

Sitting with the Heart Valve Team: Cases to Learn From

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Disclosures

Research support:

- Heart and Stroke Foundation of Canada
- Canadian Cardiovascular Society/BMS Pfizer Atrial Fibrillation Research Award
- PMCC Innovation Award
- MSH UHN AMO Innovation Award
- Tiffin Trust
- Philips Healthcare
- Siemens

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- Heart and Stroke Foundation of Canada National New Investigator Award

Honoraria:

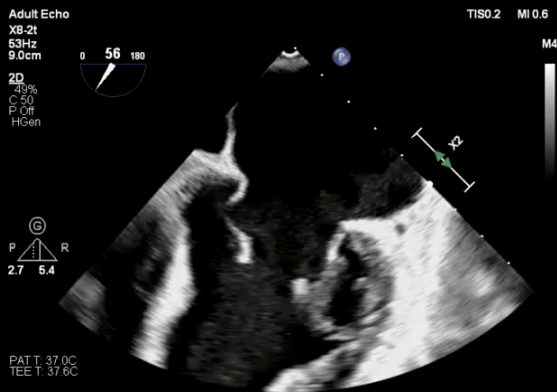
- UptoDate

Objectives

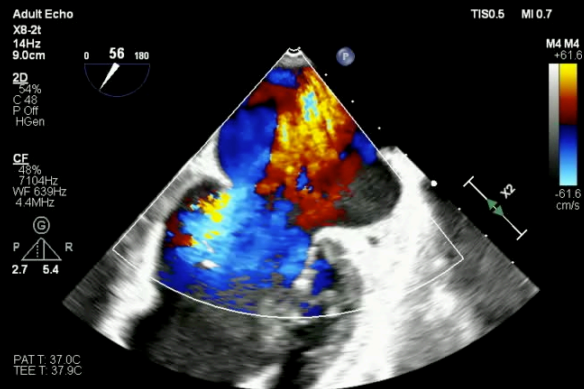
- To present a case covering the decision-making around a percutaneous mitral edge-to-edge repair case

Case

- 60 y.o. F with idiopathic dilated CM
- Severe secondary MR



82 bpm



83 bpm

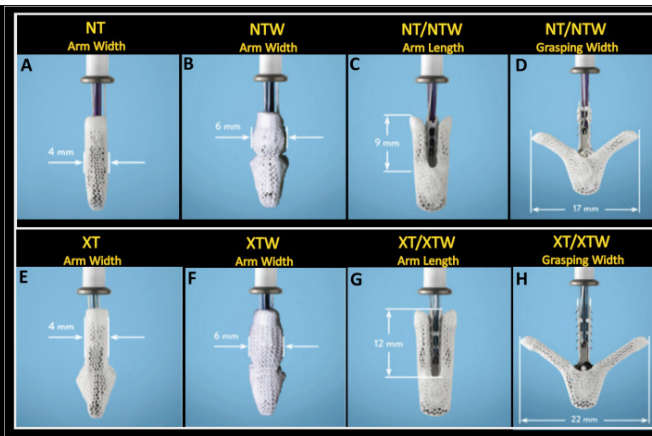
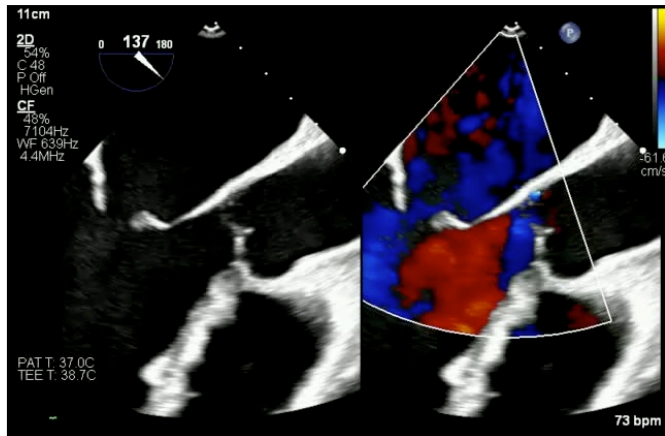


