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So is the vocabulary? Find out why you should learn new words and how to master the vocabulary in English with our useful tips and esl vocabulary lessons. English vocabulary so is the vocabulary? Briefly speaking, vocabulary is a selection of words within a specific language. Sometimes, the word vocabulary refers to the words that a person knows. For example, an average English speaking should have an active vocabulary of about 20,000 words. But it is worth noting that vocabulary extends beyond a word recognition, you must also learn how to use it. That's why, despite having an active vocabulary of 20,000 words, the average passive vocabulary of an anglephone is about 40,000 words. To effectively master a new language, it is essential to master its basic vocabulary. Usually, a person's vocabulary grows over time. But for people who are learning a new language, it is essential to master the vocabulary in a shortest time lapse, and this can be a little challenge. That's why learning a new vocabulary is usually the biggest challenge to master a second language. List of 1000 words of common use in English.ã, List of Vocabulary words and phrases Vocabulary Image words: casual vs. Formal English Words Classes List of words of common vocabulary in English based on different classes of words (speech parts). Shapes of words useful List of words of English vocabulary organized by different word forms. Images Dictionary Learn English Vocabulary Words with 150+ images Different vocabulary topics from our visual diesel, like animals, birds, insects, marine animals, farm animals, wild animals, fruit, vegetables, food, flowers, plants, shapes , colors, works, body parts, mathematical symbols, numbers, hundreds of graphics, ã, African countries, ã, European countries, ã, Asian countries, ã, South American countries, Ã ¢ Â| The importance of the words of Vocabulary The learning of vocabulary has many benefits, and that's why you should never stop learning vocabulary, despite how much of it you think you know. Understanding other people without a suitable vocabulary, you can't understand what others say. Moreover, you can't express yourself correctly if you don't have a suitable vocabulary. Understanding other disciplines also, to learn other disciplines such as sciences and arts, an adequate vocabulary is required. There are also strong links between vocabulary and reading and writing capacity. As a result, if you want to be a better manufacturer and even read the best, you need a bigger vocabulary. Improving logical thinking A good vocabulary also improves logical thinking in the context of a given language. Learn new words and their meaning facilitates exploration of new ideas and understanding of concepts that You wouldn't understand without proper vocabulary. Simply, vocabulary really opens the mind to new ideas. Improve success odds Plus, good vocabulary helps you make a good goodAmong the other speakers. Therefore, improve your chances of success while you look like someone who understands a certain topic better, as well as someone who knows how to express themselves correctly and interact easily with others. In fact, studies have found that there is a link between vocabulary and success in some occupations. In this study, it was found that the vocabulary could predict success as president and VP 87% of the time, but only 32% of the time for floor bosses. Therefore, more vocabulary was needed for greater professional success. So, learning vocabulary is not just for second speakers. Native speakers can also increase their vocabulary and witness an improvement in their employment performance over time. Fortunately, for the most part, you learned the vocabulary. It doesn’t depend on natural abilities as much as people think it is. It makes it easier to master new words vocabulary makes it easier to master new words, which is one of the most challenging aspects of language learning. With a great vocabulary, you can understand what new words mean without having to take a closer look at what they mean. For example, if you see a picture of a beach and then a statement mentions “Tourist sea against a clear blue sky”, you will easily understand that “Turquoiseâ¢ â¨¬ refers to a color even though you may never have heard the word before. How to learn vocabulary Learning 50 simple tips to improve your English vocabulary. Vocabulary Lessons Learning vocabulary requires some effort. You need to hear a word a few times before it commits to long-term memory, and there are ways to ensure that these words are remembered more easily. For example, pictures and even sounds can make learning vocabulary easier. Below is a large list of vocabulary lessons classified by different categories. Vocabulary words & phrases Slang Words Picture Dictionary Italian English Vocabulary Words with images organized by 150+ different topics. Words Synonyms confusing words transition words english words vocabulary video intercom lessons mitral regurgitation is basically a leaking mitral valve. It is also known as mitral valve regurgitation, mitral insufficiency or just