Introduction:
The “Hybrid” procedure, consisting of surgical banding of the pulmonary arteries with intraoperative stenting of the arterial duct, was developed as primary palliation in Hypoplastic Left Heart Syndrome (HLHS) avoiding the risks of cardiopulmonary bypass (CPB) and circulatory arrest. It is generally reserved for low birth weight, premature or unstable neonates in whom the risks of CPB are increased. Its role in unselected cases of HLHS has yet to be defined.

Methods:
The pre-operative condition of all patients with HLHS who underwent either the Hybrid or the Norwood procedure for HLHS between 2005-2011 was analysed retrospectively, using a modified comprehensive Aristotle score (AS). We then compared the early (< 30 day) and inter-stage mortality for each cohort.

Results:
Of 138 patients with HLHS, 27 had Hybrid and 111 underwent Norwood procedures. The Hybrid group had significantly higher scores (mean AS 4.1 vs. 1.8; p < 0.001); however there was no significant difference in the early post-operative mortality (< 30 days, 33% vs. 28%; p = 0.64) or overall inter-stage mortality (44% vs 37%, p = 0.51).

Conclusions:
We conclude that the Hybrid is an appropriate choice for primary palliation of HLHS in higher risk patients, with comparable mortality to the Norwood procedure performed on a lower risk cohort. More prospective work is needed to establish whether the Hybrid is an alternative to the Norwood in all HLHS patients, and whether more complex outcomes linked to CPB, such as neurodevelopmental status, could be improved by taking this approach.