

Principles of Cardiac Catheterization

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No Disclosures

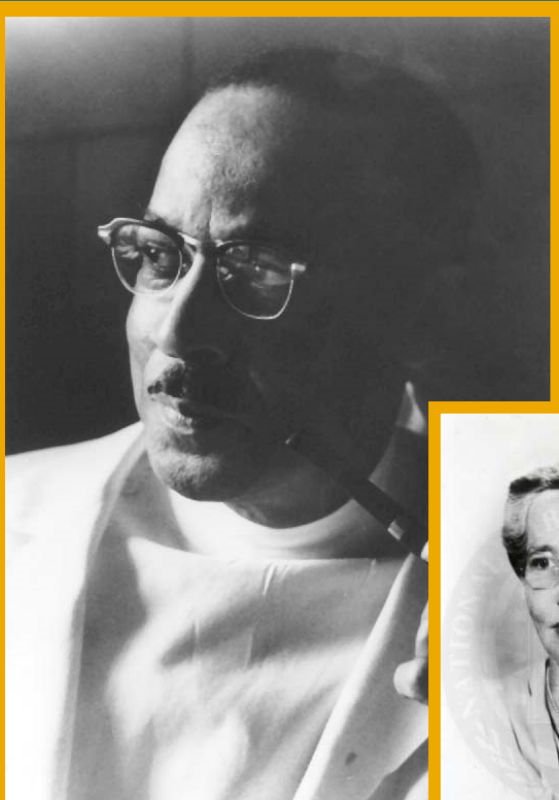


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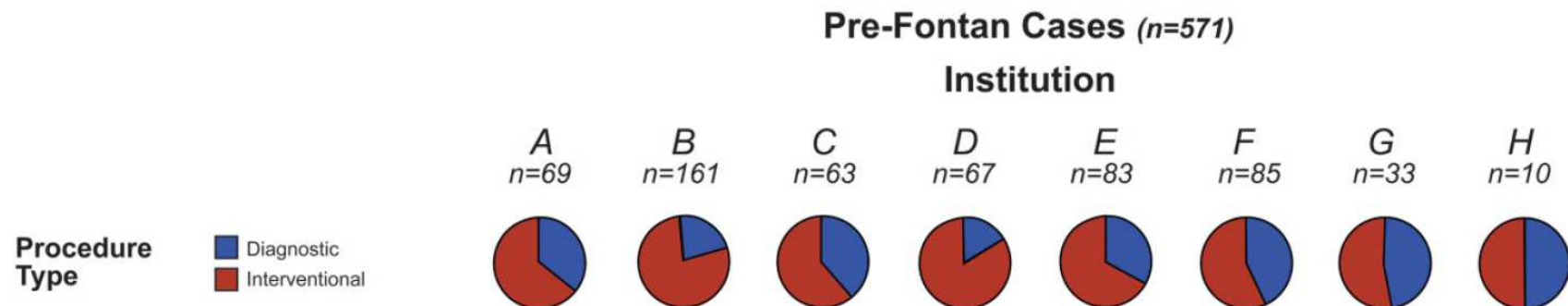
Principles of Cardiac Catheterization

- “Diagnostic” Assessment
 - Pre-Fontan evaluation
- Interventional – Right Ventricular Rehab
 - Pulmonary Atresia/IVS with RV Hypoplasia

Principles of Cardiac Catheterization

- Pre-Fontan Evaluation
 - Hemodynamic assessment: Qp/Qs, PVR, ventricular end-diastolic, arch obstruction, atrial septum
 - Angiographic assessment: valvar regurgitation, PA anatomy/AVMs, DKS, distal arch
 - Opportunity for intervention: PA rehab, Coarctation, systemic-pulmonary collateral burden

Pre-Fontan Evaluation



Goldstein et al., Practice Variation in Single-Ventricle Patients Undergoing Elective Cardiac Catheterization: A Report from the Congenital Cardiac Catheterization Project on Outcomes (C3PO). *Congenit Heart Dis* 2016;11:122.

Pre-Fontan Evaluation

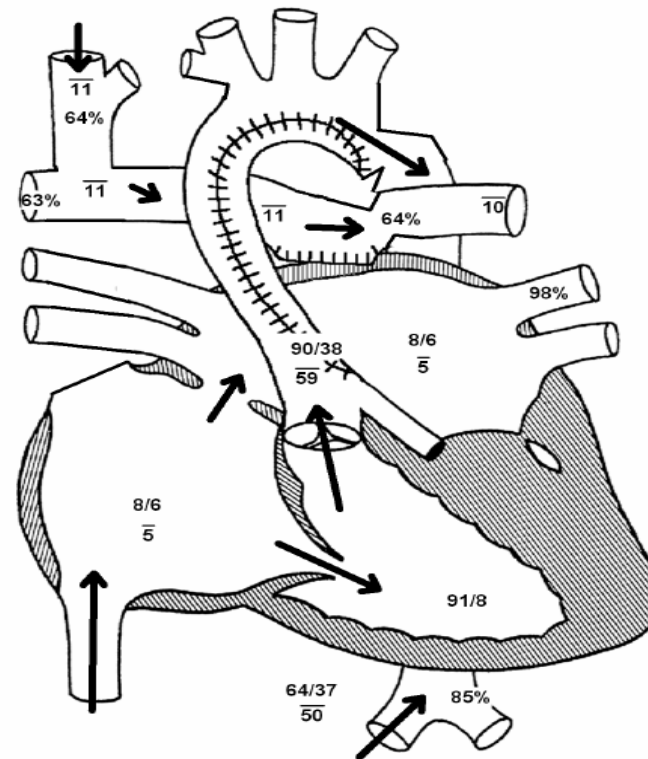


3yo HLHS s/p Mod Norwood/RMBTS and BDG

- Room Air, Sinus Rhythm
- VO_2 : 169 ml/min/m² ???
- Hemoglobin: 15.9 gm/dL
- $\text{Qp} = 1.38 \text{ L/min}$ (2.30 L/min/m²) ???
- $\text{Qs} = 2.23 \text{ L/min}$ (3.72 L/min/m²)
- $\text{Rp} = 4.35 \text{ units}$ (2.61 units x m²) ???
- $\text{Rs} = 20.15 \text{ units}$ (12.09 units x m²)
- $\text{Qp/Qs} = 0.62 : 1$ | $\text{Rp/Rs} = 0.22$