Mr for very short. Look at the picture of the mitral valve below. The mitral valve separates the top and bottom of the left side of the heart (the main pump chamber). Usually, the mitral valve stops going backwards and keeps the blood going forward to the body where it is needed. In mitral regurgitation, blood is allowed to travel backwards into the upper chamber of the heart. At myHeart.net we have helped millions of people through our articles and Now our authors are keeping readers up to date with cutting-edge heart disease information through Twitter. Follow Dr Ahmed on Twitter @mustafaahmedmd Follow @mustafaahmedmd How common is the mitral rigurgito? The mitral regurgitation becomes more common with age. This because of the wear linked to the age and tears of theIn the general population about 2% of people have at least one moderate mitral regurgitation. In those under the age of 40, it is likely that only about 0.5% and in those over the age of 75 it probably approaches 10%.Of course, these estimates are only for a mitral or moderate regurgitation and based on the U.S. population. If we include mild mitral regurgitation this number would be much larger. Different types of mitral regurgitation Imagine the valve being like a double door of a closet, where both doors meet in the center. If it closes properly the blood will not go back, if it does not close properly, the blood will lose backwards. Mitral regurgitation can be classified as primary or secondary. In primary mitral regurgitation, there is a problem with the valve itself (such as one of the cabinet doors being defective.) In secondary mitral regurgitation, there is a problem with the structures surrounding the valve (such as the door frame being too large so that the doors do not meet in the middle leaving a gap.) In MR second often an enlarged heart leads to the valve not being able to meet at the center. Trivial, gentle, moderate, severe and torrential mitral regurgitation Based on information from ultrasound scanning of the heart (echocardiogram) mitral regurgitation can be classified according to its severity. Trivial mitral regurgitation is an essentially normal result and of no concern. For moderate and major mitral regurgitation, there are several characteristics of the heart scan that are taken together to determine the severity. In moderate mitral regurgitation about 30% of the blood in the heart is losing backwards. In severe mitral regurgitation about 50% of the blood in the heart is losing backwards. In torrential mitral regurgitation most of the blood is going backwards, this happens under conditions as a package leaflet. Causes of Mitral Regurgitation As explained earlier, there is primary mitral regurgitation where the valve leaflets are affected and there is secondary mitral regurgitation where the structures holding the valve in place are affected. Primary mitral regurgitation in which the valve leaflets are affected. Mitral Valve Prolapse. The most common cause in the United States is mitral valve prolapsed. In the prolapsed mitral valve, the leaflets become thick and spongy and if severe they can lead to leakage through the valve. Click here for a detailed article regarding mitral valve prolaxis and regurgitation. Chord Rupture. Sometimes the chords, which are the strings that hold the valve in place, can trigger making that part of the valve ineffective. A break of a large agreement can lead to a known condition flail leaf, leading to torrential mitral regurgitation, described here in detail. Mitral Valve Endocarditis. Endocarditis is an infection within the valve that directly destroys the valve tissue. This basically leads to a hole that is eaten by the valve and leakage occurs through the hole. Rheumatic fever. This starts with a strip strip strip Infection and years later it can lead to damage the valve due to a reaction in the body that makes it stick its valve. This was the most common cause in the United States, although now has been significantly decreased due to the premature treatment of strept infections. Rheumatic heart disease still remains one of the most common causes of mitral valve disease in developing countries. Rheumatic heart disease leads to hardening and limited function of the mitral valve and can cause both narrowing and regurgenced so that the valve is too narrow and even too elusive! Valve Calcification. With age you can degenerate cardiac valves, similar to the way the joints degenerate. In some cases, this degeneration can deform valve brochures and interfere with the function of the valve that leads to regurgitation. Drugs. Although much less common now, there have been drugs used in the past, such as weight loss, or headache headache drugs that have been found to cause damage to valve brochures. These drugs are Ergot alkaloids (methysergide and ergotamine), ergot-derived dopaminergic agonists (such as pergolis and cabbagoline) and medications metabolized in Norfenfluramine (such as Fenfluramina, Dexfenfluramina and Benfluorex). Mitral secondary regurgitation, also known as functional mitral regurgitation, where the structures that hold the valve in place