

AUDIT MEETING

Monday 19th March 1990

Present:- Drs Martin, Jordan, Joffe, Wilde, Bolsin, Monk, Bu'Lock,
Mr Dhasmana, Mr Wisheart

Open Heart Surgery under One Year- 1989

The clinical details and outcome of patients that underwent open heart surgery during infancy for 1989 were reviewed. Overall 39 patients were treated with 14 deaths giving an overall mortality of 35%.

VSD

Nine patients underwent primary closure of ventricular septal defects with two deaths. Both deaths were related to post-operative pulmonary hypertensive difficulties. One had a pre-operative pulmonary vascular resistance of 7 units, and the second 3 units. Post-mortem examination showed potentially reversible pulmonary vascular disease in both cases. Neither patient were given the 'new' regime of Phenoxybenzamine hyperventilation and minimal handling.

There was one additional child that had closure of VSD with debanding of pulmonary artery at 4 months of age. This child was severely hypoxic pre-operatively because of a very tight PA band.

Senning Operation

The Senning results were good. Ten patients underwent Senning repair with one death. The death was again associated with post-operative pulmonary vascular hypertensive problems, possibly related to multiple pulmonary embolism from SVC thrombosis. The merits of changing the necklines more often were discussed or the use of Doppler ultrasound to look at their SVC flow. No definite policy changes were recommended at this stage.

TAPVD

There were 3 deaths in the 5 patients operated on for TAPVD. One death occurred in a child where the precise pulmonary venous connection was uncertain. Pre-operatively ■ had been considered to have supra cardiac TAPVD with drainage to the left innominate vein. At operation this ascending vein could not be found but post-mortem showed that there was an ascending vein in an unusual retro oesophageal position connecting directly to the SVC. The pre-operative diagnosis was correct in the other children that were operated on.

It was agreed that there should be a low threshold for cardiac catheter study in children that were relatively well and not in the unstable obstructed group. However, it was agreed that if the echocardiogram showed the anatomy convincingly cardiac catheterisation would not be necessary.

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