



Heart Rhythm Congress
October 2016



Arrhythmias

in repaired CHD

frequency and options...

Dr Graham Stuart
Bristol Congenital Heart Unit

Early post operative arrhythmias



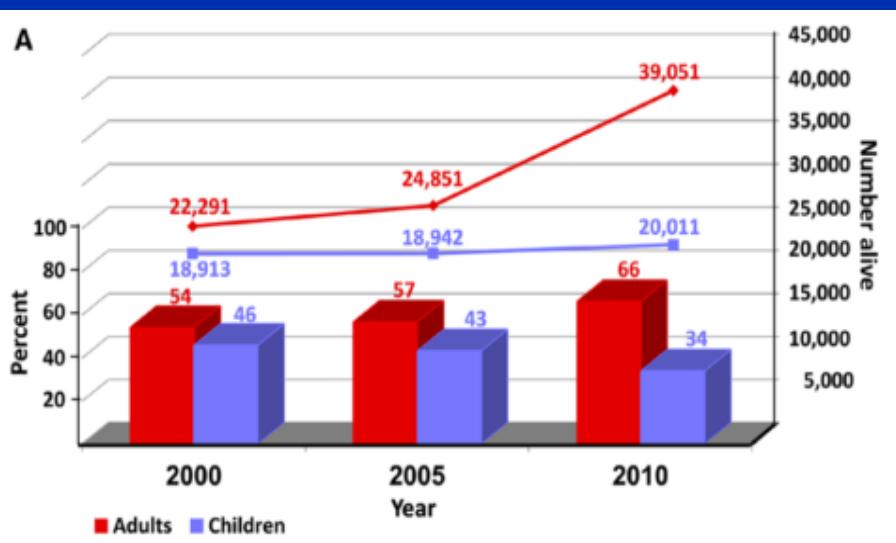
Predict
Late arrhythmias
Vent dysfunction
Late mortality

- 14-18% early postoperative arrhythmias Batra 2006 Delaney 2006
- Predictor for late complications eg post Fontan/ Mustard

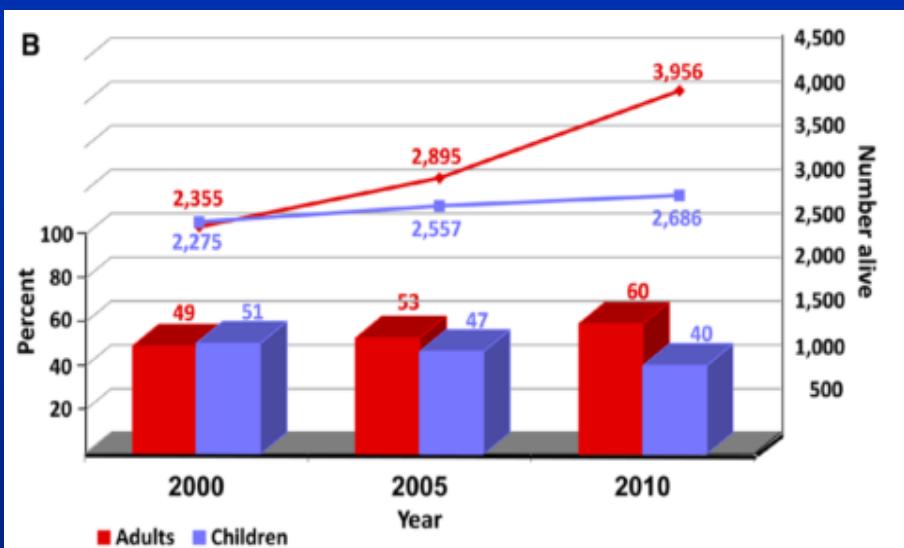
Lifetime Prevalence of Congenital Heart Disease in the General Population From 2000 to 2010

Marelli AJ et al Circulation 2014;130:769-756

All CHD



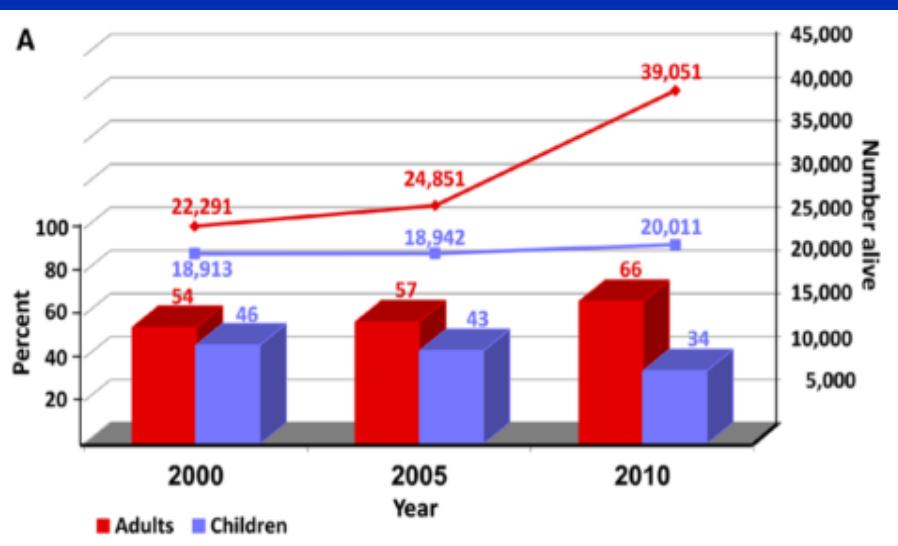
Complex CHD



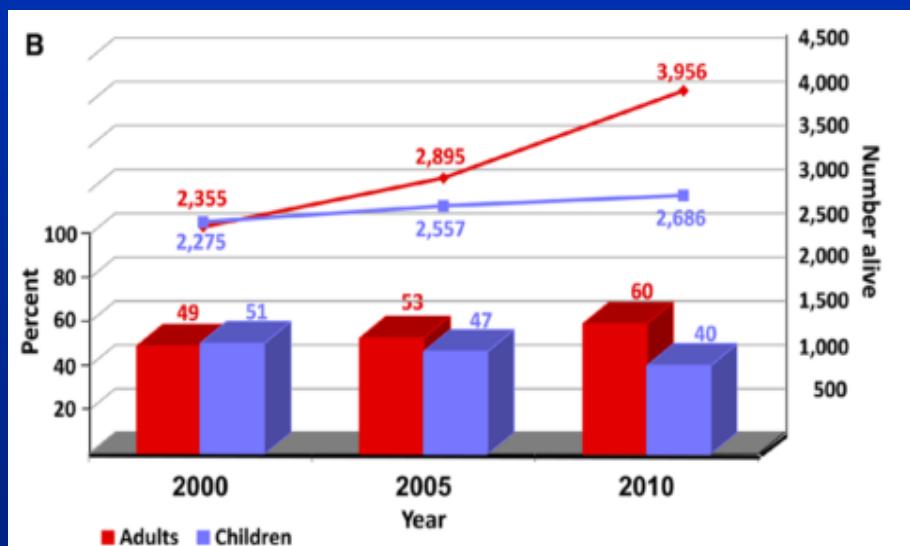
Lifetime Prevalence of Congenital Heart Disease in the General Population From 2000 to 2010

Marelli AJ et al Circulation 2014;130:769-756

All CHD



Complex CHD



- 50% increased prevalence of adults with CHD since 2000
- Adults > 2/3 patients with both simple & complex CHD

Arrhythmias

in repaired CHD

- What is the incidence ?
- Why are arrhythmias common?
- Medical treatment
- Interventional treatment
- Surgical options

Arrhythmias

in repaired CHD

- What is the incidence in adults?

Early post operative arrhythmias

Late post operative arrhythmias

- Surgical options

Postoperative arrhythmias in adults with congenital heart disease: Incidence and risk factors[☆]



Z. Koyak ^{a,1}, R.C.A. Achterbergh ^{b,1}, J.R. de Groot ^a, F. Berger ^c, D.R. Koolbergen ^{a,b}, B.J. Bouma ^a, W.K. Lagrand ^d, M.G. Hazekamp ^b, N.A. Blom ^b, B.J.M. Mulder ^{a,*}
International Journal of Cardiology 169 (2013) 139–144

- Multicentre retrospective
Berlin / Amsterdam
- Jan 2009 – Dec 2011
- 419 patients
 - 38 +/- 14 yrs 55% male