are affected. Heart failure / cardiomyopathy. In some conditions that lead to heart failure the heart widens and cardiac function decreases. The heart can sometimes enlarge so much that the mitral valve brochures cannot meet in the center and allow the blood to escape backwards. Coronary artery disease. The coronary arteries provide blood to the cardiac muscle, including the muscles that control the function of the mitral valve. If the blocks are serious, the cardiac muscle can fail and lead to a process called remodeling. This remodeling of the heart can distort the mitral valve and lead to malfunction and regurgitation. Heart attack complication â € "There are two great muscles in the heart known as papillary muscles that are associated with one of the mitral valve brochures. In a heart attack, blood supply to these muscles can be compromised causing dysfunction and regurgitation valve. Rarely the cardiac attack can bring to breaking one of these papillary muscles and basically leave one of the free hanging mitral valve brochures that leads to the torrential mitral rigurgitation. Hypertrophic cardiomyopathy â € "In this condition there is a serious thickening of the cardiac muscle. This can often lead to very turbulent flow in the heart that actually leads to the distortion of the mitral valve with each beat and can be associated with significant mitral regurgitation. Risk factors Mitral rigurgitation Many of the risk factors for mitral rigurgitation are related to the causes above. The age is the most obvious risk factor; The elderly are at risk more high. Those who have a history of prolapse mitral valve and regurgitation are at risk of The disease progresses, the greater the most likely degree of mitral regurgitation is to progress. The normal cardiovascular risk factors such as blood pressure and cholesterol can be important as they can lead to coronary artery diseases and heart failure that in turn is associated with the enlargement of the heart that can lead to mitral regurgitation. The use of intravenous drugs increases the risk of endocarditis, an infection in the heart that can damage the valve and lead to regurgitation. Some genetic diseases such as congenital heart disease in which people can arise with defective mitral valves or hypertrophic cardiomyopathy can lead to greater possibility of significant mitral regurgitation. How the heart handles the mitral regurgitation in the mitral regurgitation, the blood is losing from the lower heart of the heart to the upper chamber of the heart. It is important to realize that all this blood has yet to move forward in the heart at the bottom with the next beat. So basically in mitral regurgitation the heart must handle more blood. We call this volume overload. They in which the heart manages this extra blood is to grow bigger to be able to manage the increased blood volume. The enlargement process is known as adaptive remodeling. This is good and bad. It's nice because it allows the heart to manage extra blood so, despite the loss, enough blood goes on towards the body where it is necessary. Unfortunately in the enlargement process the cardiac muscle becomes weaker over time and eventually fails if not treated over time. This becomes so much more important in the treatment of severe mitral regurgitation. To further complicate things, losses allow the heart pumping function to appear higher than in reality. For this reason, it is important to keep a very close eye on how the heart is pumping when there are moderate or greater quantities of mitral regurgitation. Symptoms of acute mitral regurgitation regurgitation. Rarely, people present with severe mitral regurgitation that suddenly happens. As in the breaking break or in the breaking of the papillary muscle. This is known as severe acute mitral regurgitation and is a medical emergency. Patients with severe acute mitral regurgitation will present with: low blood pressure shortness of breath Vertigo that shifts the severe mitral regurgitation is the threatening life and must be treated almost immediately. Chronic severe mitral regurgitation. This is much more common and fundamentally means that the disease is present for years and typically progresses slowly. Valve disease is usually clinically silent for many years and can only be collected by the presence of a breath. This because as described above the heart fits to mitral regurgitation bigger. Ultimately, however, in a serious disease, the heart fails and the following symptoms may be present. Fatigue from shortness of breath shortness of breath tolerance of the legs swelling that swells irregular heartbeat tests and and Auscultation of mitral regurgitation this is listening to a stethoscope. In the mitral regurgitation, there will be a breath that lasts throughout the pumping phase. This is the noise produced by the blood that loses backwards. It is known as a pan-systolic breath, or sometimes a late systolic murmur. EKG Heart Tracing ¢ This is not the best test for the diagnosis of the mitral regurgitation, but can give some clues regarding the effect on the heart. In severe mitral regurgitation, there could be