74 bpm

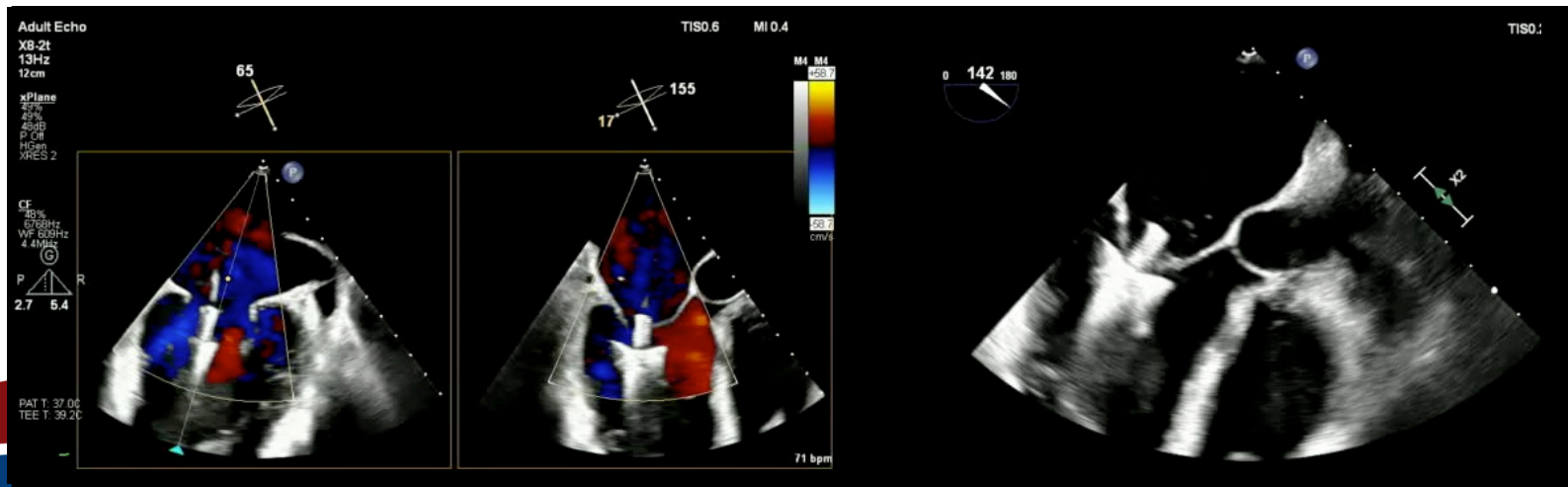


Case

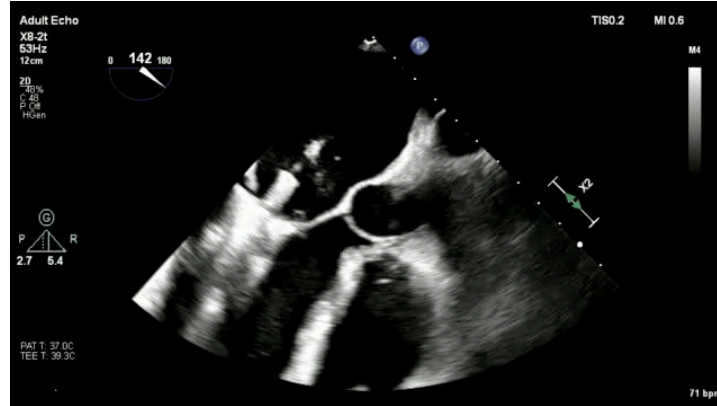
- Posterior leaflet length >8 mm



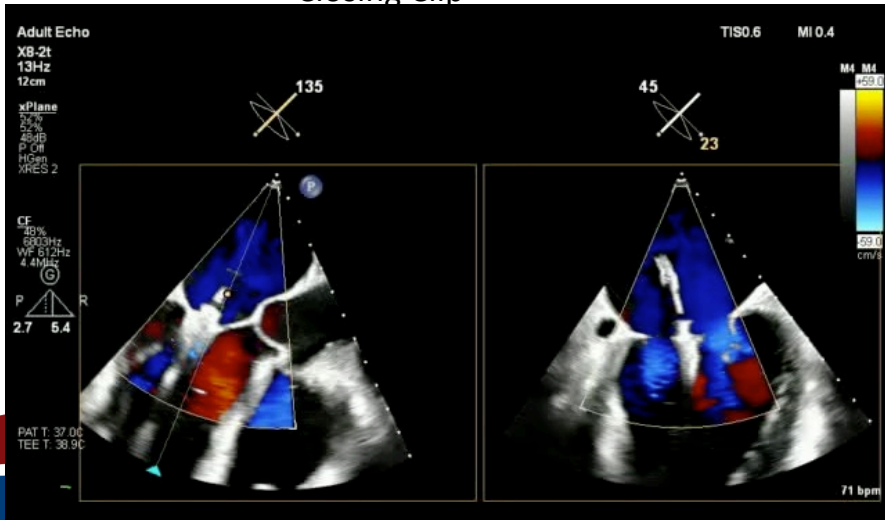
