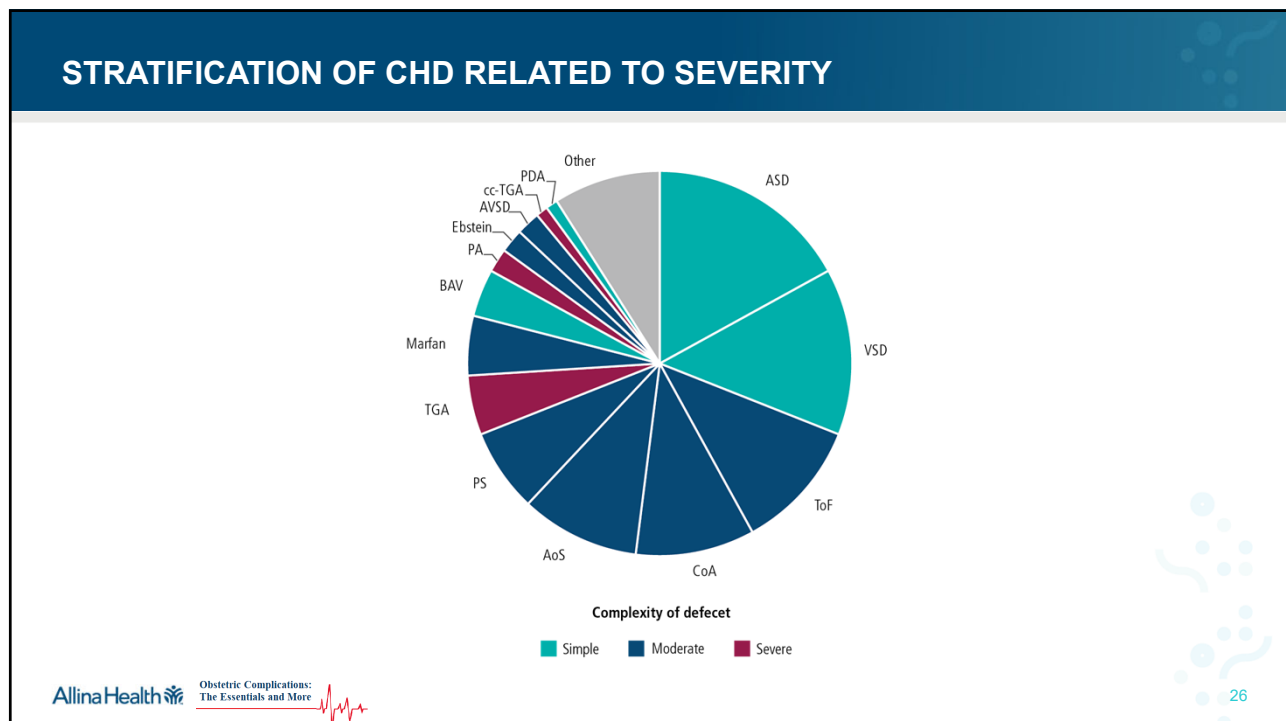
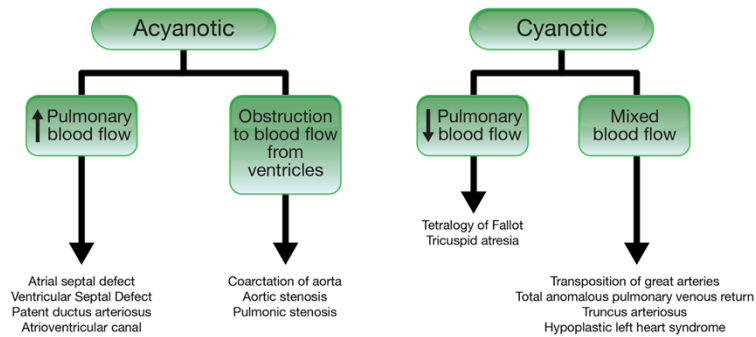


