Valvular heart disease

Valvular heart disease

While anaesthetic management is altered to achieve haemo dynamic stability in moderate valvular diseases, patients with severe aortic and mitral stenosis may benefit from valvuloplasty before elective non-cardiac surgery . Appropriate referral to an anaesthetist and cardiologist should be made. An echo is required in symptomatic patients with a new murmur. Patients with known significant valve pathology may benefit from a recent echo, especially if their clinical status has changed (standard intervals for surveillance echo can be guided by local cardiology policy). Patients with prosthetic valves are normally monitored with surveillance echo at intervals. In patients with mechanical heart valves, warfarin needs to be stopped preoperatively and bridging anticoagulation given to prevent valve thrombosis. Bridging options include unfraction ated heparin infusions or LMWHs and should be done under guidance agreed with haematology . Bridging therapy should continue postoperatively until the patient is re-established on warfarin with a therapeutic INR but must be balanced with factor Xa inhibitors are not licensed and should not be used in patients with mechanical valves.

Revision #1
Created 2025-12-31 15:10:58 UTC by Omar Ayman
Updated 2025-12-31 15:10:58 UTC by Omar Ayman