable for mitral TEER – GREEN to ORANGE difficulty * Likely x1 clip central A2/P2, May need second clip * Moderate – severe TR, for mitral clip first then reassess TR | | |
| **Outcome: Suitable for Mitral TEER, for presentation at Heart Team** | | |