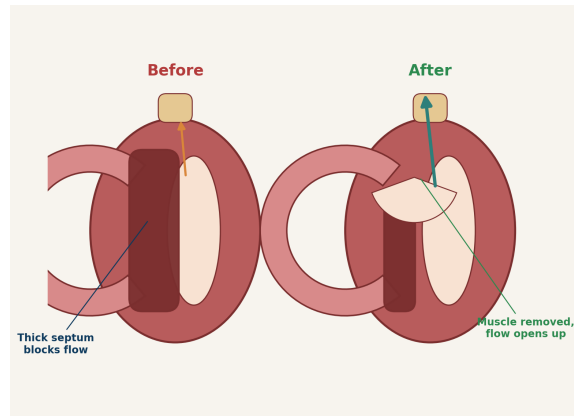


Understanding Septal Myectomy

Open-heart surgery to relieve a blockage in obstructive HCM

A proven fix for the blockage — with excellent results at experienced centers.



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

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Names & Terms You Will Hear

Term	Meaning
Septal myectomy	Open-heart surgery. It removes a small piece of thick heart-muscle wall (the septum) to relieve a blockage.
Surgical septal reduction	Another name for the surgery. It trims the thick muscle that blocks blood flow.
Morrow procedure	The classic name for this surgery. It is named for the surgeon who described it.
Extended transaortic myectomy	The modern version. The surgeon reaches the septum through the aortic valve.
Septal reduction therapy (SRT)	The umbrella term. It covers both the surgery and the catheter fix (alcohol ablation).
Obstructive HCM (oHCM)	The heart problem this surgery treats. Thick muscle blocks blood from leaving the heart.
LVOT obstruction	The blockage itself. LVOT stands for left ventricular outflow tract — the path blood takes to leave the heart.

Go to an experienced center. Septal myectomy is a specialized operation. Results are much better — and risks much lower — at high-volume HCM centers that do many of these surgeries each year. It is worth traveling for. Ask your cardiologist for a referral to a comprehensive HCM center, and get a Heart Team review.



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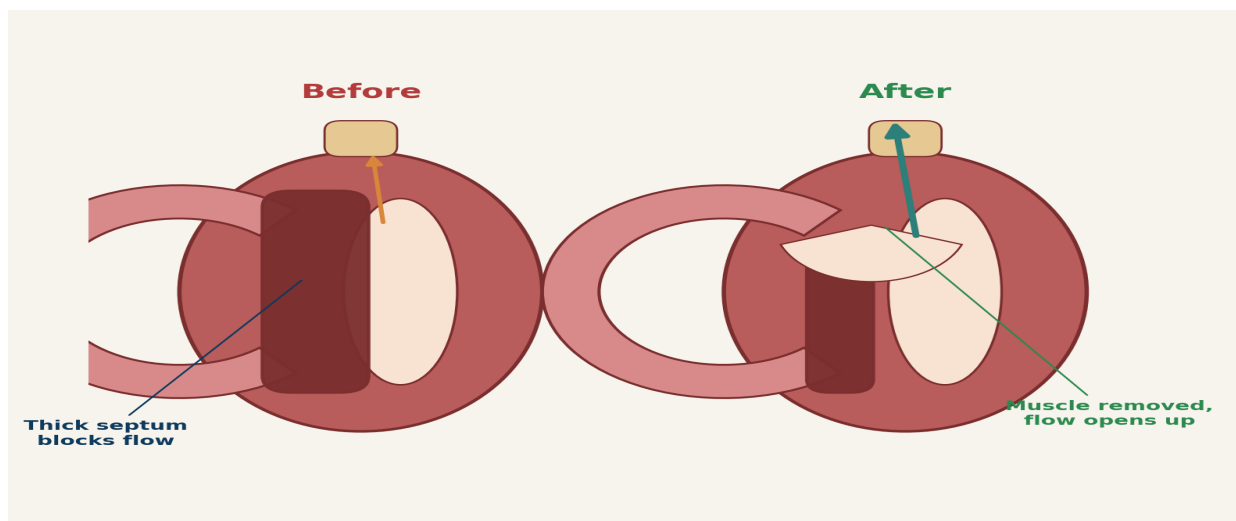
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What Is Septal Myectomy?

