

Adult life reoperations in Fallot patients with corrective surgery during childhood

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Objectives: In our Grown up Congenital Heart (GUCH) Unit are currently followed 264 patients with Fallot corrective surgery during childhood. We analyze late reoperations during adulthood in this group and present the long term evolution of these patients.

Material & Methods: Retrospective study from clinical reports of 48 reoperations in 46 patients. Statistical analysis was done with SPSS-15.0.

Results: Mean age: 30 +/- 9 years, 71% males, number of previous surgeries per patient: 2 +/- 1. One patient has only palliation (2%), 52% have only correction, and 46% have both surgeries (palliative + corrective). Mean time interval between the corrective surgery and reoperation was 22 +/- 9 years. Preoperative functional NYHA class was II (38%), III-IV (54%). Arrhythmia was present in 51%. Main indications for surgery were: pulmonary insufficiency (37%), pulmonary stenosis (19%), double pulmonary lesion (17%), aortic insufficiency (13%), residual ventricular septal defect (8%), and tricuspid insufficiency (6%).

Reoperations were done with extracorporeal circulation and moderate hypothermia, femoral cannulation was used in 59%, aorta was not clamped in 29%. Attending to the surgical techniques used: 69% patients received a pulmonary prostheses, 46% underwent septal defect closure, 23% had surgery on the tricuspid valve, 21% received an aortic prostheses, and 10% had a maze procedure. Mean postoperative intubation time was 15 +/- 22 hours, intensive care unit stay was 3 +/- 2 days, and Hospital stay was 12 +/- 8 days. Hospital mortality was 6,3% (3 patients).

Mean follow up after the reoperations was 4,3 +/- 4,6 years. During this period, 2 patients (4,4%) had late mortality, 2 patients needed percutaneous angioplasty (4,4%), and 3 patients (6,6%) needed other surgical reintervention. Actually 59% patients are in NYHA functional class I, 31% in class II, and 10% in class III.

Conclusions: Fallot corrective surgery during childhood shows good prognosis in the long term, but some patients (18%) will need reoperations along their adult lives. Principal indications for reintervention are pulmonary regurgitation and/or stenosis needing the interposition of a bioprotheses. Reoperations in these patients in our Unit can be achieved with good results and low mortality at short and long term.