

# Patient Information



## Minimally Invasive Mitral Valve Surgery

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The Sussex Heart Charity

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PLEASE RETURN SPARE COPIES OF THIS BOOKLET TO YOUR CARDIAC WARD OR TO THE  
CARDIAC REHABILITATION TEAM AT YOUR LOCAL HOSPITAL

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Use the vertical ribbons at the edge of the following pages to navigate to information specific to your stay in hospital or the information you need once you are at home. We encourage you to read this entire booklet, the contents list below has been split into general sections which relate to the information.

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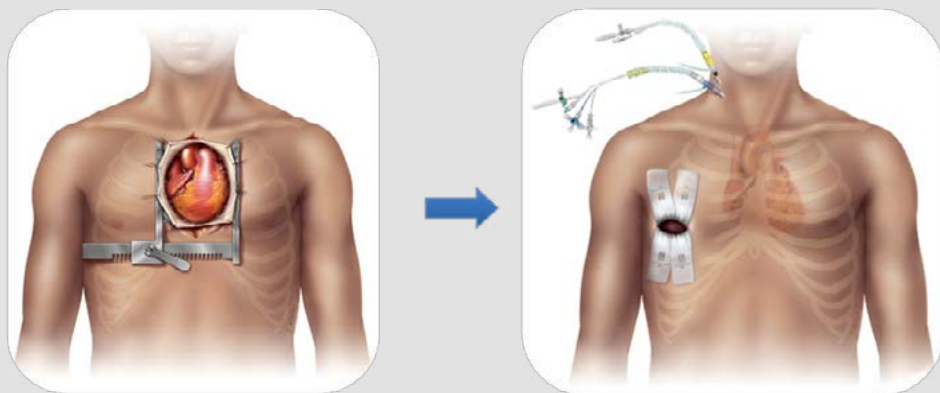
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## WELCOME

The information in this booklet is aimed to be helpful if you are undergoing minimally invasive mitral valve surgery. You will also be given a 'Heart Surgery' Booklet that has been written by the cardiac team at University Hospitals Sussex NHS Trust which contains useful information. Please read them both.

Minimally invasive mitral valve surgery (also known as mini-mitral surgery), whilst not using a traditional incision (cut) down the centre of your chest, is still considered open heart surgery as the surgeon has direct access to your heart, using a camera. This type of surgery can be used to either repair or replace the mitral valve. It cannot be used if you need another valve replaced or repaired or if you need coronary artery bypass grafts. There are some other treatments for AF that can be done at the same time.

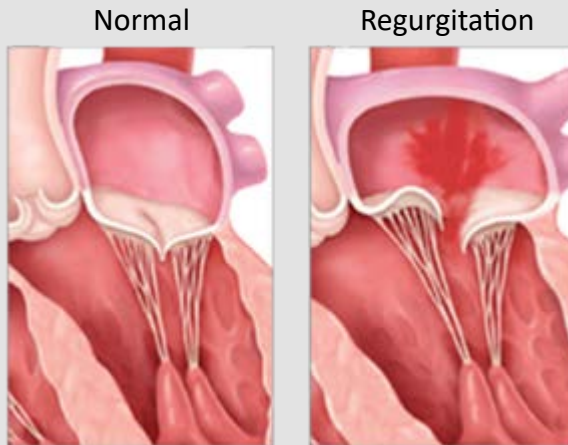


## VALVE DISEASE

There are 4 valves in your heart. Over time these valves can become damaged or diseased.

Mitral regurgitation is when your mitral valve is leaking. The best treatment if your valve is leaking is a mitral valve repair.

Mitral stenosis is when your valve is narrowed. This valve will need to be replaced with either a tissue valve or mechanical valve. The types of valves are discussed in the 'Heart Surgery patient Information Booklet'.



Picture: myheart.net

## WHAT HAPPENS WHEN I AM REFERRED FOR SURGERY?

When you are referred to our cardiac surgeons you will be allocated a surgeon. For mitral valve surgery this will probably be one of our specialist surgeons for mitral valve surgery. Only one of our specialist surgeons performs minimally invasive mitral valve surgery. As part of patient choice if you would like to see him to be considered for minimally invasive surgery please contact your pre-admission sister. The choice for mitral valve repair is to have minimally invasive surgery or a traditional sternotomy.