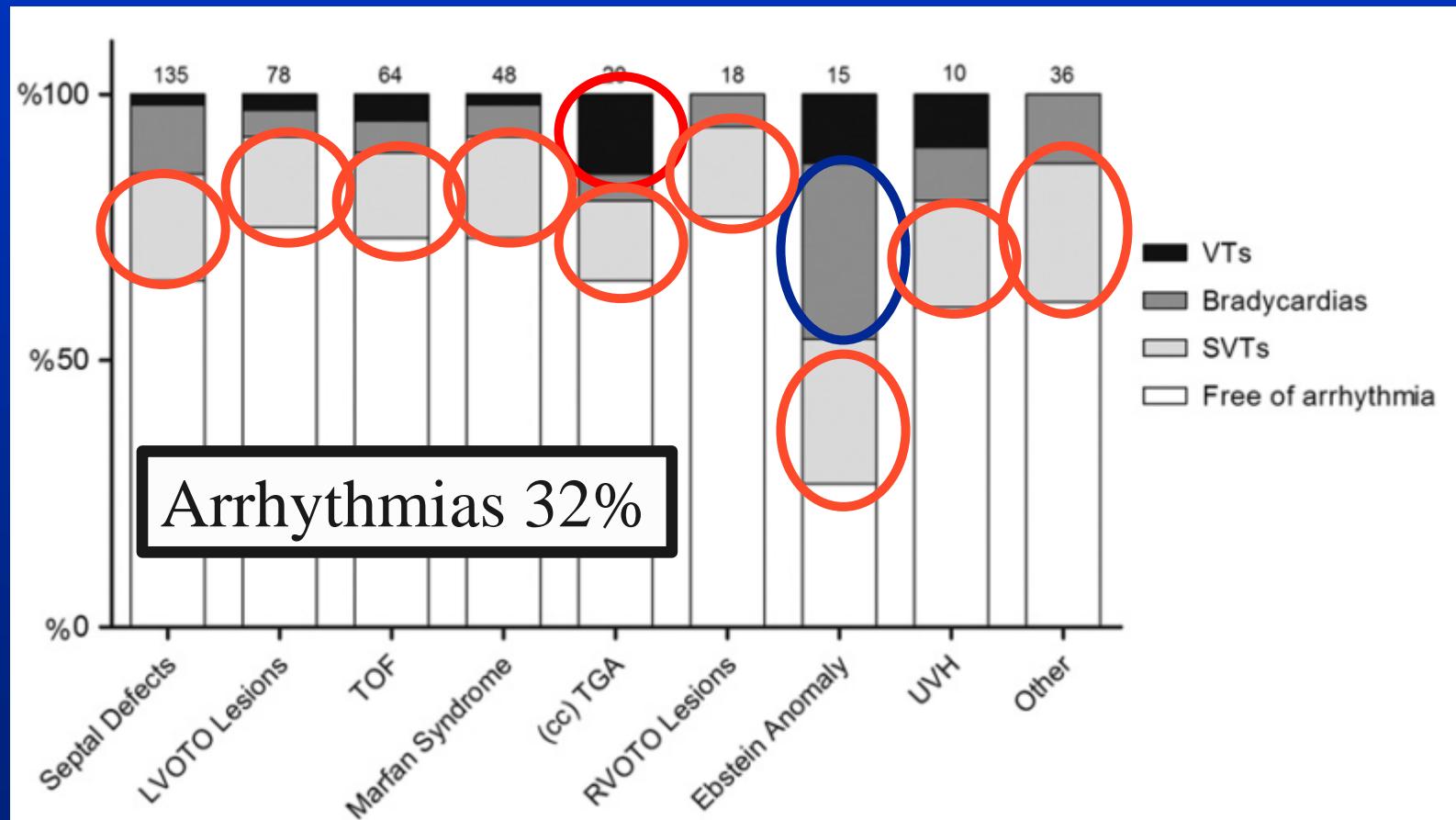
Excluded

- Transplantation
- Age < 18yrs

Postoperative arrhythmias in adults with congenital heart disease: Incidence and risk factors[☆]



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Main Risk factors

- Age > 40yrs at surgery OR 2.5 1.4-4.6
- NYHA class>II OR 2.4 1.2-4.7
- subPulm AVVR OR 2.8 1.2-6.7
- Byass time OR 1.3 per 60 min increase

Postoperative arrhythmias in adults with congenital heart disease: Incidence and risk factors[☆]



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Serious Clinical Events in 13%

- Pacemaker implantation 5%
- Heart Failure 4%
- Death 2%
- In hospital arrhythmias associated with clinical events OR 7.8 2.4-25.5

Postoperative arrhythmias in adults with congenital heart disease: Incidence and risk factors[☆]



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- Post operative arrhythmias relatively common
- Older, symptomatic patients with significant valve disease

ESC Guidelines for the management of grown-up congenital heart disease (new version 2010)

Eur Heart J 2010;31:2195-2957



“Arrhythmias are the main reason for hospitalisation of ACHD patients and they are an increasingly frequent cause of morbidity and mortality.”



The Somerville Foundation

Help & Advice

Welcome to our Help & Advice pages where you will find lots of information for those Born with a Heart Condition.

Living with and **Managing Your Heart Condition** can bring up lots of questions around your **Physical Health**, and **Emotional and Mental Health**, which we hope we can help to address and answer.

www.thesf.org.uk

Arrhythmias

most common
medical problem
referred to Helpline !

**PACES/HRS Expert Consensus Statement on the
Recognition and Management of Arrhythmias in Adult
Congenital Heart Disease**

Heart Rhythm 2014;11:e102-165

Approximate Risk Estimates for arrhythmia in ACHD

Minimal



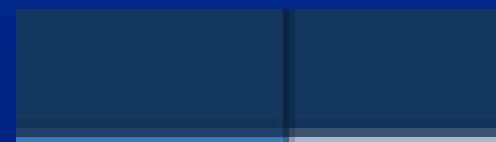
Mild



Moderate



High



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Heart Rhythm 2014;11:e102-165

Complexity of CHD	Type of CHD	Prevalence (in CHD population)	Atrial Arrhythmia			Ventricular Arrhythmia	Other Pacing Needs		
			AT	AF	Other		SND	AV block	Dyssynchrony, heart failure
Simple	Patent ductus arteriosus	6-8%							
	Pulmonary stenosis	6-8%							
	Ventricular septal defect	30-32%				■		■	
	Secundum atrial septal defect	8-10%	■				■		
Moderate	Aortic coarctation	5-7%				■		■	■
	Anomalous pulmonary venous return	0.5-2.5%	■				■		
	Atrioventricular septal defect	3-5%	■					■	
	Aortic stenosis	3-5%				■		■	■
	Ebstein anomaly	0.5-1.5%	■			■			■
	Tetralogy of Fallot	8-10%	■			■			■
	Primum atrial septal defect	2-3%						■	
Severe	Truncus arteriosus	1.5-2%				■			■
	Pulmonary atresia	2-2.5%	■				■		■
	Double outlet right ventricle	1.5-2%	■			■			■
	D-transposition of the great arteries	6-7%	■	■		■	■		■
	L-transposition of the great arteries	1-2%		■		■		■	
	Hypoplastic left heart syndrome	3-4%	■	■		■	■		■
	Other (heterotaxy, other single ventricles)	7-10%		■		■	■	■	■

