



## MITRAL REGURGITATION

**DON'T WAIT TO DO SOMETHING –  
THERE ARE OPTIONS.**



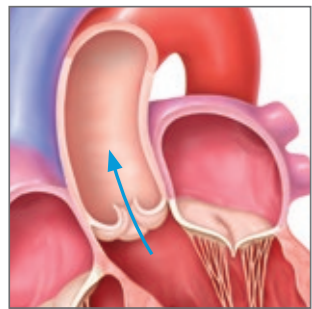
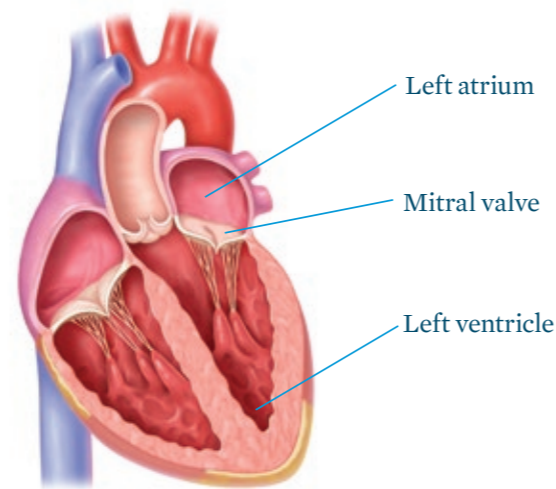
Scan the  
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about mitral  
regurgitation



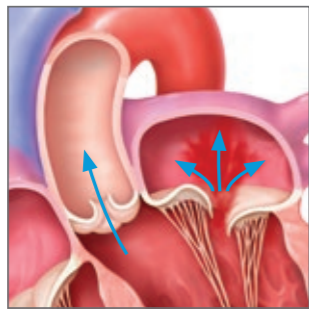
# WHAT IS MITRAL REGURGITATION?

Mitral regurgitation (MR) is a condition affecting the mitral valve. The mitral valve is located between your heart's two left chambers and has two flaps of tissue that open and close to ensure that blood flows in only one direction.

Mitral regurgitation occurs when the mitral valve fails to close completely and blood leaks backward inside your heart.



Normally functioning mitral valve



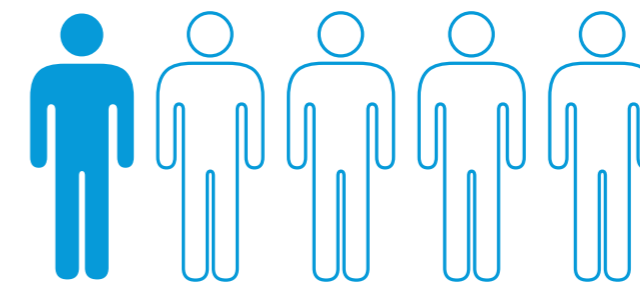
Mitral regurgitation

Mitral regurgitation can get worse over time and impact your quality of life. It weakens your ability to complete simple day-to-day tasks.

## WHAT ARE THE RISK FACTORS?

Several factors can increase your risk of MR, including:<sup>4</sup>

- History of valve disease
- Heart attack
- Certain forms of heart disease
- Infections such as endocarditis (inner heart lining is inflamed) or rheumatic fever (inflammatory disease caused by complications from strep throat)
- Age—by middle age, many people have some MR



**ABOUT 1 IN 5 PEOPLE AGE 75 AND OLDER HAVE MR<sup>5-10</sup>**

## WHAT ARE THE SYMPTOMS?

Over time, MR may lead to heart failure.<sup>1</sup> Heart failure means that the heart is unable to pump enough blood to meet the body's demands. In some cases, patients with MR may never experience symptoms. Others may develop symptoms of heart failure, such as:<sup>1-3</sup>

- Fatigue
- Inability to exercise
- Decrease in appetite
- Dry, hacking cough (often worse when lying down)
- Shortness of breath (especially at night)
- Fainting
- Weight gain from retaining fluid
- Accumulation of fluid in feet, ankles, and lungs (edema)

If you are experiencing any of these symptoms, talk to your doctor to receive a thorough examination and diagnosis. You should also seek treatment if you notice that your symptoms are getting worse.

## WHAT IS THE IMPACT?

Patients with MR may experience a poorer quality of life, and without treatment, MR can lead to irreversible heart damage with serious consequences, including but not limited to:<sup>6</sup>

- MR places an extra burden on your heart and lungs
- Over time, some people may develop an enlarged heart, as the heart must work harder to pump blood through the body
- If it is not treated, MR can cause other, more serious problems to your heart, such as heart failure and death

# WHAT ARE MY TREATMENT OPTIONS?

Treatment depends on how bad your condition is, and if it's getting worse. Consult with your doctor to discuss all treatment options, risks, and benefits. Only your doctor can help you decide which option is right for you.



