

## O10-3

### **The role of interventional cardiology in the follow-up of TGA patients operated with Mustard technique**

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#### Background

TGA patients operated with Mustard technique present stenosis and dehiscence of the atrial baffles in their evolution. These residual lesions can be adequately treated percutaneously.

#### Material and methods

Retrospective descriptive analysis of our experience in percutaneous treatment of baffle lesions after Mustard surgery.

#### Results

Between September 2006 and June 2016, 55 interventions were performed in 40 patients with Mustard surgery. Patients mean age was 26.9 years (SD 6.01), 60% (40) were males and mean weight was 66 Kg (SD 12.4). Indications for catheterization were: systemic baffle stenosis in 61.8% (34), dehiscence in 16,4% (9) and both lesions in 16,4% (9). Of all the stenosis, 11 patients (25.6%) presented a complete baffle obstruction (8 SVC baffle, 2 IVC baffle and 1 in both baffles). Nine (81.8%) complete obstructions were treated successfully; perforation of the obstruction was performed in 8 patients with the stiff part of a coronary wire and in 3 with radiofrequency. After recanalization a sequential dilation was performed with increasing size balloons and a stent was implanted. Of the 18 dehiscence 13 (72.2%) were treated successfully, 7 with covered CP stent, 5 with ASO and one with ADO. Fourteen patients (30.4%) carried an intravascular pacemaker at catheterization, in 9 of them a stent was implanted in the SVC baffle jailing the pacemaker cable (3/9 patients the cable dysfunctioned).

Median fluoroscopy time was 32.5 minutes (IQR 23.93-51.90) and radiation dose 177 Gy<sub>cm</sub><sup>2</sup> (IQR 127.0-260.0), being the maximum 109 minutes and 923 Gy<sub>cm</sub><sup>2</sup> in a patient with complete obstruction. Complications were observed in 9 interventions: 2 cases of atrial flutter after stent implantation in SVC, pacemaker cable dysfunction in 3 patients, 1 stent migration and other minor vascular complications. No patients deceased.

#### Conclusions

Percutaneous treatment of Mustard surgery lesions is feasible and secure, when they are performed in units with experience in treatment and follow-up of these patients.