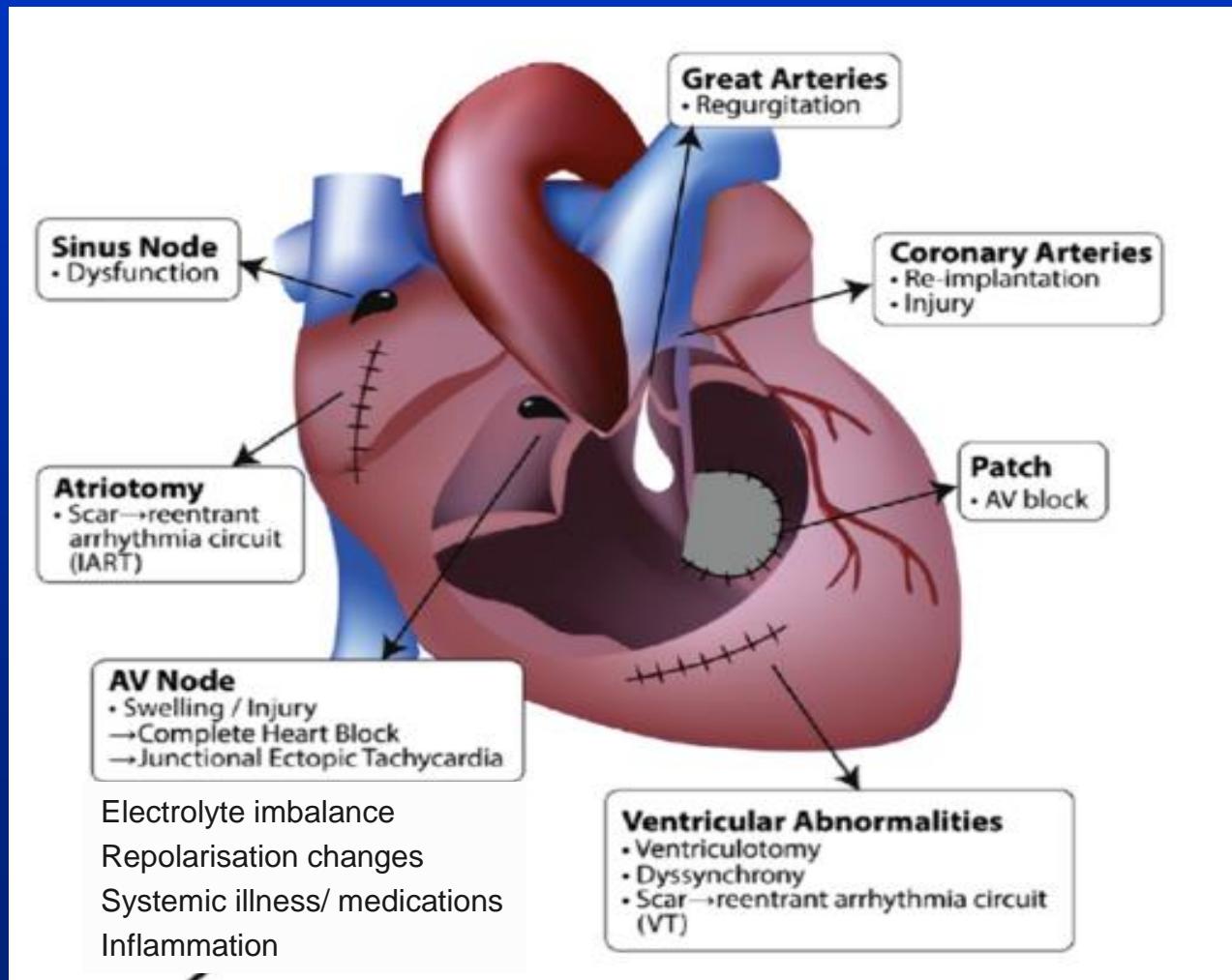
Arrhythmias

in repaired CHD

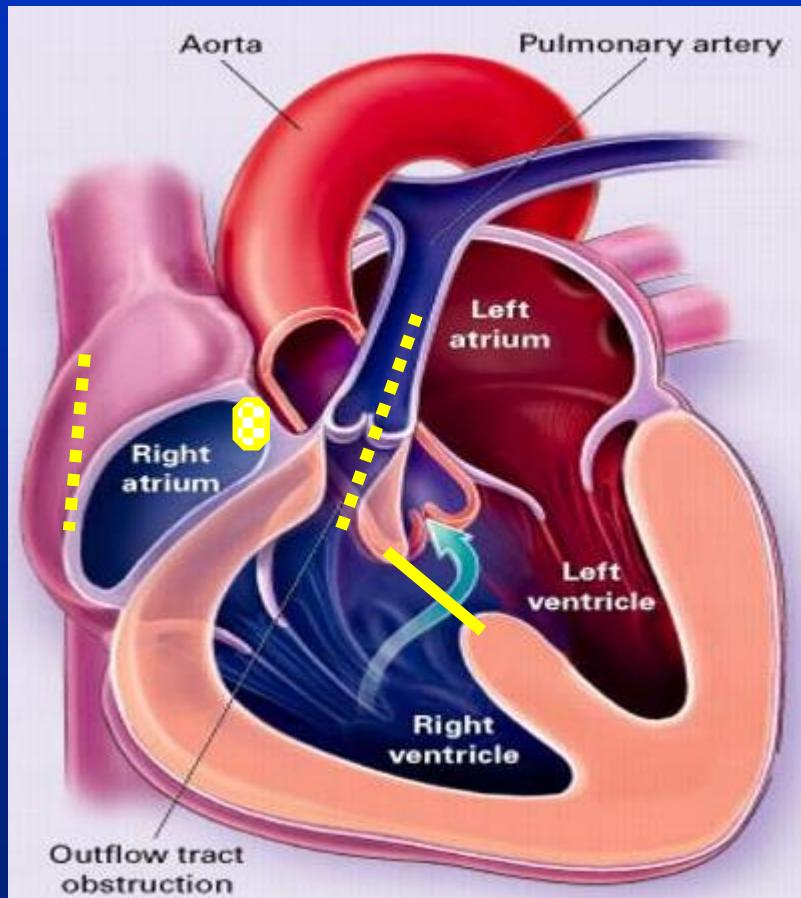
- What is the incidence ?
- Why are arrhythmias common?
- Medical treatment
- Interventional treatment
- Surgical options

Why are arrhythmias common?

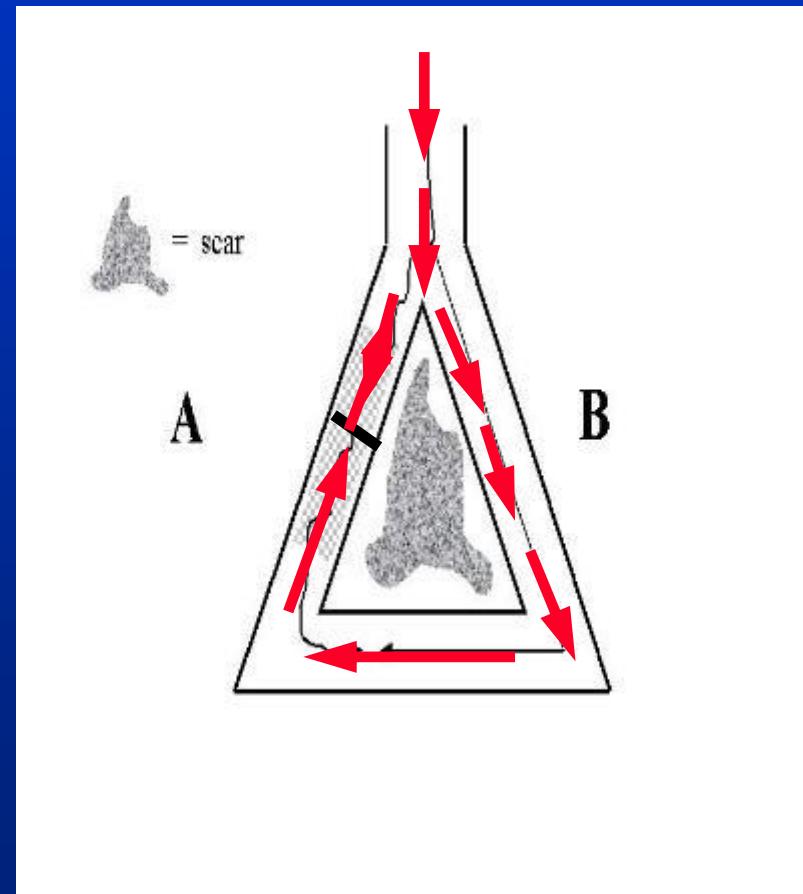
Escudero et al Can J Cardiol 2013;29(7):821-9



Scar related arrhythmias



Surgical scars



Arrhythmias

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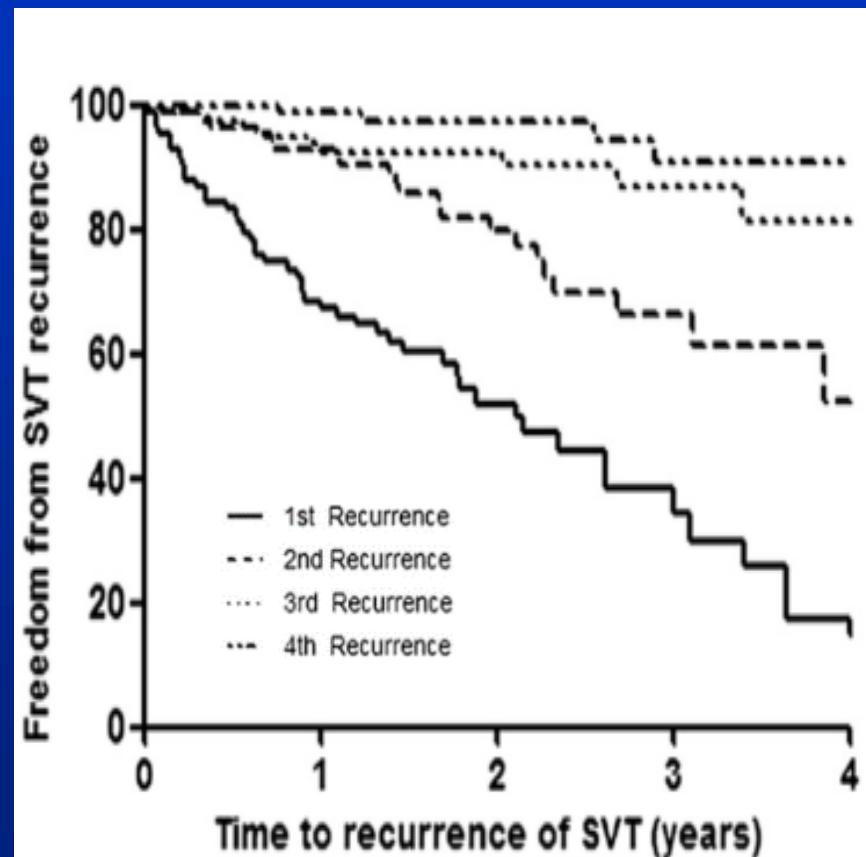
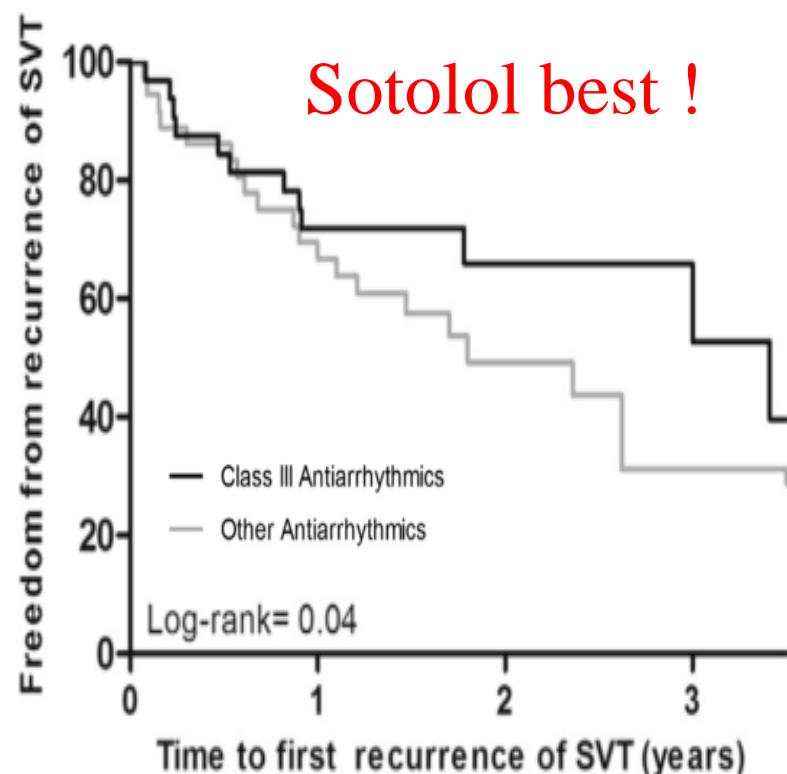
Efficacy of Antiarrhythmic Drugs in Adults With Congenital Heart Disease and Supraventricular Tachycardias

