

**OPERATION NOTE**

Surname	NAUGHTON	688020
Forename:	NAUGHTON	688020
Address	Sean	
Date of B	Mr J D Wisheart	12-Mar-84
	B. R. I. Ward	5

Surgeon Wisheart/Chatterjee/Roberts  
 Anaesthetist Burton/Faroqui  
 Scrub Nurse: Sister Wainwright  
 Operation Total correction of total anomalous pulmonary venous drainage (supra cardiac)  
 29.3.84. Date

Diagnosis: Total anomalous pulmonary venous drainage (supra cardiac).

Perfusion data: Cardiopulmonary bypass time - 2hrs 7mins  
 Cardioplegia  
 Period of aortic cross clamp - 1 hr 22mins  
 Period of circulatory arrest - 1 hr 16mins  
 Perfusion temperature - 11°C  
 Septal temperature - Not recorded  
 Oxygenator - Capiiox II 1.6

Approach: Median sternotomy.

Findings: On external examination, the right atrium was large, the aorta was very small and the pulmonary artery moderately large. The right ventricle was much larger than the left which appeared to be small. The pulmonary veins did not enter the pericardium but could be seen posteriorly.

Procedure: Cardiopulmonary bypass was established with a single atrial line and a 2.5mm aortic metal cannula. The temperature was reduced to 15°C, when the aorta was cross clamped and the circulation stopped. Approximately 70ccs of the cardioplegic solution was given into the aortic root. During the period of cooling, the ascending vein was identified outside the pericardium. It was separated from the phrenic nerve and snared. The ductus was also dissected and carefully defined and ligated.

When the circulation had been arrested, there continued to be a troublesome slow return of blood through the SVC in the left side of the heart which obscured the surgical field. This was not stopped until a vent was inserted in the LV and the SVC was clamped. The right atrium was opened with a transverse incision extending posteriorly. A small PFO was identified, this being the only inter-atrial communication. A lateral incision extending from the PFO joined the incision on the lateral wall of the right atrium. This incision was then extended around the posterior wall of the left atrium as far as the