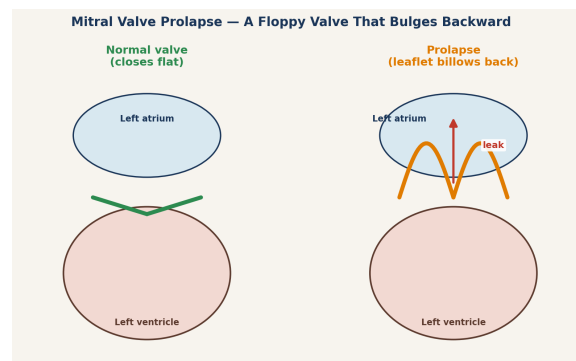


Understanding Mitral Valve Prolapse

A floppy valve with a click-murmur — usually harmless, but worth watching

Most people with mitral valve prolapse live full, normal lives. Here is what to watch for.



Online: <https://go.riasalimd.com/mvp-guide>

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Names & Terms You Will Hear

Term	Meaning
Mitral valve prolapse (MVP)	One or both flaps of the mitral valve bulge back into the upper chamber when the heart squeezes. Very common and usually harmless.
Floppy mitral valve	Another name for the same thing. The valve tissue is extra stretchy and billows backward.
Billowing or myxomatous valve	The valve flaps are thickened and stretchy from extra soft tissue. This is the most common cause of prolapse.
Click-murmur syndrome	The classic exam finding: a sharp clicking sound in mid-beat, sometimes followed by a soft murmur from a small leak.
Barlow disease	A form with thick, billowing flaps in both leaflets. More likely to leak over time than the thin-flap form.
Mitral regurgitation (MR)	Backward leak of blood through the valve. Many people with prolapse have no leak or only a tiny one.
Mitral annular disjunction (MAD)	The ring that anchors the valve is pulled loose from the heart muscle. Linked to the rare arrhythmic form of prolapse.
Arrhythmic MVP	An uncommon pattern where prolapse comes with frequent skipped beats or, very rarely, dangerous rhythms. Most prolapse is NOT this type.



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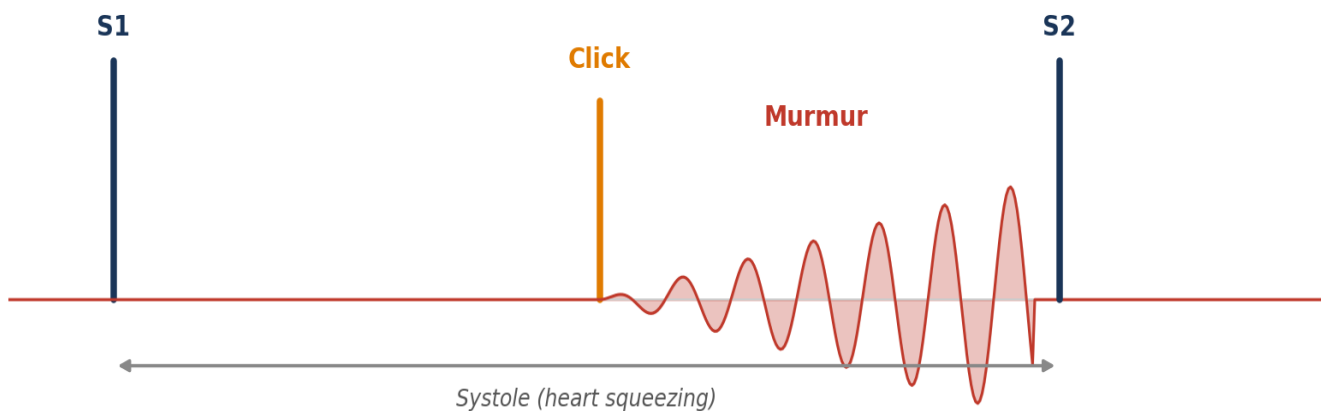


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What Is Mitral Valve Prolapse?

