Piedmont Heart Clinical Pathway: Mitral Regurgitation (MR)

Clinical Evaluation

Positive History
- SOB
- Dizziness
- Fatigue
- AF or suspected AF
- History of MI
- History of CHF

Positive Exam
- Elevated JVP
- Significant Systolic Murmur
- Edema
- Rales
- S3

Elevated JVP

Dizziness

Significant Systolic Murmur

Fatigue

AF or suspected AF

History of MI

History of CHF

SOB

Refer to Piedmont Heart Cardiologist
Call 404-605-2800

Establish the diagnosis of Secondary MR:
- Valve leaflets and chordae are structurally normal and MR results from distortion of the subvalvular apparatus, secondary to LV enlargement and remodeling
- May be due to idiopathic cardiomyopathy or ischemic heart disease

Establish the diagnosis of Primary MR:
- Intrinsic lesions affect one or several components of the mitral valve
- May be caused by papillary muscle rupture, infective endocarditis or trauma

Moderate MR without:
- LA Enlargement
- LV Enlargement
- Elevated PA Pressures
- LVEF < 60%

Mild MR

Moderate MR with any of the following:
- LA Enlargement
- LV Enlargement
- Elevated PA Pressures
- LVEF < 60%

Moderate – Severe MR

Refer to Piedmont Heart Cardiologist
Call 404-605-2800

Primary MR Pathway
or
Consider Referral to Valve Clinic
Call: 404-605-6517 or 855-654-6517

Secondary MR Pathway
or
Consider Referral to Valve Clinic
Call: 404-605-6517 or 855-654-6517

Moderate MR

Clinical pathways/guidelines are evidence-based tools developed by a multi-disciplinary team to assist clinicians in making appropriate healthcare decisions. They are not intended to replace individual clinical judgment.
Secondary Mitral Regurgitation
(Moderate or worse MR)

Yes

Optimal Medical Therapy for 3-6 months

Have symptoms resolved?

Yes

Re-evaluate echo

Persistent signs of significant secondary MR?

Worsening RV/LV function
  Increase in RV/LV size
  Increase in PA pressures

No

Continue to Optimize Heart Failure Medical Therapy

Follow clinically
  Repeat echo in 6-12 months

No

No

Follow Clinically

Symptoms?

No

Follow Clinically

Referral to Valve Clinic

For referral to valve clinic, call: 404-605-6517 or 855-654-6517
Primary Mitral Regurgitation
(Moderate or worse MR)

Does the patient meet any of these criteria?
- AFib
- LVEF ≤ 60%
- LVESD ≥ 4 cm
- LA Volume Index > 60 ml/M²
- Resting RVSP > 50 mmHg
- Flail Leaflet

Perform Stress ECHO

Exercise RVSP > 60 mmHg?
- Worsening MR?
  - Symptoms?
    - No
      - FOLLOW
    - Yes
      - Mitral Valve Clip

Referral to Valve Clinic to determine:
- Evaluation of co-morbidity
- Candidacy for structural intervention
- Surgical Risk Assessment

Mitral Valve Repair
Mitral Valve Replacement
No Structural Intervention

For referral to valve clinic, call: 404-605-6517 or 855-664-6517

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Existing TTE/TEE Study evaluated by CV Imaging MD

Mitral Regurgitation Imaging

Good assessment of mechanism and severity of MR?

Yes

Significant MR identified

Referral to Valve Clinic

No

Repeat TTE at Fuqua Heart Center*

Mechanism and severity is clear

Mild MR

Follow up in 1 year

Moderate MR

Stress ECHO

Severe MR

Referral to Valve Clinic

Perform CMR if:
- If patient has ischemic MR, to determine viability for MVR
- EF < 30%
- TTE is inadequate and unable to perform TEE

Unclear severity

TEE or CMR

Unclear mechanism

TEE

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