Clip Positioning



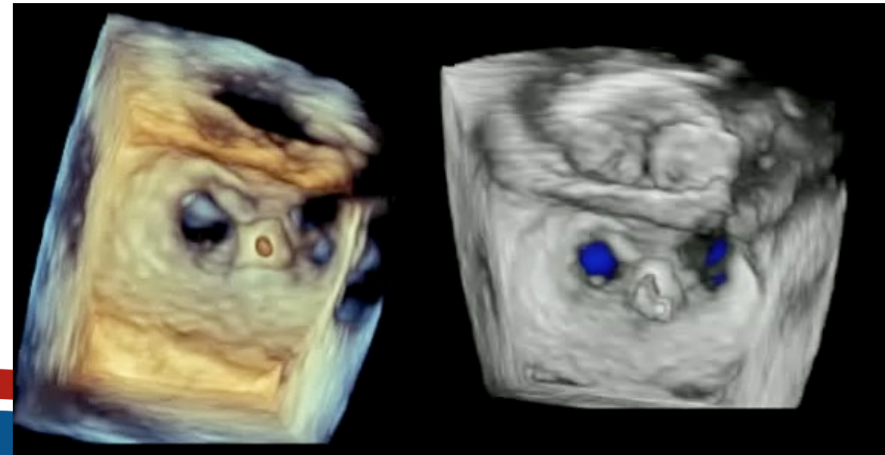
Dropping Grippers



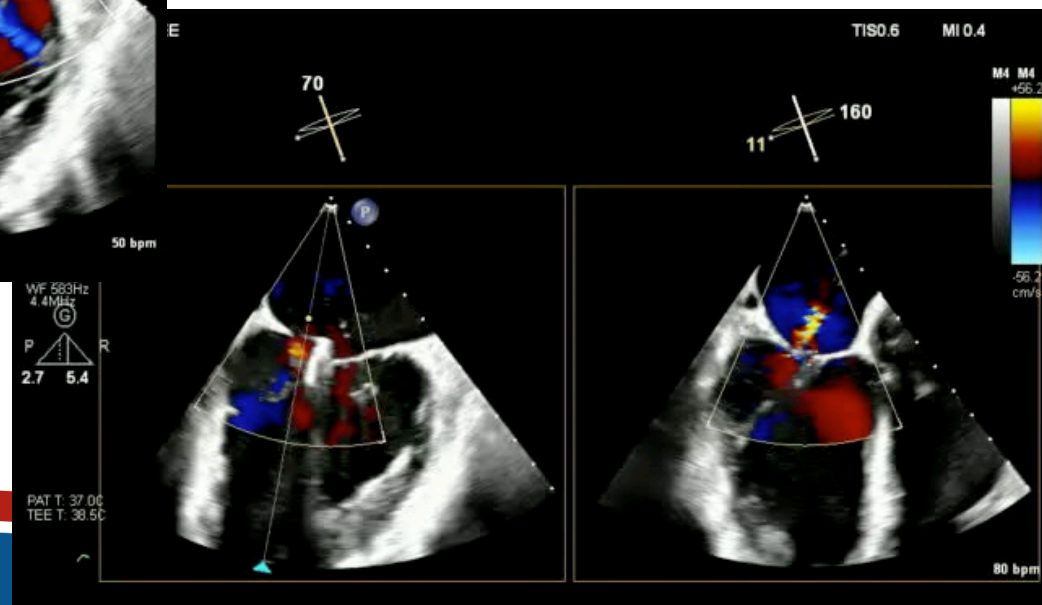
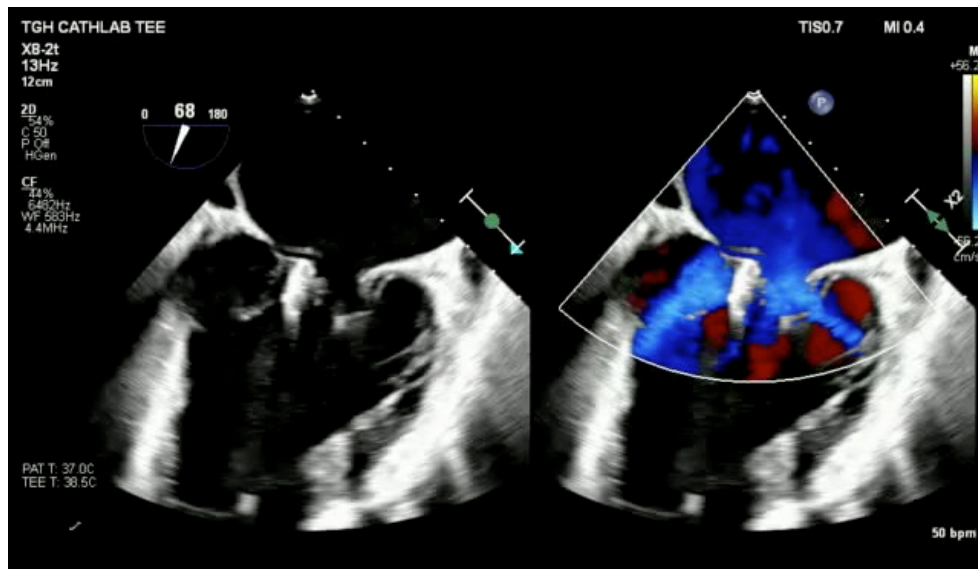
Closing Clip



