

CARDIOLOGY / CARDIAC SURGERY

Routine Clinical Review of Patients with Bioprosthetic Valves and Homografts

In some centres a post-op review by surgeon at 4 weeks.

Cardiology clinic review normally by three months following surgery and usually by six weeks, (will vary depending on whether or not there has been a post-op visit to surgeon).

The visit to include the following assessment:

- Clinical review. A proportion of patients with bioprosthetic valves may still be anticoagulated and this can be reviewed at the clinic.
- ECG
- Chest X-ray
- Echocardiogram to serve as a baseline

Further annual visits with clinical review and ECG.

The frequency of routine echocardiographic evaluation will vary depending on the position of the bioprosthetic valve, and any evidence of valve dysfunction.

In the aortic position initial echocardiographic assessment may be every two to three years but after eight years when there is an increased risk of structural deterioration echoes may be required annually.

In the mitral position initial echocardiographic assessment may be carried out initially every two to three years but structural deterioration may occur after only five years so annual echoes may be required after that point.

If significant changes detected then clinical and echo reviews may need to be more frequent. Anticoagulation can be reviewed at the clinic if required.

Management of patients following valve repair:

In some centres a post-op review by surgeon at 4 weeks.

Cardiology clinic review normally by three months following surgery and usually by six weeks, (will vary depending on whether or not there has been a post-op visit to surgeon).

The visit to include the following assessment:

- Clinical review
- Examination
- ECG
- Chest X-ray
- Echocardiogram
 - A further echo review at six months post operatively.
- Echocardiographic assessment again one year later, and then stop unless clinically indicated,