## CAN I HAVE THIS TYPE OF SURGERY?

Not all patients are able to have this type of surgery. The following patients cannot have minimally invasive MV surgery, if you have or had:

- Previous right lung surgery
- Peripheral artery disease (poor circulation)
- Requiring any other valve intervention or coronary artery bypass grafts
- BMI over 30

## WHAT EXTRA TESTS WILL I NEED?

Prior to this operation you will need to have 2 specialised tests to enable the surgeon to perform the surgery:

**TOE** – this is a transoesophageal echocardiography. Whilst you are asleep (under sedation) a camera is put down your throat to perform an ultrasound of your heart. This gives the surgeon more detailed information on your mitral valve

**CT** – a CT is a specialised scan where you will be given dye through a cannula in your arm and go through a round scanner. CT looks at your anatomy (where your bones, arteries and organs are positioned) to ensure that the camera can be used safely to look at the valve. There can be a longer wait for this type of CT as it requires specialised staff to undertake it. The wait for the report by the specialist consultant can take some time to be finalised.

Please speak to your pre-assessment sister to find out how the long wait may be for the report.

If you would like more information on what a CT scan is please visit:  
CT scan - NHS ([www.nhs.uk](http://www.nhs.uk)) <https://www.nhs.uk/conditions/ct-scan>

## HOW LONG IS THE WAIT FOR THIS TYPE OF SURGERY?

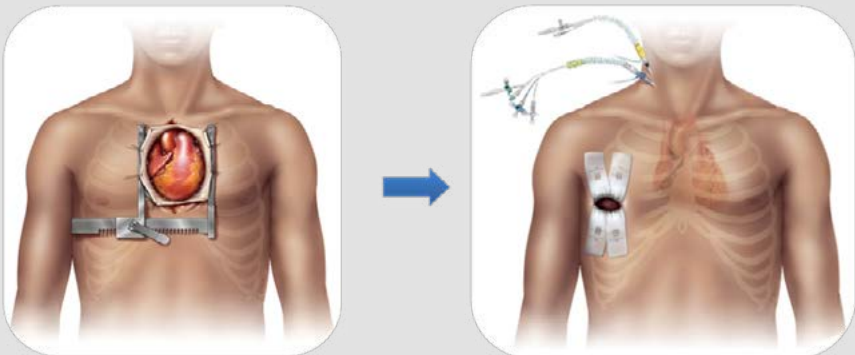
At University Hospital Sussex NHS Trust there is one surgeon who performs this type of operation, Mr Ishtiaq Ahmed. There are only a few hospitals in the UK that perform this surgery. Therefore the wait for this type of surgery is longer than for others.

Whilst waiting for the surgery, the pre-assessment sister (01273 067423) will ensure your tests are up to date, and be your point of contact at the hospital for your heart surgery.

(If your symptoms change or worsen during the wait then a sternotomy operation can be performed instead)

## WHAT IS THE DIFFERENCE BETWEEN MINIMALLY INVASIVE SURGERY AND STERNOTOMY?

During 'traditional' mitral valve surgery an incision is made through your sternum (breastbone, see left picture) to access your heart. During minimally invasive surgery a small 5cm incision is made through the right hand side of your chest (see right picture , and the picture on the next page). There are also incisions in your groin, smaller incisions on your right chest and the right side of your neck. None of these incisions are made through a bone. Your right lung will be deflated during the operation to provide access to your heart.





During the operation a video camera is used to guide the procedure in your heart. The repair or replacement of your valve is then carried out in the same way as during a traditional operation.

The smaller incisions result in a shorter recovery, less wound complications, use of less blood products and quicker return to normal activity.

Note that there is a chance that during the operation it may need to be converted to a sternotomy. The risk of this is less than 2%.



## WHAT HAPPENS WHEN I COME IN FOR SURGERY?

You will be given a different booklet which contains a lot of information more directed to patient shaving sternotomy. However, there is useful information for you to have.

You will be admitted into hospital the day before your surgery is due to take place.

You will have your operation in the morning and it generally takes at least 6 hours. When the operation is finished you will be transferred to the Cardiac Intensive Care Unit (CICU).