- The mitral valve sits between the upper and lower chambers on the left side of the heart. It should close flat each time the heart squeezes, so blood moves forward and not backward.
- In prolapse, one or both valve flaps are extra stretchy. They billow back into the upper chamber during the squeeze, like a parachute catching air. This is what the diagram on the cover shows.
- Prolapse is common. About 2 to 3 out of every 100 people have it. It often runs in families and is found more in slim, younger adults.
- Most people have no symptoms at all. Prolapse is often found by chance when a doctor hears a click or murmur, or on an echocardiogram done for another reason.
- When the flaps do not seal well, a little blood leaks backward. This leak is called mitral regurgitation (MR). The amount of leak, not the prolapse itself, drives most decisions.
- An echocardiogram (heart ultrasound) is the test that confirms prolapse and measures any leak. See our echocardiogram guide to learn what to expect.

The Click-Murmur: What Your Doctor Hears



A floppy valve often makes a sharp mid-beat click, sometimes with a soft murmur from a small leak. This is the classic finding your doctor listens for.



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Thin-Flap Prolapse (Fibroelastic Type)

- The valve flaps are thin and only slightly stretchy. Often a single small segment billows.
- More common in older adults. Tends to leak little, though a single thread holding the flap can snap and cause a sudden leak.
- Usually managed with routine echoes. When a severe leak does occur, repair is typically straightforward.
- Most people in this group never need a procedure.

Billowing Type (Barlow Disease)

- The flaps are thick, large, and billowing, often in both leaflets. This is the classic floppy valve.
- More common in younger adults and may run in families. Higher chance of a leak that grows over the years.
- Deserves regular echo follow-up. If a severe leak develops, repair is preferred but can be more complex.
- Some people in this group also have the loosened-ring finding (MAD) linked to the arrhythmic form.

Arrhythmic MVP (the rare pattern)

- An uncommon pattern where prolapse comes with frequent or serious skipped beats and, very rarely, dangerous rhythms.
- Often goes with a loosened valve ring (mitral annular disjunction) and scarring of the nearby heart muscle seen on MRI.
- Red flags: fainting, a family history of unexplained young sudden death, certain EKG changes, and frequent complex skipped beats.
- If red flags are present, we add a rhythm monitor and sometimes a cardiac MRI. See our sudden cardiac arrest guide for the bigger picture.



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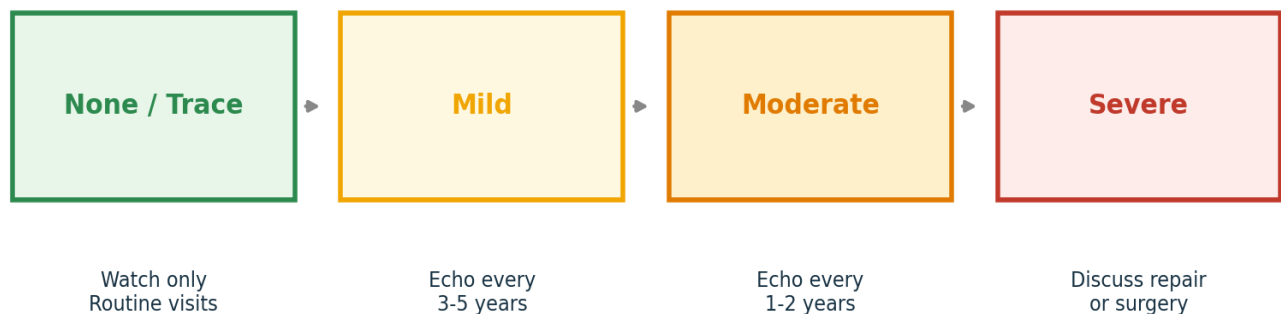


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Why It Matters

- For most people, prolapse is benign. It does not shorten life and needs only routine check-ups. Reassurance is the right answer for the large majority.
- The main thing we track is the leak. A small leak may never change. A leak that slowly grows can, over many years, strain the heart and lower chamber.
- Severe leak is the point where we talk about fixing the valve. Caught and repaired in time, the heart usually recovers well and life expectancy is close to normal.
- A small subgroup has the arrhythmic form, with frequent skipped beats and, very rarely, dangerous rhythms. This guide explains the red flags that prompt a closer look.
- Knowing your type and your leak grade lets us set the right check-up schedule. The ladder below shows how the plan changes as the leak grows.

How Much the Valve Leaks (Mitral Regurgitation) Sets the Plan



Most prolapse leaks little or none. Severe leak is when repair is discussed.