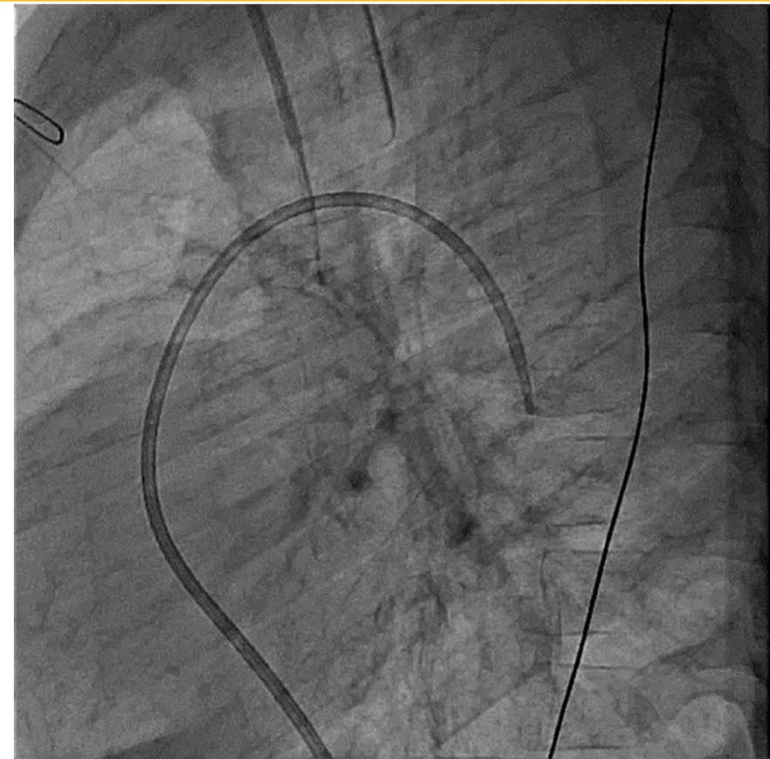
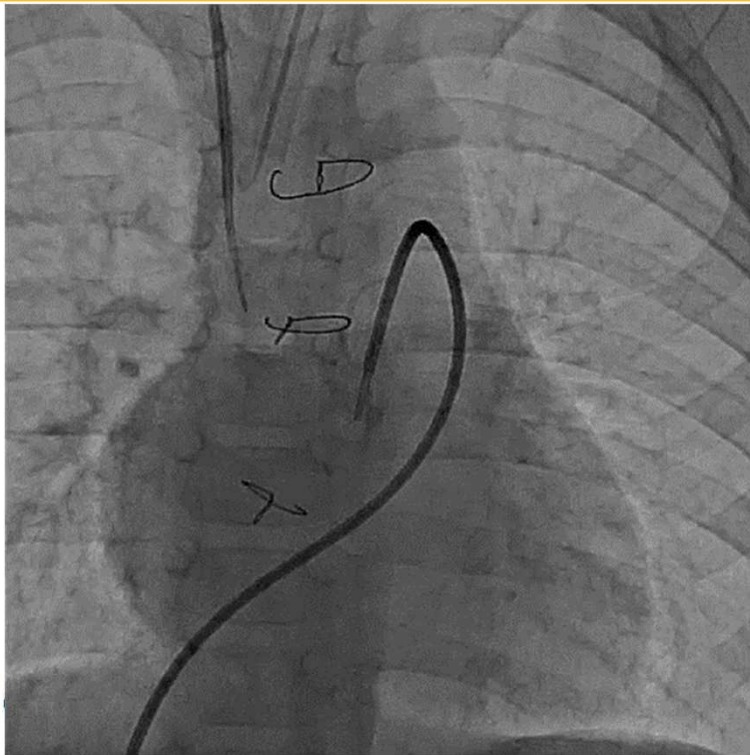


Children's Mercy Hospital
Kansas City, Missouri
Pediatric Cardiology
Cardiac Catheterization Laboratory

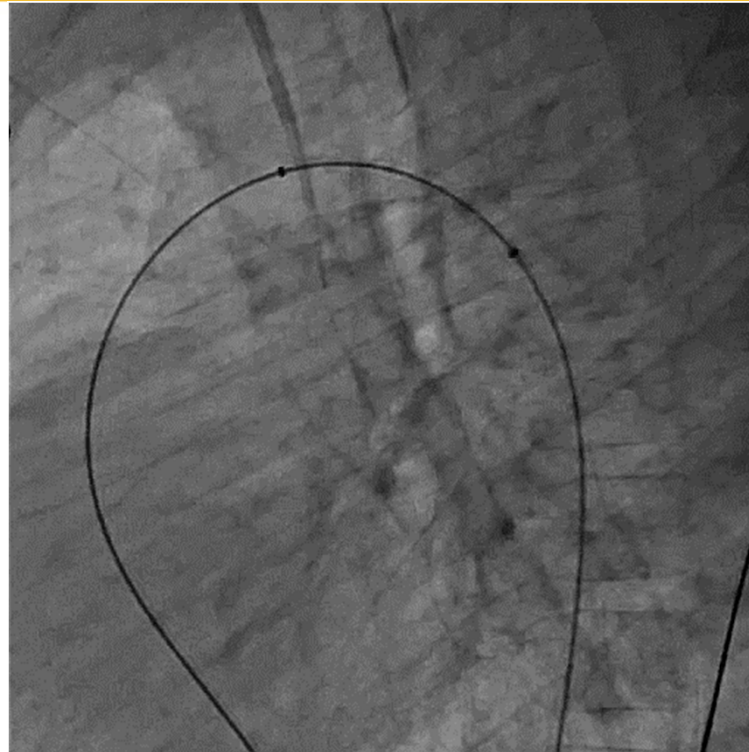


Arrows indicate catheter course.

