

## THE LATEST MURMURS

"Dr. Zeyl and his staff were always very professional and treated us with respect. I actually felt like a human being instead of a number when we were involved with any of the staff."

- Patient – Age 63



"Simply the best service I have received across the country. No other provider I have used in my 60 years (including 24 years of military service) comes close. I have extensive experience to compare this to and the team has simply been OUTSTANDING. The greatest possible telling assessment I can give is to say, if my son or wife ever needed service, I would want them to be cared for by this team."

- Patient – Age 70



"This group is amazing. I have felt safe and comfortable in their care!"

- Patient – Age 61



"I traveled 3 hrs to be seen and to be in the care of Dr Klodell- heard his entire staff was absolutely Wonderful- I will always be glad that I had an opportunity to meet him and his great staff"

- Patient – Age 65

## MITRACLIP: A PERCUTANEOUS APPROACH TO MITRAL VALVE REPAIR

Mitral valve surgical repair dates back to 1923 and was performed by Dr. Elliot Cutler in conjunction with his cardiology colleague, Dr. Samuel Levine, at Brigham and Women's Hospital. The surgical technique that was utilized was inserting a tenotomy knife through the apex of the left



ventricle, encountering the mitral orifice and subsequently performing a blind mitral commissurotomy. The evolution of surgical repair has been pioneered by Dr. Alain F. Carpentier and the documented success of modern mitral valve repair depends on the concept of an interactive service line, a collaborative network of cardiology, cardiac surgery and cardiac anesthesia working together.

Our cardiothoracic team at North Florida Regional Medical Center and The Cardiac and Vascular Institute - including myself, Dr. Thomas Zeyl, Dr. Richard Proia, Dr. Mark Tulli and Dr. Ilie Barb - along with a support team of highly skilled cardiac professionals, completed the hospital's first series of MitraClip surgeries on January 9th, 2018. In addition to minimally invasive right thoracotomy mitral valve repair and standard open mitral valve repair our team is excited to offer this new percutaneous technology to our patients, who in prior years would only be offered continued medical management.

### Mitral Regurgitation

Mitral Regurgitation (MR) is a condition due to the failure of anterior and posterior mitral leaflets to coapt (close together tightly), leading to a regurgitation of left ventricular blood into the left atrium during systole. MR is classified according to a number of pathophysiologic mechanisms and is broadly classified as ischemic (due to consequences of ischemic heart disease) and non-ischemic. Non-ischemic causes include degenerative (myxomatous disease, leaflet degeneration, and annular calcification), endocarditic, rheumatic, and less common miscellaneous causes (congenital, cardiomyopathy-related, inflammatory, drug-induced, and traumatic). It is further anatomically described as functional with a structurally normal mitral valve with regurgitation secondary to extrinsic valve deformation and degenerative with an intrinsic deformity to the valve and leaflets themselves.

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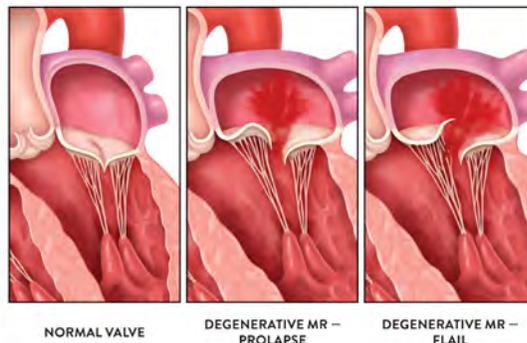
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### MitraClip Procedure

MitraClip is a minimally invasive procedure to treat patients with mitral regurgitation who are deemed a high risk open surgical candidate for correction of their mitral valve pathology. The procedure consists of a small clip that is delivered via a catheter and guided through the femoral vein. The clip is directed to the patient’s mitral valve via a transeptal approach with the optimal puncture site superiorly and posteriorly in the interatrial septum and three TEE planes are used to determine the correct site. There is then advancement of the steerable guide catheter into the left atrium and placement of the clip delivery system below the mitral valve with then grasping of the leaflets and clip release. The clip begins to work immediately with the end result of reduced mitral regurgitation often seen intraoperatively and improved quality of life with reduction of heart failure symptoms. The surgery usually lasts 2-3 hours, and patients are typically discharged within 24 to 48 hours post-procedure.

Our program is fortunate to be allotted the opportunity to bring this advanced technology to our patients. This evolutionary step forward in percutaneous valve management allows us to treat many patients who would previously have been denied mitral valve correction. Perhaps equally importantly, this is one more progressive step towards complete percutaneous management of the majority of valve issues with all four heart valves.

Charles T. Klodell, MD



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Donations of gently worn, used and new shoes of all sizes will be graciously accepted and given the opportunity to pay it forward to help the families in The Great Mission Village in Kangemi, Kenya and locally in Gainesville, Florida.

#### Drop Off Location:

Florida Heart and Lung Institute

6440 Newberry Road, Suite 102 | Gainesville, FL 32605

Monday-Friday | 0800-1700

Now through July 1st



For insights, answers to questions, or to share commentary contact:  
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