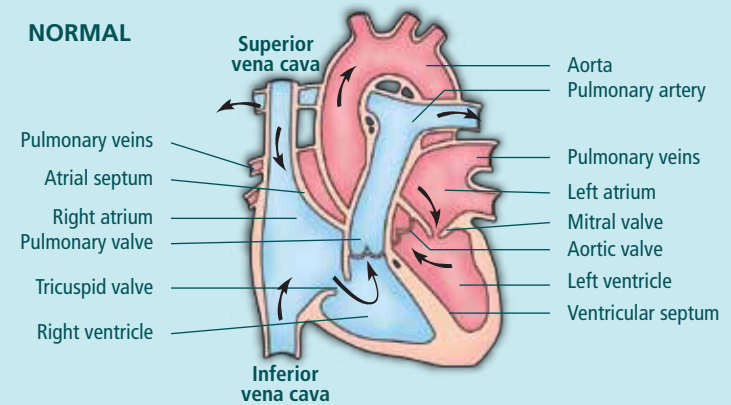


Tetralogy Of Fallot With Pulmonary Atresia

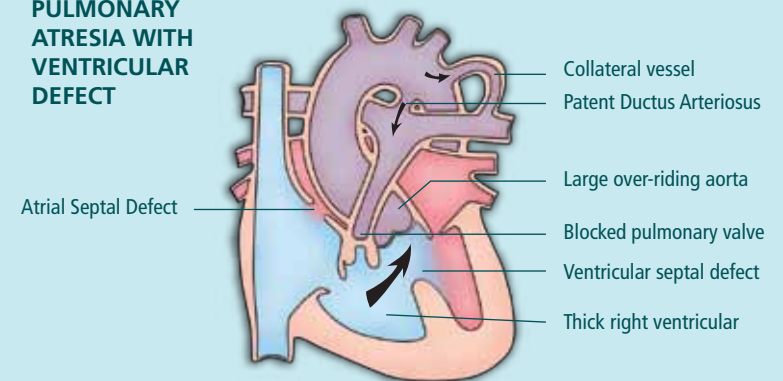
WHAT IS IT AND HOW DOES IT AFFECT THE HEART?

There is complete blockage between the heart and the main artery to the lungs. There is a hole between the lower pumping chambers of the heart. Blood goes to the lungs via the ductus arteriosus which tends to remain open in this defect or may arise from other small blood vessels from the aorta (collaterals).

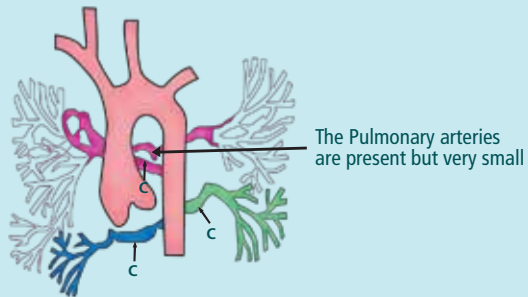
NORMAL



PULMONARY ATRESIA WITH VENTRICULAR DEFECT



COLLATERAL ARTERIES FEEDING PULMONARY CIRCULATION



HOW WOULD IT AFFECT MY CHILD?

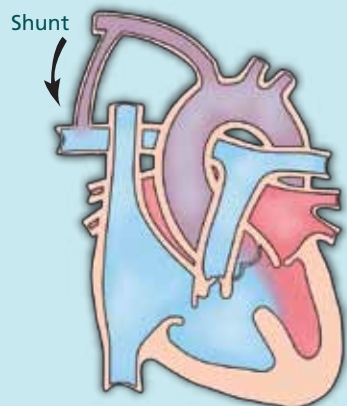
If the blood supply to the lungs is inadequate, then your child will become blue. If the supply is too much, he or she may have difficulty feeding. Rarely, the circulation is balanced and there is no symptom.

HOW CAN IT BE TREATED?

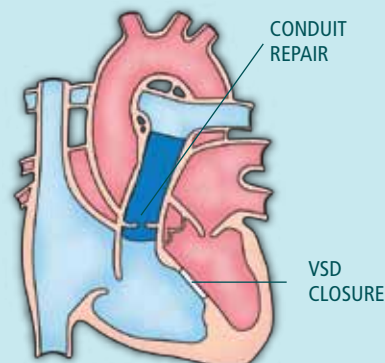
The treatment will depend on the size of the lung artery and the presence of collaterals:

- Usually an initial operation to establish blood to the lungs by stenting the ductus arteriosus (done in the catheterization lab) or a Blalock Taussig shunt (diverting the blood from the aorta to the lungs) is done.
- If the lung artery branches are of good size, then repair using a tube (conduit) can be done and the hole closed at the same time (Rastelli operation).
- If the blood vessels to the lungs are small, a series of BT shunts are done to help them grow before correction is done using a tube. The collateral vessels are joined together during the repair called unifocalisation.
- If the collaterals cause too much blood to enter the lungs, they may be blocked in the catheterisation lab or tied off during the operation.

BLALOCK TAUSSIG SHUNT



RASTELLI OPERATION



WHAT WILL HAPPEN TO MY CHILD IF UNTREATED?

If the sole blood supply to the lungs is the ductus arteriosus, your child will get severely blue when the ductus is closing and life-threatening when the ductus is completely closed.

If your child's defect has a good supply of blood to the lungs from the collaterals, then he / she may not need any intervention but these blood vessels tend to grow smaller as your child grows bigger and may cause problems at a later stage.

WHAT HAPPENS AFTER SURGERY?

Your child will need to undergo tube (conduit) changes as the tube does not grow as your child grows. He / she may require at least another two tubes changed before reaching adult size.



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