- Septal myectomy is **open-heart surgery** for **obstructive hypertrophic cardiomyopathy (oHCM)**. The surgeon removes a small wedge of thickened muscle from the wall (septum) that blocks blood leaving the heart.
- Taking out that muscle **opens the path out of the heart**. The blockage drops, and symptoms like shortness of breath, chest pain, and fainting get much better.
- It is the **long-standing gold standard** for severe symptoms that do not get better with medicine. It works especially well for younger patients and very thick septums.
- The surgery is done through the chest (a sternotomy) while a heart-lung machine takes over for a short time. The surgeon reaches the septum **through the aortic valve**.
- A **Heart Team** — a cardiologist and a heart surgeon with HCM experience — helps you choose between myectomy, alcohol septal ablation, and medicine.
- Results are **excellent at experienced, high-volume HCM centers**. The blockage stays relieved for years, and long-term survival can match the general population.
- This guide pairs with our [HCM guide](#), our [alcohol septal ablation guide](#), and our [mavacamten guide](#).



Before and after myectomy. The thick septum that blocks flow is trimmed, so blood can leave the heart freely.



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What the Surgeon Removes (and How It Helps)

- In obstructive HCM, the wall between the two pumping chambers (the septum) is too thick at its base, right below the aortic valve.
- That thick muscle narrows the path out of the heart. When the heart squeezes, it pulls the muscle and a valve flap into the path and blocks flow even more.
- The surgeon removes a small, carefully measured wedge of this thick muscle — usually a few grams.
- Taking out that wedge **widens the path out of the heart**. Blood now leaves freely, so the pressure across the blockage drops sharply.
- Many patients also have a leaky mitral valve because of the blockage. Once flow is opened up, the leak often improves, or the valve can be repaired in the same surgery.
- The result is much less breathlessness, chest pain, and fainting — and the benefit lasts for years.



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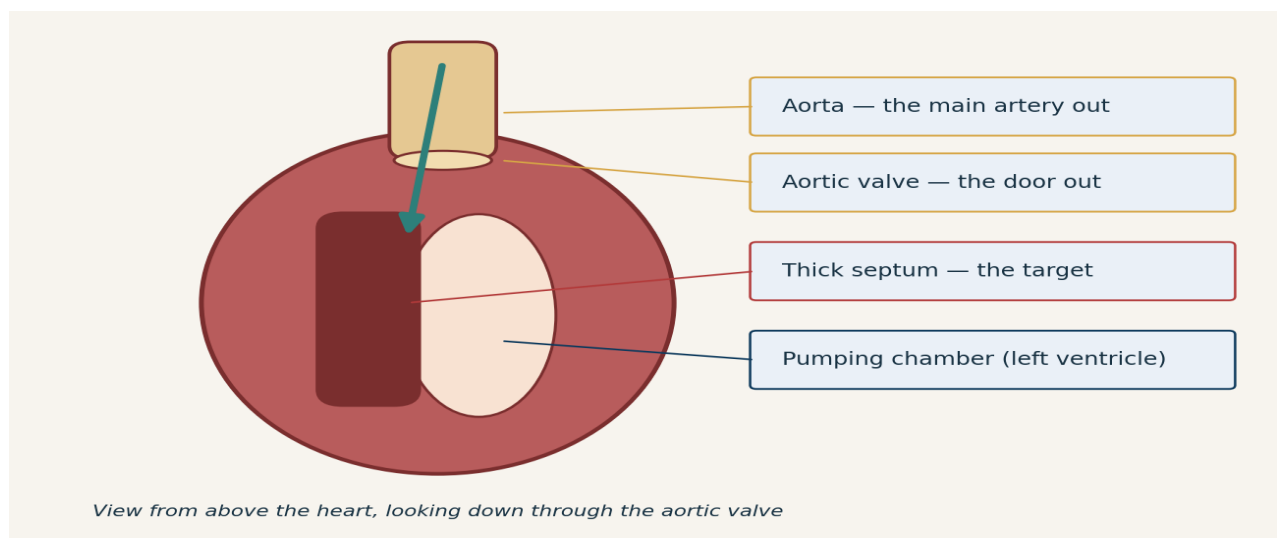
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Why It Matters