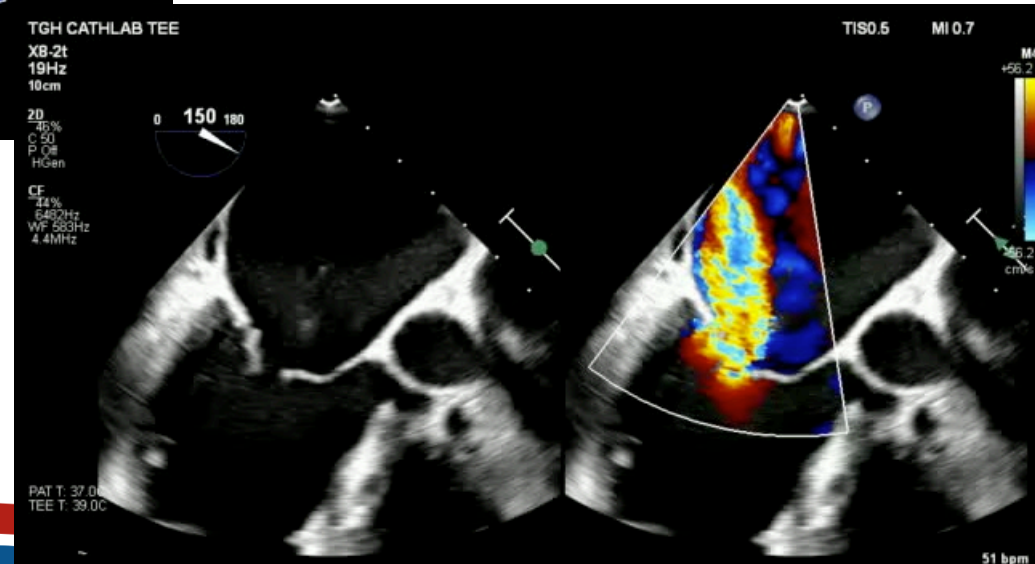
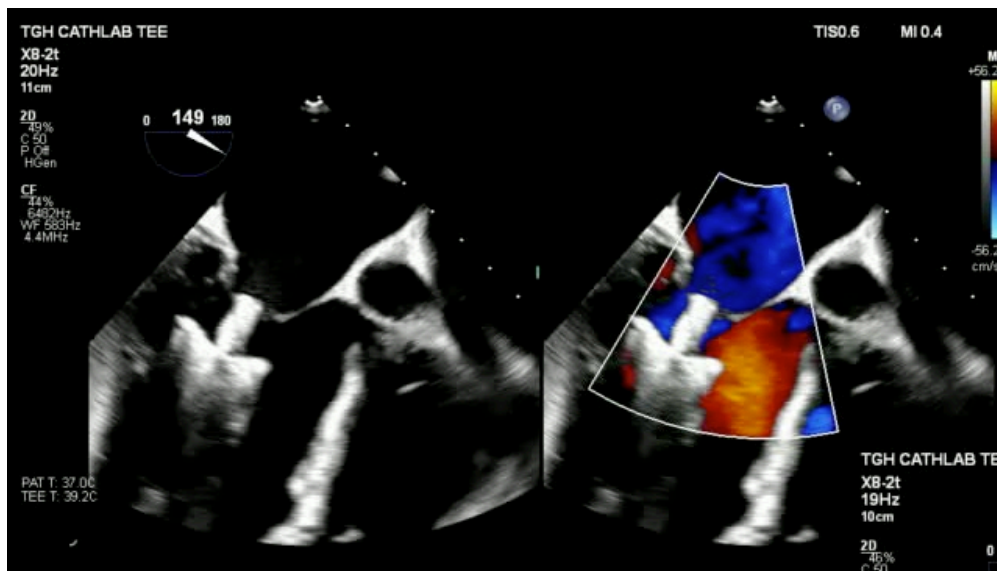
Post Closure Assessment



