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**FIRST EXPERIENCE OF NIKAI DOH OPERATION.**

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**Objectives.** The choice of surgical management for patients with transposition of the great arteries, ventricular septal defect, and pulmonary stenosis is very difficult. The Rastelli operation and REV procedure are traditional surgical procedures, but their long-term results are not optimal. We would like to present our first experience using aortic translocation and biventricular outflow tract reconstruction for these patients and early post-operative period.

**Methods.** During 2010 year 6 patients have undergone aortic translocation and biventricular outflow tract reconstruction for the management of transposition of the great arteries, ventricular septal defect, and pulmonary stenosis at our institution. All patients had ventriculoarterial discordance, 4 of them had double – outlet right ventricle. An inlet ventricular septal defect was present in 3 patients.

The median age at operation was 20 months. Three patients had previous palliative procedures. The surgical technique used was the Nikaidoh procedure.

**Results.** There was no hospital death. The median intensive care unit stay was 18,5 days. At a median follow-up of 7 months, all patients are alive. One reoperation was performed in patient because of coronary artery problems.

**Conclusions.** Nikaidoh operation is a valuable surgical option for the surgical management of patients with transposition of the great arteries, ventricular septal defect, and pulmonary stenosis.