## MEDICATIONS

Your doctor may prescribe medications to manage your symptoms. However, these will only treat MR symptoms and cannot eliminate the root causes.<sup>11</sup>



## SURGERY

Depending on the root cause of the MR, severity, and symptoms, your physician may recommend open-heart surgery to have the mitral valve repaired or replaced.



## CARDIAC RESYNCHRONISATION THERAPY (CRT)

CRT is a potential treatment option for patients that helps improve the heart rhythm and increases blood flow to help treat heart failure symptoms.



## TRANSCATHETER MITRAL VALVE REPAIR

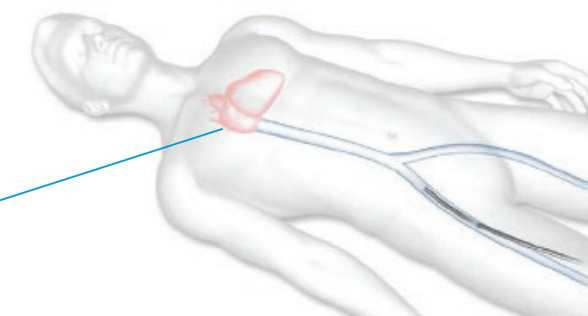
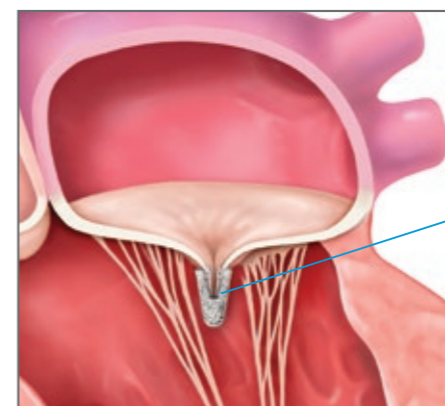
If you meet certain criteria, your physician may recommend a procedure which is less invasive compared to open-heart surgery: transcatheter mitral valve repair.



# WHAT ARE THE BENEFITS OF A MINIMALLY INVASIVE TREATMENT OPTION?



Transcatheter mitral valve repair is a minimally invasive treatment to repair your leaking mitral valve using an implanted clip.



The entire system is introduced through a vein in the groin area and advanced to the heart.



## MINIMALLY INVASIVE BEATING HEART PROCEDURE

Less invasive than traditional open-heart surgery, the device is implanted via a small tube, or catheter, inserted through an incision in your upper leg.



## IMPROVED QUALITY OF LIFE

Most patients experience improvement in symptoms and quality of life after the procedure.<sup>15</sup>



## PROVEN THERAPY

Included in the medical guidelines for treating mitral regurgitation, and proven safe and effective with over 15 years of use, reaching 100,000 patients treated, and more than 1,000 scientific publications.<sup>12</sup>



## SHORT HOSPITAL STAY

Patients are usually released from the hospital within 2 to 3 days, significantly less time compared to surgery.<sup>13</sup>

# CLINICAL RESULTS FROM A LANDMARK TRIAL SHOW IMPROVEMENT IN QUALITY OF LIFE.

**SPEAK WITH YOUR DOCTOR ABOUT THE NEW CLINICAL TRIAL RESULTS FOR COAPT™ AND MITRACLIP™.**

In a published landmark clinical trial called COAPT, selected heart failure patients with MR who were treated with MitraClip with guideline-directed medical therapy had a dramatic improvement in survival, had fewer hospitalizations for heart failure, and experienced improved quality of life compared to patients who were treated with guideline-directed medical therapy alone.<sup>14</sup>

## SAVES LIVES

**33%**

RELATIVE RISK REDUCTION IN MORTALITY<sup>15</sup>

## FEWER HOSPITALIZATIONS FOR HEART FAILURE

**51%**

RELATIVE RISK REDUCTION IN HEART FAILURE HOSPITALIZATION<sup>15</sup>

## FEEL BETTER

**2.5X**

MORE LIKELY TO EXPERIENCE A LARGE IMPROVEMENT IN QUALITY OF LIFE WITH MITRACLIP<sup>16</sup>

## REDUCES COMPLICATIONS

**96.6%**

REDUCES DEVICE RELATED COMPLICATIONS AT 12 MONTHS

OVER **100K**

PATIENTS TREATED WORLDWIDE\*

# A VALID OPTION FOR HEART FAILURE PATIENTS.

Transcatheter mitral valve repair has made a difference for thousands of patients worldwide, providing new quality of life and the opportunity for a new story.\*

*“I can do anything a normal person can. There are times I forget that I had the procedure done.”*

– THE FIRST MITRACLIP PATIENT WHO RECEIVED MITRACLIP IN 2003



I can go wherever I want, I can do it all because I feel capable to do so.