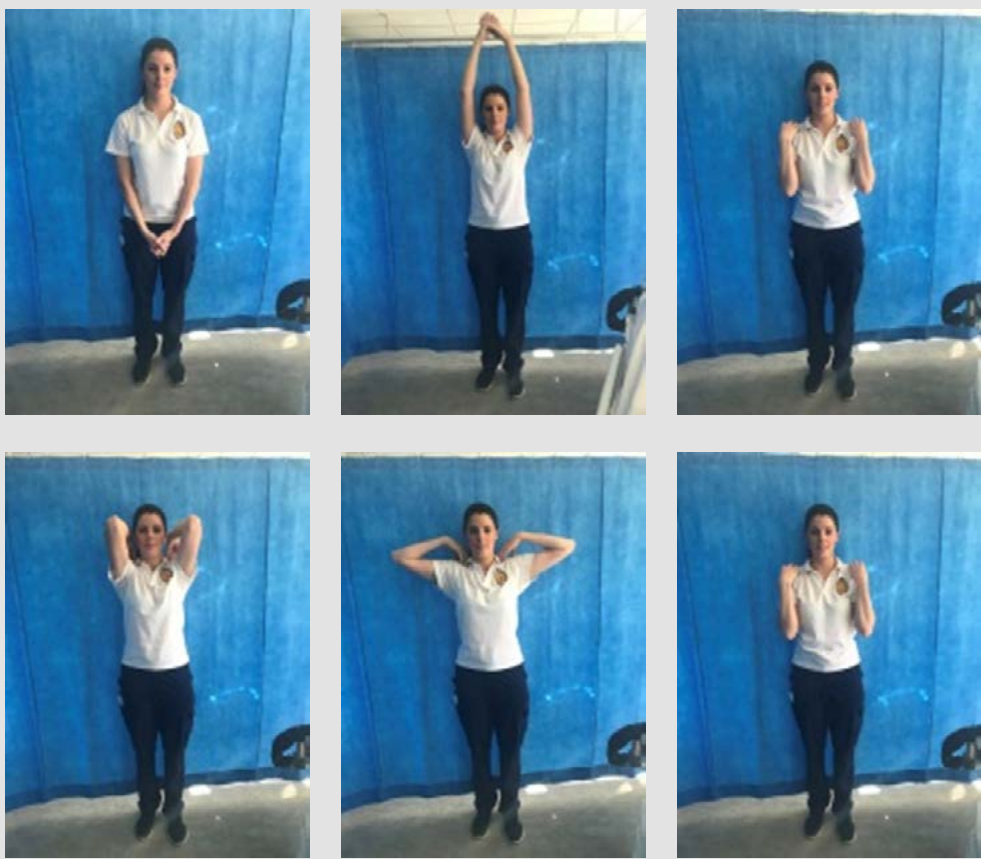
When you go to CICU you will still be asleep.

When you wake up, after at least 2- hours, you will have a number of monitoring lines, drains, in place to keep you safe. There will be 2 drains, a central line in your neck which is a similar to a big cannula so we can provide medications to you. You may be aware of this tube as you wake up, but it is best if you can try to relax and listen to the nurse's advice. Once you awaken after the operation (2-4 hours after the operation normally) and your breathing is satisfactory the tube will be removed. Whilst the tube is in place you will not be able to talk, but you will be able to communicate with your nurse by nodding and shaking your head.

During the operation the team will place a catheter into your chest to provide you with pain relief when you wake from the operation. This is an anaesthetic and helps to control the pain. It reduces your need to have as much opiate medication. However, if you require more pain medication we can give you opiate medications (such as morphine). As we have to cut through the muscles and deflate the lung, some patients complain of pain. This can be controlled with appropriate medications, please let us know if you are experiencing pain.

The next day the physiotherapists and nurses will help you get out of bed and sit in a chair. If you feel well enough and are stable you may have a small walk around the unit.

The main focus after the operation is to encourage movement and deep breathing. This will help to reduce complications after surgery. The physiotherapists will give you some breathing exercises and some gentle movements to do as pictured below.



The length of stay after mini mitral surgery is less than that for traditional surgery. It is usually 4 days.

Due to the smaller incisions there is also a smaller chance we will have to use blood products - this could be blood or platelets - during or after your operation.

The incisions with this type of operation are much less visible. Due to the position and size, in men there is scar above the right nipple. For women this is under the right breast and often hidden by the bra.

During your stay in hospital, after your operation, you will have a physiotherapist assess you going up and down stairs to ensure your heart rate stays stable during exertion. You will be able to attend a discharge talk with the physiotherapist and cardiac rehabilitation nurses.

Given the current COVID situation we do not allow visitors to this meeting.

The physiotherapists will give you exercises to do. Some of these are above, Picture 4. These are useful to practice before you come in to hospital so you know what to expect.

