

What I have learnt from the congenital heart disease arrhythmia clinic

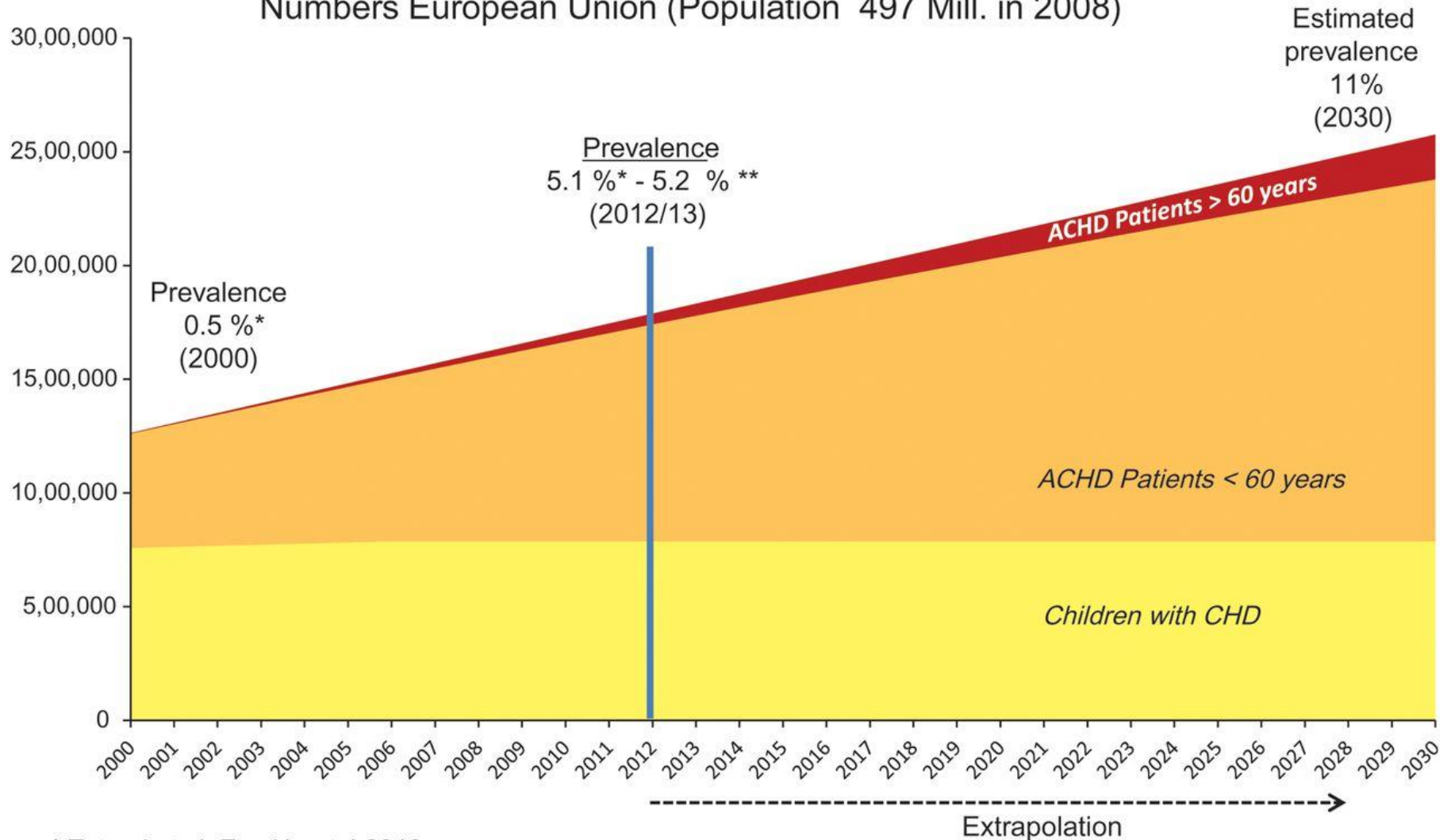
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Special Interest – congenital heart disease

Birmingham HRC October 2016

Numbers European Union (Population 497 Mill. in 2008)



* Tutarel et al. Eur. Heart J 2013

** German Competence Network for Congenital Heart Disease (data on file)



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Scope of the problem

Table 1 Incidence of SVT in relation to congenital defect and type of surgery

Congenital defect	Type of surgery	Incidence
ASD	Uncorrected/corrected as adult	50%
	Surgical closure prior to age 15	16%
TGA	Mustard/Senning	28%–37%
	Arterial switch surgery	5%
Single ventricle	Atriopulmonary Fontan	50% after 10 years, 100% after ≥ 26 years
	Lateral tunnel	13% after 10 years
	Extracardiac tunnel	0% after 10 years
Tetralogy of Fallot		Age-dependent up to 20%

ASD, atrial septal defect; SVT, supraventricular arrhythmias; TGA, transposition of the great arteries.