Koyak Z et al Am J Cardiol 2013;112:1461-1467

- Multicentre study/ retrospective
- Efficacy of AAD in SVT
- 2008-2011 CONCOR Database
- All new onset SVT in ACHD
 - excluded non cardiac causes of arrhythmia eg hypoT4

Efficacy of Antiarrhythmic Drugs in Adults With Congenital Heart Disease and Supraventricular Tachycardias

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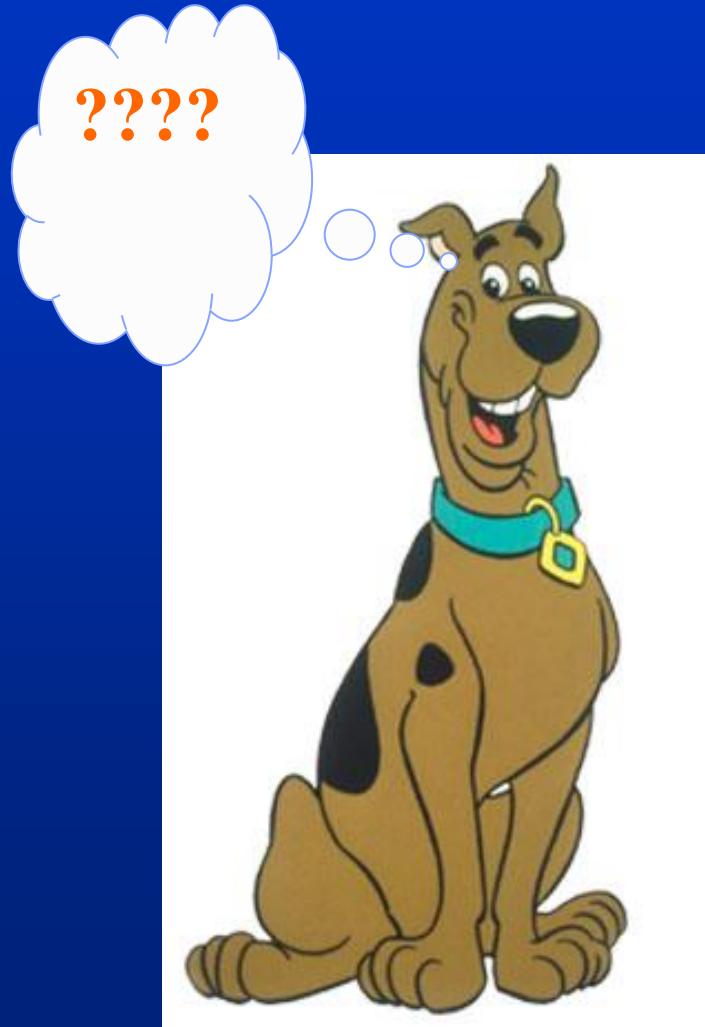
Conclusion

Class III most effective for SR

Sotolol should be 1st choice for SVT

What is the optimal drug Rx of ventricular arrhythmias in ACHD?

What is the optimal drug Rx of ventricular arrhythmias in ACHD?



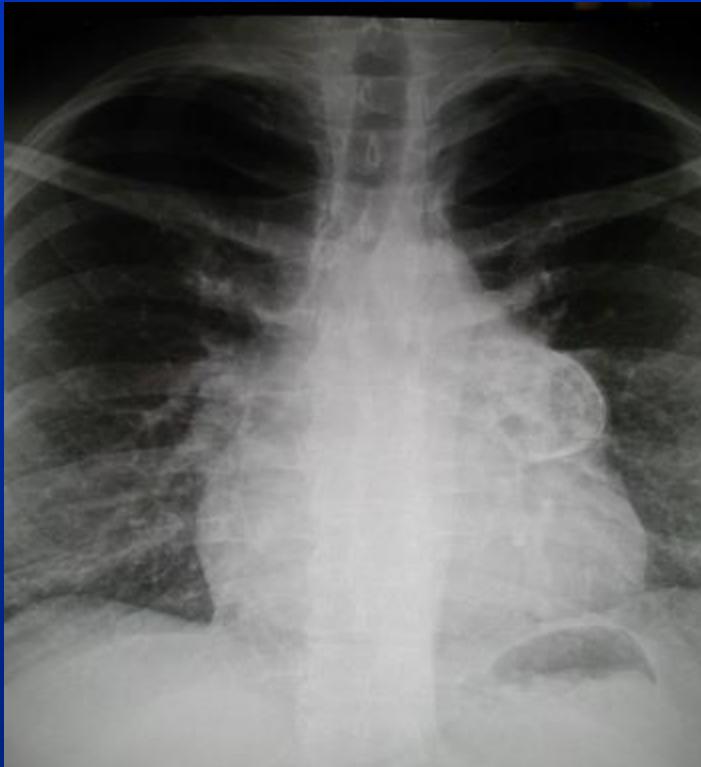
Answer

We havent got a
Scooby....

Cockney rhyming slang
Scooby's = Scooby Doo = clue

[Wikipedia](#)

Ventricular Arrhythmias in CHD

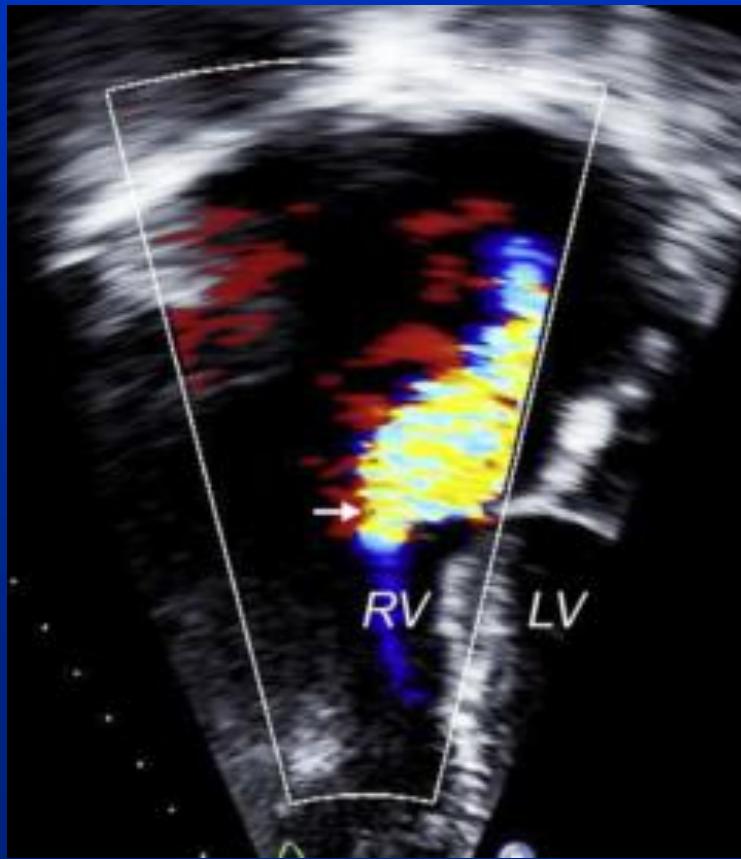


Treat haemodynamic
Problem.....