- In obstructive HCM, the thick septum acts like a **partly closed door**. The heart has to push hard to move blood past it. That causes breathlessness, chest pain, and fainting.
- When medicines are not enough, relieving the blockage is the goal. Myectomy **removes the cause** rather than just easing the symptoms.
- Surgery is usually offered when the blockage is severe (a **gradient of 50 mmHg or higher**) and symptoms are limiting daily life despite the best medicines.
- **Where you have it matters.** High-volume HCM centers have very low risk and durable results. Low-volume centers have higher complication rates. This is one of the clearest examples in heart care.
- Newer medicine called **mavacamten** (Camzyos) may let some patients put off or avoid surgery. The Heart Team weighs this for each person.
- HCM runs in families. After your diagnosis, close relatives should be checked — see our [genetic testing guide](#).



View from above the heart, looking down through the aortic valve

How the surgeon reaches the septum — looking down through the aortic valve to trim the thick muscle.



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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
Severe symptoms despite medicine	You still have bad breathlessness, chest pain, or fainting on the best medicines. This points toward a procedure.
High outflow gradient (50 mmHg or more)	A large pressure difference across the blockage means the obstruction is severe.
Very thick septum	A very thick wall is often better treated with surgery than with alcohol ablation.
Younger age	Younger patients tend to do very well with surgery and get the most durable, lasting benefit.
Another heart problem to fix at the same time	A leaky mitral valve or papillary-muscle problem can be repaired during the same open surgery.
Anatomy not suited to a catheter fix	If the heart artery that feeds the septum is not in the right spot, the catheter fix may not work well. Surgery is then a better choice.



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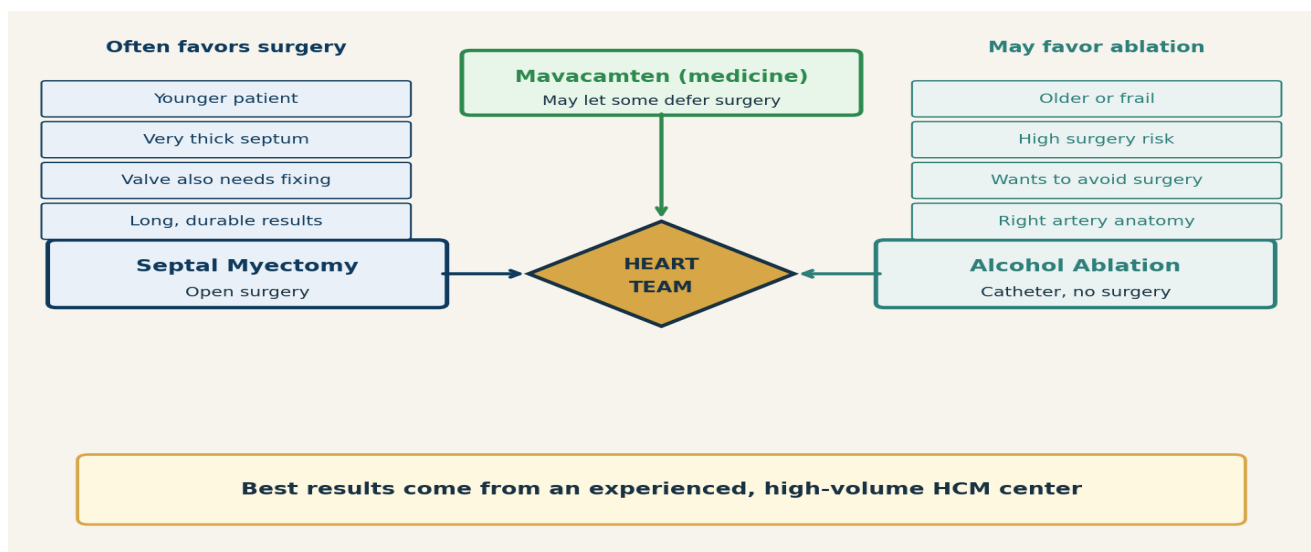
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Treatment Options