*“It’s all about solving that problem, trying to make the patient feel better and give them the life they want to live.”*

– PHYSICIAN



*“I immediately saw a difference. I saw her come alive again...A real quality of life again...”*

– CAREGIVER

Learn more about mitral regurgitation

# Hear the murmur

A MITRAL REGURGITATION MOBILE  
EXPERIENCE DEVELOPED FOR YOU



Try it now



1

Scan

Scan the QR code with the camera on your mobile device



2

Explore

\*The information contained in this website is in no way a substitute for professional medical advice. If you have any questions about treatment options, contact your doctor.

## REFERENCES

1. Nishimura RA, Otto CM, Bonow RO, et al. 2017 AHA/ACC focused update of the 2014 AHA/ACC guideline for the management of patients with valvular heart disease: a report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. *Circulation*. 2017;136(9):1-123. DOI: 10.1161/CIR.0000000000000503. 2. Baumgartner H, Falk V, Bax JJ, et al. 2017 ESC/EACTS Guidelines for the management of valvular heart disease: The Task Force for the Management of Valvular Heart Disease of the European Society of Cardiology (ESC) and the European Association for Cardio-Thoracic Surgery (EACTS). *Eur Heart J*. 2017;00:1-53. 3. Ponikowski P, Voors AA, Anker SD, et al. 2016 ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure: The Task Force for the Diagnosis and Treatment of Acute and Chronic Heart Failure of the European Society of Cardiology (ESC). Developed with the special contribution of the Heart Failure Association (HFA) of the ESC. *Eur J Heart Fail*. 2016;18(8):891-975. 4. Mayo Clinic. Mitral valve regurgitation. <https://www.mayoclinic.org/diseases-conditions/mitral-valve-regurgitation/symptoms-causes/syc-20350178>. Accessed 22 October, 2018. 5. Benjamin EJ, Blaha MJ, Chiuve SE et al. Heart disease and stroke statistics—2017 update: A report from the American Heart Association. *Circulation*. 2017 Mar 7;135(10):e146-e603. doi: 10.1161/CIR.0000000000000485. Epub 2017 Jan 25. 6. Yancy CW et al. 2013 ACCF/AHA guideline for the management of heart failure: Executive summary. *JACC*. Oct 2013, 62 (16) 1495-1539; DOI: 10.1016/j.jacc.2013.05.020. 7. Pecini et al. *EJH* 2011. 8. Asgar AW, Mack MJ, Stone GW. Secondary mitral regurgitation in heart failure: pathophysiology, prognosis, and therapeutic considerations. *J Am Coll Cardiol*. 2015 Mar 31;65(12):1231-1248. doi: 10.1016/j.jacc.2015.02.009. 9. Nieminen MS, Brutsaert D, Dickstein K, et al. EuroHeart Failure Survey II (EHFS II): a survey on hospitalized acute heart failure patients: description of population. *Eur Heart J*. 2006 Nov;27(22):2725-36. Epub 2006 Sep 25. 10. Patel JB, Borgeson DD, Barnes ME et al. Mitral regurgitation in patients with advanced systolic heart failure. *J Card Fail*. 2004 Aug;10(4):285-91. 11. A. Young and T. Feldman. Current cardiology reports 16, 443 (2014). 12. Abbott data on file as of Nov 2019. 13. Sorajja P, Vemulapali S, Feldman T, et al. Outcomes with transcatheter mitral valve repair in the United States: An STS/ACC TVT registry report. *J Am Coll Cardiol*. 2017;70(19):2315-2327. 14. Stone GW, Lindenfeld JA, Abraham WT et al. Transcatheter mitral-valve repair in patients with heart failure. *N Engl J Med*. 2018; DOI: 10.1056/NEJMoa1806640. 15. Mack M. COAPT: Three-year outcomes from a randomized trial of transcatheter mitral valve leaflet approximation in patients with heart failure and secondary mitral regurgitation. Presented at TCT 2019. 16. Arnold SV et al. Health status after transcatheter mitral valve repair in heart failure and secondary mitral regurgitation. *JACC Mar* 2019, 25951; DOI: 10.1016/j.jacc.2019.02.010.

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