The plan follows the leak. No or mild leak means watch only. Moderate means closer echoes. Severe is when valve repair is discussed.



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Leak Severity and What It Means for You

Leak Grade	What It Means	Typical Plan
None / Trace	Valve seals well or nearly so. No strain on the heart.	Routine visits. Echo only if something changes.
Mild	A small backward leak. Usually causes no symptoms.	Echo every 3 to 5 years. Stay active.
Moderate	A clear leak. The heart compensates but is watched closely.	Echo every 1 to 2 years. Track chamber size.
Severe	A large leak. Over time it can enlarge or weaken the heart.	Discuss valve repair, ideally before damage sets in.

The big picture: For most people, mitral valve prolapse is a benign finding. It does not shorten life and needs only routine check-ups. We watch the leak over time, and we act only if it becomes severe or if rare red flags appear. A diagnosis of prolapse is far more often a reason for reassurance than for worry.



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Risk Factors

Some patients are more likely to develop this condition. Knowing your risk helps your care team take extra precautions.

Risk Factor	Why It Increases Risk
Family history	Prolapse often runs in families. A parent or sibling with a floppy valve raises your chance of having one too.
Connective tissue conditions	Marfan syndrome, Ehlers-Danlos syndrome, and similar conditions make valve tissue stretchier and prolapse more likely.
Slim, tall body type	Prolapse is found more often in lean, tall people and in those with a narrow chest or curved spine.
Female sex	Prolapse is found in both sexes. The rare arrhythmic pattern is reported a bit more often in women.
Age and valve wear	Over decades, a floppy valve can stretch further. This is why a stable leak still deserves periodic echo check-ups.



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Treatment Options

- If there is no leak or only a tiny one and you feel well, no medicine is needed. The plan is simple: stay active, keep regular visits, and repeat the echo on schedule.
- There is no pill that fixes prolapse or shrinks a leak. Medicines are used only to ease symptoms or to treat a related problem, such as skipped beats or high blood pressure.
- If you have palpitations, we look at how often and how serious they are. Most need only reassurance. See our skipped-beats and palpitations guide for the full picture.
- When the leak becomes severe, the best fix is usually mitral valve repair, not replacement. Surgeons can often rebuild your own valve, which lasts long and avoids lifelong blood thinners.
- Repair is preferred over replacement whenever the valve can be saved. At experienced centers, repair restores a life expectancy close to normal when done before the heart weakens.
- Timing matters. We aim to repair a severe leak before the lower chamber enlarges or weakens, even if you still feel well. The ladder diagram below shows when this conversation begins.
- Antibiotics before dental work are NOT routinely needed for plain prolapse. They are advised only if you have had valve surgery with certain materials or a prior valve infection.



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Comfort Measures at Home (No Medication Needed)

These simple steps support healing and ease symptoms. Use them alongside any medication your doctor prescribes.

- Stay well hydrated and do not skip meals. Low fluids can make palpitations and lightheadedness feel worse.
- Go easy on caffeine, energy drinks, and alcohol if you notice they trigger skipped beats or a racing feeling.
- Keep moving. Regular aerobic exercise is good for almost everyone with prolapse. Ask us first only if your leak is moderate or severe.
- Manage stress and sleep. Anxiety and poor sleep can amplify the awareness of normal heartbeats.
- Do not smoke, and keep blood pressure in a healthy range. Both protect the valve and the heart muscle over the long run.



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Risks, Benefits, and Alternatives

Every choice has trade-offs. Use this table to start the shared decision conversation.

Option	Risks	Benefits	Alternatives
Watchful waiting (no leak or mild leak)	A growing leak could be missed if you skip visits. Small chance of slow change between echoes.	No medicine, no procedure. You stay active and normal. The right choice for most people.	Earlier echo if symptoms change. Closer follow-up if the leak is moderate.
Periodic echocardiogram	Time and cost of the test. No radiation and no needles in a standard echo.	Tracks leak size and heart chamber over time. Catches a worsening leak before it harms the heart.	Exam and history alone (less precise). Longer gaps between scans if leak is trace.
Mitral valve repair (for severe leak)	Open-heart or minimally invasive surgery. Small risk of bleeding, infection, or rhythm changes. Rare need to convert to replacement.	Rebuilds your own valve. Long-lasting. Usually no lifelong blood thinner. Heart often recovers fully when done in time.	Valve replacement (mechanical or tissue). Medicine alone (only delays, does not fix severe leak).
Heart-rhythm work-up (if red flags)	Extra tests: a monitor, sometimes an MRI. Small chance the result is uncertain.	Finds the rare arrhythmic pattern early. Guides whether a defibrillator or other step is needed.	Routine follow-up only (if no red flags). Watchful waiting with symptom diary.