- **Septal myectomy (this surgery)** — the surgeon removes a small wedge of thick septum to open the path out of the heart. Gold standard for severe obstruction.
- **Alcohol septal ablation** — a catheter procedure that injects a small amount of alcohol to shrink the thick muscle. No open surgery, but the pacemaker risk is higher. See our [alcohol septal ablation guide](#).
- **Mavacamten (Camzyos)** — a newer medicine that targets the root cause of HCM and reduces the blockage. It may let some patients defer or avoid a procedure. See our [mavacamten guide](#).
- **Beta-blockers and calcium channel blockers** — first-line medicines. They slow the heart and ease the blockage during activity. Tried before any procedure.
- **Disopyramide** — added for stubborn symptoms when other medicines are not enough.
- **Mitral valve repair** — sometimes done during the same surgery if the valve is leaking because of the blockage.
- **Implantable defibrillator (ICD)** — for patients at high risk of dangerous rhythms. This is separate from relieving the blockage.
- **Heart Team review** — a cardiologist and a heart surgeon experienced in HCM choose the best option with you. Ask to be sent to a high-volume HCM center.



The Heart Team choice. Several factors push toward surgery or toward a catheter fix — best decided at an experienced center.



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Myectomy vs Alcohol Septal Ablation — at a glance

	Septal Myectomy	Alcohol Septal Ablation
Approach	Open-heart surgery (sternotomy)	Catheter; alcohol into a small artery
Best for	Younger, very thick septum, or another fix needed	Older or higher surgery risk; right anatomy
Hospital stay	About 5 to 7 days	About 1 to 3 days
Recovery	About 6 to 8 weeks	About 2 to 3 weeks
Pacemaker risk	Lower (a few percent)	Higher (often 10 to 20%)
Durability	Excellent and long-lasting	Good; redo a bit more common



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Myectomy vs Alcohol Ablation: the Heart Team Choice

- Both relieve the blockage. Myectomy is open surgery; alcohol ablation is a catheter procedure that shrinks the muscle with a small amount of alcohol.
- **Myectomy is usually preferred** for younger patients, very thick septums, or when another heart problem (like a leaky valve) needs fixing at the same time.
- **Alcohol ablation may be preferred** for older patients, those at higher surgery risk, or when the heart-artery anatomy is right for it.
- A key difference is the **pacemaker risk**. It is lower after surgery and higher after alcohol ablation.
- **The most important point:** outcomes for either choice are far better at experienced, high-volume HCM centers. It is worth traveling for.
- Mavacamten (medicine) is a third path that may let some patients defer or avoid a procedure. Your Heart Team weighs all three with you.



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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. Being low on fluids can make the blockage worse.
- Avoid heavy weight lifting and straining, which can worsen the blockage. Ask your cardiologist what activity is safe for you.
- Limit alcohol, which can drop your blood pressure and worsen symptoms.
- After surgery, follow your sternal (breastbone) precautions: no pushing, pulling, or lifting more than about 10 pounds while the bone heals.
- Walk a little more each day as your team allows. Gentle, steady activity speeds recovery.
- Go to cardiac rehab if it is offered. It helps you rebuild strength safely after open-heart surgery.