an irregular heartbeat known as atrial fibrillation; This can be collected on the GeGG. The magnification of the upper and lower rooms of the heart can be seen in severe chronic mitral regurgitation. Up to 50% of patients will evident ECG enlargement of the left ventricular chamber known as hypertrophy. The X-RayÃ ¢ thorax is not particularly useful, however, a chest radiograph can show signs of congestion and heart chamber magnification marks. Ecocardiogram This is basically the test of choice in the diagnosis of mitral regurgitation and is indispensable. The echocardiography can be used to determine the underlying cause of mitral regurgitation and provide important information relating to the heart chamber size and the integrity of the valve flyers in addition to the structures together with the valve together. The echocardiography is generally considered the most accurate way of determining the gravity of mitral regurgitation. Transesophageal echocardiogram Ã ¢ â‚¬ "Tee the Tee is the most accurate test in the evaluation of mitral regurgitation. This is a ultrasound of the heart that requires a small tube that is transmitted in the food tube to bring the photos of the heart closer. Advantage is that it shows the structures in greater detail. It can be performed a tee to evaluate the mitral regurgitation which is questionable and can identify the exact cause of mitral regurgitation. Most people would have performed the tee before the consideration of surgery, And a tee is almost always performed in surgery to ensure that the valve is repaired. Heart catheterization in this procedure Small tubes have passed in the heart to obtain information on pressures in the heart and also to watch coronary arteries. The catheterization of the heart can be performed to see the effect that mitral regurgitation is having on the heart. Heart catheterization is almost always executed before The intervention for surgery for mitral regurgitation to ensure that there are no arterial blocks that would need fixing at the same time. Imaging of magnetic resonance, even if not used as mainstream, some experienced centers use this to monitor the progression of the mitral regurgitation and the effect that has on the heart, as it provides superior information on the structure and function of the heart. One of the advantages is that it is highly and thus can be used in cases where close monitoring is important. Complications of heart failure of mitral valve regurgitation When the heart enlarges to cope with the increased volume of blood that eventually fails, this this only happens in the regulation of severe MR. One of the keys to the treatment is to fix the valve before the heart failure fits and to prevent irreversible damage. Atrial fibrillation The large volume of blood that penetrates in the upper chamber of the heart in mitral rigurgito can lead to an irregular heart rhythm that originates in the upper chamber known as atrial fibrillation. If uncontrolled is known as Afib with RVR. Pulmonary hypertension is the term for greater pressure in the arteries of the lungs. It can occur in mitral rigurgito from the rear transmission of pressure from the chambers of the left of the heart that deal with the increased blood volume. Medical treatment of mitral regurgitation For severe mitral regurgitation, especially if primary and symptomatic, then fixing the valve is the only way to alleviate the problem. Currently there is no medication that can completely reverse the condition. Some medical treatments can be useful, as discussed below. Primary mitral regurgitation In the primary mitral regurgitation where there is a problem with the valve itself as the mitral valve prolapse there is no medication tried to reverse the disease, and no specific medicine recommended by the guidelines. There are some evidence that the beta-blocking drug like metoprolol can have a beneficial effect in terms of heart function preservation, however the evidence for this is not strong enough to be that makes it a strong recommendation. Measures should be taken to ensure proper control of blood pressure, as increased blood pressure may lead to greater severity of mitral regurgitation. Basically the main of medical management is surveillance, monitoring for disease stability with clinical visits, and echocardiography, ensuring that the disease does not progress too much before considering valve surgery. Secondary Mitral Regurgitation In the secondary mitral regurgitation the problem is not with the valve itself, but rather the structures that hold the valve in place and keep it working. Unlike primary mitral regurgitation, drugs can have a significant impact on secondary mitral regurgitation. Some cases of secondary mitral regurgitation are caused by coronary artery disease that leads to some areas of the heart not pumping as well, leading to valve dysfunction. In these cases, the coronary artery disease, either through drugs, stenti, or surgery can be useful. Secondary mitral regurgitation is often due to the enlargement of the heart, so the heart becomes great for the valve that leads to escape. In these cases, drugs that may