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| **Mitral Patient Summary** |  |
| **Structural Physician: Dr Bhindi** | |
| **Name:** Eleonora (Nora) Moelle  St Ive’s Aged Care Facility  **Contact:** 49632894  **Daughter Barbara:** 0411146464  [barbara.meaney@gmail.com](mailto:barbara.meaney@gmail.com) | **Referrer:** Prof Andrew Boyle  [admin@merewethercardiology.com.au](mailto:admin@merewethercardiology.com.au)  **GP:** Roger Przylski, Cooks Hill Family Practice 2300 |
| **DOB**: 21/02/1933 | **Allergies:** |
| **ME number:** ME00464356 | **Antiplatelets/anticoagulation**: Xarelto |
| **Age:** 92 | **Current Symptoms:**  Peripheral oedema  JVP visible  Mild SOBOE  Able to walk around the block  Physio has noted increased exertional tachycardia |
| **Past Medical History** | **Social History** |
| Atrial Fibrillation - Paroxysmal  Left Inguinal Hernia Repair  Osteoarthritis - Knee  Bowen's Disease  Right Knee Replacement  Osteoporosis  Right Cervical Radiculopathy  Bilateral Hearing - Impaired  Bilateral Hearing Aid  Right Supraspinatus Tendon Tear - Total  Cystocoele  Left Ulceration - Leg  Left Cataract Removal & Iol Implant  Left Vision Abnormal  L2 Vertebral crush fracture | Born in North Italy  Moved to Aus in 1961  2 sons 1 daughter  Lives in aged care facility  She does walk with a four-wheeled walker  Independent, still cooks  Completed a PHD at age 83 in visual arts/pottery  Can speak 3 languages |
| **Current Medical Heart Failure Therapy** | |
| |  |  |  | | --- | --- | --- | | **Drug Type** | **Drug Name** | **Dosage** | | Beta Blocker |  |  | | ACE/ARB/ARNI |  |  | | MRA |  |  | | SGLT2 |  |  | | Diuretics | Furosemide | 20mg od | |  |  |  | | |
| **Baseline blood**s | |
| Date: 30/05/25 Hb: 128 Plat: 187 INR: 1.0 Creat: 77 eGFR: 58 | |
| **ECG** | |
| Rhythm: AF | |
| **Coronary angiography** | |
| |  |  | | --- | --- | | Unobstructed coronary arteries  The end diastolic pressure was 7 mmHg.  RA: 12/13 (11)  RV: 32/6 (9)  PA: 31/12 (21)  PWP: 14/223 (17)  CO: 3.1  PVR. 1.23 | | |  |  | | |
| **CT** | |
| N/A | |
| **Aged Care** | |
| Good candidate. Nil barriers from geriatric perspective to proceed with mitraclip.  MOCA 15/30 | |
| **TOE/TTE** | |
| |  |  | | --- | --- | | LV EF: 65% | **MR Grade: Severe**  **Mechanism of MR:**  Primary  Secondary | |  |  | | Comments: |  | |  | | | |
| **Procedure Plan** | |
| TEER  TMVR   |  |  |  | | --- | --- | --- | | **Clip Number** | **Clip Type** | **Leaflet attachment location** | | **1st** |  |  | | **2nd** |  |  |   **Procedure Rating: Complex**   * Flail prolapse leaflet * Central jet * Sev MR * Multi segmental prolapse * Central indentation     **Clipping Strategy:**   * 2 wide clips * 2 clips then review residual MR treat prolapse   En Face View of the Mitral Valve: Definition and Acquisition | Semantic  Scholar  Pre-operative optimisation plan:  Expect some degree of residual MR. | |

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| **Structural Heart Multidisciplinary Team Meeting** | |
| **Date:** | |
| **Attendees**: | |
| **Essential criteria** |  |
| **Feasibility** |  |
| **Frailty / comorbidities** | . |
| **Lifetime planning** |  |
| **Special considerations** |  |
| **Outcome:** | |

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| 26/06/2025 | Discussed with daughter  Toe images from JH are not moving  Will need repeat TOE, daughter and pt happy for this  Also pt has moved to aged care facility |
| 24/07/25 | Updated patient’s daughter. Passed feasibility and awaiting heart meeting. Pts symptoms are mild-mod currently. Asked to inform me if worsening. Daughter aware of clinical priority requirements for MDT and to let me know if symptoms worsen. |
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