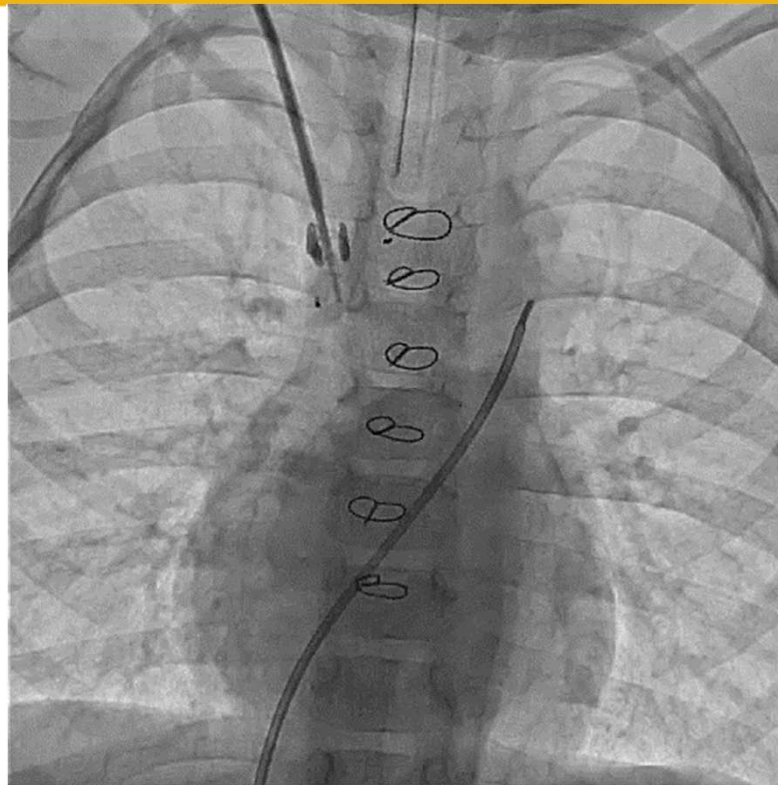
Pre-Fontan Arch Obstruction



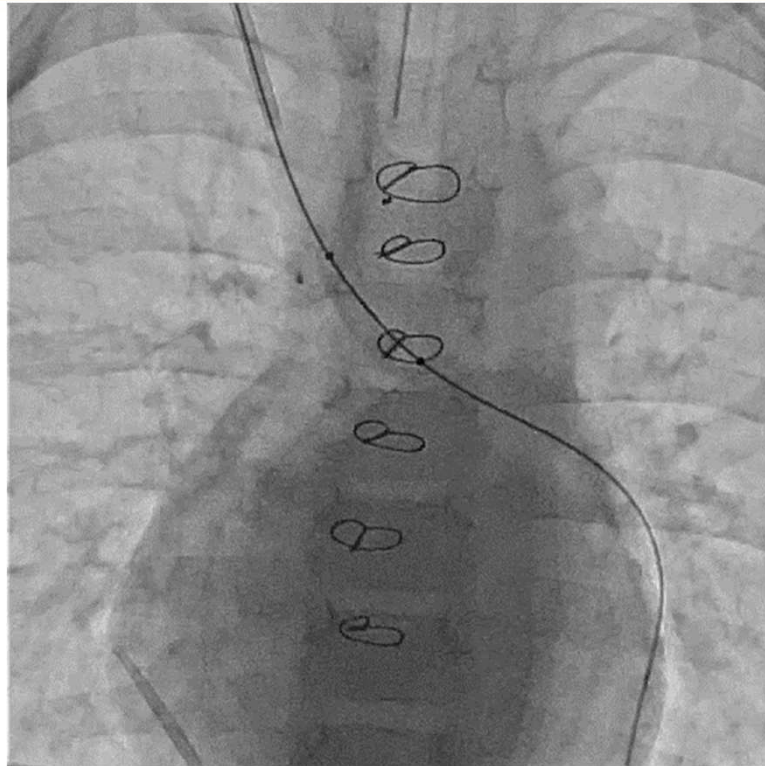
Pre-Fontan Arch Obstruction



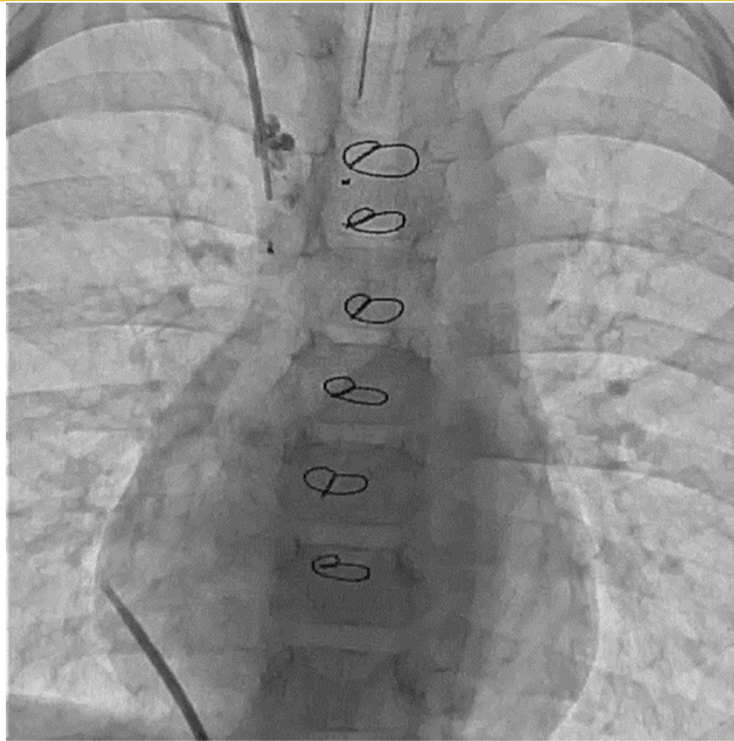
Pre-Fontan Glenn Obstruction



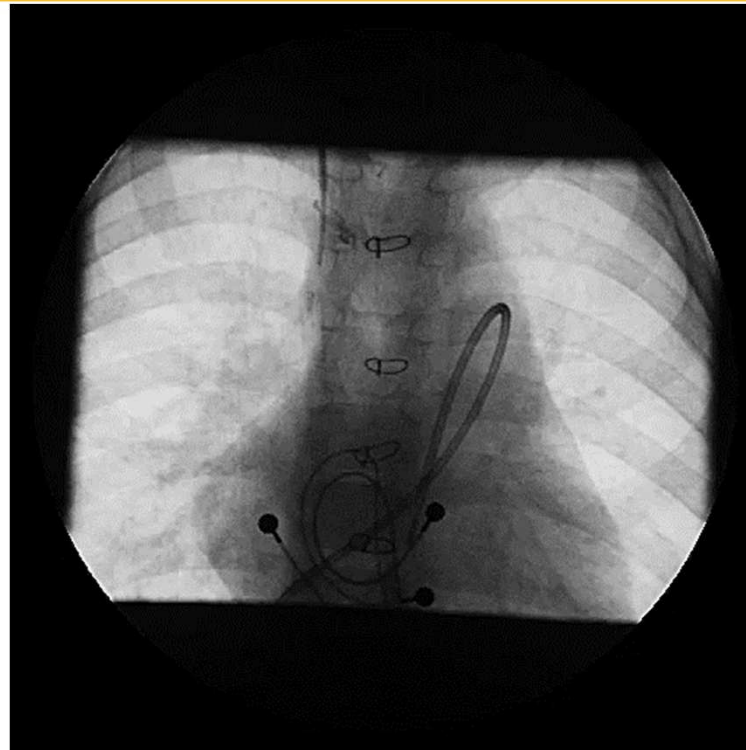
Pre-Fontan Glenn Obstruction



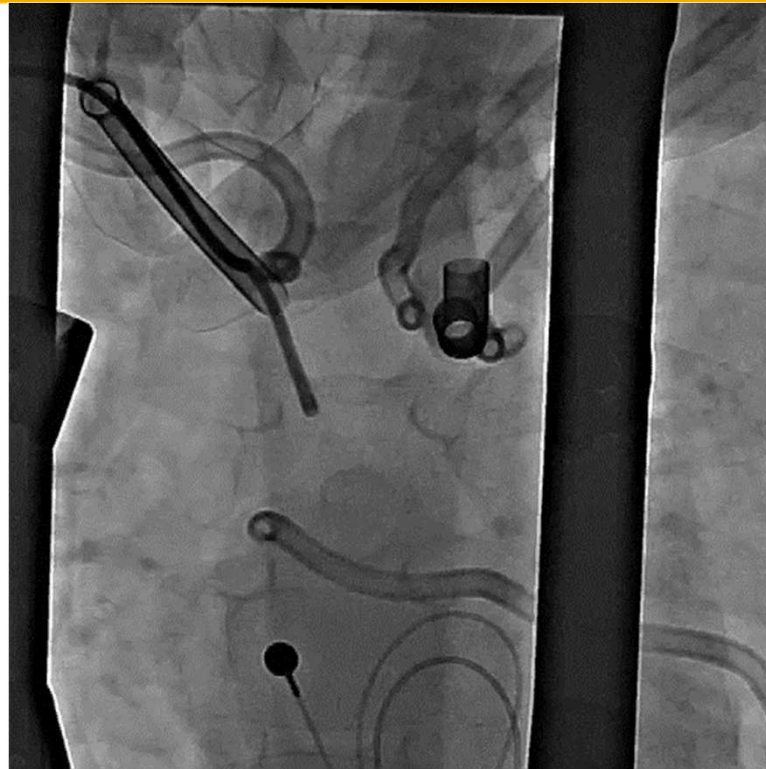