## GOING HOME FROM HOSPITAL

On the day of discharge you may be asked to wait in the discharge lounge. This is a small unit within the hospital, with a trained nurse. This allows the surgical unit to admit another patient for their operation the next day.

You will be provided with a months supply of any new medication and any medications you were in short supply of before admission. We do ask that you buy your own paracetamol for when you get home. The pharmacist will have checked this with either yourself or your next of kin.

You will be given a paper copy of your discharge summary. This contains the reason you were admitted to hospital, what treatment you received whilst you were with us, the plan for your treatment on discharge, when you should be receiving a follow up appointment (usually 6 weeks after discharge) and all the medications the doctors have prescribed for you. If you have any concerns/ feel there are discrepancies about your discharge letter please let your nurse know whilst you are in hospital. After discharge please let Mr Ahmed's secretary know.

You will be given wound care advice from the nursing staff. If you have any concerns please do contact us on 01273 067260

You will be given a discharge letter. On this there are some general guidelines – please refer to this as well. You will need to make an appointment with your GP within 2 weeks of discharge and please take your discharge letter with you, though remember to bring it home with you.

## ONCE AT HOME

The recovery after this type of operation is much quicker than for traditional surgery. However, it is important to follow the guidelines we suggest.

### WEEK 1

- Activity levels basically the same as your last day in hospital
- Rise, shower and get dressed each day
- Mainly stay around the house
- Sedentary interests: reading, music, TV, table games
- Prepare simple meals such as breakfast, ready made soup, sandwiches
- Restrict visitors and telephone calls
- Climb stairs, resting as necessary
- Walk for up to 10 minutes twice a day, on level ground and at a pace you feel comfortable and in the temperate parts of the day. Walk around home environment.
- Use caution when lifting – there is no upper limit but stop if it causes pain
- Continue to take pain medication to ensure you can be more active
- While travelling in a car, tuck a small cushion between your chest and the seatbelt for comfort
- Do all your stretching exercised twice daily before walks

### WEEK 2

- Light activities in the house: preparing light meals, wiping dishes
- Light activities in the garden eg watering
- Allow frequent rest period. Rest before you feel the need
- May be driven on short outings
- One hour of non-stressful paperwork
- Limit visitors
- Walk for up to 15min twice daily on level ground, at a pace you find comfortable and in the temperate parts of the day. Walk around home environment. Continue your stretches before walking.
- Use caution when lifting – there is no upper limit but stop if it causes pain
- Continue to take pain medication to ensure you can be more active
- See your GP. Please take a copy of your discharge letter, though they should have received this electronically.

## WEEK 3

- There is no official restriction from now. Please use your common sense and if something feels painful or uncomfortable, stop and try it again later.
- You can walk for how long you feel able. This can include hills. We would suggest increasing incrementally, for example 5 minutes extra for the first day. If you feel well increase it by another 5 minutes after 2 days etc.
- You can go about normal household activities, for example vacuuming, preparing normal meals, washing, making beds. Do this within your symptoms and limitations. If you experience pain then stop and decrease the activity.
- Social outings visiting friends, shopping, eating out.
- Gardening – you can go back to gardening
- If you have a dog you can start to walk them on the lead. However, please use caution when doing so. If they are a big dog or pull excessively and this hurts then wait for another couple of weeks.

## WEEK 4-6

- Follow up with Mr Ahmed or his registrar. They will check your wounds and how you are feeling. You will have been asked to attend for an echocardiogram prior to this appointment
- You can go back to work on a part time basis
- You can start to drive again as long as you feel well enough to drive and there have been no issues and you can perform an emergency stop. Start with small trips at this point and gradually increase the time you drive for. It is a DVLA requirement that you cannot drive for a minimum of four weeks after cardiac surgery. You do not need to inform DVLA of the surgery. However you do need to inform your insurance company.
- Continue increasing what you do around the house, garden and walking.
- Have your blood pressure checked, especially if any of your blood pressure medications have been stopped.
- Undertake sports such as beach fishing, golf, cycling, swimming (if your wound has healed).
- Start rehabilitation classes after your follow up appointment

## CARDIAC REHABILITATION CONTACTS

Please telephone your local Cardiac Rehabilitation number if you have any queries.

