

Follow up of prosthetic heart valves in primary care

Replacement of a diseased heart valve with a prosthetic valve exchanges the native disease for complications that are peculiar to the prosthesis.

Thromboembolic and anticoagulation-related problems are the most frequent complications, eg. CVA

Structural failure can also occur with tissue valves.

Other major complications include endocarditis, para-valvular leak, and haemolysis.

Below is the recommendation for patient follow-up after prosthetic heart valve implantation.

Tissue prosthetic valves

Patients who have a tissue valve will have an echo post operatively, then every two years for six years, and then annually. The patient will be seen in the valve follow-up clinic in conjunction with an echo.

During the first six post-op years, GP review is required on alternate years when the patient is not being seen in the hospital clinic.

Metallic prosthetic valves

Regular echocardiography is not required in the same way as for tissue valves.

Patients will normally have a baseline post-operative scan, and then, in the absence of other co-morbidities, will be restudied on a 5-yearly basis.

An annual GP review is required for these patients.

GP review should include:

History

- Enquire about decreased exercise tolerance or any symptoms suggestive of heart failure.
- Review anticoagulation profile to ensure adequate and safe.
- Remind patients of the need for antibiotic prophylaxis against endocarditis (see Antibiotic Guidelines for Primary Care: <http://www.nmdhb.govt.nz/filesGallery/New%20Website/03Health%20Concerns/GuidelineGPAntibiotics.pdf>)

Examination

- Look for signs of heart failure and listen for any new or not previously documented murmurs.

NB. Aortic valve replacement often causes a degree of stenosis and patients will often have an ESM caused by turbulent flow through the valve. It is important to listen for a diastolic murmur which could indicate a para-valvular leak.

In patients with a mitral valve replacement, a late- or pan-systolic murmur at the apex may be indicative of a leak around the valve ring.

Please refer back to cardiology anyone who you have concerns about