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| **Mitral Patient Summary** | |  |
| **Structural Physician: Dr Hansen** | | |
| **Name: Bridget Washington**  U 41 28 Wudgong St, Block 7, Mosman NSW 2088.  **Contact:** 0407873763 Daughter Mary  Medicare: 20254241892 | | **Referrer:** Dr Anastasius  GP: Dr Isreb 02) 8209-3999  (B) (02) 9939-5600 (Fax) Balmoral Medical Practice. |
| **DOB**: 08/11/2024 | | **Allergies: NKDA** |
| **ME number:**  **RNHSH:** MRN: 227-72-55 | | **Antiplatelets/anticoagulation**: Apixaban 2.5mg BD |
| **Age:** 90 | | **Current Symptoms:**  Recurrent HF admissions with pulmonary oedema  Worsening SOBOE and reduced ET |
| **Past Medical History** | | **Social History** |
| 1. Severe MR/ TR  - known to Dr Hansen; admitted under Dr Anastasius  - TTE July 2025: EF 65%, severe MR due to anterior leaflet fail and severe TR. trans mitral gradient mmHg and RVSP 61  - presented with progressive shortness of breath over 1 week, and orthopnoea/ PND the day of presentation  - commenced frusemide 40mg IV OD  - empagliflozin WH given acutely unwell  2. Atrial fibrillation  - slow AF with rates down to 30bpm while sleeping; improved to 60 when awake  - bisoprolol dose reduced to 2.5mg BD and digoxin withheld, with plan to restart.  HFpEF  HTN  Hypercholesterolaemia | | Lives alone in retirement village  Has supportive family and private cleaners  Aiming for discharge to daughter's home |
| **Current Medical Heart Failure Therapy** | | |
| |  |  |  | | --- | --- | --- | | **Drug Type** | **Drug Name** | **Dosage** | | Beta Blocker | Bisoprolol | 2.5mg od | | ACE/ARB/ARNI | Perindopril | 10mg od | | MRA |  |  | | SGLT2 | Dapa | 10mg od | | Diuretics | Furosemide | 40mg od | |  |  |  | | | |
| **Baseline blood**s | | |
| Date: 3/8/25 Hb: 122 Plat: 319 INR: 1.4 Creat:102 eGFR: 42 BNP: 3147 | | |
| **ECG** | | |
| Rhythm: AF  Pacemaker **Nil** | | |
| **Coronary angiography** | | |
| Mild CAD. Non-obstructive. | | |
| **CTx** | | |
| **N/A due to age** | | |
| **Aged care review:** | | |
| **Rudas 26/30**  Mrs Bridget Washington is a 90 year old lady that has presented with symptomatic severe MR and TR.  She is independent in her activities of daily living and has a supportive family.  She has had a reassuring assessment by the occupational therapist in the context of her functional and cognitive status.  There is not a contraindication to proceed with a Triclip from an Aged Care Perspective. | | |
| **TOE/TTE – Dr Anastasius** | | |
| |  |  | | --- | --- | | LV EF: >50% |  | | Flail PML tip with severe mitral regurgitation |  | | Comments: Normal left ventricular chamber size and systolic function in the setting of severe mitral regurgitation.  Normal right ventricular size and systolic function.  Severely dilated atria.  Severe mitral valve regurgitation (EROA 0.55cm2, regurgitant volume 61mL), due to anterior leaflet flail (A3 segment), P2 segment prolapse and flail at the lateral aspect of P2; moderate posterior mitral annular calcification; mean transmitral gradient 1mmHg; 3D derived MVA 4.4cm2;  Challenging for TEER/MitraClip given medial origin of MR, and calcium shelf extending under P3; can  consider X1 NTW medially and x1 NT at the lateral aspect of A2/P2.  Severe secondary tricuspid valve regurgitation (EROA 0.36cm2); type IIIb tricuspid valve; maximal  anteroseptal gap 4mm;  **MR Grade: Severe**  **Mechanism of MR:** due to anterior leaflet flail  GLIDE score 2 | | |  |  | | | |
| **Procedure Plan** | | |
| **TEER Feasibility Meeting 05/08/2025:**  TOE reviewed. MVA 4.4. LV Cavity small.  Pathology at P2  A3 flail  2 options:   |  |  |  | | --- | --- | --- | | **Clip Number** | **Clip Type** | **Leaflet attachment location** | | **1st** | 1 NTW at Medial p1-p2 |  | | **2nd** |  |  |   1) 1x medial clip at p1-p2  2) 2 clips, 2x pascal or 2x NTW  Clipping at 1x NTW at medial 1st should achieve gradient.  En Face View of the Mitral Valve: Definition and Acquisition | Semantic  Scholar  **Pre-operative optimisation plan:**  Optimise while currently in hospital  Plan for next Tuesday? Following presentation Tuesday 12th August. | | |
| **Structural Heart Multidisciplinary Team Meeting** | | | | |
| **Date:** | | | | |
| **Attendees**: | | | | |
| **Essential criteria** | |  | | |
| **Feasibility** | |  | | |
| **Frailty / comorbidities** | | . | | |
| **Lifetime planning** | |  | | |
| **Special considerations** | |  | | |
| **Outcome:** | | | | |