



## DISCUSS ALL TREATMENT OPTIONS WITH YOUR DOCTOR.

Your doctor can describe the risks and benefits and help you decide which option is right for you.



**If you have primary or  
secondary mitral regurgitation,  
explore your treatment options.**

**The right treatment can help  
you feel better and improve  
your quality of life.**

The information provided is not intended for medical diagnosis or treatment as a substitute for professional medical advice. Consult with a physician or qualified healthcare provider for appropriate medical advice.

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**Abbott Medical UK Ltd**  
Elder House, Blythe Valley Park, Solihull B90 8AJ, UK,  
Tel: 0121 3060500  
[www.structuralheart.abbott](http://www.structuralheart.abbott)  
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## Important Information and Treatment Options for Patients with a **Mitral Valve Regurgitation**



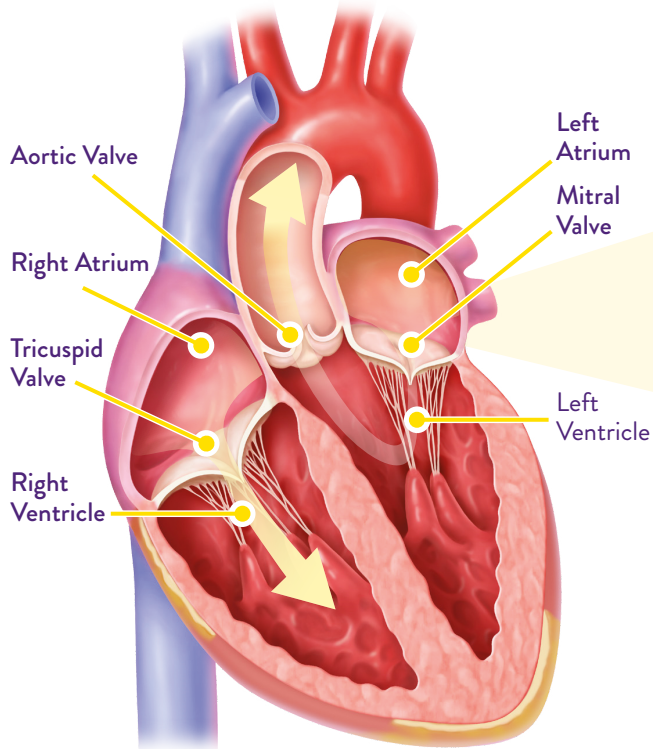
# UNDERSTANDING YOUR HEART

## HOW YOUR HEART WORKS

Your heart beats thousands of times per day, pumping dozens of gallons of blood each hour. It pumps blood through your lungs, where the blood is replenished with oxygen, and pumps it back out to the rest of your body.

The heart has four chambers; the upper two chambers are called the **left atrium** and **right atrium**, and the lower two are called the **left ventricle** and **right ventricle**.

**Heart valves** are the doorways between these chambers. They open to let blood pass from one chamber to the next, closing quickly between heartbeats so blood does not flow backward.



Note: pulmonary valve not shown

1. Mayo Clinic. Mitral Valve Regurgitation. Accessed March 15, 2023.

MITRAL REGURITATION CAN CAUSE **ANY** OF THE FOLLOWING SYMPTOMS<sup>1</sup>:



SHORTNESS OF  
BREATH



HEART  
PALPITATIONS



DRY, HACKING  
COUGH



FATIGUE



FAINTING



SWOLLEN ANKLES  
OR FEET

If you're experiencing any of these symptoms, talk to your doctor. Left untreated, mitral regurgitation may lead to congestive heart failure and eventually death.

## THE MITRAL VALVE AND MITRAL REGURGITATION

The **mitral valve** is the valve between the left atrium and the left ventricle of your heart. In a normally functioning mitral valve, blood flows in a single direction from the left atrium to left ventricle. When your mitral valve's two leaflets do not close properly, some blood flows backward through the valve back into the left atrium. This is called **mitral regurgitation** (or **MR**) and may also be referred to as a **leaking heart valve**.

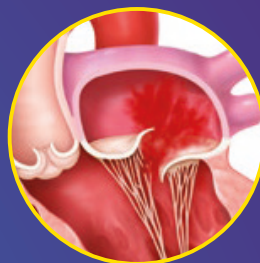
To compensate and keep blood flowing through the body, the left ventricle pumps harder. This strain can lead to other heart complications which can be more serious if there is heart failure present.