34yr old TOF - lost to follow up

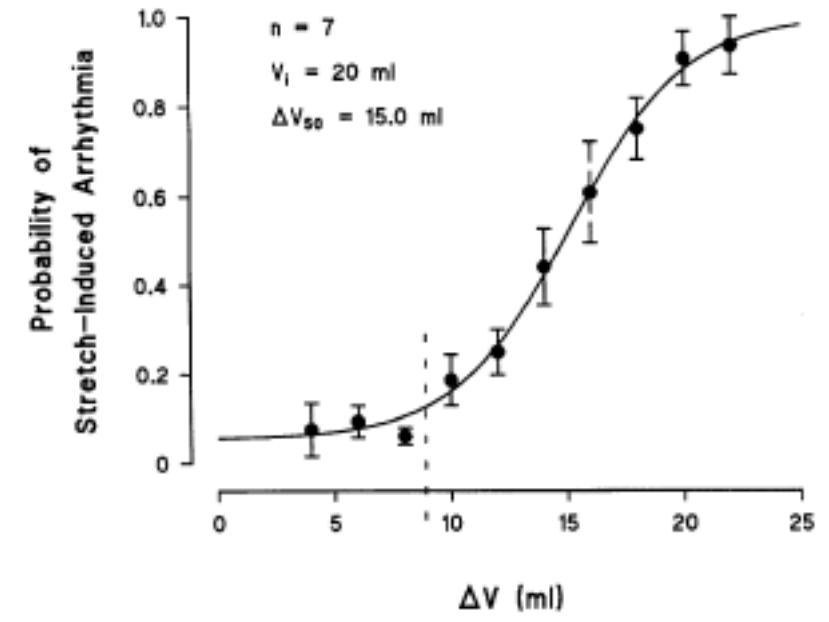
Tetralogy of Fallot

risk factors for arrhythmias



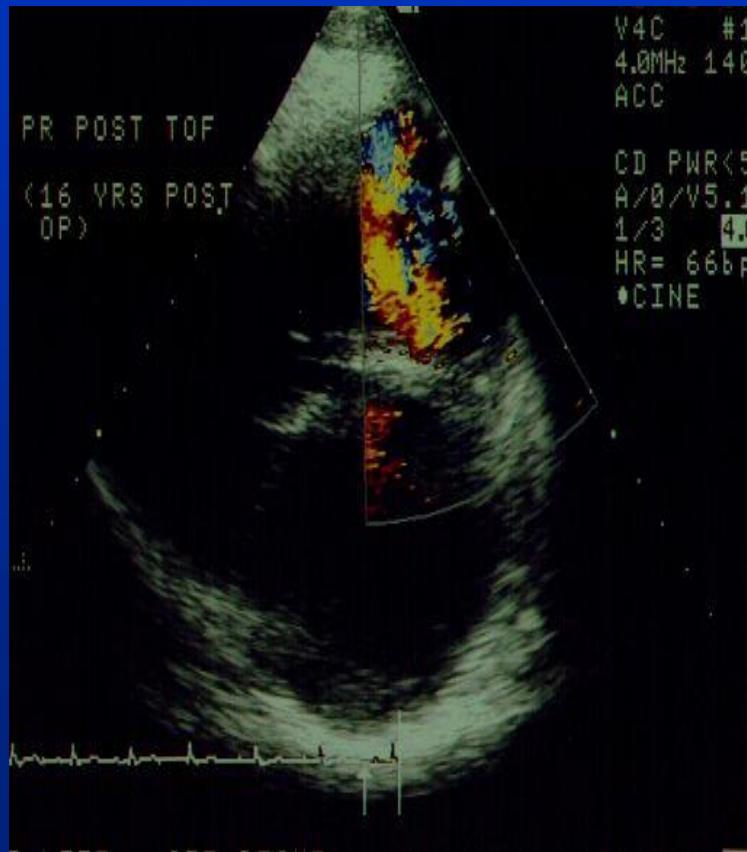
Severe TR in TOF

Hansen et al Circulation 1990;81:1094-1105



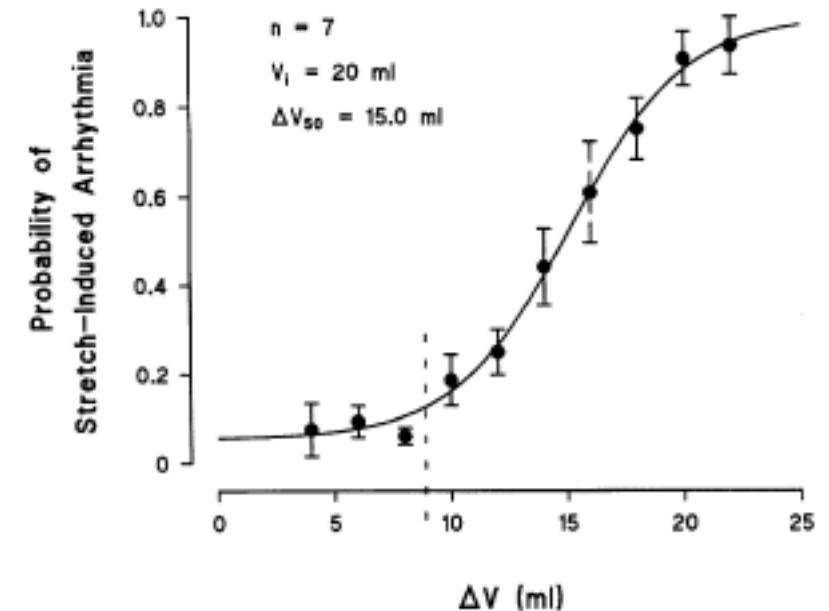
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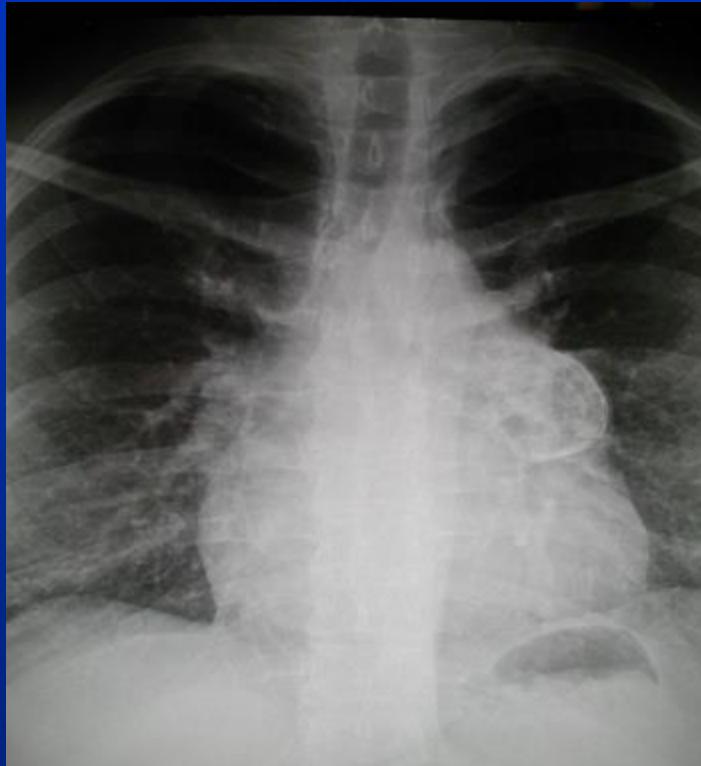


Severe PR in TOF

Hansen et al Circulation 1990;81:1094-1105



Ventricular Arrhythmias in CHD



Treat haemodynamic
Problem.....

AA Drugs have limited role

Consider ICD +/- bivent

34yr old TOF - lost to follow up

Arrhythmias

in repaired CHD

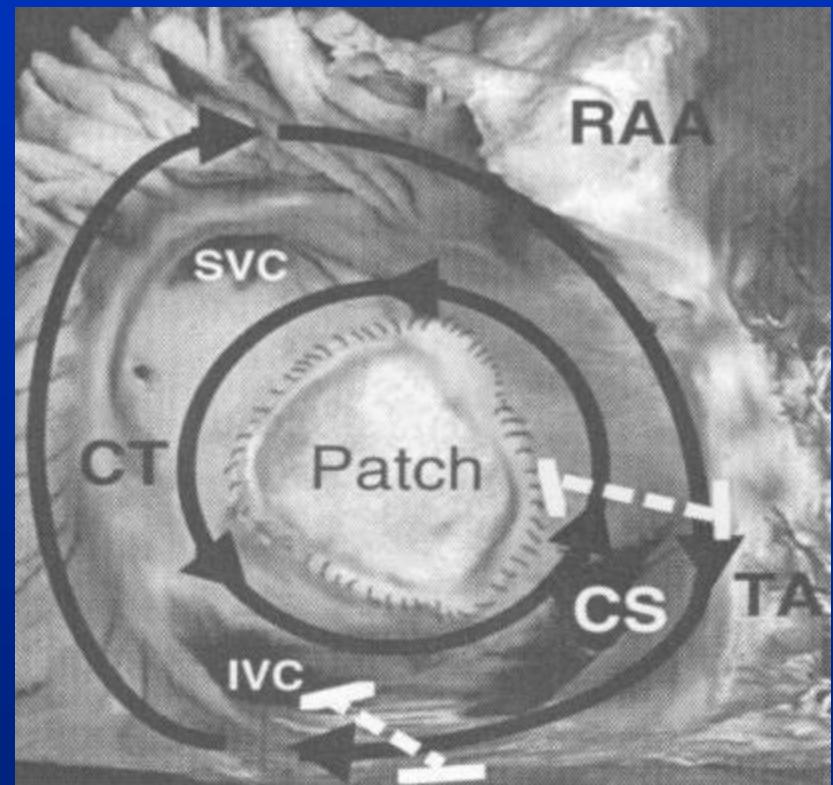
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Tetralogy of Fallot