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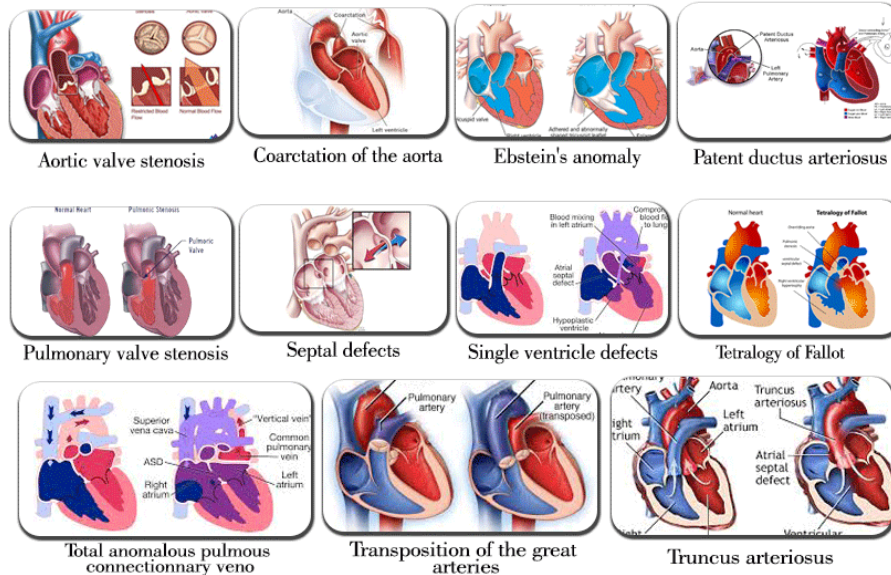
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Classification of Congenital Heart Disease



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Congenital heart disease types



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Surgical Terminology in Adult Congenital Heart Disease

Surgical Shunts in CHD

Surgical Procedures

Shunt	Procedure	Procedure	Surgery
Classic Blalock-Taussig	Subclavian artery to pulmonary artery as end to side anastomosis.	Rastelli Procedure	Transposition with a VSD whereby the VSD is closed baffling LV to Ao and a RV to PA conduit is placed.
Modified Blalock-Taussig	Gore-Tex tube graft from subclavian artery to pulmonary artery.	Norwood Procedure	Hypoplastic LV syndrome. The pulmonary valve and artery are used to create neo-aorta and a BT shunt is placed to provide pulmonary blood flow.
Bidirectional Glenn	SVC to RPA. End to side. Second stage to fontan.	Mustard Procedure	Transposition of the great vessels. Baffle the SVC/IVC to the MV - LV - PA and baffle the pulmonary veins to TV - RV - Ao.
Fontan Procedure	IVC to RPA to complete systemic venous circulation to PAs. Gore-Tex tube that may be in the heart (lateral tunnel) or outside the heart (extracardiac).	Arterial Switch	TGV where the aorta and MPA are switched and coronary arteries re-implanted.
Waterson	Ascending aorta to RPA. A punch hole between the vessels.		
Potts	Descending aorta to LPA. Punch hole between the vessels.		

Congenital Heart Disease. ACCSAP V

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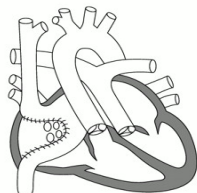
Obstetric Complications:
The Essentials and More



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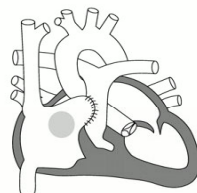
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*Mustard and
Senning
procedures*



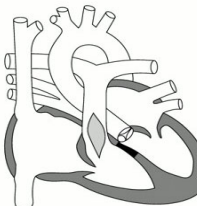
Patients born with transposition of the great vessels in the 1970s through the early 1990s were palliated by the construction of intra-atrial baffles using either synthetic material (the Mustard procedure) or by folding and augmentation of the atrial wall (the Senning procedure). Both redirect caval and pulmonary venous blood to correct cyanosis, utilising the right ventricle as the systemic ventricle. These operations have largely been abandoned in favour of the arterial switch procedure.

*Fontan
procedures*



Many congenital heart defects have in common anatomical features that preclude surgical septation of the ventricles resulting in univentricular physiology. The common end point of staged surgical palliation is the Fontan procedure, which utilises the single ventricle as the systemic ventricle and sends blood directly from the systemic veins to the pulmonary arteries. Several approaches to this have been used; currently, an anastomosis between the superior vena cava and pulmonary artery is created, with an intercaval connection effected by tube graft or intra-atrial baffle.

