

**comprehensive system of outpatient clinics throughout the South West and South Wales during 1984 - 1995 ensured that all patients could be monitored at suitable intervals.**

**(c) The nature of the surgical procedure required and the potential complications that might arise were discussed in detail at our regular twice-weekly review meetings.**

**(d) All the consultant paediatric cardiologists gave their view as to the urgency of any intervention for each case at these joint meetings.**

**E 12 *The protocols or clinical guidelines, machinery, equipment or technical services (eg radiological interpretation) available to the cardiologists to assist them in this task.***

**In the early 1980s, children were catheterised in the BRI which, apart from having to transfer a child from BCH and back, was inappropriate for children. The**

**angiography equipment was uniplane, which meant that twice the number of contrast injections was required to obtain all the necessary views. The cardiac catheterisation suite which opened in the BCH in 1987 was "state-of-the-art" at that stage, and functioned well until 1995.**

**We struggled to acquire suitable echocardiography equipment during the early 1980s, and it was only through the financial support of charitable organisations that we were able to purchase a 2-D echocardiography machine in about 1984,**

**and a second in about 1989. The situation improved after Trust status, when we acquired our third machine, in lieu of the outmoded first apparatus. We were always short of cardiac technological staff and, throughout 1984 to 1995, we shared technicians with the adult cardiac catheterisation service at the BRI. It was only in this way that we could ensure that, for emergency catheterisations after hours, there would be someone on call who was familiar with the BCH equipment.**

**The paediatric cardiologists performed all echocardiography procedures themselves until the late 1980s, when we were able to appoint our first echocardiographic technician with financial help from the Paediatric Oncology Department, for whom we provided a regular service. In the early 1980s, the paediatric cardiologists reported on all angiograms as part of the cardiac catheterisation reports. This was taken over by Dr Wilde in the mid 1980s, and his overall advice and assistance was most welcome. By the early 1990s, he became overwhelmed by the demands of adult cardiology and was no longer able to participate in the angiographic procedures himself, but still reported on the angiograms.**

**E 13 *Pre-operative assessment and preparation procedures, including meetings at which treatment and operations were discussed and planned.***

**As described in E 3, pre-operative evaluation of patients for possible surgery took place at the twice-weekly joint meetings prior to being put onto the waiting list.**

**In addition, the surgeons would review the pre-operative cases for the current week at the end of these meetings. The cardiologists were present and often**