evidence based guidelines

VALVULAR DISEASE

GENERAL CONSIDERATIONS

- New symptoms should initiate an updated transthoracic echo (TTE) despite intervals
- For mild cases stable for 10-15 years intervals can be extended
- Antibiotic prophylaxis prior to dental procedures (but not prior to TEE, EGD, colonoscopy, or cystoscopy) is recommended for patients with:
  - presence of prosthetic material in valves/rings/chords/clips,
  - a history of infectious endocarditis,
  - cyanotic congenital heart defect (consult cardiology if s/p repair)
  - cardiac transplant with regurgitation from an abnormal valve.
- Lifelong use of low-dose aspirin is recommended for patients with a bioprosthetic valve
- Anticoagulation with warfarin is recommended for patients with a mechanical valve:

INR goal 2.0-3.0: Mechanical **aortic** valve at **average risk**

INR goal 2.5-3.5: Mechanical **aortic** valve at **high risk** (cage/ball, afib, h/o thromboembolism, hypercoagulable state, left ventricular EF <50%)

Mechanical **mitral** valve

MONITORING INTERVALS (Trans-Thoracic Echo)

	Aortic Stenosis	Aortic Regurgitation	Mitral Stenosis	Mitral Regurgitation
Mild	Every 3–5 y (V_{max} 2.0–2.9 m/s)	Every 3–5 y	Every 3–5 y (MV area >1.5 cm^2)	Every 3–5 y
Moderate	Every 1–2 y (V_{max} 3.0–3.9 m/s)	Every 1–2 y		Every 1–2 y
Severe	Every 6–12 mo (V_{max} ≥4 m/s)	Every 6–12 mo	Every 1–2 y (MV area 1.0– 1.5 cm^2) Every year (MV area <1.0 cm^2)	Every 6–12 mo

WHEN TO REFER FOR INTERVENTION

- Symptoms occur related to valve disease (fluid overload, shortness of breath, chest pain, exercise intolerance)
- Signs of left or right ventricular decompensation (hypertrophy, dilation, or EF < 50%)

Reference: 2020 ACC/AHA Guideline for the Management of Patients With Valvular Heart Disease.

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