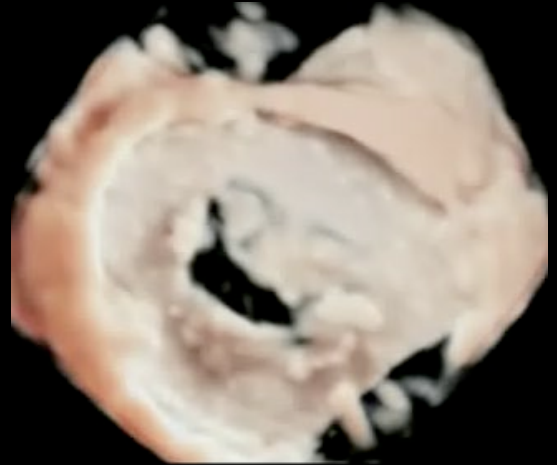
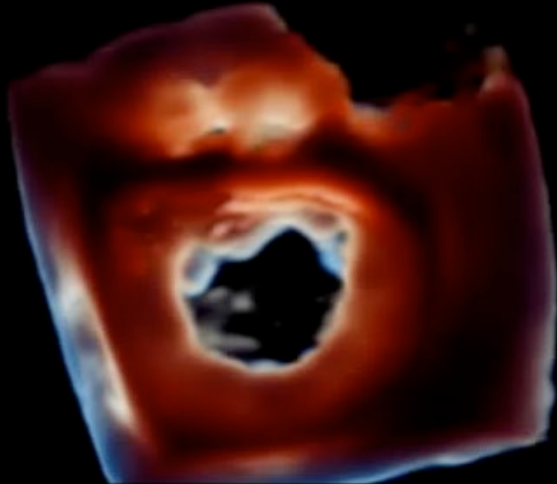
But then increasing MR.....



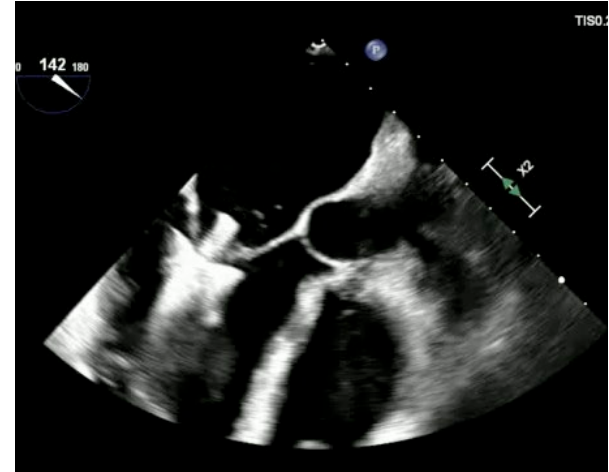
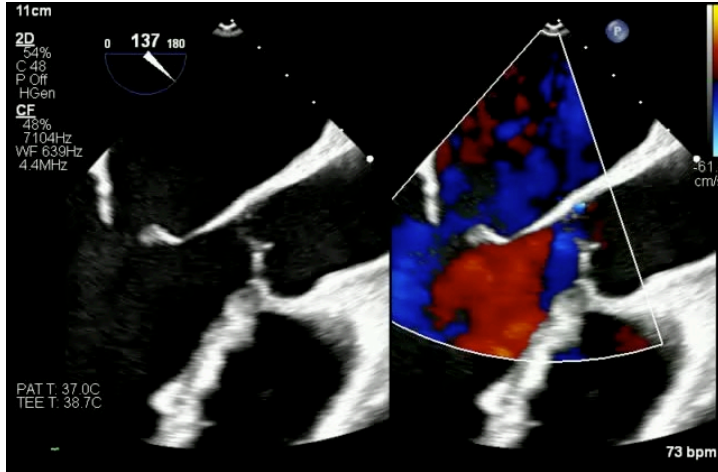
Post Clip Removal Assessment



Post Clip Removal Assessment



Lessons Learned



1. With secondary MR, the problem is not one of excessive tissue
2. Tissues themselves are 'not normal'/fragile. The focal calcium on the posterior leaflet may have created a less flexible region
3. The larger clips may not be appropriate in these cases

Questions/Comments?