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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
Septal myectomy (this surgery)	Open-heart surgery. Small chance of needing a pacemaker, a rare hole in the septum, bleeding, stroke, or anesthesia problems.	Gold standard for severe blockage. Big, durable symptom relief. Very low risk at experienced centers.	Alcohol septal ablation; mavacamten; medicines only.
Alcohol septal ablation	Higher chance of needing a pacemaker than surgery. May not work as well if the artery anatomy is not ideal.	No open surgery. Shorter hospital stay and recovery. Good fit for selected patients.	Septal myectomy; mavacamten.
Mavacamten (medicine)	Frequent echo visits at first. Rare heart weakening if the dose is too high. Long-term medicine.	Works on the root cause. May let you put off or avoid a procedure.	Septal myectomy; alcohol ablation; other medicines.
Medicines only (no procedure)	May not be enough for severe symptoms. The blockage stays.	No procedure risk. Right first step for many patients.	Myectomy; alcohol ablation; mavacamten.

Surgery, catheter, or medicine? For severe obstruction, myectomy is the gold standard, alcohol ablation is a catheter alternative, and mavacamten is a newer medicine that may let some patients defer surgery. A Heart Team helps you weigh them. See our [alcohol ablation](#) and [mavacamten](#) guides.



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Common Misconceptions

Myth	Reality
"Myectomy is too risky — it's open-heart surgery."	At experienced, high-volume HCM centers the risk of dying is well under 1%. Long-term survival can match the general population.
"Alcohol ablation is always easier, so it's always better."	Ablation avoids open surgery, but it carries a higher chance of needing a pacemaker. For younger patients and very thick septums, surgery is usually the better choice.
"The new medicine means no one needs surgery anymore."	Mavacamten helps many patients and may let some avoid a procedure. But surgery is still the gold standard for severe obstruction, and not everyone responds to medicine.
"Any heart surgeon can do this."	Myectomy is a specialized operation. Results are much better at centers that do many of them each year. It is worth traveling to an experienced HCM center.
"Once they remove the muscle, it grows back and I'll need it again."	Redo surgery is uncommon. At experienced centers the blockage usually stays relieved for many years.
"Surgery cures my HCM."	Myectomy relieves the blockage and its symptoms very well. But HCM is genetic and lifelong, so you still need follow-up and family screening.



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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
Need for a pacemaker	The surgery can affect the heart's wiring. A small share of patients (lower than with alcohol ablation) need a pacemaker afterward.
Hole in the septum (VSD)	Rarely, removing muscle leaves a small hole between the chambers. It can be patched if it happens.
Leaky aortic valve	Rarely, the valve the surgeon works near can leak afterward and may need attention.
Bleeding	As with any open-heart surgery, bleeding can occur and sometimes needs a transfusion or a return to the operating room.
Stroke	A small risk with any heart surgery. The team takes steps to lower it.
Atrial fibrillation after surgery	A fast, irregular rhythm is common in the days after surgery. It is usually short-lived and easy to treat.
Anesthesia risks	General anesthesia carries its own small risks, which the anesthesia team manages.



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Recovery After Open-Heart Surgery

- You will be under general anesthesia. The surgery itself usually takes a few hours.
- You wake up in intensive care for a day or two, then move to a regular room. Most people go home in about 5 to 7 days.
- The breastbone (sternum) needs time to heal. For several weeks, avoid pushing, pulling, or lifting more than about 10 pounds.
- Full recovery to normal activities takes about 6 to 8 weeks. Your team will tell you when you can drive again.
- Cardiac rehab helps you rebuild strength safely. Walk a little more each day as allowed.
- Most patients feel a big, lasting improvement in breathing and energy. You will still need follow-up because HCM is lifelong.



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Points to Know

If you remember nothing else, remember these key points.

- Septal myectomy removes a small piece of thick muscle to open the blocked path out of the heart.
- It is the gold standard for severe obstructive HCM, especially in younger patients and very thick septums.
- A Heart Team helps you choose between myectomy, alcohol ablation, and mavacamten.
- Where you have it matters: go to an experienced, high-volume HCM center.
- The pacemaker risk after surgery is lower than after alcohol ablation.
- Risks are like other open-heart surgery: bleeding, stroke, a rare septal hole, and anesthesia.
- Symptom relief is big and lasts for years at experienced centers.
- HCM is genetic. After your diagnosis, close relatives should be checked.