Pre-Fontan Glenn Obstruction



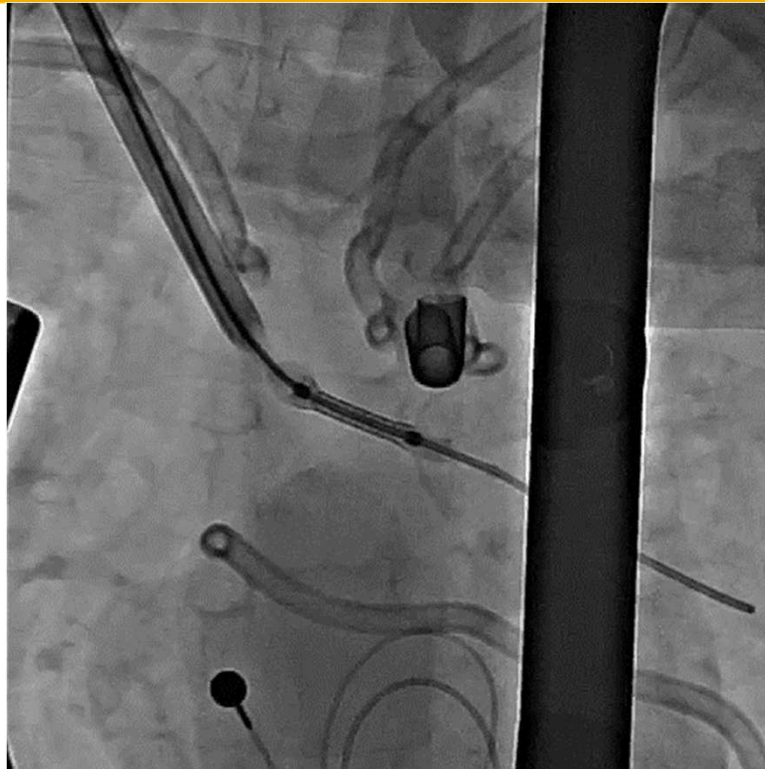
Pre-Fontan – LPA stenosis



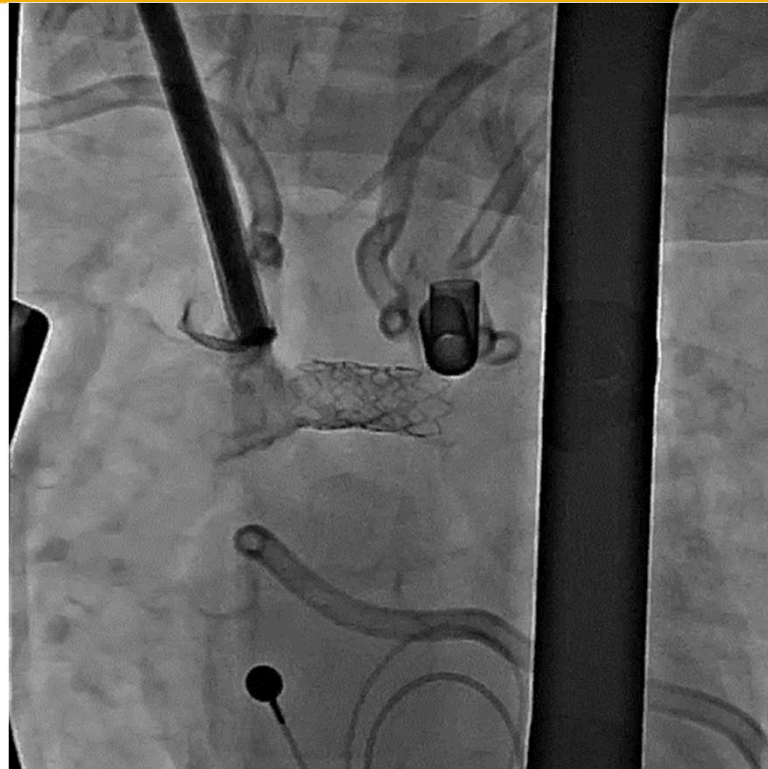
Hybrid Fontan – LPA stenosis



Hybrid Fontan – LPA stenosis

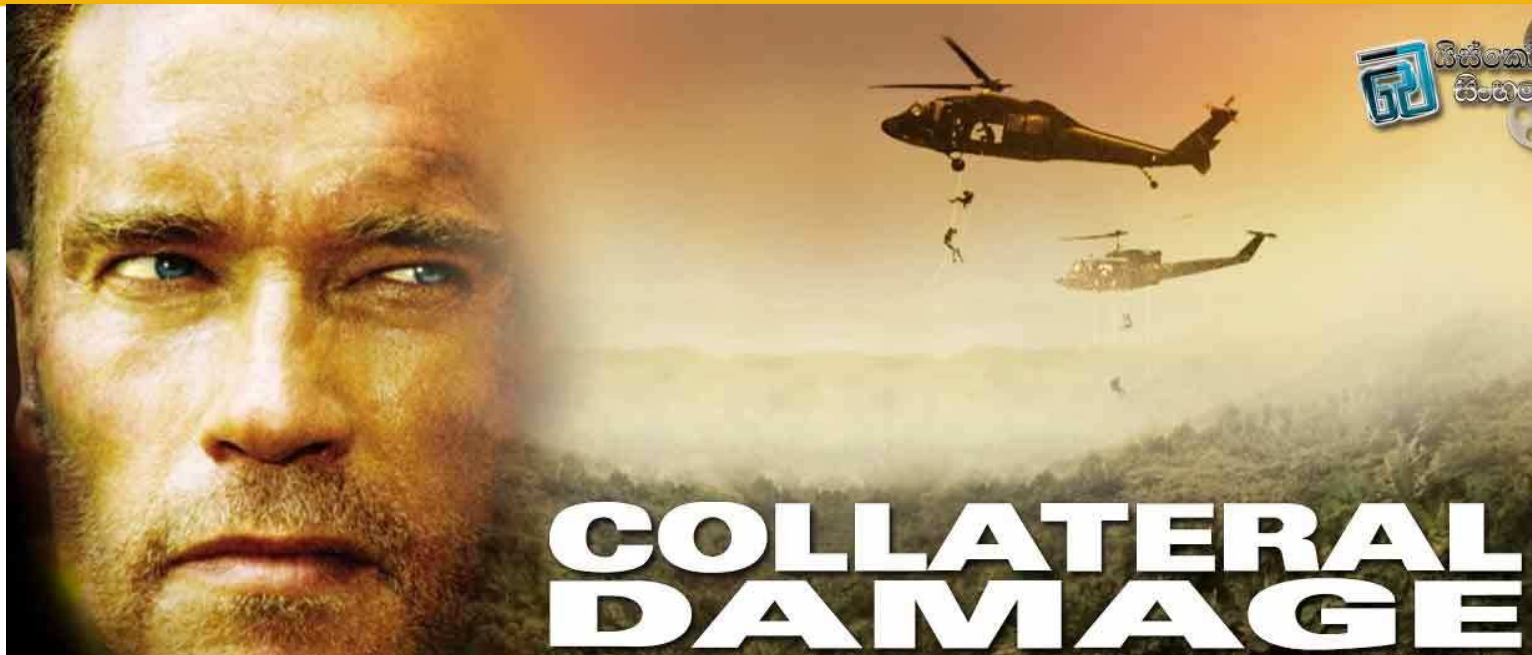


Hybrid Fontan – LPA stenosis





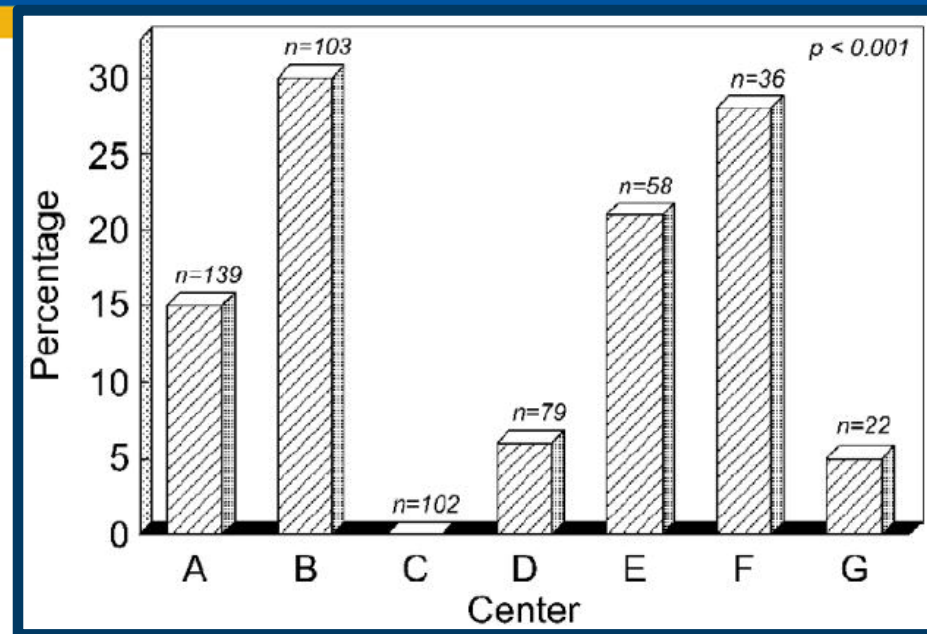
