AUDIT MEETING

Monday 19th March 1990

Atrio Ventricular Septal Defect

Seven patients were operated on, 6 with complete defects, one with a partial defect. There were 4 survivors and 3 deaths. Two deaths were related to post-operative pulmonary vascular problems. One was in a child with left ventricular hypoplasia where the atrio ventricular valve was small. This case is to be reviewed in one of the forthcoming pathology audit sessions.

Other Operations

There were 4 other deaths, one related to pulmonary vascular problems in the post-operative period, one due to inter operative bleeding in a child having an arterial switch operation, one in a child with mitral valve stenosis and one early post-operative death in a child that had a repair of persistent truncus arteriosus.

Future Direction

We will need to review the results of the new post-operative regime to prevent pulmonary vascular hypertensive crisis. Initial impression is that this has been useful, but review ought to be performed later in 1990.

Most symptomatic VSDs should be offered primary repair rather than pulmonary artery banding, as is our current policy. In patients with coarctation and VSD we shall be aiming to perform closure of VSD and pulmonary artery debanding between 6 and 12 months of age. It was not felt that we should be repairing the coarctation and then going on to close the VSD if necessary as a primary procedure. With our particular set-up it was felt that this may pose problems.

We should aim to perform Senning operation at between 8 and 9 months of age, rather than 10-12 months as at present.

With the recent introduction of trans atrial repair of the tetralogy of Fallot it may well be possible to offer primary correction in infancy when the anatomy appears suitable. This has the implication that we should be offering cardiac catheter to Fallots patients at about 6 months of age.

R P Martin
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