



Closure of an atrial septal defect or a persistent foramen ovale (PFO)

We use this patient information to welcome you to the Heart Clinic at Private Hospital Mølholm and to provide you with information on the treatment.

Our staff will do their utmost to ensure that you feel safe and comfortable during your stay. Our aim is to combine professional treatment with good personal contact.

Closure of atrial septal defect

There are several types of atrial septal defects which may be closed through threading a catheter to your heart through an incision into a vein in your groin area.

A PFO (Persistent Foramen Ovale)/ASD (Atrium Septum Defect) is a small hole in the wall separating the two upper chambers of the heart. The hole is a remnant from the foetal stage when it was necessary for the blood to by-pass the lungs and being able to run freely from the right to the left chambers of the heart. In most cases, this hole closes up on its own at the time of birth. However, approximately 25% of us continue to have a small hole. Theoretically, there is a small risk that clots may travel with the blood from the right to the left chambers and from here to the brain where they may cause a stroke or a mini-stroke.

In certain cases, patients who have suffered blood clots in the brain and have PFO/ASD as the only risk factor, will be recommended to have the hole closed to prevent further blood clots to the brain.

The closure of PFO/ASD may be performed by threading a device through a vein in your groin. The device is a type of double umbrella covered in a fabric-like material. To be able to see your heart and to ensure that the device is positioned correctly, the specialist will use ultrasound and X-ray while closing up the hole in your heart.

You will be in general anaesthesia throughout the treatment.

General information

Preparation at home

You are not allowed to eat for at least six hours prior to your appointment. You are permitted to drink until two hours prior to your appointment (do not take any dairy products).

You are not permitted to smoke less than two hours prior to your appointment.

Medication

Continue unchanged: Plavix (Clopidogrel), Magnyl, Persantin, Eliquis, Xarelto, Pradaxa or Lixiana.

To be adjusted: If you are taking Marevan or Marcoumar, you and your general medical practitioner must ensure that your INR ratio is below 2.5.

To be discontinued: Injection of Fragmin 12 hours prior to admission. Injection of Arixtra 24 hours prior to admission.

If you are being treated for diabetes, you must not take your morning medication.



What to bring

Toiletries, slippers and comfortable clothes. Also, bring your usual medication.

Visiting hours and telephone contact

During your admission, your relatives may call the secretariat on telephone number [76427420](tel:76427420).

Your spouse may be present at the hospital before, during and after treatment.

Mobile telephones are permitted.

On your day of admission

Preparing for your PFO

On your day of admission, you will be received by a nurse who will help you settle in and provide you with information about your hospital stay. You will be given information on specific precautions in connection with your treatment.

As treatment times vary, you need to be prepared for some waiting time.

A line will be inserted into a vein in your arm. Your blood pressure and pulse will be measured and an ECG will be performed.

The Procedure

You will see a fair amount of technical equipment in the treatment room, such as X-ray equipment and television monitors.

Learn more about the use of X-rays here: [X-rays](#) (in Danish)

The nurse will prepare you for the treatment. She will disinfect the skin in your right-hand groin area and cover you with a sterile cloth. You will be given a general anaesthetic and, once you are asleep, a local anaesthetic is administered to your groin area. A thin plastic tube is placed in your groin-area vein and, through this, the specialist threads a catheter to your heart and the hole in the wall of your heart (the septum). Ultrasound and X-rays are used to ensure that the device is positioned correctly. The catheter is removed and the incision in your groin area is closed by adding compression to the incision area and the addition of a stitch, which is removed again 6 hours after completion of the treatment.

The entire treatment takes ½-1 hour.

Aftercare

After completion of your treatment, you are taken to your room at the ward.

You will need to lie flat on your back for three hours. It is important that you do not lift your head, your upper body or your legs to avoid bleeding. The incision will be monitored by a nurse and your pulse and blood pressure will be regularly measured.

If you feel any discomfort, pain, sensations of heat or swelling in your groin area, you must tell the nurse of this.

In rare instances, bleeding from the groin area may occur which will mean that you must stay in bed a while longer. The bleeding will often result in an accumulation of blood in your groin area. This may cause a sensation of pressure during the subsequent days, especially when walking. However, this usually dissipates on its own.



When you return to the ward, you are permitted to eat and drink again.

Discharge

You are discharged in the morning of the day following treatment.

Prior to discharge, an extra check-up is made on the treatment result. This is carried out by an ultrasound scan being performed on your heart and an X-ray being taken of your chest.

You will receive information on blood-thinning treatment and the prevention of inflammation of the heart (endocarditis).

Home transport

You must refrain from driving a car for two days.

Public transport may be used immediately on discharge.

When at home

On the day after the treatment, you may remove the plaster from your groin area and take a shower. It is important, however, that you do not over-stretch or strain your groin area in the next couple of days. For this reason, we advise that you refrain from participating in sporting activities, lifting more than 2 kilo or cycling for the first four days after treatment. You can easily move around. You can go back to work after four days.

You should refrain from bathing in a bathtub, a jacuzzi and the sea for a period of two weeks.

After 3-6 months, you will have a check-up at your local hospital on an outpatient basis.

Complications

The risks of this treatment are minimal.

After the treatment, many patients feel slightly sore in the area around the incision.

If you experience any signs of infection of the groin area (redness, tenderness, pains, temperature), please contact us or your general medical practitioner.

In rare instances, you may experience bleeding from the groin area after discharge. Lay down on the floor and press down hard on the incision area and have a member of your family help you, if possible. Contact us or another medical advisor.

A few patients may initially experience passing arrhythmia (extra beating).

Very rarely, bleeding in the pericardium may occur. If you experience difficulty breathing, chest pains and dizziness/fainting, please call 112.

You are always welcome to contact Privathospital Mølholm at: [+45 87 20 30 40](tel:+4587203040)