Systemic to Pulmonary Collaterals



Systemic to Pulmonary Collaterals

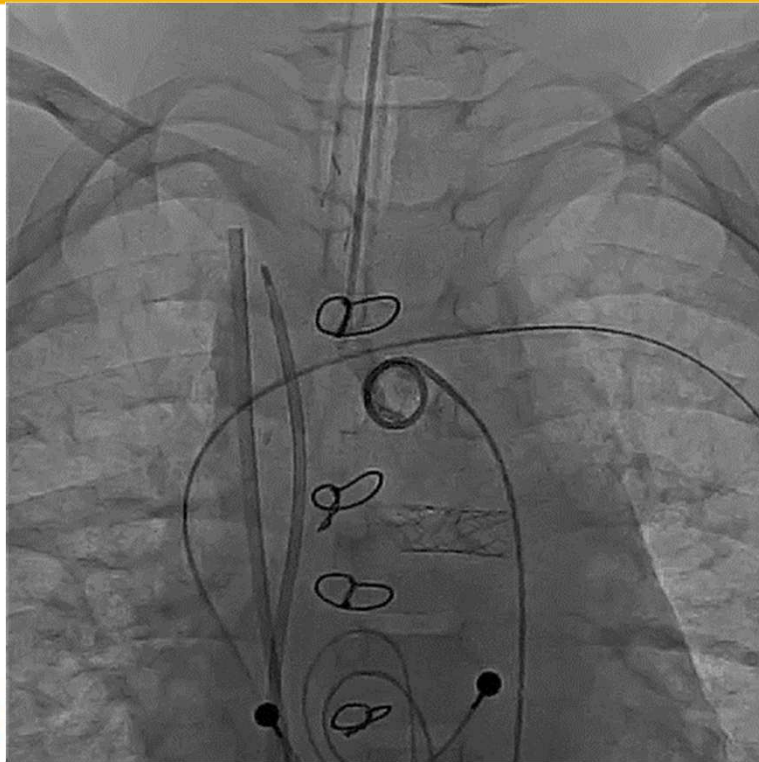
- What: communications from brachiocephalic, bronchial and intercostal arteries to pulmonary circulation
- Why: hypoxemia?
- Good: support SaO₂; diminish pulmonary AVMs risk
- Bad: Increase PBF and SV volume, diminish efficiency