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Common Misconceptions

Myth	Reality
Mitral valve prolapse means I have a serious heart problem.	For most people, prolapse is benign and never causes trouble. It is one of the most common valve findings, and the majority need only routine check-ups.
A click or murmur means my valve is failing.	A click and a soft murmur are simply the sounds a floppy valve makes. They tell us prolapse is present. They do not, by themselves, mean the valve is failing.
I will eventually need surgery.	Most people never need any procedure. Surgery is considered only if the leak becomes severe. Many valves stay stable for a lifetime.
Prolapse always leaks.	Many people with prolapse have no leak or only a tiny trace. The leak, when present, is tracked over time. Often it never becomes a problem.
If I need a fix, the whole valve will be replaced.	When the leak is severe, surgeons usually REPAIR your own valve rather than replace it. Repair lasts long and avoids lifelong blood thinners in most cases.
I should avoid all exercise.	The opposite is usually true. Regular exercise is healthy for almost everyone with prolapse. Only a moderate or severe leak calls for a quick check with us first.
Prolapse will cause sudden death.	Dangerous rhythms are very rare and happen in only a small subgroup with specific red flags. For the vast majority, prolapse carries no such risk.
I need antibiotics before every dental visit.	Routine prolapse does NOT need antibiotics before dental work. They are advised only after certain valve surgeries or a prior valve infection.



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Possible Complications

Knowing what can go wrong helps you spot problems early. Most complications are uncommon, especially with treatment.

Where / What	What Can Happen
Mitral regurgitation (the leak)	The most common issue. The valve does not seal fully, so blood leaks backward. Most leaks are small and stable. A severe leak is the main reason a valve is repaired.
Enlarged or weakened lower chamber	A long-standing severe leak makes the lower chamber work harder. Over years it can enlarge and weaken. This is why we repair a severe leak before damage sets in.
Atrial fibrillation (AFib)	A leak can stretch the upper chamber and trigger AFib, an irregular fast rhythm. AFib raises stroke risk and is treated on its own. See our atrial fibrillation guide.
Skipped beats and palpitations	Many people feel extra or skipped beats. These are usually harmless. Frequent or serious ones, especially with red flags, deserve a rhythm work-up.
Dangerous rhythms (arrhythmic MVP)	Very rare. A small subgroup with specific red flags can have fast, dangerous rhythms. This is the one situation where prolapse can be life-threatening, and it is uncommon.
Valve infection (endocarditis)	Rare. Bacteria can settle on a floppy valve. Good dental hygiene lowers the risk. Routine prolapse does not need preventive antibiotics.

When prolapse can be dangerous: A small subgroup has the arrhythmic form. **If someone faints and cannot be woken, a bystander should call 911 and start Hands-Only CPR** — push hard and fast in the center of the chest, about 100 to 120 pushes a minute, to the beat of the song "Stayin' Alive." If an AED (automated external defibrillator) is nearby, turn it on and follow the voice prompts; it will not shock a normal heart. These devices are found in many gyms, schools, and public buildings.



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Points to Know

If you remember nothing else, remember these key points.

- Mitral valve prolapse is common — about 2 to 3 in 100 people — and usually harmless.
- The amount the valve leaks (mitral regurgitation), not the prolapse itself, drives most decisions.
- Most people need only reassurance and periodic echocardiograms — no medicine and no procedure.
- If the leak becomes severe, REPAIR of your own valve is the preferred fix and usually lasts a lifetime.
- Repair done before the heart weakens restores a life expectancy close to normal.
- A small subgroup has the arrhythmic form. Red flags include fainting, a strong family history of sudden death, and frequent serious skipped beats.
- Routine prolapse does NOT need antibiotics before dental work.
- Keep your echo schedule even if you feel perfectly well — a quiet leak can change slowly over years.



