

BRISTOL ROYAL INFIRMARY


920956

OPERATION NOTE

RUNDLE M

DATE OF OPERATION: 28 03 94

Matthew

  
 05 06 93  
 J D Wisheart

WEIGHT: 5.2 kg

SURGEONS: Wisheart/Underwood/Bhagia

ANAESTHETIST: Pryn

OPERATION: Repair of complete atrio ventricular septal defect.

DIAGNOSIS: Downs syndrome. Complete atrio ventricular septal defect.

PERFUSION DATA: Cardiopulmonary bypass time - 3 hrs 16 mins  
 Cardioplegia and topical hypothermia  
 Period of aortic cross clamp - 1 hr 59 mins  
 Perfusion Temperature - 21 °C  
 Septal Temperature - 7 °C  
 Oxygenator - Dideco 1500

APPROACH: Median sternotomy.

FINDINGS: There was a small aorta, a larger PA. Both ventricles were large.

PROCEDURE: Cardiopulmonary bypass was established. The aorta was cannulated a little more proximally than originally intended to avoid cannulating in a rather narrow arch. The temperature was reduced to 22 °C. The aorta was cross clamped and cardiac action stopped by infusion of an aliquot of the cardioplegic solution. Two further aliquots were given and together with topical cooling, these measures maintained the myocardial temperature at a satisfactory level during the period of aortic cross clamp.

The right atrium was opened with a long oblique incision. The anatomy was of a complete atrio ventricular septal defect. Coronary sinus was present. The atrio component of the defect was large. The ventricular component was moderate in size. The superior bridging leaflet was undivided and was not attached to the septum with chordae. The inferior bridging leaflet was similarly undivided and was attached to the septum with some chordae. Those corresponding to secondary chordae were divided leaving 3 important chordae attached to the free edge of the leaflet and close to the crest of the intra ventricular septum. These chordae were preserved.

The intra ventricular defect was closed with a patch of 2 way stretch Dacron which was trimmed to the appropriate size leaving an adequate amount of patch to be sutured inferiorly away from the conducting tissue. The patch was attached to the intra ventricular septum with continuous runs of 5(0) Prolene, the suture line being on the right-side of the septum, some way from the crest. Where the chordae mentioned above were preserved, a small nick was made in the patch. The suture line hoped to be secure but there must be the possibility of a small communication of this level. The

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