Pre-Fontan SPC Intervention

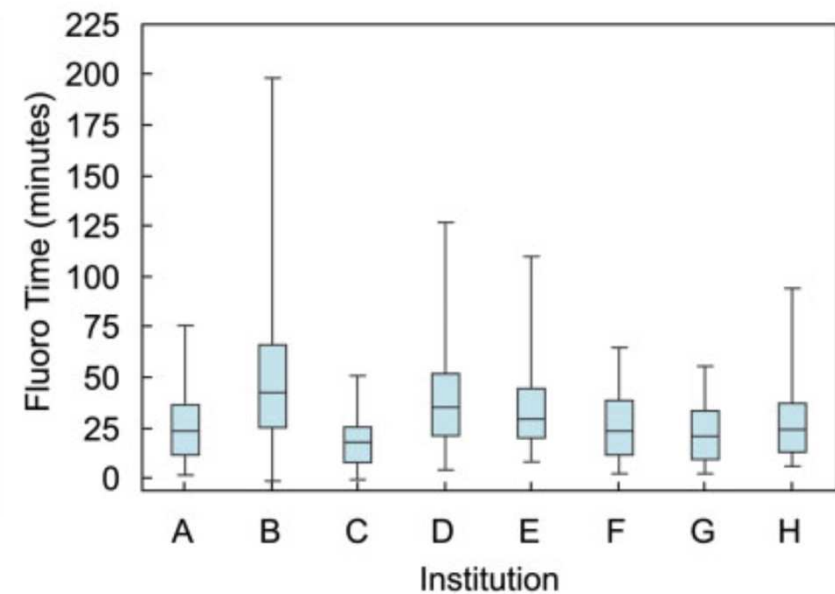
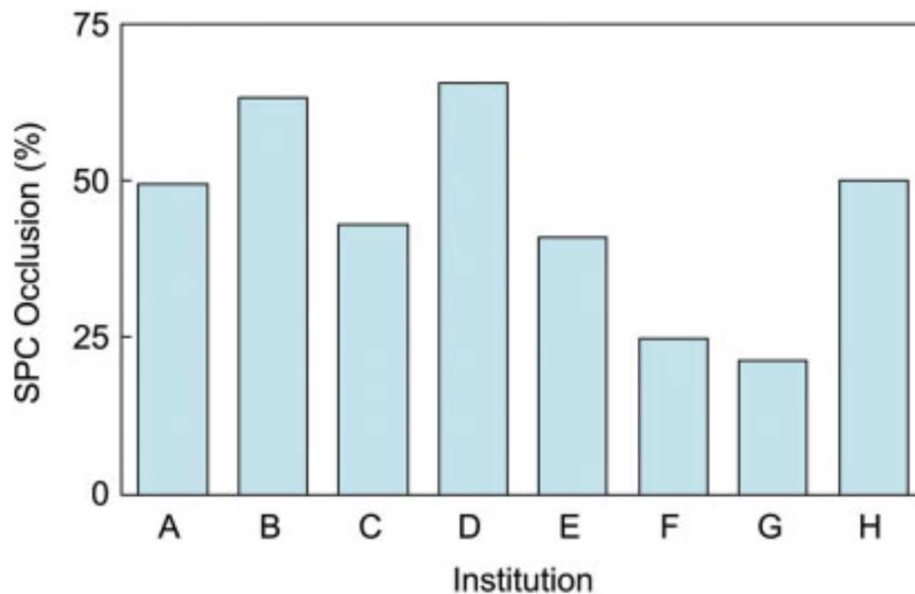


Banka et al., Practice Variability and Outcomes of Coil Embolization of Aortopulmonary Collaterals Prior to Fontan Completion: A Report from the Pediatric Heart Network Fontan Cross-Sectional Study. *Am Heart J* 2011;162:125.