arrhythmias: atrial scar

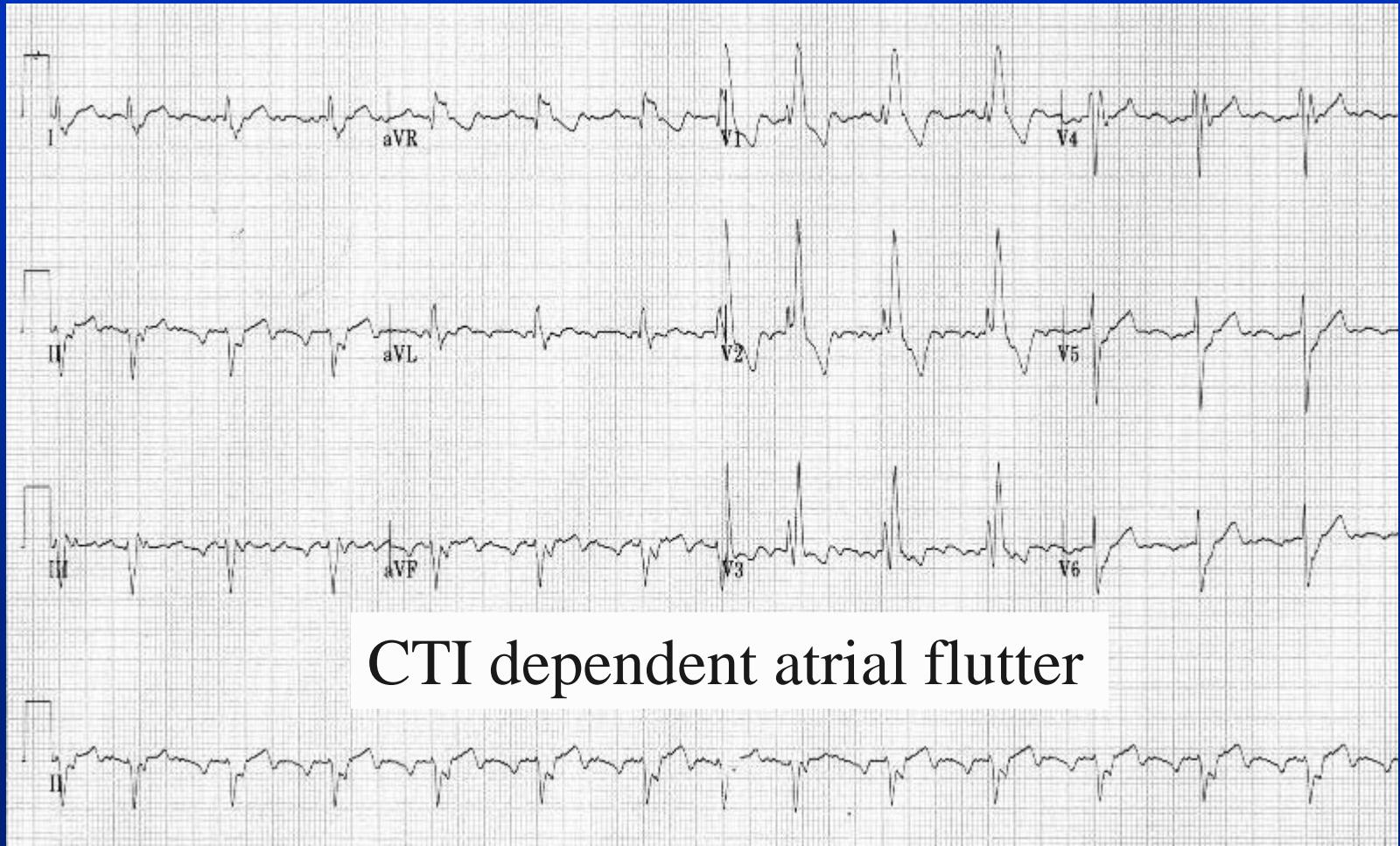
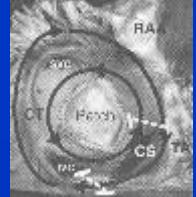
Scar-related
tachycardia

IART



Tetralogy of Fallot

atrial arrhythmias: scar



CTI dependent atrial flutter

Importance of Tachycardia Cycle Length for Differentiating Typical Atrial Flutter from Scar-Related in Adult Congenital Heart Disease

Uhm et al PACE 2012;35:1338-47

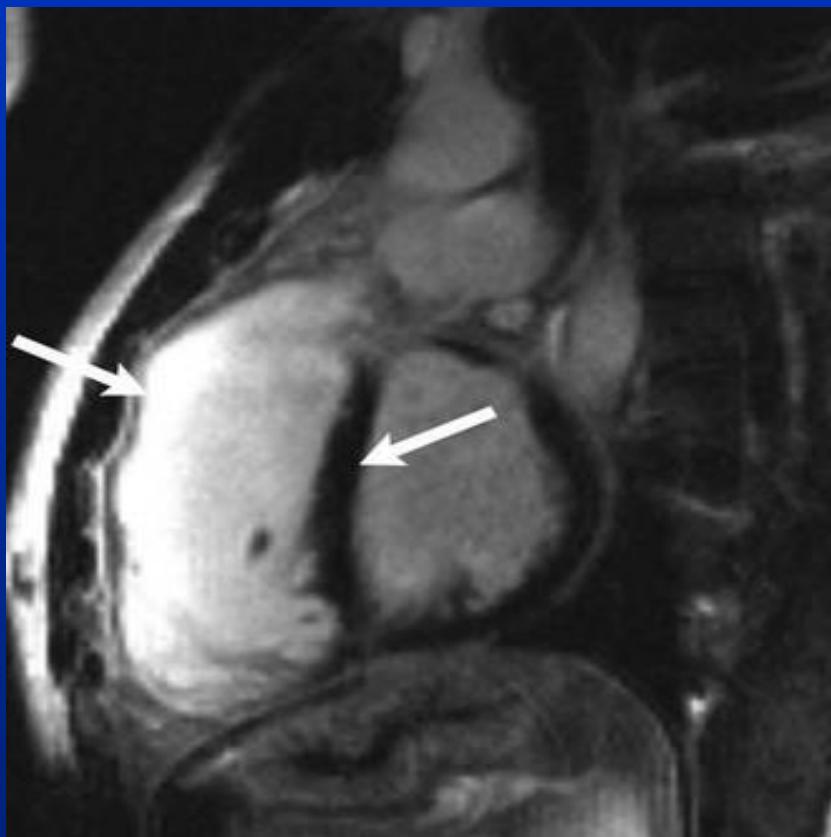
- 34 ACHD patients with IART TOF 11
- 38 tachycardias
 - 58% CTI dependent 34% scar related
- Not predictable on ECG morphology
 - Saw tooth inferior leads +F wave V1 only 57%