*Repaired
Tetralogy of
Fallot (TOF)*



The prevalence of TOF, its potential for survival through childhood without operation, and the early date at which reparative surgery became available have resulted in large group of patients with relatively homogenous clinical experience. Repair involves closure of the ventricular septal defect (VSD) and relief of right ventricular obstruction, often requiring both ventriculotomy and atriotomy.

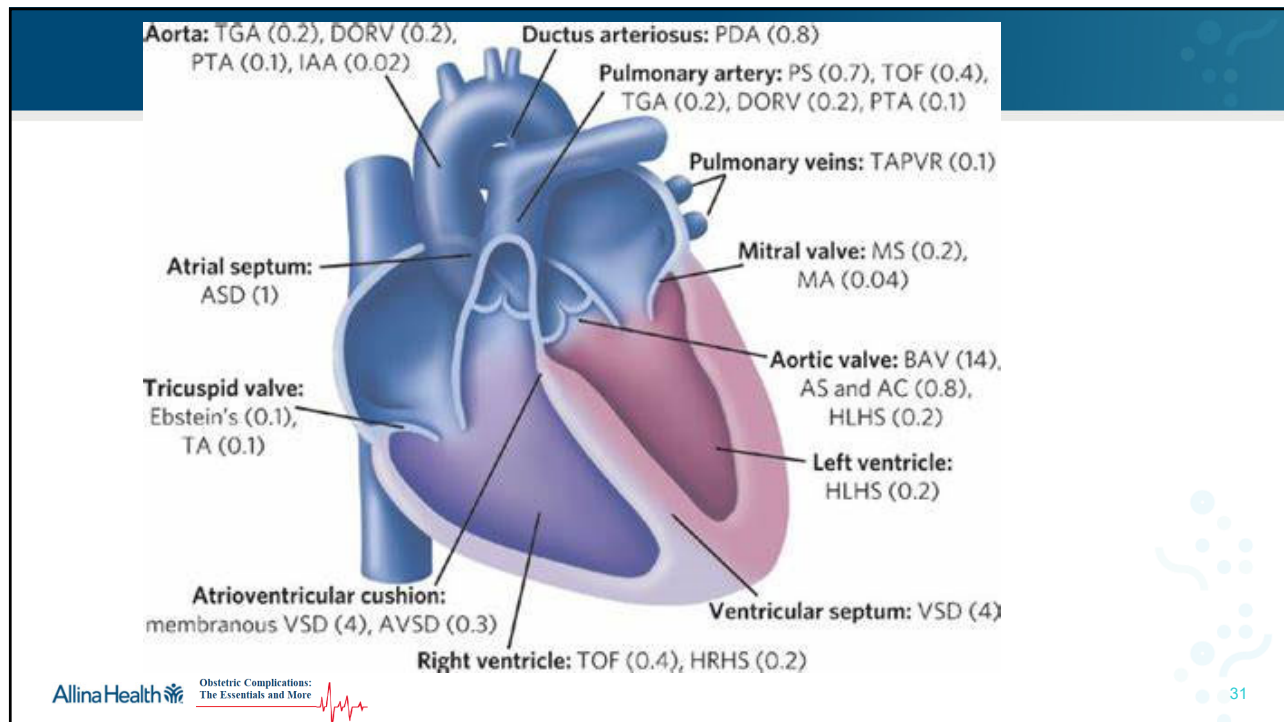
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Obstetric Complications:
The Essentials and More