Systemic to Pulmonary Collaterals

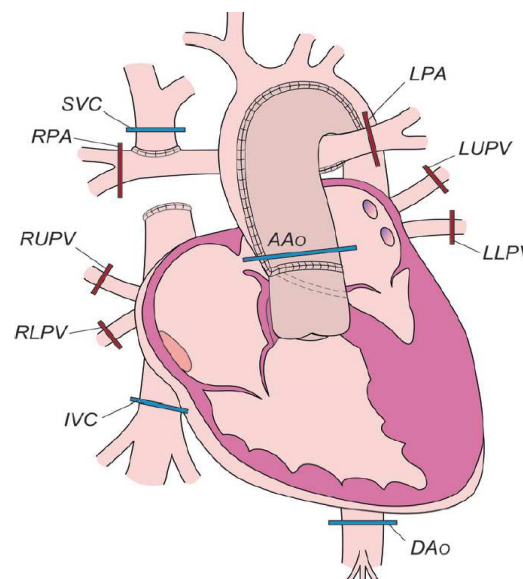


Pre-Fontan SPC Intervention



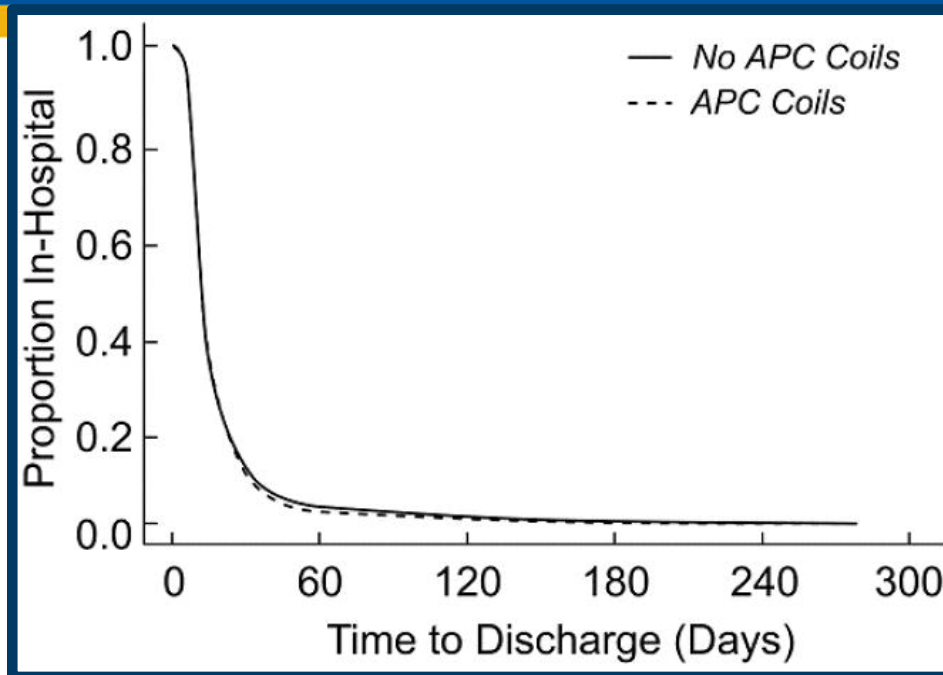
MRI Quantification of SPC Flow

- Whitehead et al., *Circ Cardiovasc Imaging* 2009;2:405.
- Glatz et al., *Circ Cardiovasc Imaging* 2012;5:218.
- Dori et al., *Circ Cardiovasc Interv* 2013;6:101.



$$\begin{aligned} \text{SPC Flow}_1 &= (\text{RPV}_S + \text{LPV}_S) - (\text{RPA} + \text{LPA}) \\ \text{SPC Flow}_2 &= \text{AAo} - (\text{SVC} + \text{IVC}) \end{aligned}$$

Pre-Fontan SPC Intervention

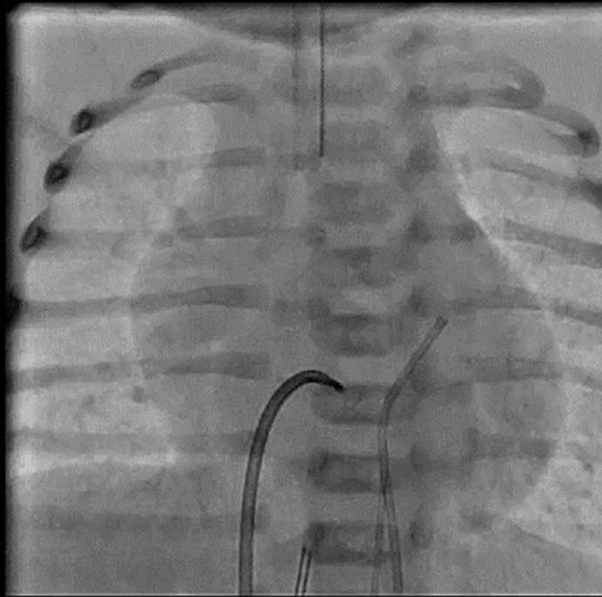


Pre-Fontan SPC Intervention

Where does that leave us?



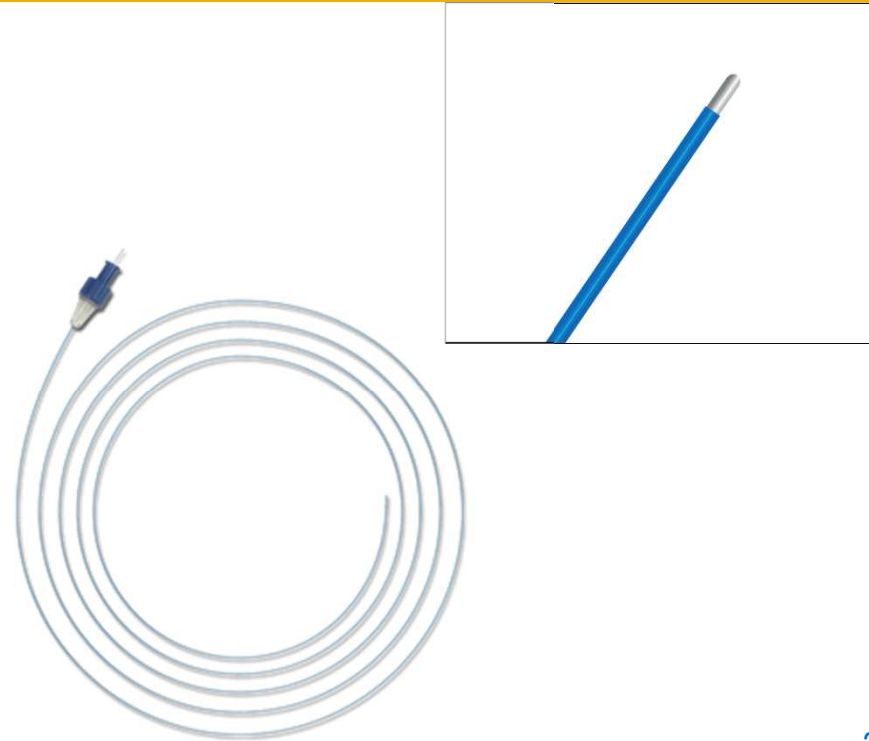
Pulmonary Atresia/Intact Ventricular Septum



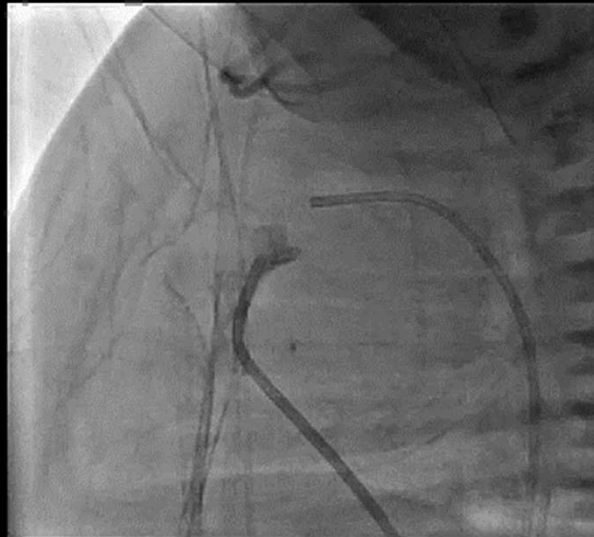
Pulmonary Atresia/Intact Ventricular Septum