CTI dependent IART slower than non CTI

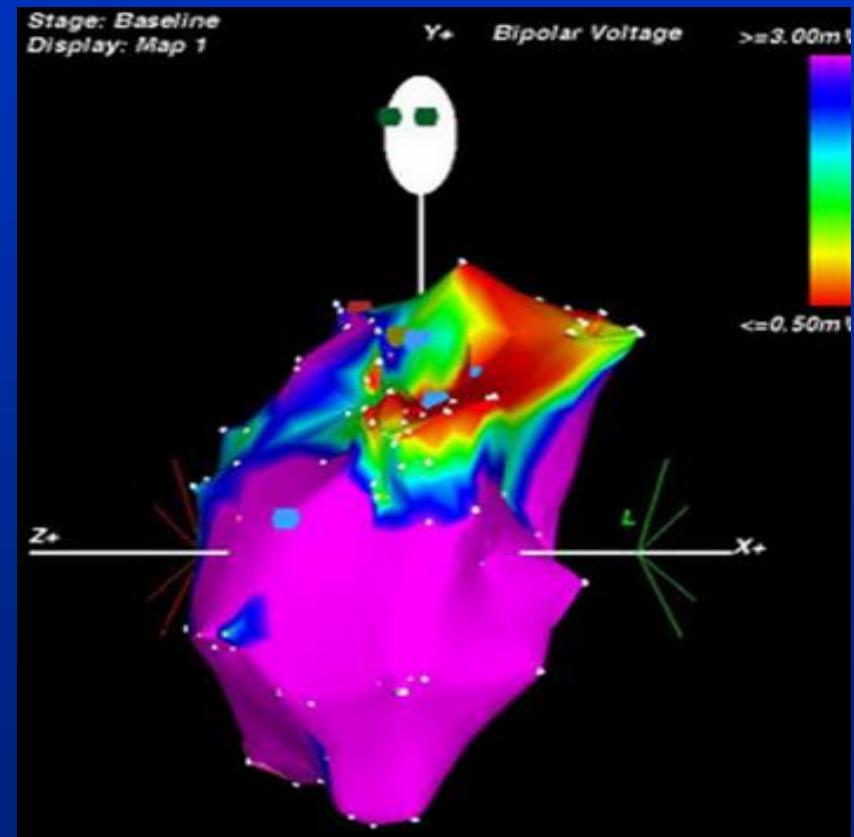
- CL>250ms = 79% sensitivity for CTI

Tetralogy of Fallot

arrhythmias: scar



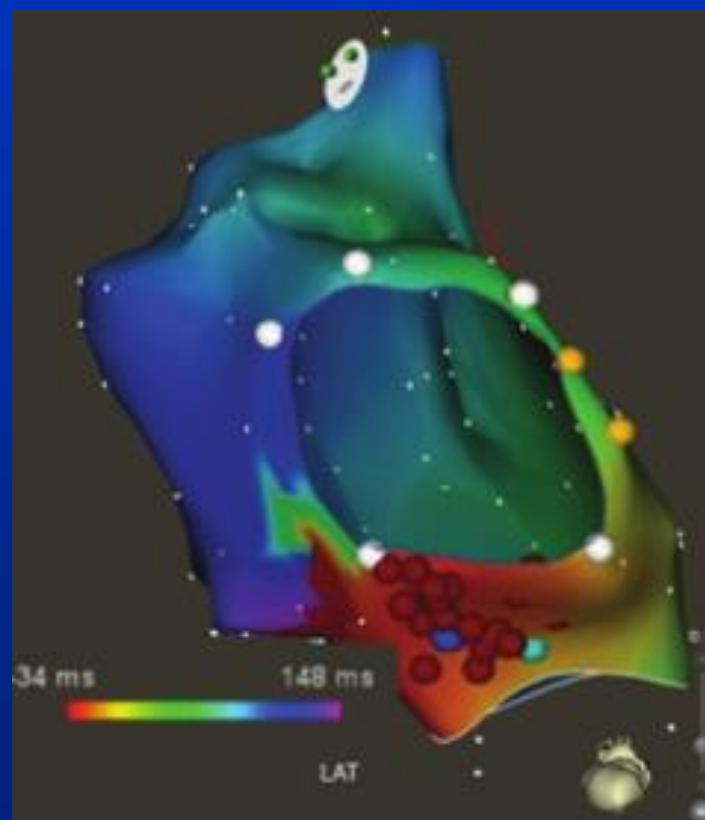
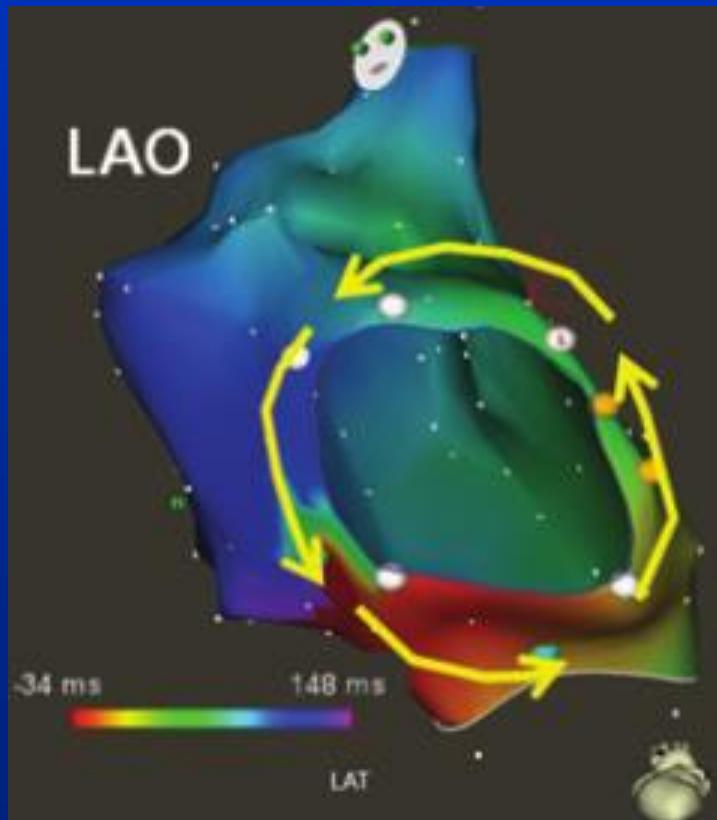
MRI : late gad + RVOT



CARTO: RVOT reentry

Tetralogy of Fallot

atrial arrhythmias: CTI dependent



Use all the Toys !



3D mapping
Smarttouch
Irrigated tip
Confidence
Software....



Arrhythmias

in repaired CHD

- What is the incidence ?
- Why are arrhythmias common?
- Medical treatment
- Interventional treatment
- Surgical options

Learning point !

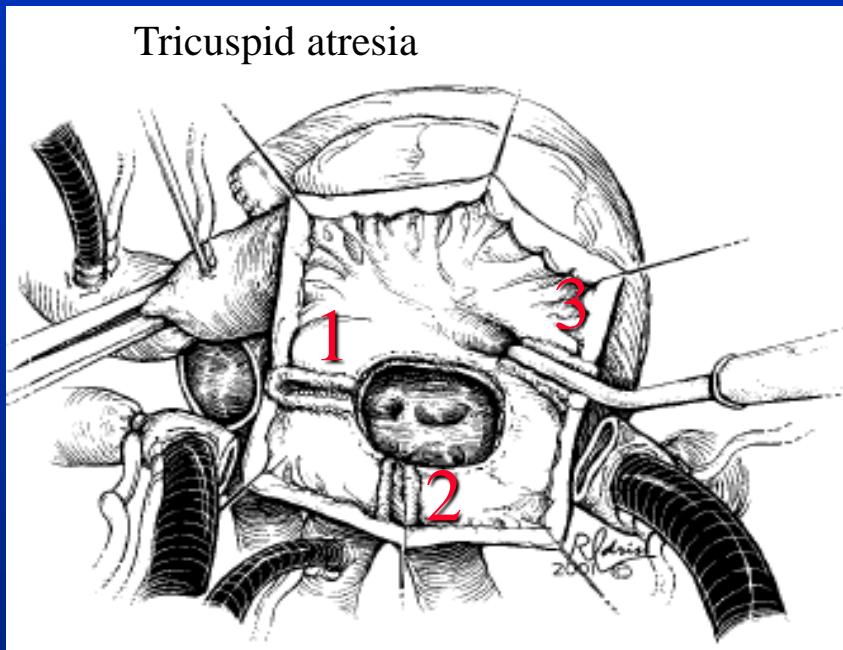


Surgeons need to think
electrically

Initial surgery
complete lines of block

Redo surgery
Cox maze if known arrhythmia

Modified Right sided Maze



IVC/ SVC transected
Atrial wall excised
ASD patch removed
Cryoablation lesions

-60 degrees for 90 secs

1. Superior Atrial septal ridge to RA appendage incised area
2. Posterior Atrial septal ridge to RA appendage incised area
3. Isthmus ablation (varies with anatomy)

Arrhythmias

in repaired CHD

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Arrhythmias *in repaired CHD*

frequency and options...

Dr Graham Stuart
Bristol Congenital Heart Unit

**PACES/HRS Expert Consensus Statement on the
Recognition and Management of Arrhythmias in Adult
Congenital Heart Disease**

Heart Rhythm 2014;11(10):102-164

**1. Care for ACHD arrhythmias –
“coordinated by ACHD centres of excellence”**

Include **Electrophysiologist**
Interventional cardiologist
Cardiac surgeon } expertise
 in CHD

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**1. Care for ACHD arrhythmias –
“coordinated by ACHD centres of excellence”**

2. If symptomatic ACHD arrhythmias –

History

12 lead ECG

Ambulatory ECG

“Loop recorders”

if symptoms sporadic

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Heart Rhythm 2014;11(10):102-164

- 1. Care for ACHD arrhythmias –
“coordinated by ACHD centres of excellence”**

- 2. If symptomatic ACHD arrhythmias –**

Indications for haemodynamic study.....

All new onset or worsening arrhythmias
or near miss – SCD + **coronaries...**

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Heart Rhythm 2014;11(10):102-164

- 1.** Care for ACHD arrhythmias –
“coordinated by ACHD centres of excellence”
- 2.** If symptomatic ACHD arrhythmias –

