

Sonographer & Nurse led Clinics: Alerts & Frequency of Visit



<div>Mitral Stenosis</div> <div>Severe: every 6 months (ETT annually) Moderate: every 1-2 years Mild: every 2 years</div> <div>Echocardiographic alerts:<ul style="list-style-type: none">New PA hypertension or rise in PA systolic pressure towards 50 mmHgRV dysfunction</div> <div>Other alerts:<ul style="list-style-type: none">SymptomsINR > 4.0 or < 1.5 in last 6 monthsNew atrial fibrillationTIA or strokePatient requestSuggestion of endocarditis</div>	<div>Mitral Regurgitation</div> <div>Severe: every 6 months + annual ETT Moderate: every 1-2 years Mild: not followed</div> <div>Echocardiographic alerts:<ul style="list-style-type: none">LVSD approaching 40 mmLV EF approaching 60%PA systolic pressure approaching 50mmHg</div> <div>Other alerts:<ul style="list-style-type: none">SymptomsNew arrhythmiaPatient requestSuggestion of endocarditis</div>	<div>Mitral & Tricuspid Valve Repair</div> <div>– Echo at 12 months – If repair, competent, continue clinical surveillance annually in nurse-led clinic.</div> <div>If repair impaired, continue echo surveillance per native dysfunction.</div> <div>Echocardiographic alerts:<ul style="list-style-type: none">Worsening regurgitation – see MR/TR sectionsSystolic anterior motion</div> <div>Other alerts:<ul style="list-style-type: none">Spontaneous symptomsNew arrhythmiaPatient requestSuggestion of endocarditis</div>	<div>Replacement Heart Valves</div> <div>Every valve once postoperatively if not performed before discharge</div> <div>Mechanical valves annually only if there is any of the following:<ul style="list-style-type: none">Associated root dilatation (see specific guide)LV dilatationMore than mild paraprosthetic regurgitationMore than moderate TR</div> <div>New designs of biological aortic valve every year after 5 years (e.g. Trifecta)</div> <div>Established aortic biological designs every year after 10 years</div> <div>Biological mitral valves every year after 5 years</div> <div>Ross procedures every year</div> <div>AVR native root monitoring (previous bicuspid AV) (Dimensions on post-op echo)<table><tr><td><40 mm</td><td>No routine surveillance</td></tr><tr><td>40 – 45 mm</td><td>Echo at 5 yearly then review</td></tr><tr><td>>45 mm</td><td>Annual echo</td></tr></table></div> <div>AVR with Aortic Root Replacement (Marfans/ Ehlers Danlos) Per valve type above 2 yearly CMR or CT scanning (renal bloods needed prior to scan)</div> <div>Echocardiographic alerts:<ul style="list-style-type: none">New or worsening regurgitationObstruction – reduction of EOA by 25%Change in LV or systolic function (or RV for right-sided valves)</div> <div>Other alerts:<ul style="list-style-type: none">Exertional symptomsTIAINR > 4.0 or <2.0 during last 6 monthsNew arrhythmiaPatient requestSuggestion of endocarditis</div>	<40 mm	No routine surveillance	40 – 45 mm	Echo at 5 yearly then review	>45 mm	Annual echo		
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<div>Aortic Stenosis</div> <div><table><tr><td>V max >4.0 m/s or EOA < 1.0cm²</td><td>every 6 months + consider annual ETT</td></tr><tr><td>V max 3.5 – 4.0 m/s + AV Calcium</td><td>every 6 months</td></tr><tr><td>V max 3.0 – 4.0 m/s or EOI 1.0 – 1.5cm²</td><td>every year + ETT at baseline, when becomes severe, and consider every year after this if early surgery clinically appropriate</td></tr><tr><td>V max 2.5 – 3.0 m/s</td><td>every 3 years</td></tr></table></div> <div>Echocardiographic Alerts<ul style="list-style-type: none">Any reduction in LV ejection fractionEOI ≤0.6cm²V max ≥5.0m/sRapid progression of V max > 0.3 m/s per yearNew diastolic dysfunction (pseudonormal or restrictive)Aortic root dilated to 45 mm (Marfan’s), 55 mm (other)</div> <div>Other Alerts<ul style="list-style-type: none">Spontaneous symptomsNew arrhythmiaPatient requestSuggestion of endocarditis</div>	V max >4.0 m/s or EOA < 1.0cm ²	every 6 months + consider annual ETT	V max 3.5 – 4.0 m/s + AV Calcium	every 6 months	V max 3.0 – 4.0 m/s or EOI 1.0 – 1.5cm ²	every year + ETT at baseline, when becomes severe, and consider every year after this if early surgery clinically appropriate	V max 2.5 – 3.0 m/s	every 3 years	<div>Aortic Regurgitation</div> <div>Severe: every 6 months or every 3 months at request of cardiologist if LV significantly dilated (consider ETT annually) Moderate: every 1-2 years Mild: not unless aortic root dilated</div> <div>Echocardiographic alerts:<ul style="list-style-type: none">LVSD approaching 50 mm or LVDD 70 mmLVSD change (>5mm from previous study) or volume increase since last studyLVEF approaching 50%</div> <div>Other alerts:<ul style="list-style-type: none">Spontaneous symptomsNew arrhythmiaPatient requestSuggestion of endocarditis</div>	<div>Aortic Root Dilatation</div> <div>Marfan: annually unless dilated to > 40 mm, then every 6 months Non-Marfan: annually Bicuspid: annually</div> <div>Echocardiographic alerts:<ul style="list-style-type: none">Marfan 45 mm or change > 3 mm in one yearBicuspid valve 55 mm or change > 3 mm in one yearNon-Marfan 55 mm or change > 3 mm in one yearWorsening AR</div> <div>Other alerts:<ul style="list-style-type: none">Chest pain, dysphagia or change in voiceNew arrhythmiaPatient requestSuggestion of endocarditis</div>	
V max >4.0 m/s or EOA < 1.0cm ²	every 6 months + consider annual ETT										
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V max 2.5 – 3.0 m/s	every 3 years										
<div>Pulmonary Stenosis</div> <div>Severe: every year Moderate: every 1-2 years Mild: no follow up unless indicated</div> <div>Echocardiographic alerts:<ul style="list-style-type: none">New RV dilationVelocity > 3.5 m/s</div> <div>Other alerts:<ul style="list-style-type: none">Spontaneous symptomsNew arrhythmiaSuggestion of endocarditisPatient request</div>	<div>Tricuspid / Pulmonary Regurgitation</div> <div>Severe: every 6 months Moderate: every 1-2 years</div> <div>Echocardiographic alerts:<ul style="list-style-type: none">Progressive RV dilatationNew RV hypokinesis</div> <div>Other alerts:<ul style="list-style-type: none">Spontaneous symptomsNew arrhythmiaSuggestion of endocarditisPatient request</div>	<div>Post-Endocarditis (non-operated)</div> <div>Echocardiogram at 1, 3, and 6 months Then according to residual pathology</div>	<div>Bicuspid Valve (no AS/AR)</div> <div>Every 3 years</div>								