- PA/IVS with bipartite ventricle with pulmonary valve plate-like atresia and trivial RV-coronary communications
- RF wire perforation with Nykanen wire/coaxial catheter system (Baylis Medical)

Baylis RF System



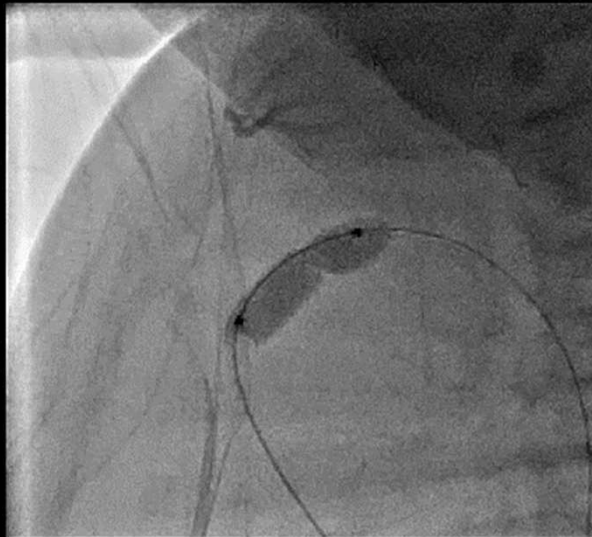
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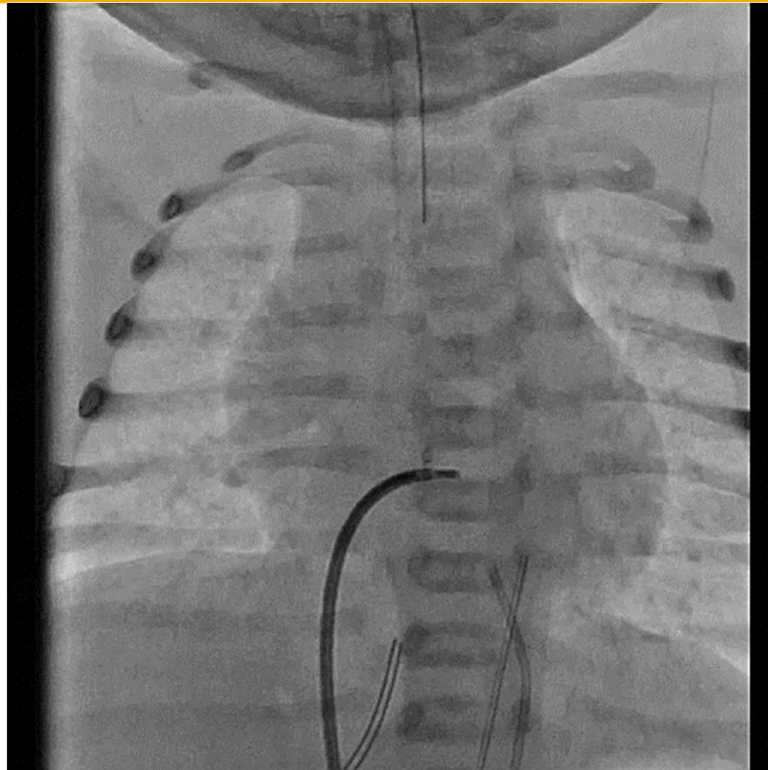
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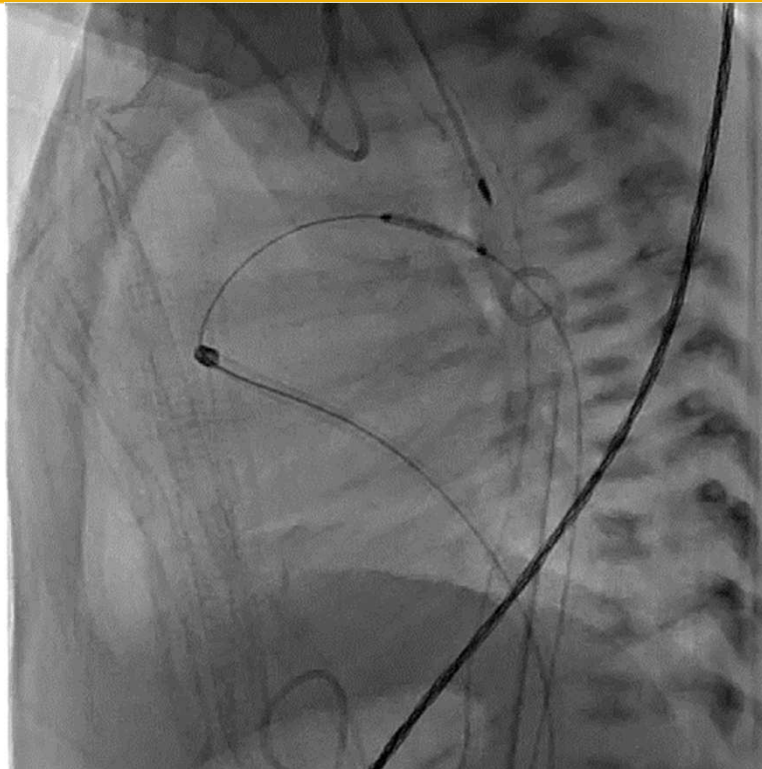
Pulmonary Atresia/Intact Ventricular Septum



Pulmonary Atresia/Intact Ventricular Septum

- CMH experience (1999-2011): 20 underwent RFP/BDV
 - Mean FU 4.2 years; survival 95%; FU SaO₂ 96 +/- 4%
 - 13 required augmentation of PBF (BTS or PDA stent)
 - APBF tricuspid z-score -1.26 +/- 0.98 vs. 0.40 +/- 0.57 no APBF (p=0.001)
 - 9 required surgical RVOT reconstruction during FU
 - 15 two-ventricle physiology; 4 required BDG/1.5 ventricle repair

Pulmonary Atresia/Intact Ventricular Septum



Pulmonary Atresia/Intact Ventricular Septum