possibly reverse this process somehow, will allow the heart to become smaller andrestore valve competence. Measures should be taken to ensure proper blood pressure control, as increased blood pressure can lead to increased severity of mitral regurgitation. When should I have surgery for Mitral Regurgitation? When surgery for the primary primary machine gun The primary mitral regurgitation occurs when the valve itself is interested, as in the prolapse of the mitral valve. There is no tested medical therapy to improve the valve and the only way to get rid of the mitral regurgitation is the mitral valve surgery. The options are the repair of the mitral valve and the replacement of the mitral valve, which will be discussed in more detail. The timing of mitral valve surgery for mitral regurgitation has been the subject of many debates over the years. When we decide to send someone for a valve intervention we must consider the following. We don't want to send someone too soon because the intervention to the heart is a big problem, and if they don't need it, it is difficult to justify the risk, however little. On the other hand, we do not want to send someone too late because there is the possibility that any damage is irreversible. Years ago patients with severe mitral regurgitation were subjected to surgery only when the heart showed obvious signs of heart failure. We realized then that many patients would never recover their function and would have remained symptomatic. So the valve has been repaired too late. The problem is that due to the nature of the circumstance, it is often difficult to know when the heart is reaching that dead point. Unlike other pathologies, we cannot rely on the pumping function of the heart to tell us what is happening, because in the regurgitation mitral initially seems normal and often we discover its anomaly only after the valve has been repaired! For this reason, in the case of severe mitral regurgitation, if the heart pumping function is reduced, even minimal, the valve must be operated. The same applies to patients who present symptoms such as fatigue and short breath. Many experienced centers are moving towards mitral valve surgery in patients who have severe mitral regurgitation even though the heart is pumping normally and the patient has no symptoms. The reason is 1) surgery is performed before heart failure to prevent irreversible damage 2) The risk of a mitral valve surgery in the expert hands is minimum and 3) in the expert hands it is almost always It is possible to repair the valve instead of having to replace it. Some centers still prefer the one that is defined a watchful waiting strategy in which patients with severe mitral regurgitation for the development of symptoms or subtle signs of heart dysfunction closely observed. In addition to the development of symptoms of evidence of cardiac dysfunction, there are a number of other factors associated with worse results in patients with severe RM. Generally if there is some of these then appear to work. This is an irregular heart rhythm known as atrial fibrillation, and pressure in the pulmonary arteries known as pulmonary hypertension. Surgery in Primary Mitral Regurgitation “Key Points Before considering surgery it is important to ensure that the mitral regurgitation is severe in nature. In expert centers, its reasonable to consider surgery for Mitral regurgitation even if there are no symptoms and the heart seems to work normally, as long as there is almost certainty that the valve can be repaired rather than replaced. In general patients with severe mitral regurgitation they must be monitored closely and surgery should certainly be performed if there is a development of symptoms or if there is also a subtle test of heart dysfunction. Other indicators that should suggest that the need for surgery in severe mitral regurgitation includes the development of an irregular heart rhythm called atrial fibrillation or the development of high pressures in pulmonary arteries known as pulmonary hypertension. When having surgery for secondary mitral regurgitation? In secondary mitral regurgitation, the main problem is not the valve itself, but rather structures that hold the valve in position. The main example of this is in people with severely enlarged hearts, where essentially the heart is too large for the valve. Unlike the primary mitral regurgitation, medicines can actually be able to help a lot in those with secondary mitral regurgitation. Before considering surgery in secondary mitral regurgitation, there should be an effort to maximize medical therapy. Often those with secondary mitral regurgitation have severely reduced the pumping function and therefore any operation is obviously at high risk than the generally healthy population with the primary mitral regurgitation. It is not clear if surgery for secondary mitral regurgitation has no effect on long-term prognosis. The goal of surgery for severe secondary mitral regurgitation is to reduce symptoms, so surgery is generally reserved for symptomatic patients. Surgery in the secondary mitral regurgitation Ã ¢ â‚¬ "key points before considering