

# **Multidisciplinary perspectives on repeat heart valve replacement surgery for infective endocarditis in intravenous drug users**

Category: Oral Presentation

Abstract Body

Intro:

Intravenous drug use is a prominent risk factor for developing infective endocarditis requiring heart valve replacement surgery; however, the prognostic benefit of this therapy in people who use drugs is contentious. Attitudes and practices in the determination of heart valve replacement for these patients vary between and within stakeholder groups. The studies regarding these variable perspectives have been siloed by profession, contrary to the calls for multidisciplinary guideline development in this practice area.

Methods:

The study is a mixed methods synthesis of research articles exploring attitudes and perspectives towards repeat valve replacement surgery for infective endocarditis in intravenous drug users. The primary outputs of the study focus on thematic findings from the literature review and an evidence-based network mapping of the multidisciplinary perspectives. Both of these modalities will be further informed by informal interviews with content experts and patients with lived experience.

Results:

The literature demonstrated a high prevalence of articles reflecting the viewpoints of cardiovascular surgeons and theological ethicists, with reduced output from other stakeholder disciplines including addictions medicine, primary care, allied health, and infectious disease. Notably, there was an absence of studies exploring the narratives of people with lived experience, and regulatory bodies. Thematic analysis revealed interprofessional gaps in education related to intravenous drug use, stigma surrounding people who use drugs, and uncertainty regarding the health outcomes of repeat valve surgery in this population. Network mapping revealed a schism between public health priorities and surgical practices.

Conclusions:

The synthesis of multidisciplinary perspectives regarding repeat valve surgery for infective endocarditis in

intravenous drug users provides a resource for increased collaboration and understanding between health professions involved in their care. Our work supports the need for comprehensive regulations that reflect the perspectives and expertise of all key stakeholders. It serves as a catalyst and facilitator for knowledge sharing between care providers, ultimately promoting the development of interprofessional practice guidelines, less heterogeneous care, destigmatization of intravenous drug use, and improved health outcomes.

#### Key Words

- Advocacy
- Equity, Diversity, Inclusion issues
- Medical Co-Morbidities
- Stigma
- Substance Use Disorder (general)

#### Learning Objective # 1

Integrate expert perspectives and existing evidence regarding appropriate therapy of infective endocarditis in intravenous drug users.

#### Learning Objective # 2

Employ evidence-based and interprofessional care of people who use drugs.

#### Reference # 1

Aultman JM, Dziadkowiec O, McCallister D, Firstenberg MS. Surgeons' re-operative valve replacement practices in patients with endocarditis due to drug use. *International Journal of Critical Illness and Injury Science*. 2021 Oct;11(4):229.

#### Reference # 2

Hayden M, Moore A. Attitudes and approaches towards repeat valve surgery in recurrent injection drug use-associated infective endocarditis: a qualitative study. *Journal of Addiction Medicine*. 2020 May 1;14(3):217-23.

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