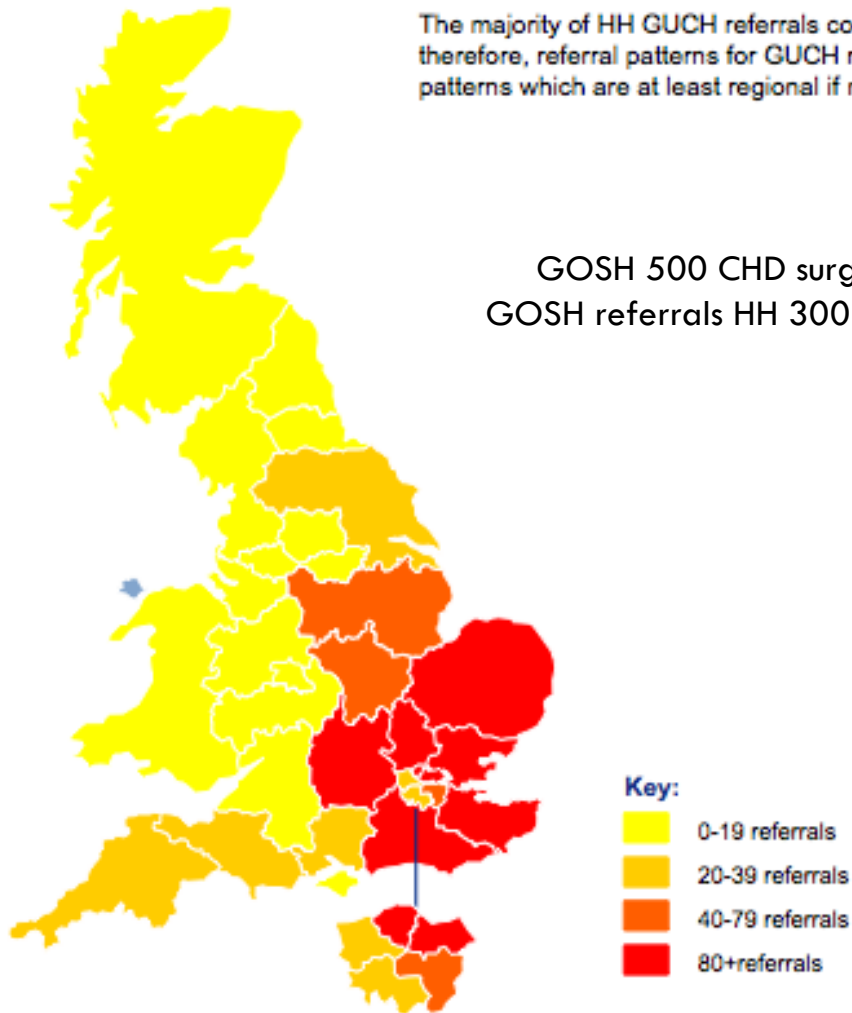
Wasmer et al Heart 2016 0:1–6



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GUCH at BHC

The majority of HH GUCH referrals come from GOSH, therefore, referral patterns for GUCH reflect GOSH referral patterns which are at least regional if not national



GOSH 500 CHD surgeries/yr
GOSH referrals HH 300-400 pts/yr

7000 patients
3500 OPD visits
Subspecialty OPDs
60-70 surgeries
200 catheter interventions
200 pregnancies

Patient visits per yr/cardiologist

Toronto 3700/308

Mayo 1763/352

UCLA 1683 / 336

Cleveland clinic 100 / 33

RBH 4120 / 686

THH 3617 / 1644

4 WTE Consultants + 1 locum

5 WTE CNS

3 PT surgeons GOSH

1 interventional Cons

2 EP Cons

2 WTE Fellows

1 Cons MRI GOSH



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GUCH EP service at BHC

- Integral part of the GUCH team
- Attend the MDT and available for IP referrals
- Dedicated GUCH EP clinic
 - referrals from both in and outside of BHC



GUCH EP clinic structure

- 3 x new pt slots at 30 mins
- 5 x follow up slots at 20 mins
- Consultant run
- Specialist nurse available when possible



Important considerations

- DCCV?
- Wait for next available elective slot?
- Negotiate an urgent elective slot?
- Rate control in meantime?
- Admit and perform as an IP?



Outpatient activity 2015-2016



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New patients

- 88 in first year
- Intervention = 47 (53%)
 - Ablation → 31
 - Pacemaker → 6
 - CRT upgrade → 2
 - Surgery → 1
 - Declined → 2
 - RV lead revision → 1
 - Extraction+reimplant → 2
 - ILR → 1
- JCC = 10
- Discharge = 6
- Admit = 1
- 27 = f/u



Follow ups

- 61 in total
- Discharge = 24 (39%)
- JCC = 2
- Intervention or admit = 8
 - Ablation → 3 (+ still a/w = 2)
 - CRT upgrade → 1 ILR → 1
 - Surgery → 1
- F/u = 26



Key things that I have learnt

- GUCH pts ARE different
- Absolutely essential to work as a team
- Admin generated is significant -
logistically challenging to organise procedures, e.g.
imaging, anaesthetics, lab scheduling



Questions?



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