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UNDERWRITER:

Defined as someone sitting
in an ivory tower 900 miles
from here, trained to say,
"NO."

YOUR JOB:

To convince that
underwriter, with truthful
information, presented in
as favorable a light as
possible that it is desirable,
even possible to say
"YES."

The heart has four valves: MITRAL, AORTIC, TRICUSPID, and PULMONIC. These valves operate like doors, opening fully allowing blood to flow freely through into the next chamber, and closing tightly to prevent blood from backing up and traveling in the wrong direction. Infants may be born with a defective valve, sometimes as a child they develop rheumatic fever resulting in valve damage, sometimes a valve fails to operate properly for unknown

Heart Valve Surgery

reasons. The two conditions of a malfunctioning valve are known as *Stenosis* and *Insufficiency*.

Stenosis is the accumulation of calcium (and other blood substances) on the leaflets that make up the valve. These deposits (Stenosis) prevent the leaflets from opening as fully as they once did. The opening the blood must pass through when the leaflets are open becomes progressively smaller and smaller. The difficulty is that the heart must work harder and harder to pump the required amount of blood through a smaller and smaller opening. Stenosis is a major reason why valves must be repaired or replaced.

Both *stenosis* and *insufficiency* can affect, separately or simultaneously, any heart valve. Sometimes more than one valve is defective. Very often, valves can be repaired, improving function dramatically. Frequently however, the diseased valve must be replaced. This is done by implanting a prosthetic, or artificial valve, or a natural tissue valve taken from an animal, or most recently using tissue taken from the patient's own body.

Very recently, minimally invasive surgical procedures are being used to repair or replace diseased heart valves. Endovascular procedures permits the surgeon an unobstructed field of vision in which he can safely turn, manipulate, and open the heart without having to "crack the chest."

For mitral valve repair or replacement, surgeons are beginning to find that this approach is superior to that achieved in traditional open chest surgery, and much easier on the patient, with consequently much higher survival rates.

In order to evaluate the insurability of someone with a history of heart valve surgery you need to ask the following important questions:

Does the client currently smoke?

Smoking is considered to be a major risk factor for every kind of cardiac

disease problem. It has a dramatic impact on life expectancy. While it is best to never have smoked, even those who did smoke, and who have quit smoking enjoy a much better survival rate than those who continue to smoke.

When was the need for heart valve surgery diagnosed, and when was the surgery performed?

Once the condition has been positively diagnosed and the need for surgery confirmed, the sooner it is performed, the sooner additional heart damage can be contained. Following surgery, the client is not insurable for at least six months. Thereafter, rated offers should be available with the offers improving with the passage of time following surgery.

What current medications is the client taking?

Use of anticoagulants (blood thinners) is usually required where any prosthetic device or foreign tissue is implanted to minimize the risk of blood clots or rejection.

Has the client any other cardiac or non-cardiac health problems?

Mortality is severely and negatively impacted when there is also a history of arrhythmia, heart enlargement, high blood pressure, angina, or decreased heart function. Likewise, a history of kidney disease, or diabetes for example will adversely impact the likelihood of receiving a favorable underwriting offer.

Is the client involved in any form or cardiac rehabilitation, or undergone any lifestyle changes?

Lifestyle changes such as quit smoking, exercise, lose weight, diet, and stress reduction are major components in any cardiac rehabilitation program. They are also very important in risk management.

The more documentation you can provide regarding improvements in health habits and lifestyle, the better the likelihood of a favorable underwriting outcome.