

About Your PFO Closure at Saint Vincent

What is a PFO?

Patent Foramen Ovale is a condition in which the fetal opening between the left and right upper chambers, or atria, of the heart does not close at birth. This opening is vital to a developing fetus, allowing blood to bypass the unused lungs during maturation. While the cause is unknown, up to 25 percent of the population does not have proper closure of the foramen ovale at birth resulting in a Patent (“open”) Foramen Ovale (PFO). For most people with PFO, there are no health effects. In patients with additional heart abnormalities, however, blood clots that would normally dissolve in the lungs may pass through the PFO, causing stroke or transient ischemic attack (TIA).

Treatment for PFO

PFO is only treated in patients that have had a stroke. In the past, treatment for PFO was limited to open heart surgery to repair the hole or a lifetime of blood-thinning medications. Today, there is an alternative. The cardiologists at Saint Vincent offer a third alternative: a “patch” used to cover the hole during a minimally invasive catheter procedure. The procedure is typically performed in people 50 years old or younger to prevent the occurrence of another stroke without the lifelong dependence on blood-thinners.

Benefits of the PFO “Patch” Procedure

Closure of PFO using the “patch” procedure eliminates a lifetime of costly blood-thinning medications. One of the biggest advantages of the minimally invasive catheter procedure, however, is that open-heart surgery is avoided. There is no scarring, there is less discomfort and patients recover more quickly. At Saint Vincent, PFO closure is now an outpatient procedure that usually takes only an hour or two. Most patients can go home the same day or next day, and can return to work immediately.

The Procedure

The patch is not considered surgery. Your heart will not be stopped. In fact, you will remain awake through the entire procedure.

An ultrasound catheter will be inserted through a vein in your leg, allowing the cardiologist to locate the hole in the heart. To ensure accuracy in placing the patch, the ultrasound device will stay an inch or so from the hole during the procedure. The cardiologist will then insert the patch – a wire-mesh device resembling a miniature two-sided umbrella – through another catheter and into your heart. When the patch is in just the right place, the two sides of the device will be expanded, closing the hole completely by sandwiching it between two layers of mesh.



Step 1: The patch is pushed through the catheter until one side of the patch expands inside the left atrium. Step 2: The other side of the patch is then released and expands to cover the other side of the hole. Step 3: When the patch is positioned correctly and the hole is completely covered, the catheter is removed.

After the Procedure

You will return to your room and have to lay flat for a period of time. This will help prevent bleeding or bruising at the site where the catheter was inserted. Over the next few hours, your blood pressure, heart rate, and the circulation in your legs and feet will be monitored by the nursing staff.

YOU SHOULD CALL THE NURSE IMMEDIATELY IF YOU EXPERIENCE:

- Bleeding or any other warm, sticky sensation around the catheterization site
- Pain, burning or swelling around the site
- Pain, numbness or a cold sensation in the leg
- Chest pain or discomfort
- Lower back pain
- Lightheadedness, dizziness or sweating

We are experts in pain management. Please ring your nurse if you are uncomfortable.

Returning Home

Over the next few weeks, cells will migrate to the patch and cover it with tissue, so the patch will become part of the smooth wall of your heart.

You will never feel the implant.