## THERE ARE 2 TYPES OF MITRAL REGURGITATION (MR)

One type of mitral regurgitation is called **primary MR** (also called degenerative or organic). It is caused by a structural problem in the mitral valve itself. Primary MR can be related to different components of the valve, such as leaflets, chordae or papillary muscles.



Primary mitral regurgitation

The other type is called **secondary** (or functional) **mitral regurgitation**. It is caused by heart disease that leads to an enlarged left ventricle and/or atrium which prevents the valve from closing properly. This enlarging of the ventricle is most common in heart failure patients.



Secondary mitral regurgitation

## WHAT ARE YOUR TREATMENT OPTIONS?

There are multiple options to treat your mitral regurgitation. Mitral regurgitation can be treated with medications to address the cause and/or symptoms of MR, or by interventional methods such as open heart surgery or transcatheter therapy. You will be evaluated by a team of heart doctors to determine which treatment option is right for you.

### MEDICATIONS

Medications may be prescribed to help manage symptoms of mitral regurgitation, such as diuretics for fluid buildup in the legs and lungs. However, these medications only treat the symptoms and do not address the underlying problem with your mitral valve that is causing your disease.

### MITRAL VALVE SURGERY

If mitral valve surgery is an option for you, your physician could suggest either repair or replacement of your mitral valve. Repair can involve: (1) annuloplasty - when mitral valve annulus size is adjusted by implanting a special ring for support; (2) leaflet /chordae repair - when mitral valve leaflets and/or chordae are modified to improve their closure. Replacement will involve a valve prosthesis to be implanted in your native mitral valve.

### TRANSCATHETER EDGE-TO-EDGE REPAIR (TEER)

TEER therapy is a minimally invasive leaflet repair procedure that may be an option for people with severe mitral regurgitation. Unlike surgery, this procedure is performed via a catheter that will be introduced through a vein in your leg to reach your heart. In this procedure, a small implant(s) will be attached to bring edges of both leaflets of your mitral valve together, to help it close better. As a result, restoring/improving normal blood flow. This helps to restore normal blood flow through your heart.



## REPAIR YOUR LEAKING HEART VALVE. RECLAIM YOUR LIFE.

**For more information on mitral regurgitation and potential treatment options go to NHS resource:**

<https://patient.info/heart-health/heart-valves-and-valve-disease/mitral-regurgitation>



Open smart phone camera and hover over the QR graphic above.

## WHAT IS MITRACLIP™ THERAPY APPROVED FOR?

### **Available by prescription only.**

The MitraClip™ therapy is intended for reconstruction of the insufficient mitral valve through tissue approximation. It is a minimally invasive procedure for treating patients with clinically significant mitral regurgitation due to either (a) primary pathology of mitral valve in patients who are considered to be a high-risk for surgery, or (b) secondary dysfunction of mitral valve due to enlarged left heart chambers who remains symptomatic on optimised medical therapy.

## WHO SHOULD NOT HAVE THE MITRACLIP PROCEDURE?

Patients that have any of the following conditions should not have the MitraClip Procedure: inability to tolerate or are allergic or hypersensitive to anti-coagulants, anti-platelet therapies, nickel, titanium, cobalt, chromium, polyester, or contrast dye; have inflammation or rheumatic disease of the valve; have blood clots inside the heart or blood vessels (inferior vena cava, femoral vein), or have mitral valve anatomy which is deemed not suitable for repair with MitraClip.

## WHAT CAN HAPPEN TO ME DURING THE MITRACLIP PROCEDURE?

As with most medical procedures, MitraClip procedure has risks, including inappropriate device placement, device movement from its implanted site, and failed or difficult delivery or retrieval of the device once implanted. Your physician will discuss with you all non-device related risks of the procedure.

## WHO IS MORE AT RISK DURING THE MITRACLIP PROCEDURE?

Even though MitraClip Therapy is a minimally invasive medical procedure, it carries risks, and some patients may be at a higher risk than others. If you have either a weak heart that may need support during the procedure or a rotated heart from prior heart surgery, talk to your doctor to weigh the additional risks to the benefits of the MitraClip Procedure as the safety and effectiveness has not been tested in these patients.



## WHAT ARE THE POSSIBLE COMPLICATIONS ASSOCIATED WITH THE MITRACLIP PROCEDURE?

The MitraClip Procedure carries risks which include a range of complications during or after the procedure. Your physicians will discuss this with you in detail before the procedure as part of the consent process.

**Talk to your doctor to learn more about the risks associated with MitraClip Therapy, and ask for the detailed Important Safety Information if you'd like to review the full list of complications.**

## NOTES

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