



Mixed mitral valve disease



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.

Mixed mitral valve disease

Mixed mitral valve disease is when mitral stenosis (narrowing) and mitral regurgitation (leaking) happen together. The leaflets of the mitral valve become thickened and obstruct blood flow (mitral stenosis). At the same time, the leaflets don't meet in the middle so blood leaks back into the atrium (mitral regurgitation).

If you need a new artificial valve, this will either be with a mechanical valve or a tissue valve.

Your valve may need to be replaced in one of the following two ways.

- 1 Conventional mitral valve replacement.** 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 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 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.