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Jefferson Surgeon Performs Minimally Invasive Robotic Mitral Valve Repair

Routine physical exams often reveal the presence of a heart murmur, which can be the first sign of mitral valve prolapse. Typically diagnosed with an echocardiogram, mitral valve prolapse is a condition in which the valve separating the upper and lower chambers on the left side of the heart doesn’t close properly. For some individuals, the condition is asymptomatic; for others, mitral valve prolapse results in mitral regurgitation, leading to symptoms of heart failure as the disease progresses.

Until the last decade, the best surgical treatment was to replace the valve – which traditionally required invasive surgery, a lengthy recovery and a lifetime of anticoagulation therapy. Consequently, patients with mitral valve prolapse often chose to “wait and see” if the condition worsened. In many cases, the delay in treatment led to cardiac compromise and a host of related symptoms, such as swelling of the lower extremities, atrial fibrillation (“palpitations”) and shortness of breath.

“With today’s minimally invasive techniques, there’s no need to take the ‘wait and see’ approach.”

“Twenty years ago, mitral valve replacement was really the last and only resort,” explains Jefferson’s Gurjyot Bajwa, MD. “With today’s minimally invasive techniques, there’s no need to take the ‘wait-and-see’ approach, as we know the progression leads to deterioration of cardiac function.”

Indeed, minimally invasive mitral valve repair has become the standard of care – and in September 2011, Dr. Bajwa was the first surgeon in Philadelphia to perform a robotic mitral valve repair. One year later she has performed over 25 of the procedures.

“Most people don’t have the option of taking three months off of work or life,” Dr. Bajwa says, adding that patients also prefer to avoid large, unsightly scars. By using the minimally invasive robotic procedure to perform the mitral valve repair, patients are typically discharged from the hospital in just three or four days. Most are able to resume normal activities within two weeks – with no restrictions on driving because the sternum (breastbone) is untouched.

Dr. Bajwa urges patients with mitral valve prolapse to obtain a surgical evaluation: “If you have mitral valve prolapse, please don’t wait for your heart to deteriorate,” Dr. Bajwa advises. “Come in when you’re diagnosed or as you’re progressing but before you have symptoms. That’s how you can enjoy the best quality of life.”

For more information about robotic cardiac surgery at Jefferson visit: www.jeffersonhospital.org/cardiothoracic

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