



Mitral regurgitation

About your mitral valve

Your mitral valve is one of four valves in your heart. It stops the blood going back into the left atrium (in your heart) and the blood vessels from your lungs after each heartbeat. It's around the size of a plughole in a basin and consists of two thin leaflets that meet in the middle.

Usually, your mitral valve lasts your lifetime. However, things can happen to it that may mean you'll need treatment or surgery.

Mitral regurgitation

Mitral regurgitation (leaking) occurs when the valve leaflets don't meet properly in the middle and the blood leaks back into the left atrium after each heartbeat. Your heart has to work harder to get enough blood around the body.

Mitral regurgitation may not necessarily give you symptoms. Your heart can tire and show signs of strain without you feeling unwell. It's important to have regular echocardiography tests to detect signs of heart strain. Mitral valve surgery is recommended if you're having symptoms or if tests such as echocardiography show that your heart is tiring.

For this condition, repairing your mitral valve is recommended wherever possible. Repairing your mitral valve rather than replacing it means that you won't need to take blood-thinning medicine (warfarin) for the rest of your life.

If you do need an artificial valve, it may be either a mechanical valve or a tissue valve.

Your valve can be repaired or replaced in two ways.

- 1 Conventional mitral valve surgery.** This involves an open-heart operation where your breastbone (sternum) is divided along its length so your surgeon can get to your heart. Your valve is then repaired or replaced with either a mechanical or tissue valve. You'll be under general anaesthesia (asleep and feel no pain) for this operation.
- 2 Minimal access mitral valve replacement.** This is when a surgeon gets to your heart through a smaller incision (cut), just below the right breast. Your mitral valve is then repaired or replaced. You'll have this operation under general anaesthesia. As yet, there's no evidence (proof) to show which of these approaches (conventional or minimal) is the better or safer approach.