

accepted that the use of LA lines and, if necessary, transvenous balloon PA lines were valuable in the sicker patients.

## 2. Problem Operations

### a) Tetralogy of Fallot Patients

Dr. Masey suggested that it might be possible that the cardiologists could be involved with the Tetralogy of Fallot cases, particularly in the elucidation of the coronary artery anatomy.

Mr. Dhasmana said he had reviewed specific deaths with the paediatric cardiologist and had found, in some cases, that the information provided was just not good enough with specific reference to the pulmonary artery anatomy and the coronary anatomy. Several patients post-operatively have low cardiac output states, prolonged ventilation and chest infections, although some had had a very short stay. He felt that it would be useful in these patients to add left atrial lines to the surgical management with minimal risk.

Dr. Burton proposed that left atrial lines were safer than pulmonary artery balloons and enlarged on the Bristol experience of both types of monitoring.

Dr. Bolsin disagreed and suggested that, in fact, as PA balloons were less invasive, they were therefore safer and could be combined with Doppler measurements to reduce the invasive monitoring of the children. Dr. Burton wondered if this was practical yet. Mr. Wisheart was sympathetic to Mr. Dhasmana's approach and suggested that left atrial lines could be an important addition to the management of patients with Tetralogy of Fallot. He also went on to say that, in his experience, deaths had been associated with low cardiac output, renal failure and pulmonary insufficiency, probably related to coronary artery anatomy not being well demonstrated. He also went on to discuss the evolution of congenital heart disease and the probable importance of early operation in these children. He suggested that the surgeon should approach the cardiologist about more detailed demonstration of coronary anatomy in Tetralogy of Fallot and also the pulmonary artery anatomy. They should also consider whether these patients should be operated on early when the left ventricle was capable of taking the systemic workload.