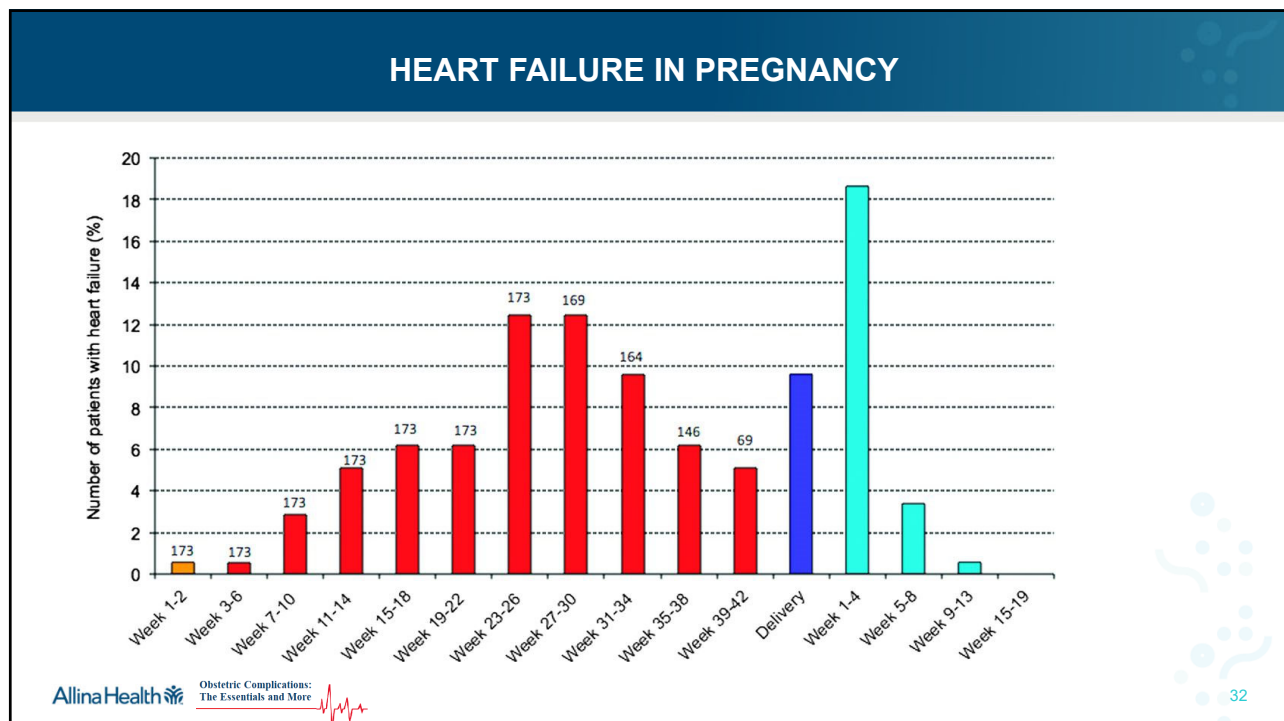


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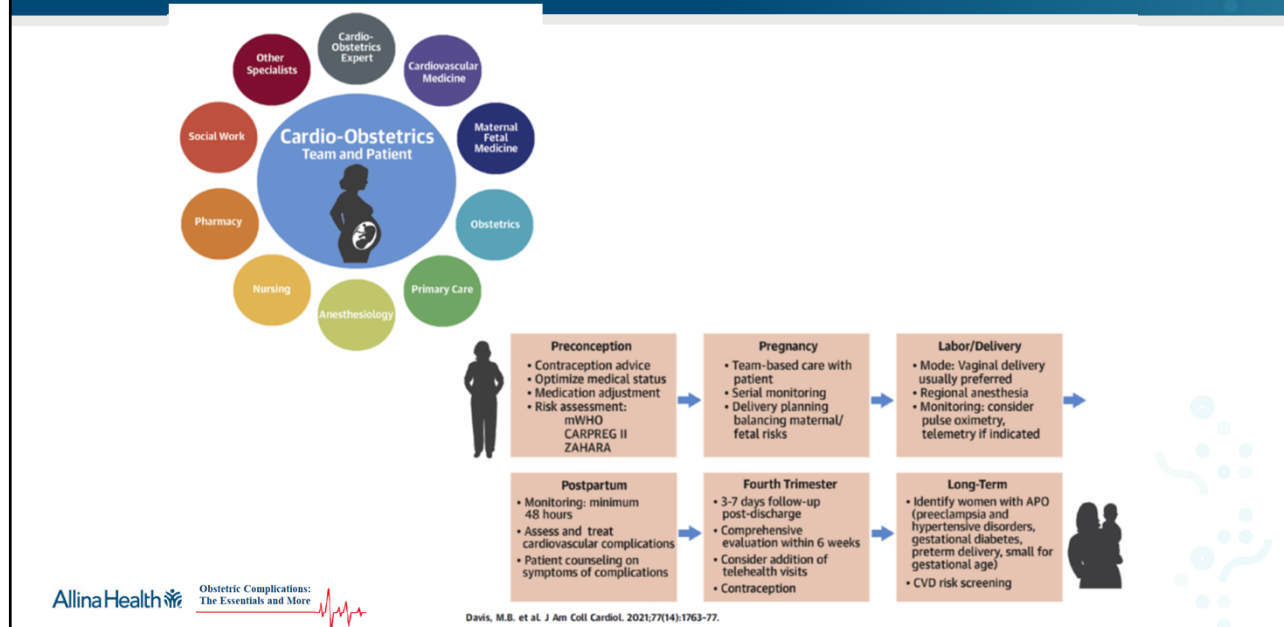