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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.

- **Call 911** for chest pain, severe shortness of breath, fainting, or signs of a stroke (face droop, arm weakness, slurred speech).
- **Call 911** if your wound bleeds heavily or your breastbone feels like it is shifting or popping.
- **Call our office** if you have fever, redness, or drainage from your incision after surgery.
- **Call our office** if you feel a new fast or irregular heartbeat.
- **Call our office** if you faint or nearly faint at any time.
- **Call our office** if your shortness of breath comes back or gets worse.
- **Call our office** if you gain several pounds quickly or your legs swell.
- **Call our office** if a family member is newly diagnosed with HCM — you and your children may need screening.

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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 — Septal Myectomy](#) - Patient overview of the surgery and recovery.
- [Mayo Clinic — Septal Myectomy](#) - Who is a candidate, the approach, and recovery.
- [AHA — Hypertrophic Cardiomyopathy](#) - How myectomy fits among HCM treatments.
- [Hypertrophic Cardiomyopathy Association \(4HCM\)](#) - Help finding an HCM center of excellence.
- [Penn Medicine — Septal Myectomy](#) - Plain-language procedure and recovery overview.



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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.

- [2024 AHA/ACC/AMSSM/HRS/PACES/SCMR Guideline for the Management of Hypertrophic Cardiomyopathy](#) [Guideline]
Authoritative basis for septal myectomy as preferred septal reduction therapy in many patients, the gradient and symptom thresholds, experienced-center referral, and Heart Team decision-making.
- [ACC — Ten Points to Remember: 2024 HCM Guideline](#) [Guideline]
Clinician summary of the 2024 HCM guideline, including septal reduction therapy indications and the comprehensive-center-of-excellence emphasis.
- [Cleveland Clinic — Septal Myectomy](#) [Patient Education]
Patient-facing overview of open-heart surgery to remove thickened septal muscle in obstructive HCM, what to expect, and recovery.
- [Mayo Clinic — Septal Myectomy](#) [Patient Education]
Describes the surgical approach, who is a candidate, recovery, and the excellent durability at high-volume HCM centers.
- [Penn Medicine — Septal Myectomy](#) [Patient Education]
Plain-language description of the procedure, candidacy, and recovery course at an experienced center.
- [American Heart Association — Hypertrophic Cardiomyopathy](#) [Patient Education]
Frames myectomy among HCM treatments and contrasts it with alcohol septal ablation for shared decision-making.
- [JACC — Long-Term Effects of Surgical Septal Myectomy](#) [Research Article]
Landmark long-term follow-up showing durable symptom relief and survival after myectomy comparable to the general population at experienced centers.
- [JACC — Mavacamten for Septal-Reduction-Eligible Patients \(VALOR-HCM\)](#) [Research Article]
VALOR-HCM trial: mavacamten markedly reduced the proportion of SRT-eligible patients still meeting criteria, supporting a medical-first option in selected cases.
- [American Journal of Cardiology — Surgical Myectomy: Center Volume and Outcomes](#) [Research Article]
Multicenter analysis documenting the volume-outcome relationship and the case for referral to high-volume comprehensive HCM centers.
- [Hypertrophic Cardiomyopathy Association \(4HCM\)](#) [Patient Education]
Patient community resource with guidance on finding HCM centers of excellence and surgical second opinions.



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About This Guide

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Reviewer note: Reviewed against Cleveland Clinic, Mayo Clinic, and AHA patient pages. Ours adds: the 2024 HCM guideline and mavacamten era, a clear Heart Team myectomy-vs-ablation comparison with pacemaker-risk numbers, the volume-outcome point in plain language, and direct cross-links to our HCM, alcohol ablation, mavacamten, and genetics guides.

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