

## Septal Defect Closure

### **What is a PFO?**

A PFO (Patent Foramen Ovale) is a type of heart birth defect that occurs in one out of every four people. The vast majority of those affected with a heart PFO will never experience problems or have cause for concern. In a few patients though, PFO can lead to a stroke. The PFO's larger cousin, the ASD (Atrial Septal Defect), can cause heart failure as well.

In the past, open heart bypass surgery with a 5-6 day hospitalization followed by six months or more of recovery was the only option for repair of this heart problem. Now this "hole in the heart" can be repaired with catheters.

### **New procedure for PFO Closure**

Atrial Septal Occluders takes about 45 minutes to an hour. The patient receives "conscious sedation" for anesthesia and a thin tube or catheter is snaked up the femoral vein in the leg to the right side of the heart. The septal occluder (a button-shaped device) is used to plug the hole in the wall that separates the two upper chambers of the patient's heart. Utilizing fluoroscope and intracardiac ultrasound, the physician carefully positions the occluder through the PFO, essentially filling the hole. The result is much like cuff links or buttons filling the holes on a shirt. Patients generally go home the following day and are back at work by the third day after the procedure. In about 95% of patients, the hole is closed immediately. Over the following 5-6 months, the lining of the heart grows completely over the hole.

### **Medication Instructions Prior to Procedure**

- Every patient should be on **ASPIRIN 325mg** at least three days prior to procedure.
- If the patient is currently taking **PLAVIX 75mg**, continue as prescribed unless otherwise instructed by your physician. If you are not currently taking Plavix, it will be started at your visit when the procedure is scheduled.
- If patient is currently taking **COUMADIN**, stop taking 5 days prior to the procedure.
- Patient should have nothing to eat or drink after midnight the night before the procedure. Bring all medications with you to the hospital. Take aspirin and Plavix the morning of the procedure.

### **Discharge Instructions**

- Patient should take **ASPIRIN 325mg** daily indefinitely after procedure
- Patient should take **PLAVIX 75mg** for 6 months after the procedure.
- Do not discontinue any of these medications without first checking with physician.

### **Activity Restrictions**

- Do not operate a motor vehicle for two days following the procedure.
- No lifting, pushing or pulling more than 50 pounds for one month.
- No contact sports, strenuous activities or exercise for one month.
- Patient may resume normal activities 3-4 days after procedure.

### **Dental Care Restrictions**

- No dental work (including cleanings) for 30 days prior and 6 months after the procedure.
- If you should need emergency dental care, your dentist will need to provide you with a prescription for an antibiotic coverage to be taken **one hour** before and dental procedures are preformed.

### **Surgery Restrictions**

- No elective surgery for 6 months
- Stopping the aspirin and Plavix before the 3-6 months following the procedure can increase your risk of stroke after and elective surgery.

**What to Expect**

- **INCISION SITE:** Bruising, tenderness and a pea-size lump are normal. Minor oozing is common but abdominal pain, heavy bleeding, pain going down the leg is not normal. Contact your physician or hospital if you begin to experience any of these problems.
- **PALPITATIONS:** Awareness of heartbeat, fluttering, skipping, feelings of shortness of breath, and lump in throat are common. These do not require treatment and are generally intermittent. If you are experiencing the symptoms continuously for more than two hours, please contact your physician.
- **CHEST PRESSURE, TIGHTNESS, SHARP CHEST PAINS, or DISCOMFORT:** These are common after the procedure. Ibuprofen helps to relieve chest pressure and tightness. You may take Ibuprofen 800mg up to twice per day to alleviate these symptoms. If Ibuprofen does not alleviate the symptoms, please call your physician's office.
- **BURING/BLEEDING:** These symptoms are more common because of the Plavix and Aspirin use. Do not stop taking these medications unless in the first month of their menstrual cycle after starting these medications.

**When to be Concerned**

- Fever from an unknown cause
- Neurological symptoms such as loss of vision, paralysis, and inability to speak. These symptoms need to be evaluated right away. An echocardiogram may be needed, your neurologist should also be contacted.
- Severe chest pain or sustained fast heart rate needs to be evaluated by your physician.

**Whom to Call**

- Patient should contact Huntsville Cardiovascular Clinic (256-880-1050) for Dr Warren Strickland's nurse at extension 143.
- Patients should contact their neurologist for severe headache or migraine symptoms that are not alleviated by medication.
- Patient should contact Huntsville Cardiovascular Clinic for device-related problems such as chest pain, neurological symptoms and severe and persistent heart rate disturbances.

**Follow Up**

- Patients having septal defect closure (PFO or ASD) need to have an echocardiogram with bubble study one month after the procedure. Please contact your physician's office to schedule the appointment.
- Each patient will have a six-month follow up which includes a Bubble Echocardiogram and/or Transcranial Doppler (TCD).
- An echocardiogram with bubble study is done one year following the Septal Defect Closure procedure.