

Use of the IPCCC framework for reports of complications to pediatric heart catheterizations

INTRODUCTION

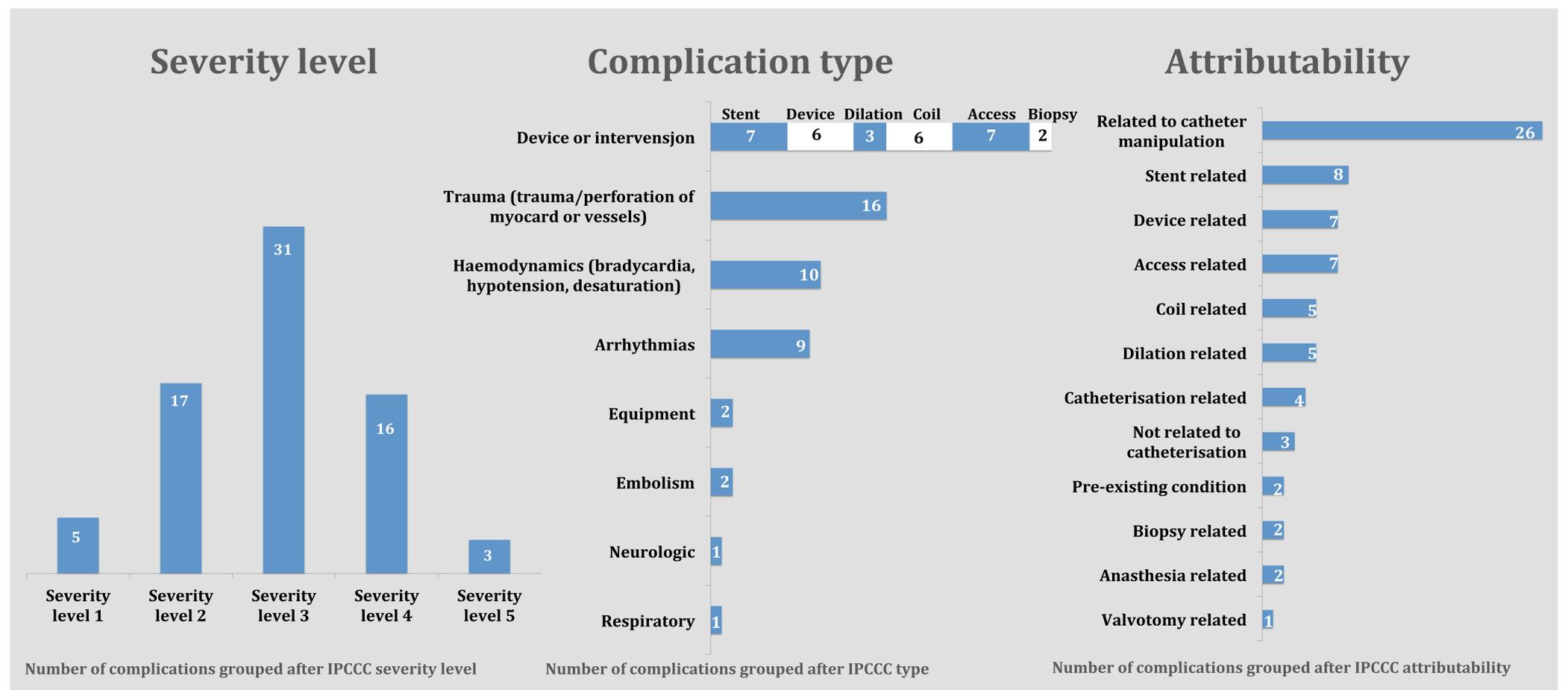
Studies describing complications after cardiac catheterization differ in the way adverse events are reported, resulting in strikingly different occurrence rate of complications. In 2011 The International Paediatric and Congenital Cardiac Code (IPCCC) published a nomenclature system for complications of heart catheterization in children with the potential of making results more comparable. We reclassified all complications after cardiac catheterization in children at Oslo University Hospital (Norway) between 2010 and 2015 according to the new system.

METHODS

All procedures and adverse events were prospectively registered during a five-year period. Medical records for cases with complications were reviewed to confirm the event and to re-classify the type, severity and attributability of the complication according to the IPCCC nomenclature.

RESULTS

A total of 1318 catheterizations performed on 941 patients were included in the study. The total complication rate was 5.5 % (n=72), and 3.8 % were classified as severe. The low prevalence of severity levels 1 and 2 probably represents underreporting of minor complications. Trauma to vessels or myocardium, hemodynamic adverse events and arrhythmias were the most common types of complications. As for attributability complications related to catheter manipulation were clearly the most common.



CONCLUSION: By using the IPCCC system we were able to reclassify most of our complications into predefined categories. General use of this system for both registration and reporting of complications after pediatric heart catheterizations would facilitate cross-center comparisons.

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