

Major findings of the POCUS exam:

Normally functioning aortic valve. Mild left ventricular dilation: LVIDd 5.73 cm in PLAX with M-Mode. Normal LV systolic function: Fractional shortening PLAX M-Mode: EF 68%. The most important finding was the presence of moderate to severe mitral regurgitation (MR): dilated LA on PLAX (rule of 3s), significant CWD velocity and eccentric jet with broad base (vena contracta).

Now that you know the diagnosis, how would these findings change your peri-operative management?

Answer:

1. Discussed concerns with surgeon – post-op stepdown unit bed arranged
2. Defib pads, epidural analgesia, pre-induction arterial line, post-induction CVL
3. MR goals: HR: 80 – 100 bpm (faster), Sinus rhythm (cardioversion prn if Afib with RVR),
Preload: maintain, conservative IV fluid management
Contractility: maintain – these patients are usually hyperdynamic anyway
Afterload: Maintain lower SVR, MAP appropriate for the specific patient – remember, the higher the afterload (BP), the worse the MR will become and the higher the possibility of pulmonary edema
4. The patient's FP was contacted and asked to follow up on the TTE examination – refer to cardiology / cardiac surgery.