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When to Call Us - and When to Call 911

If you are not sure, call. We would rather hear from you twice than miss a real problem.

- Fainting or a near-faint spell — call us right away; if you collapse and cannot be woken, a bystander should call 911.
- A racing, pounding, or very irregular heartbeat that does not settle, or comes with chest pain — call 911.
- New or worsening shortness of breath, especially when lying flat or with usual activity — call us today.
- Swelling of the legs, ankles, or belly, or sudden weight gain — call us this week.
- Frequent or scary skipped beats, or a flutter that keeps returning — call us this week.
- A family member had unexplained sudden death at a young age — tell us so we can review your risk.
- Fever with night sweats and feeling unwell after dental or other procedures — call us today (rare valve infection).
- Any new or changing symptom you are unsure about — when in doubt, call.

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Trusted Resources

The links below are the trusted resources Dr. Ali used to write this guide and that he recommends you visit for more information. Each is a clickable link in the digital version and a Short.io tracked URL on the printed version.

- [Cleveland Clinic — Mitral Valve Prolapse](#) - Patient-friendly overview of the floppy valve, the click-murmur, and when it matters.
- [Mayo Clinic — Mitral Valve Prolapse](#) - Symptoms, diagnosis, and reassurance for benign prolapse, in plain language.
- [American Heart Association — Heart Valve Problems](#) - AHA hub on valve disease, including leaky valves and what treatment involves.
- [Our Echocardiogram Guide](#) - What a heart ultrasound shows, how it measures a leak, and what to expect during the test.
- [Our Skipped Beats and Palpitations Guide](#) - Why the heart skips, when palpitations are harmless, and when they deserve a closer look.



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Sources Used to Build This Guide

Every recommendation in this guide is grounded in one or more of the studies, guidelines, or trusted resources below. Short links are tracked so Dr. Ali can see which references patients are reading; nothing personally identifying is captured.

- [Cleveland Clinic — Mitral Valve Prolapse](#) [Clinical]
Patient overview of the floppy/billowing valve, the click-murmur, and when it matters.
- [Mayo Clinic — Mitral Valve Prolapse](#) [Clinical]
Patient overview of symptoms, diagnosis, and reassurance for benign MVP.
- [2020 ACC/AHA Guideline for the Management of Patients With Valvular Heart Disease](#) [Guideline]
Guideline basis for MVP follow-up cadence by MR severity, repair-over-replacement preference, and timing of intervention for severe primary MR.
- [AHA Scientific Statement — Arrhythmic Mitral Valve Prolapse and Sudden Cardiac Death](#) [Guideline]
AHA statement defining the arrhythmic-MVP phenotype, mitral annular disjunction, the red-flag markers (bileaflet myxomatous prolapse, inferior T-wave changes, papillary/inferobasal fibrosis on CMR, complex ventricular ectopy), and risk stratification.
- [Freed et al. — Prevalence and Clinical Outcome of Mitral-Valve Prolapse \(Framingham Heart Study, NEJM 1999\)](#) [Research]
Population-based prevalence (~2-3%) and the finding that community MVP is largely benign — supports the reassurance-first framing.
- [Prevalence, Progression, and Clinical Outcomes of Mitral Valve Prolapse: Systematic Review and Meta-Analysis \(EHJ-QCCO 2025\)](#) [Research]
Current pooled prevalence and progression-to-significant-MR estimates used for the leak-severity action ladder and natural-history claims.
- [Degenerative Mitral Valve Repair Restores Life Expectancy \(Annals of Thoracic Surgery\)](#) [Research]
Evidence that timely degenerative mitral valve REPAIR restores near-normal life expectancy — supports repair-over-replacement and early-timing messaging.



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About This Guide

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Reviewer note: Reviewed: Cleveland Clinic, Mayo Clinic, AHA, and the 2020 ACC/AHA Valve guideline. This guide adds a leak-severity action ladder, a click-murmur sound diagram, per-type deep dives, and a plain-language section on the rare arrhythmic-MVP pattern with the red flags that prompt extra testing.

Disclaimer

This guide is for educational purposes only and does not replace medical advice from your physician. Recommendations may not apply to every patient. Always follow the specific instructions of Dr. Ali and your care team. In an emergency call 911 or go to the nearest emergency department.



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