Indications for EP study

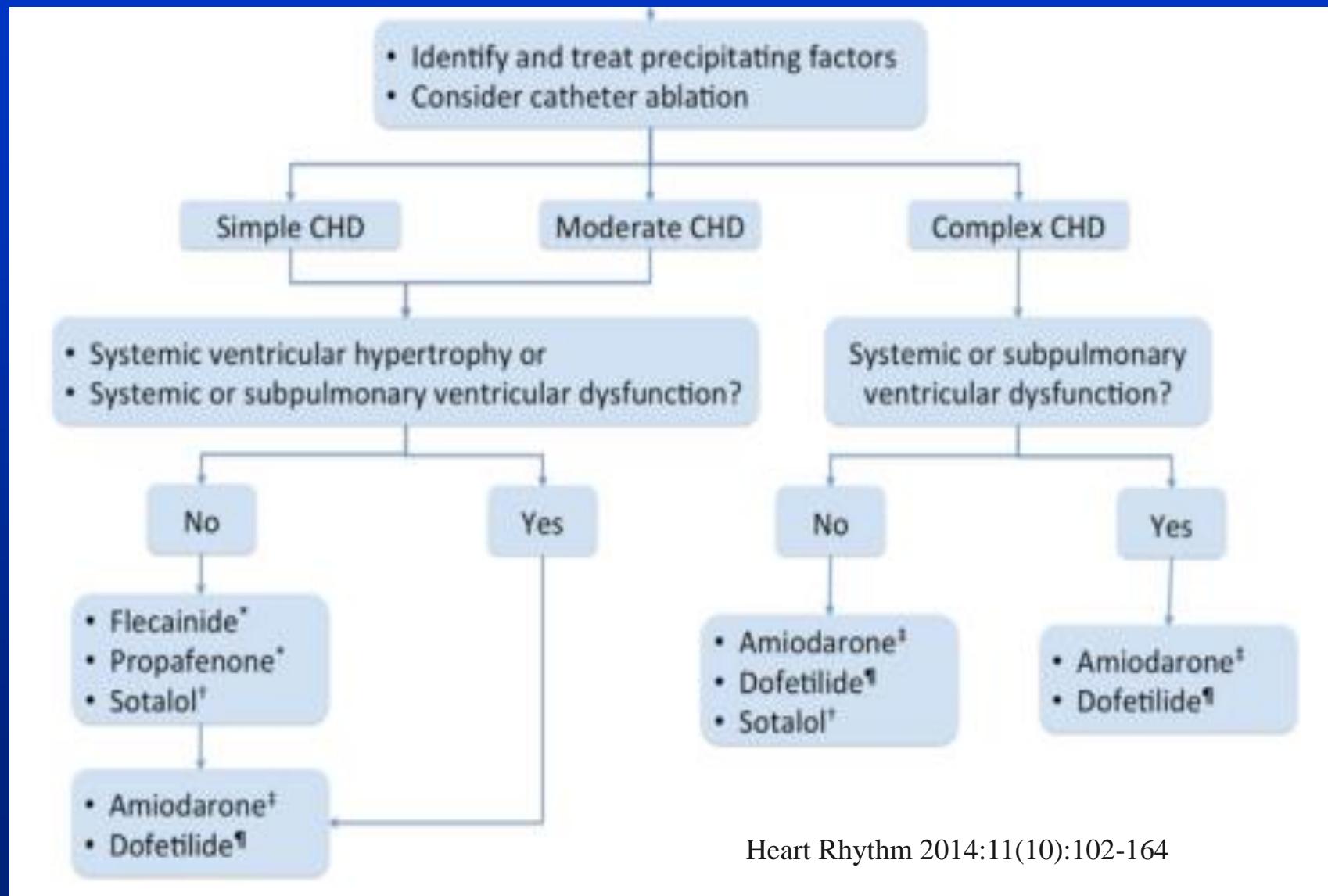
All unexplained syncope +
High risk CHD substrate eg TGA/TOF/Single vent

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Congenital Heart Disease**

Heart Rhythm 2014;11(10):102-164

- 1. Care for ACHD arrhythmias –
“coordinated by ACHD centres of excellence”**
- 2. If symptomatic ACHD arrhythmias –**
- 3. Algorithm for acute therapy**

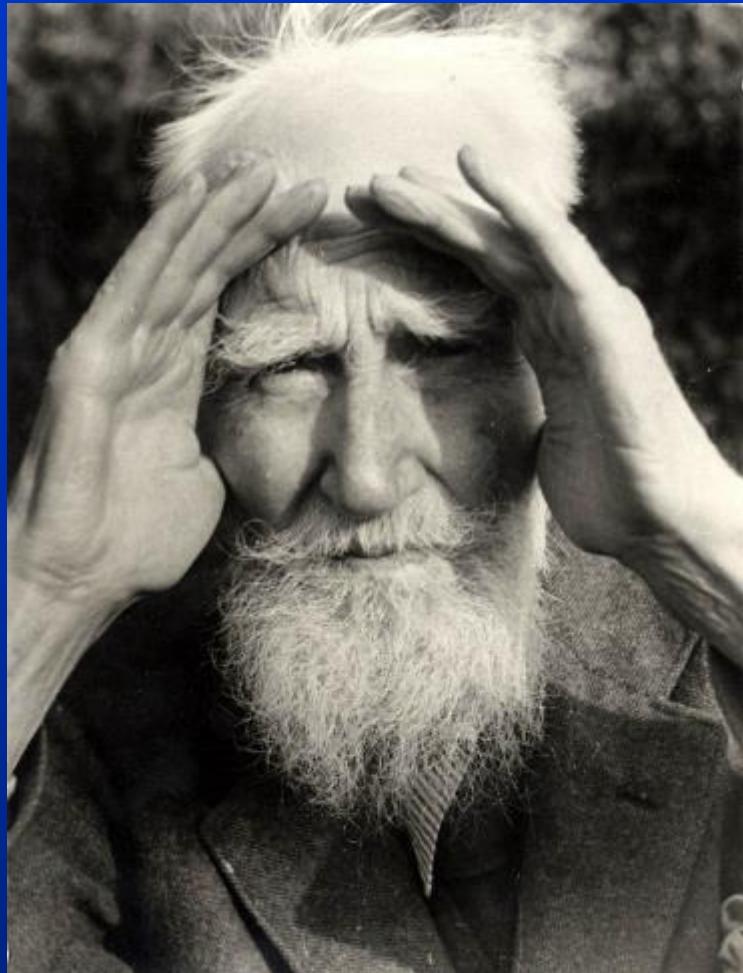
Rhythm Control in adults with CHD and IART or AFib



Interventions in CHD

success story!





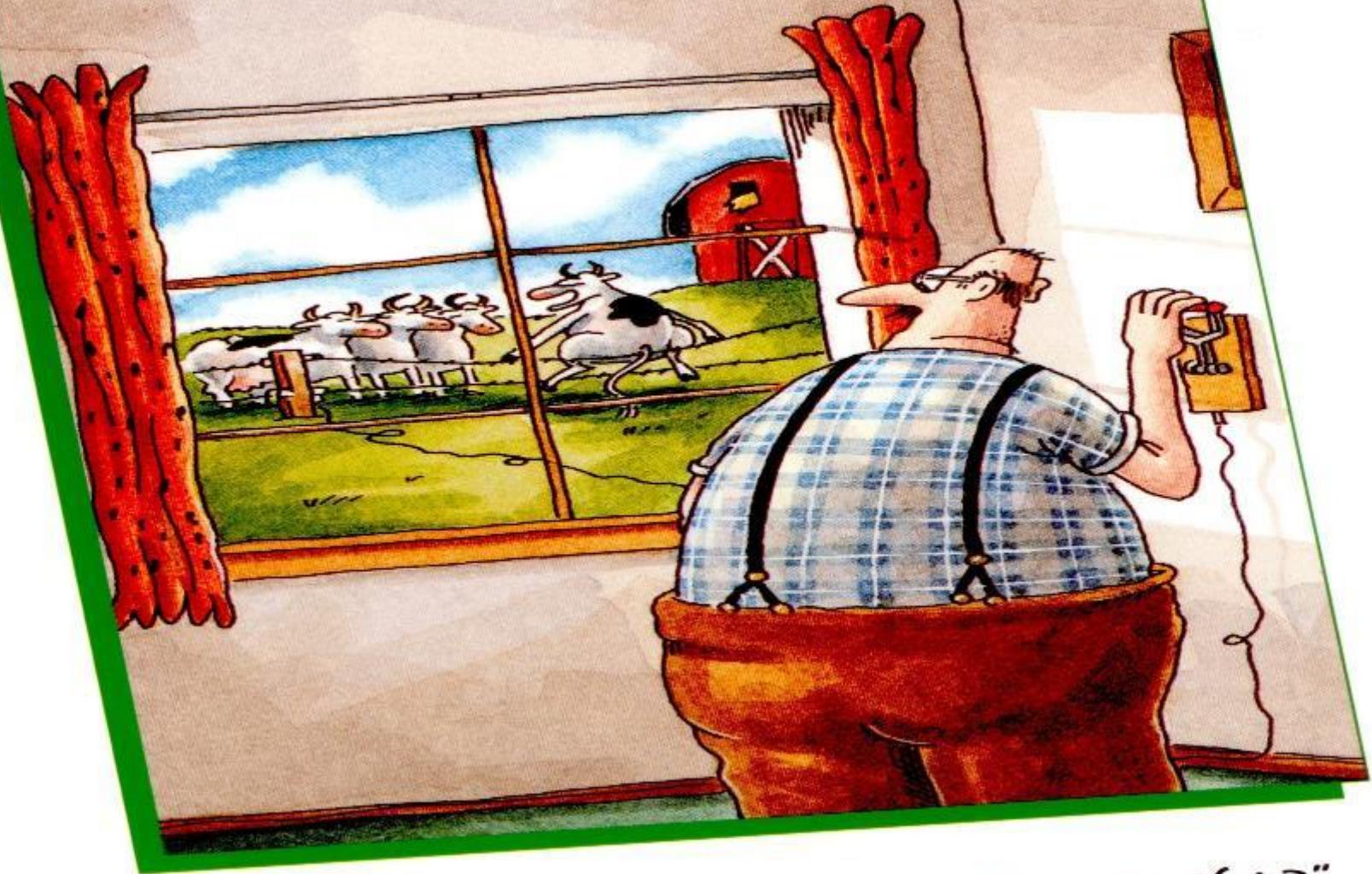
George Bernard Shaw
1856 -1950

“Science is always wrong. It never solves a problem without creating ten more.....”

Any Questions?



Janson



"Look, if it was electric, could I do this?"