

What medications are needed after PFO closure?

Two medications are needed after PFO closure to prevent clots from forming on the device when the device heals. The first is aspirin 81 mg daily and the second is Plavix 75 mg daily. It is likely you are on one or the other of these already. Plavix is needed for a short time. Most people take aspirin 81 mg and a cholesterol-lowering medication regularly to prevent strokes from other causes.

How long do I need to follow-up with cardiology?

After the procedure, you will follow-up with our team for a visit between one and four weeks and again at six months and 12 months. At the six-month or the 12-month visit, you will have an option to perform a bubble study to assess for closure.

What is a bubble study?

A bubble study may have been done to initially find your PFO. Water is quickly shaken to create very tiny microbubbles which are lit up by ultrasound to check if there is flow from the right side of the heart to the left side. Evidence of flow would occur in the first three heartbeats.

Do I need to take antibiotics prior to dental procedures?

For six months after device placement, we recommend antibiotics prior to dental procedures. It is not needed prior to other procedures or operations.



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For more information, or to schedule an appointment, call **423-778-5661** or visit us at erlanger.org/cardio.

Patent Foramen Ovale (PFO) Closure

Frequently Asked Questions



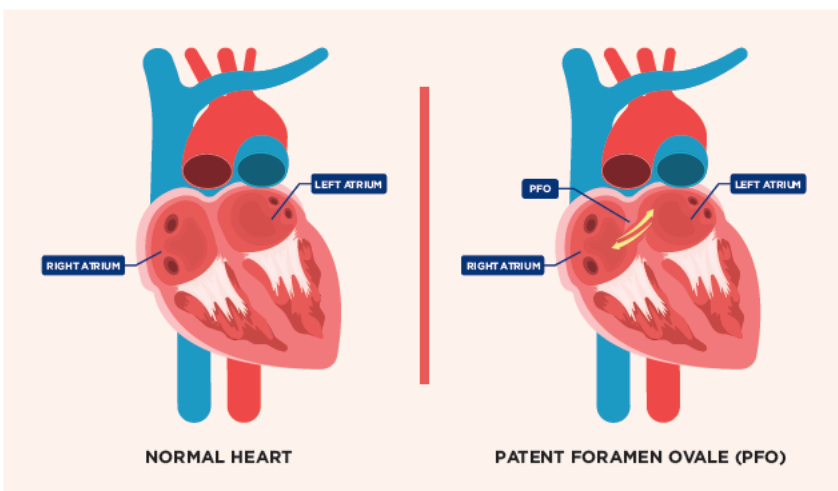


Your doctor sent you to Dr. Megan Coylewright to talk about the choice of patent foramen ovale (PFO) closure device after a stroke without a known cause (cryptogenic stroke). One cause of

the stroke could be a PFO, which is an opening between the right and left side of the heart. This opening is common: about one in four people are born with it. However, in some patients, the PFO may have allowed a small clot to travel from the heart to the brain.

Three large, randomized studies, published in the *New England Journal of Medicine* in the fall 2017, demonstrated that closing a PFO is more likely to reduce the risk of another stroke than using medications alone.

Below are frequently asked questions that may help guide you through this visit. It will be important for Dr. Coylewright to hear your values and preferences regarding your options.



What tests or visits will I need before the procedure?

We partner closely with neurologists to make sure we are keeping you safe and making the best decision possible to reduce the risk of having another stroke. Pictures of your brain will be looked at by the neurologist (CT scan and/or MRI). Sometimes the neurologist recommends a PFO closure. To learn if you have a PFO, you will have an ultrasound of the heart called an echocardiogram, or “echo.” To get a closer look, we may need to use a small camera that goes down the esophagus (food tube) while you are sedated. This is called a transesophageal echocardiogram, or TEE, and the procedure lasts about 30 minutes.

Is PFO closure a surgery?

PFO closure is not a surgery. It is a percutaneous procedure: this means that we place a small, flexible catheter (or tube) in the femoral veins (just below the hip) to reach the heart. There is no wound care after the procedure, just a small cut in the skin where the tube was placed. We do recommend no baths or hot tubs for seven days while the site heals (showers are okay).

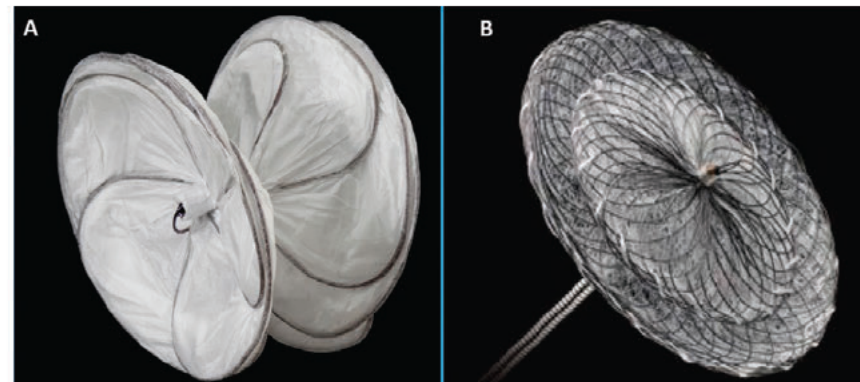
How will you be able to see my heart since it is not surgery?

We use fluoroscopic imaging (a moving X-ray) and echocardiography through a small imaging device that is placed through an IV in the femoral vein. This provides clear imaging of the PFO.

The procedure is not painful—we use lidocaine to numb the areas where the IVs are placed. We also offer patients a calming sedative to help with nerves.

Will my insurance cover a PFO closure?

PFO closure for cryptogenic stroke is an FDA-approved procedure. The requirements for PFO closure include prior stroke with evaluation and referral by a neurologist.



(A) The Gore Cardioform septal occluder. (B) The AMPLATZER PFO Occluder. These devices are both approved for PFO closure and are the two most widely deployed occluders.

Which device will you use to close my PFO?

There are two devices that are typically used. One is the AMPLATZER™ PFO occluder device. The other is the Gore® Cardioform septal occluder. Both were tested in the clinical trials mentioned above. We will ensure that the device is a perfect fit for your heart by using echocardiography.

Do I need to let people at the airport know that I have this device? Is there an interaction with MRI or other radiologic testing?

This device will not be picked up at the airport. When you do go for cardiac MRI, it is reasonable to tell them that you have a PFO closure device; however, the devices are compatible with MRI.

What kind of activity restrictions will I have after closure?

After PFO closure, restrictions are recommended to help protect the two sites in the groin (top of the hip area) where the IVs were placed. For three days, we recommend no heavy lifting. For seven days, we recommend no strenuous activity. For the first six weeks, extreme activities such as four-wheeling, competitive hockey or horseback riding are not recommended. Other activities including exercising and moderate weightlifting are fine.

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