

b) Atrioventricular Septo Defect

Mr. Wisheart said that, in view of the Melbourne and recent Great Ormond Street experience, these patients should be operated on at a younger age. This proposal was accepted by the meeting.

Mr. Dhasmana reviewed cases he had had with this problem and suggested that management be improved by routine use of phenoxybenzamine, pulmonary hypertensive management and left atrial and pulmonary arterial lines but it was a difficult operation.

Dr. Burton brought up the problem of gut related sepsis and the management opportunities here.

Dr. Monk suggested that selective decontamination of the digestive tract protocols could be drawn up in association with the microbiologists and Dr. Willatts, who had recently conducted a trial in the general ITU. Mr. Wisheart suggested that sucralphate instead of H1 receptor blockers should be a useful addition and it was decided to implement this change.

Antibiotic use - it was decided that antibiotics would only be used up to 48 hours. In terms of the GI tract it was thought that early feeding was a possibility and the dangers of aspiration were minimal compared to the risk of nosocomial infection.

Dr. Monk suggested that, when parenteral feeding was required, concentrations of sugars in the feeding solutions were too high and that we should consider high fat feeding. This would also reduce the CO₂ production from these foodstuffs. These proposals would be made again at the next meeting. Although the Agenda was not completed at this stage, it was late and it was felt that a new meeting should be arranged and an Agenda provisionally discussed for that meeting.

Date of Next Meeting

It was decided that the next meeting should take place on Wednesday 18th September at Mr. Dhasmana's house at 20:00 hours. The Agenda items would include:

1. Fat/sugar debate in TPN.
2. Pulmonary hypertension - a study of current management and benefits.
3. Plasma expanders.