

**Changing Trends in GUCH Intervention over last 10 years. A single Centre experience**

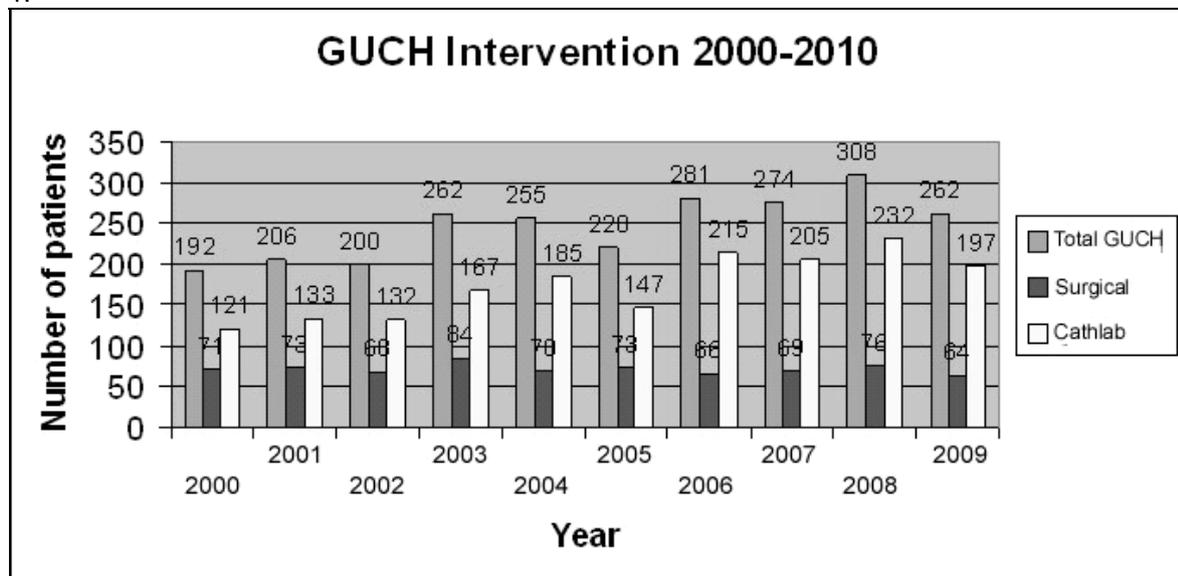
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Introduction: Percutaneous interventional approaches are increasingly recognised as a preferred treatment option Adult with Congenital Heart Disease (GUCH). The changing management of the GUCH population is important, particularly with regards to service provision, so we assessed the GUCH population undergoing interventional catheterisation in our institution over the last 10 years, assessing number and types of intervention and comparing to those undergoing surgery.

Methods: A database of all patients undergoing cardiac catheterisation at our Centre was assessed, examining the number and types of catheter procedure performed in patients over the age of 18. This was then compared to a similar surgical database

Results: Over the ten year period 2327 patients underwent a cardiac catheter or surgical intervention- 711 surgery (30.6%), 1616 (69.4%) a catheter based intervention. An additional 379 had a diagnostic catheter procedure. From 2000-2004, 983 patients underwent a procedure, followed by 1344 in the period 2005-2009. The number and type of intervention (surgical vs percutaneous) is shown in Figure 1.



In the first 5 years (to the end of 2004), 752 patients underwent a cardiac catheterization with 620 (82.4%) having an intervention. In the last five years (2005-2009), 1242 patients underwent catheterization with 996 (80.2%) having an intervention.

Conclusions: In our Centre increasing numbers of adults are having percutaneous congenital/ structural interventions. The number having surgery has remained constant. Most intervention has been of interatrial defects with an increase in those having PFO closure and decrease in those having ASD closure. The actual numbers of those having coarctation stenting, ventricular septal defect closure and PDA closure have remained roughly similar but there has been an increase in the number having percutaneous intervention to the right ventricular outflow tract. The changing interaction of percutaneous intervention and surgery in the GUCH population continues to evolve and needs study to provide optimal service levels for the GUCH population.