

Mitral Valvuloplasty

Patient Preparation:

- General Anesthesia pre-booked to monitor patient and administer med
- Possible CCU post procedure-**CHECK TO SEE IF BED IN AM 1ST**
- **Biphasic Defibrillator pads should applied to patient for PRN use**
- 2 femoral artery access, large bore IV
- GROUP & RESERVE minimum-CALL #3440 BLOODBANK
- Foley catheter (as needed)

Equipment required

- 2nd Transducer right heart (for simultaneous pressures)
- .35-260cm exchange wire (congenital Cart)
- 0.35 straight wire
- 60cc syringe
- 6Fr Pigtail catheter x 2
- Grand Slam wire
- ICE Accuson Catheter
- Sheaths for RFV=7Fr sheath, LFV, LFA=11Fr sheath (for ICE)
- Mustang OTW PTA balloon
- 7Fr Thermo dilution Swan Ganz Transeptal Needle
- SRO 8Fr Transeptal sheath
- Per close devices
- O2 saturations syringes
- Pacing wire
- Transeptal Ndl BRK needle
- Lunderquist wire DC
- Amplatz super stiff wire ST1
- Protrack pigtail wire

Procedure in Brief

- Cannulations RFA 5Fr for monitoring, RFV (could give venous line to anesthesia), LFA
- Anesthesia present
- Right heart pressures, O2 Saturations
- Pigtail catheter used for Aortic angios
- TEE
- 5fr pacel flow directed pacing catheter
- Advance BRK needle under TEE guidance to cross septum
- LA pressure measured
- Wire advanced through septum
- Balloon inflation, Agilis sheath advanced
- TEE
- Pigtail catheter advanced, Draw ACT as see fit
- Valve RN prep valve onto delivery system

- Temp pacemaker settings at 180 during balloon inflations
- Edwards commander delivery system is advanced. Valve is positioned.
- Temp pacing as needed, Deploy valve
- LV-Ao simultaneous pressure measured
- LV angio done, Remove pacing wire
- Entry closures