

Mitral Regurgitation

Introduction

Welcome to the cardiac surgery urgency assessment tool for Mitral Regurgitation (9075).

This implementation is a temporary work around replacing the old CPS tool which 'died' sooner and more completely than expected.

It is planned that a more comprehensive, user friendly, environment will be created to improve the utility and look and feel. The goal is to ensure all patients undergoing elective or urgent cardiac surgery, and soon cardiological intervention, will be scored consistently.

Prioritisation

Mitral Regurgitation

Valve severity

- Moderate (Doppler VC width 0.3-0.69 or regionally accepted equivalent)
- Severe (Doppler VC width > 0.70 or regionally accepted equivalent)
- Very severe (Regionally accepted criteria)

Symptoms related to the valve disease

- None
- Definite, not limiting or on provocative testing (NYHA IIa, angina CCS I or presyncope)
- Moderate, limiting (NYHA IIb or NYHA III, angina CCS II-III or syncope or recurrent presyncope, or requiring diuretic treatment for heart failure)
- Severe (On maximal R for heart failure, unstable angina despite maximal R, recurrent syncope)

Cardiac dysfunction

- None – normal cardiac function (LVEF \geq 60%, Or ESD < 45mm)
- Early cardiac dysfunction but AHA criteria not met (e.g. Early LV dysfunction but EF>50%, severe LVH, Nt-BNP>300pg/ml or BNP>100pg/ml or >1.5X increase/year, abnormal TDI [LVESD 45-50mm AND LVEF \geq 55%, Spap 40-50mmHg])
- AHA criteria dysfunction (LVEF 40-50% or Definite heart failure level BNP [AF or Spap > 50mmHg at rest, LVEF 45-55%, LVESD > 50mm])
- AHA criteria exceeded by > 30% (LVEF < 40%, doubling of a definite heart failure level BNP [LVEF < 45%])

Disease progression

- Stable (No additional information)
- Progressive ((> 15% deterioration in 2 measures over \leq 1 year) (^aSD > 5-10mm within 12 months))

Additional AHA/ACC/ESC class 1 indication for surgery

- No
- Yes

Euroscore

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Euroscore