



Health Bulletin



Alternative Treatment For “Leaky” Heart Valves

(NAPSA)—There could soon be good news for the estimated 4 million Americans who suffer from a condition known as mitral regurgitation, or MR. They might be candidates for a clinical research study to evaluate a new device that may treat the MR.

Commonly called a “leaky valve,” MR occurs when the heart’s one-way mitral valve does not close properly. With each heartbeat, blood flows backward in the wrong direction through the valve’s leaflets (or “swinging doors”), causing the heart to work harder.

Though MR may not initially cause symptoms, most people with the condition may eventually experience shortness of breath, fatigue, coughing, heart palpitations (feeling a fast, fluttering heartbeat), swollen feet or ankles and excessive urination. For people with moderate to severe or severe MR, both the American College of Cardiology and the American Heart Association currently recommend open-heart surgery to repair or replace the mitral valve.

Open heart surgery usually takes several hours with the patient under general anesthesia. The surgeon makes an incision into the patient’s chest and stops the heart. Blood is circulated through a heart-lung bypass machine. The surgeon either repairs the mitral valve or replaces it with a mechanical or bio-prosthetic valve.

After surgery, patients may take months to regain normal physical activity; some must also take lifelong blood-thinning med-



Treatment with the MitraClip device may repair a leaky mitral valve without open-heart surgery.

ication to prevent possible blood clots and stroke. Open-heart surgery can also be risky, particularly for the elderly.

An investigational device being evaluated in a clinical research study may offer a less invasive option to treat MR, using a device called the MitraClip™ to bring the valve leaflets together where the leak occurs, helping it to close properly. Percutaneous Mitral Repair (PMR) is performed while the heart is beating normally and therefore does not require a heart-lung bypass machine and stopping of the heart. Also, because the valve is accessed from a vein in the groin, there is no need for a large surgical incision into the chest. In fact, the procedure is not performed by a surgeon in an operating room—instead, a cardiologist performs it in a cardiac catheterization lab.

Trevor Gatty, 75, of Charlotte, N.C., experienced severe fatigue from MR; a walk to the corner store left him exhausted. But about two weeks after the MitraClip procedure, Gatty says, “I

found myself marching as though I was back in the army, marching around the parade ground, just walking briskly and enjoying it.”

Initial clinical evaluation of the device has shown that it reduces MR and maintains that reduction over time in the majority of patients. Because the procedure is minimally invasive without surgery, recovery time is faster compared to surgery.

About 250,000 Americans are diagnosed with MR each year. Approximately 50,000 have surgery. Though some people may take medication prescribed for their symptoms, no medication is available to treat MR itself. MR can eventually lead to other problems, such as:

- Congestive heart failure (heart cannot pump enough blood to the body)
- Ongoing, increasing damage to heart muscle
- Irregular heartbeat
- Stroke
- Sudden death.

Currently, the only way to receive the MitraClip device is by participating in the Phase II FDA approved clinical research study called EVEREST II.

For more information on whether you may be eligible to enroll in the EVEREST II study and possibly receive a MitraClip device, call (877) MY-MR-FIX/ (877) 696-7349 or visit www.mitralregurgitation.org/inforequest. For more information about mitral regurgitation and other possible treatment options, talk to your physician and visit www.mitralregurgitation.org.