

The ACC/AHA Guidelines for the Management of Patients with Valvular Heart Disease recommendations for surgical treatment of mitral stenosis are reviewed in Table 11.3.

| Table 11.3 ACC/AHA Recommendations for Mitral Valve Repair/Replacement in Mitral Regurgitation |
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| <i>Class I Recommendations</i> |
| 1. Symptomatic patients with acute severe MR. |
| 2. Chronic severe MR and NYHA functional class II, III, or IV symptoms in the absence of severe LV dysfunction (ejection fraction < 30% or end-systolic dimension > 55 mm). |
| 3. Asymptomatic patients with chronic severe MR and mild to moderate LV dysfunction (ejection fraction 30%-60% and / or end-systolic dimension \geq 40 mm). |
| 4. Repair is recommended over replacement for the majority of patients with severe chronic MR who require surgery, and patients should be referred to surgical centers experienced in MV repair. |
| <i>Class IIa Recommendations</i> |
| 1. MV repair reasonable in experienced surgical centers for asymptomatic patients with chronic severe MR and preserved LV function (ejection fraction >60% and end-systolic LV dimensions > 40 mm) in whom the likelihood of successful repair without residual MR is > 90%. |
| 2. Asymptomatic patients with chronic severe MR, preserved LV function and new onset atrial fibrillation. |
| 3. Asymptomatic patients with chronic severe MR and preserved LV function and pulmonary hypertension. |
| 4. Chronic severe MR due to a primary abnormality of the mitral apparatus and NYHA functional class III-IV symptoms and severe LV dysfunction (ejection fraction <30% and/or end-systolic dimension > 55 mm in whom MV repair is highly likely. |
| <i>Class IIb Recommendations</i> |
| 1. Repair may be considered for patients with chronic severe MR due to severe LV dysfunction (ejection fraction <30%) that has persistent NYHA functional class III-IV symptoms, despite optimal therapy for heart failure, including biventricular pacing. |
| (Bonow et al., 2006) |

- ◆ Mitral valve repair
 - ❖ Operation of choice if the valve is suitable for repair.
 - ❖ Preserves the native valve and avoids chronic anticoagulation.
 - ❖ Preservation of native valve apparatus results in better LV function postoperatively as the mitral apparatus helps preserve the shape, volume and function of the left ventricle.
 - ❖ Technically complex surgery.
 - ❖ Surgeon expertise very important to the success of the surgery.
 - ❖ May require longer cardiopulmonary bypass time.
 - ❖ Reoperation rates for repair are similar to those for replacement.
 - ❖ Annular ring placement is utilized to support the native annular ring in most mitral valve repairs.