

JCK Poster

JCK Poster 4 (III-JCKP4)

Cardiac Surgery

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Sun. Jul 9, 2017 1:00 PM - 2:00 PM Poster Presentation Area (Exhibition and Event Hall)

1:00 PM - 2:00 PM

[III-JCKP4-02]Yasui operation after Norwood procedure for VSD with aortic atresia or interrupted aortic arch

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Introduction:

The Yasui operation could achieve bi-ventricular reconstruction for patients with adequate-sized ventricles and ventricular septal defect(VSD) associated with obstructions of the aortic arch and left ventricular outflow tract (LVOT). The experience of Yasui operation following Norwood operation with RV-PA shunt were reviewed.

Material and Method:

Since 2014, 5 patients have undergone the Yasui operation at our institution. Interrupted aortic arch was present in 3 patients and coarctation of the aorta/hypoplastic arch was present in 2. Two patients had aortic stenosis, and 3 patients had aortic atresia. All patients had Norwood S1P with RV-PA shunt as initial palliation. The mean age and body weight at the time of the Yasui operation was 17.4 ± 14.2 months and 8.0 ± 2.3 kg, respectively. The ascending aorta and aortic arch requires graft interposition in 3. Right ventricle to pulmonary artery continuity was established with a valved Gortex conduit in 4 patients, and 19mm Tissue valve in one.

RESULTS: All five patients had successful Norwood palliation and survived Yasui operation. During the follow-up, there were no late death. One patient underwent re-operation for peripheral pulmonary artery stenosis and change the conduit. All the other patients had good functional outcome without LVOT obstruction.

CONCLUSIONS: The results of the Staged Norwood - Yasui operation were excellent. Low mortality and good midterm left ventricular function without outflow tract stenosis could be achieved. The long-term follow-up is required for the patency of RVOT conduits.