surgery for secondary mitral regurgitation is important to ensure maximum use of medicines to see if they can improve mitral regurgitation. Surgery for secondary mitral regurgitation is Generally reserved for those who remain symptomatic despite the medical therapy. Repair of the mitral valve vs. replacement of the mitral valve when subjected to surgery for mitral regurgitation there are 2 main choices, mitral valve repair and replacement of the mitral valve. Repair of the Mitral valve involves the implementation of the changes to the existing valve which involves the elimination of mitral regurgitation and restore the expertise of the valve. These changes include the addition of artificial agreements to stabilize the valve and also adding a band around the valve for Allow them to work normally. In some cases, when the valve is thick and floppy as in the prolapse of the valve some of the tissues of the redundant valve can be cut. The other option is to replace the mitral valve, using a metal valve or a fabric valve. A metal valve will generally last a lifetime, although it will require lifelong use of a blood thinning drug such as Coumadin. A tissue valve does not require the use of blood thinning medication, however it will be subject to wear and therefore A limited lifespan, perhaps up to 10 years, after which further procedures may be necessary. When possible mitral valve repair is the preferred course of action if it can last in a lasting repair. Experienced mitral valve surgeons will generally be able to tell whether a valve can be repairable based on the echocardiogram performed before surgery. Mitral valve repair is considered superior, when possible, because it could result in improved results and greater preservation of cardiac function. Unfortunately many patients end up with mitral valve replacement, simply because they have been referred to surgeons who are not skilled in repairing. This is unacceptable and is one of the reasons to ensure that your mitral valve disease is managed in a truly experienced center. Robots vs. Open Surgery for Mitral Regurgitation The standard way to repair the mitral valve is to do this through a sternaletomy, which is the term for sawing the sternum. Mitral valve repair is complex and one advantage for an open surgical approach is that the entire valve can be viewed and complex repair performed. Some people argue that the open approach allows the maximum chance of success in a high quality repair. A minimally invasive approach involving a smaller incision may also be an option. A handful of specialized centers offer a robotic approach to mitral valve surgery. Some very skilled and experienced robotic surgeons, of which there are not too many, are able to perform complex repairs. The advantage of a robotic approach would be that the incisions are much smaller than that of standard open surgery. If you opt for a robotic approach, it is important to know that the surgeon is very experienced in this and has a good record of mitral valve repair. Treatment based on the catheter of the lock hole of mitral regurgitation Incredible advances in technology in recent years have led to the development of a way to secure certain mitral valves without having to perform open heart surgery. It is called percutaneous repair of mitral regurgitation and involves the use of small tubes passed to the heart from the groin. The most widely studied method of percutaneous mitral valve repair is known as Mitraclip. In the mitraclip procedure there is a clip applied to the handwheels of the mitral valve (as you can see in the video below) which can reduce the amount of mitral regurgitation. The benefits of this procedure include minimal recovery times and avoidance of surgical risk in those patients who would have been at high risk of surgery. It is considered that although the Mitraclip procedure is effective in reducing mitral regurgitation, it does not as effective as standard surgical approaches. Currently in the United States, mitraclip is limited to subsets at high risk of mitral regurgitation, basically those patients who have felt at risk of prohibitive surgery. It is also reserved for primary and not secondary mitral regurgitation for the moment. Trials are ongoing that will determine the role of clip clip clip wider subsets of mitral regurgitation. One of the greatest revolutions in cardiology has been the development of catheter-based treatment for valve disease. This involves implanting a new valve through a small tube and has been wildly successful. Excitingly, progress has been made on the implantation of catheter-based mitral valves and this is likely to change the field significantly over the next decade. Can a Pacemaker help Mitral Regurgitation? In some cases of secondary mitral regurgitation, the different areas of the heart beating out of sync cause regurgitation. This can be diagnosed using a combination of an EKG heart tracking and a heart ultrasound. In these cases, it has been shown that the use of a particular type of pacemaker known as cardiac resynchronization therapy (CRT) can lead to improved mitral regurgitation both at