

Report of Meeting on 11.1.95 at 5.30 p.m.

Those present : Drs. Martin, Hayes, Joffe, Masey, Pryn, Bolsin, Monk, Wisheart, Dhasmana

The meeting had been called to review the results of the arterial switch programme. This was prompted by the plan to undertake an arterial switch operation the following day on [REDACTED]

The results for neonatal arterial switch for patients with intact ventricular septal were discussed in passing. The overall mortality has been 9/13 (69%). It has previously been decided to halt the neonatal arterial switch programme for the moment pending the development of the new unit.

In total, since February 1988, a total of 28 patients have undergone an arterial switch operation with closure of VSD. This included patients who have undergone coarctation repair and pulmonary artery banding, those with multiple VSDs and those operated on in infancy without prior pulmonary artery banding. Four patients have been operated upon by Mr. Wisheart who is no longer undertaking arterial switch operations. This leaves 24 patients operated on by Mr. Dhasmana during the period of February 88 to December 94. Overall mortality for this period is 8/24 patients (33%). Mortality was higher in the first 2 years presumably reflecting the learning curve for the operation. Over the period of 1990 to 1994 15 operations were performed with 3 deaths giving an overall mortality of 20%. 8 of these patients were over one year of age with one death (12½% mortality).

Reviewing the figures it was clear that the mortality at the start of the programme was high but had improved significantly over the latter few years. These mortality rates were compared to published data. From the multi-centre study in the United States, the mortality for transposition with multiple VSDs was 22% and for transposition with single VSD was 16%. Based on the UK registry the mortality for treatment of transposition with VSD (majority would have had an arterial switch operation) was 19.5% in 1990, 17.6% in 1991 and 12% in 1992. There was discussion on these results and it was felt that our more recent results were similar to that for published data and, therefore, acceptable.

There was a discussion amongst the group on these results and there was general agreement that, based on the mortality figures it was appropriate to continue with an arterial switch programme in children outside of the neonatal period.

There was then a discussion as to whether it would be appropriate to proceed with the planned operation on [REDACTED]. The general feeling expressed was that there was no clinical reason for deferring the surgery. Dr. Bolsin expressed the opinion that it would be preferable to defer surgery for a few months until the new set-up had been organised. [REDACTED]

There was some discussion amongst the group regarding contacts between the Department of Health and members of the unit. Dr. Bolsin had previously been in contact with Dr. Doyle at the Department of Health to discuss the arterial Switch Programme. It was agreed that it would be appropriate to present the figures to the Department of Health with also the need to clarify the optimum linkage arrangements.

After this general discussion there was a joint discussion between myself, Mr. Dhasmana and Mr. Wisheart regarding whether it was clinically appropriate to proceed with [REDACTED] operation the following day. [REDACTED] is already 18 months old and quite severely blue. We have recently reviewed the clinical and angiographic data and felt that he is suitable for an arterial switch in our unit. With [REDACTED] cyanosis being quite severe it was felt unwise to postpone surgery for a matter of months. Based on the results that we have discussed, we did not feel it was appropriate for referral to another centre. The decision therefore, was made to proceed with the planned arterial switch operation the following day. [REDACTED]