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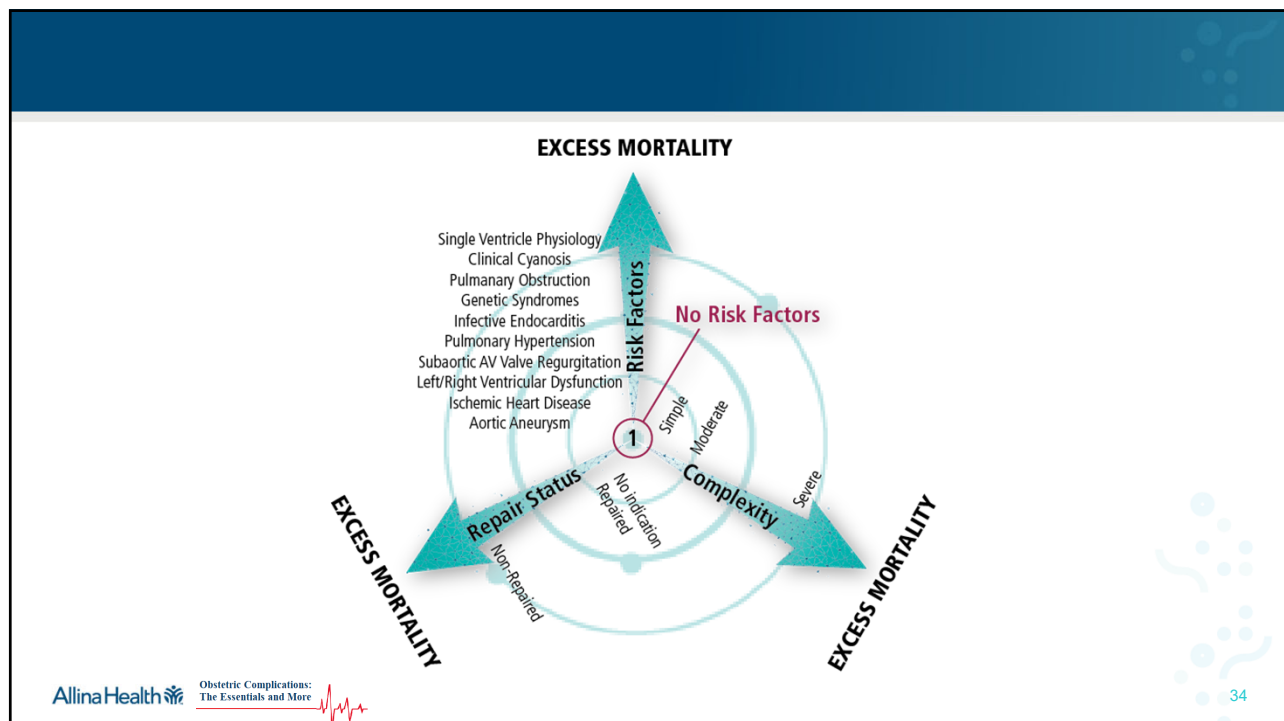


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IT TAKES A VILLAGE: CARDIO OBSTETRICS



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