rest and during exercise. This will not be effective for primary mitral regurgitation. What questions ask your cardiologist if you have cause of mitral regurgitation. What is the cause of mitral regurgitation? Basically it is this primary or secondary mitral regurgitation. If so what supports the diagnosis? - Severe. How severe is mitral regurgitation? What were the methods used to determine gravity and do the measurements add? For example, if mitral regurgitation is considered severe, is the heart enlarged to reflect this? If not, is it really serious? Conversely, if the regurgitation is moderate but the heart is clearly enlarged, is it really only moderate? Other tests may be required to confirm. Stability. In patients who are followed for mitral regurgitation, especially those with moderate or major disease, has the disease progressed? If so it was the rate of progression. If there has been a rapid progression, the closest follow-up can be guaranteed. Effects on the Heart. Especially in those with moderate to severe diseases. Is there any evidence of cardiac muscle dysfunction, even if subtle? The upper chamber of the heart, the enlarged left atrium? Is there evidence of increased pressure in the arteries of the lung (pulmonary hypertension)? Is there any sign of heart rhythm disorder (atrial fibrillation)? In severe illness, these are important as they may indicate the need for mitral valve surgery. Strategy. What is the treatment strategy? If it is monitored, how often should it be monitored and why? If the disease is severe, then are you going for a vigilant wait strategy or an early surgical strategy? What questions will your surgeon ask if undergoing Mitral Valve Surgery Can the valve be repaired rather than replaced? If not, why not? In some cases the valve itself is not suitable for repair, but often people will have valve replacement when they should have repair instead, simply because the surgeon is not experienced in mitral valve repair techniques. How is your surgeon experienced in mitral valve surgery? How many do they do a year? What is theirsrepair rate? Do not be afraid to ask these questions, it is important to have maximum confidence in your surgeon. If the surgeon is taking a robotic approach, what is their level of experience? How many cases have they done? How many of their robotic interventions end up as open operations? Ask the surgeon the likely approach to fix the valve, based on the information provided by the echocardiogram. Discuss the advantages and disadvantages of a metal valve against a fabric valve in case you need a valve replacement procedure. What can you do to improve your chances of a good result? Develop an understanding and take an interest in your condition. Learn how much you can and take an active role in management. For those patients with moderately severe or severe mitral regurgitation, keep track of the development of symptoms such as fatigue, shortness of breath, swelling and an irregular heartbeat. If you develop these discuss with your doctor when possible. Don't miss following! Make sure you keep track of your date. Make sure you know how often you need to have clinical visits and how often you need echocardiograms. See a specialist who is a proven expert in valve disorders and includes the nuances of mitral valve disease management. Because it is so important to see a Valve Dedicato specialist I have patients from all over the world come and see me to get opinions on their valve disease. Valve heart disease management is complex. Expert management is based on knowledge of imaging, structural heart disease, physiology, surgical techniques and new intervention techniques. As someone who deals with day and day valve disease outside, I am using my advanced imaging knowledge and surgery frequently. These skills are not common in general cardiology and although there are guidelines to help manage the valvulse heart disease, very few of these guidelines are based on a high level of evidence and therefore are far from perfect. Thus in many ways, the management of valve heart diseases such as mitral regurgitation is a form of art. For this reason, the current management of valve heart disease in the United States is far from optimal. A good example of this is that a significant percentage of people sent for surgery to replace the mitral valve will get a valve replacement rather than repair the preferred valve. This is simply because the skill set of the reference doctor and the operative surgeon is limited. The development of post-surgical heart failure is also common when, in fact, much of this can be avoided if patients were sent forsurgical at a more optimal time. Other nuances, such as simply appreciating the severity of regurgitation can often be challenging and underline once again the importance of having this handled by experts who are dedicated to valve disease. If that means you have to go further to see the specialist, then so be it, as in my mind there is no there that the benefits of proper management of the disease are valid in the long term. 4.92/5 (346) (346)

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