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## What is mitral valve regurgitation?

Mitral valve regurgitation happens when your heart's mitral valve does not close tightly, which allows blood to flow backward in your heart. The mitral valve is located between your heart's two left chambers and allows blood to flow forward through your heart during a normal heartbeat.

When the mitral valve doesn't function properly blood cannot move through your heart or to the rest of your body efficiently. Mitral valve regurgitation can make you tired and short of breath.

Treatment of mitral valve regurgitation depends on how severe your condition is, whether it is getting worse, and signs and symptoms. For mild cases, treatment may not be necessary. You may need heart surgery to repair or replace the valve for more severe cases. Left untreated, severe mitral valve regurgitation can cause heart failure or serious heart rhythm problems.

## What are the symptoms of mitral valve regurgitation?

Signs and symptoms depend on the severity and how quickly the condition develops. Symptoms include:

- Blood flowing wildly through your heart
- Shortness of breath, especially with exertion or when you lie down
- Fatigue
- Lightheadedness
- Cough, especially at night or when lying down
- Heart palpitations
- Swollen feet or ankles
- Excessive urination

Mitral valve regurgitation is usually mild and progresses slowly. You may have no symptoms for years and may be unaware you have the condition.

## What causes mitral valve regurgitation?

Mitral valve regurgitation can be caused by many things, including the following:

- **Mitral valve prolapse:** A condition in which the tendon-like cords supporting the mitral valve weaken.
- **Damaged tissue cords:** tissue cords anchor the flaps of the mitral valve to the heart wall.
- **Rheumatic fever:** A complication of untreated strep throat.
- **Endocarditis:** An infection of the lining of the heart that can involve heart valves.
- **Wear and tear on the valve:** The mitral valve opens and shuts thousands of times every day.
- **Prior heart attack:** A heart attack can damage the area of the heart muscle that supports the mitral valve.
- **Untreated high blood pressure:** Over time high blood pressure can cause your heart to work harder and your heart's left ventricle can enlarge gradually.
- **Congenital heart defects:** Some people are born with defects in their hearts including damaged heart valves.

## When is it time to see your doctor?

If you develop signs and symptoms that suggest you may have mitral valve regurgitation, you should make an appointment to see your doctor.

Mitral valve regurgitation is usually discovered early during a routine exam when your doctor listens to your heart.

## How is mitral valve regurgitation diagnosed?

With the information your doctor gathered from a physical exam, he/she will decide which test(s) to request and develop a treatment plan.

Common tests used to diagnose mitral valve regurgitation include:

- **Echocardiogram:** A test that uses sound waves to produce an image of your heart.



# Your Guide To: Mitral Valve Regurgitation



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- **Chest x-ray**
- **Electrocardiogram (ECG):** A test that uses adhesive patches with wires attached to your skin to measure the electrical impulses given off by your heart.
- **Holter monitor:** A portable device that you wear to record a continuous ECG.
- **Transesophageal echocardiogram:** Since the throat lies close to the mitral valve, a small tube is inserted into your esophagus with a small transducer attached to the end. The transducer provides clearer images of the valve and blood flow.
- **Exercise test**
- **Cardiac catheterization:** A thin tube is threaded into a blood vessel in your groin or arm. The catheter is used to deliver dye into the heart chambers. An x-ray is taken that gives your doctor detailed information about your heart.

## How is mitral valve regurgitation treated?

Treatment depends on how severe your condition is and if it is getting worse. The goal of treatment is to improve the heart's function while minimizing your signs and symptoms and avoiding future complications.

- **Observation:** Some people with mild cases do not need to be treated. Even if you do not have signs and symptoms with mitral valve regurgitation the condition may require monitoring by your doctor.
- **Medications:** Medication cannot correct a deformity in the mitral valve; however, medications are available to relieve fluid accumulation in your lungs or legs. High blood pressure makes mitral valve regurgitation worse so your doctor may prescribe medication to help lower it.
- **Surgery:** Your mitral valve may need to be surgically repaired or replaced. Surgery options include:

**Valve repair:** Mitral valve repair is a surgery that preserves your own valve. For most people with mitral valve prolapse this is the preferred surgical treatment.

**Valve replacement:** Valve replacement is done when valve repair is not possible. The damaged mitral valve is replaced by an artificial valve. The two types of artificial valves are mechanical and tissue.

- **Interventional treatment:** EVALVE mitraclip: The EVALVE mitraclip system may be an appropriate treatment option for select patients. The mitraclip is used by interventional cardiologists and is intended to reduce mitral valve regurgitation by advancing the mitraclip through a femoral vein to access the mitral valve and grasp and fasten the valve leaflets together.

