

BRISTOL AND WESTON  
HEALTH AUTHORITY

**BRISTOL ROYAL HOSPITAL  
FOR SICK CHILDREN**  
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28th November 1990

Mr. & Mrs. M. Curnow,

Dear Mr. & Mrs. Curnow,

Mr. Dhasmana has passed on your letter to me so that I can help answer one or two of the queries.

Can I first of all say that we were all of course very sorry that Verity died after her operation and we do all realise what this must mean to you.

To run through the points which you raise. The basic problem with her heart was that the proper blood vessels which should have carried the blood to the lungs had not developed during the period in which her heart and lungs were developing before birth. There was a very tiny blood vessel representing the normal artery going to both lungs but this received its blood not directly from the heart but from other blood vessels which arose from the aorta which is the main artery carrying blood to the body. There was also a hole between the two ventricles but this can be regarded in the sense as a compensatory mechanism to allow the blood that would normally have been pumped into the lungs to get out of the heart although of course it went into the wrong main artery, that is the aorta.

We see about 10 or 12 babies born each year with Verity's condition in the area which we serve, that is the South West and part of South Wales. They all present us with very considerable problems in treatment. The main problems relate to whether there are any reasonable sized arteries in the lungs which we can help to develop by the sort of shunt which was actually attempted in Verity. Sometimes it is possible thereby to make these arteries grow and for us to eventually correct the condition with a further operation or series of operations but this is only successful in about half of the children we see with this condition at best.

As you know, we felt that although the prospects looked generally poor, we should make the attempt as I and all my colleagues felt that her outlook without some attempt at operation was extremely poor and we could be fairly certain that she would not have managed to survive another six or twelve months without some sort of intervention. Sadly at operation the arteries in the lungs proved to be even smaller than they had appeared on the special angiograms which we had carried out and I think there is no doubt that this failure to improve the situation coupled with the fact that the operation put a strain on her heart and circulation requiring more oxygen which could not be provided was the reason why she died. I do not think the results would have been any different if we had attempted to carry out the operation earlier and I think if we had left things they would not have improved and I do not think she would have survived for very long.

The findings at her operation were those predicted by the catheter tests and nothing additional was found. Because we were really quite sure of the underlying heart problem we did not think there was any necessity to carry out a post mortem examination.

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With regard to the question of a recurrence of heart problems in any future pregnancy, I cannot give you of course an answer as to what will actually happen. There is overall about a 1 in 100 chance of any child being born with a heart problem. Fortunately, not many of these are as complicated as Verity's problem so that the general chances of a severe heart problem which would not be amenable to correction are in general in the order of about 1 in 1,000. However, there is a small increase in the chance if the parents have had a previous child with a heart problem. This probably increases the overall risk of a heart condition to 1 in 50 and about a 1 in 200 chance of being a condition as severe as that which Verity had. To put this in perspective one has to say that about one child in 30 is born with some problem or other, that is problems involving any part of the body, so that the overall risks are not very much greater that occur with any pregnancy.

We do however, feel that the increased risk and of course the parents particular concern when they have already lost one child is sufficient to justify carrying out a special ultrasound of the baby which we usually do between 18 and 20 weeks on during the pregnancy, i.e. about half way through. I don't think I have actually had any experience of any parents who have had two children with the same heart condition that Verity suffered from and obviously we would very much hope that the ultrasound would enable us to reassure you that there was no major heart problem present.

We are all very grateful to you for your offer to raise money for equipment for the Intensive Care Unit here. I would like to consult with my colleagues, particularly the Anaesthetists about how this should be spent. It would be helpful if you could give me some sort of indication of the sum that you would hope to be able to raise.

I hope that these points are helpful to you but if there is anything you wish to ask about please write to me or if you like come up and see me this can of course be arranged.

With kind regards,

Yours sincerely,

S.C. Jordan.  
Cardiologist.

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