<b>The Royal Sussex County Hospital</b>	<b>01273 696 955</b> <b>Ext: 64009</b>
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<b>The Princess Royal Hospital, Haywards Heath Haywards Heath</b>	<b>01444 441 881</b> <b>Ext: 68280</b>
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<b>Worthing &amp; Southlands Hospital</b>	<b>01273 446 019</b>
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<b>St Richard's Hospital, Chichester</b>	<b>01243 831 829</b>
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<b>East Surrey Hospital, Redhill &amp; Crawley Hospital</b>	<b>01737 768 511</b> <b>Ext: 66973</b>
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<b>Eastbourne Hospital</b>	<b>0300 131 4450</b>
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<b>The Conquest Hospital, Hastings</b>	<b>0300 131 5303</b>
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## USEFUL PHONE NUMBERS & WEB LINKS

<b>Albion Ward</b>	<b>01273 523175</b>
<b>Lewes Ward</b>	<b>01273 523176</b>
<b>Cardiac Care Unit Level 6A</b>	<b>01273 664484 or 01273 523177</b>
<b>The Sussex Heart Charity</b>	<b>01273 523026 <a href="http://www.sussexheartcharity.org">www.sussexheartcharity.org</a></b>
<b>NHS Direct - health advice</b>	<b>0845 46 47</b>
<b>NHS Smoking Helpline</b>	<b>0300 1231044</b>
<b>Alcoholics Anonymous</b>	<b>0800 9177650</b>
<b>Somerville Foundation</b>	<b>01473 252007</b>
<b>The British Heart Foundation</b>	<b>0300 3303311 <a href="mailto:hearthelpline@bhf.org.uk">hearthelpline@bhf.org.uk</a></b>
<b>Cardiomyopathy UK Helpline</b>	<b>0800 018 1024</b>
<b>Peer Support Volunteers Live Chat</b>	<b>01494 791224 <a href="http://www.cardiomyopathy.org">www.cardiomyopathy.org</a></b>
<b>ICU Steps</b>	<b><a href="http://www.icusteps.org">www.icusteps.org</a></b>
<b>Heart Valve Voice</b>	<b><a href="http://www.heartvalvevoice.com">www.heartvalvevoice.com</a></b>
<b>Society for Cardiothoracic Surgery</b>	<b><a href="http://www.scts.org">www.scts.org</a></b>

## USEFUL FACEBOOK GROUPS

You can use Facebook to search and join groups for additional information and support. The groups listed as 'Private Groups' are accessible once you have requested to join and been approved by the group moderator.

<b>Pulmonary Hypertension Association</b>	<b>@PulmonaryHypertensionAssociation</b>
<b>Pumping Marvellous</b>	<b>Private Group</b>
<b>Sudden Cardiac Arrest UK</b>	<b>@SuddenCardiacArrestUK</b>
<b>SCAD Alliance</b>	<b>@SCADAlliance</b>
<b>Aortic Dissection Support Group</b>	<b>@AorticDissect</b>
<b>Mitral Valve Repair</b>	<b>@MitralValveRepairResources</b>
<b>Endocarditis Support Group</b>	<b>Private Group</b>
<b>Open heart surgery (CABG)</b>	<b>Private Group</b>



# Improving the lives of people with heart conditions in Sussex



The Sussex Heart Charity is vital for patients with heart conditions and essential for development and education of staff looking after them.

**J Paice – Arrhythmia Specialist Nurse**

A fantastic local charity which makes such a positive impact for cardiac patients in Sussex, both directly funding equipment and posts, and indirectly through supporting education of staff.

**S Young – Nurse Consultant Cardiology**

The SHC does so much work to help our patients and helps us deliver the best care that we can to them, for which we are very grateful.

**C Huggett – Cardiac Rehabilitation Cardiac Nurse Specialist**

An incredible charity making a huge impact on both patients and the professionals that look after the patients lives.

**A Frappell – Heart Failure Clinical Nurse Specialist**

The Sussex Heart Charity has provided so much support over the years to my professional development, and to the provision of resources for my patients. It is a huge asset to the local population, and we are extremely grateful for the work that the charity do.

**J McQueen – Heart Failure Nurse Specialist**

The Sussex Heart Charity has supported the nurses by providing funds for various courses and conferences. This support has a huge impact on the standard of care that the patients receive...

**S Senith – Junior Sister**



## The Sussex Heart Charity

[www.sussexheartcharity.org](http://www.sussexheartcharity.org)  
[info@sussexheartcharity.org](mailto:info@sussexheartcharity.org)

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