

Clinical Standard Operating Procedure (SOP) **PATHWAY FOR CARDIAC SURGERY (ACHD PATIENTS)**

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| SETTING | Bristol Heart Institute |
| FOR STAFF | All staff looking after adults patients with congenital heart disease (ACHD) |
| FOR PATIENTS | Adult patients with congenital heart disease |

STANDARD OPERATING PROCEDURE

All congenital cardiac surgery must take place in surgical ACHD centres (Level 1), by experienced surgeons¹. University Hospitals Bristol is the Level 1 centre for the South West Congenital Heart Disease (SWCHD) Network. This is the pathway detailing the referral and scheduling process, as well as the pre-operative and early post-operative pathway for these patients.

REFERRAL/ LISTING:

1. The majority of ACHD patients are already under regular follow up with an ACHD cardiologist at University Hospitals Bristol or one of the SWCHD Network outreach clinics. New patient referrals are made to any of the ACHD surgeons or cardiologists by letter or through a joint clinic review in one of the peripheral hospitals.
2. All patients being considered for congenital cardiac surgery will be discussed at the ACHD MDT meeting. The ACHD consultant or surgeon will list the patient for MDT discussion.). Patients referred directly to surgeons from non-ACHD cardiologists must also have a named ACHD cardiologist and be discussed in the ACHD MDT prior to listing.
3. Once an MDT decision is made for congenital cardiac surgery, and accepted by the operating surgeon, a referral letter is sent to the accepting congenital cardiac surgeon by the ACHD cardiologist. Any outstanding investigations are the responsibility of the referring ACHD cardiologist and will be identified on the referral letter. A recommended time scale for surgery will be included in the letter.
4. The ACHD surgeon will see routine patient in the outpatient clinic and list for surgery using the cardiac surgery listing form.
5. Urgent cases and inpatients can be listed following an ad hoc MDT discussion.
6. The need for Best Interest Meetings (BIM) is identified at the MDT and arrangements are made by the ACHD clinical nurse specialist (CNS) team to undertake capacity assessments and organise a BIM that includes the patient, family members, Independent Mental Capacity Advocate (IMCA) and the medical team as appropriate.

SCHEDULING:

1. The admissions office team will add the patient to the surgical waiting list.
2. The patient will be sent a letter informing them that they are listed for the procedure. The letter contains generic advice for the patient to have dental review prior to surgery.

3. The surgeons will liaise with the admissions office to populate the surgical lists and liaise with the clinical nurse specialists to consider clinical priority and changing symptoms.
4. Patients will be informed of their procedure date and booked for a pre-operative assessment clinic (POAC) review.
5. Urgent cases and inpatients will be identified at the point of listing and discussed directly with the admissions office.

PRE-OPERATIVE ASSESSMENT CLINIC (POAC) VISIT:

1. The patient will meet with the ACHD CNS who will arrange the necessary tests and complete the surgical pathway booklet.
2. Verbal and written information will be provided to the patient, including starvation times, and anti-coagulation plan and discharge plan .
3. The results of the investigations will be reviewed and documented by the ACHD CNS team and appropriate actions taken. This will include looking up swab results and arranging for eradication therapy in line with trust guidance.
4. Abnormal results or issues which may lead to postponing/ cancelling the procedure will be discussed with the responsible surgeon, and/ or cardiac anaesthetist. The patient will be informed.

WEEK OF SURGERY MDT:

1. Patients scheduled for surgery each week will be reviewed at the ACHD MDT. The MDT co-ordinator is responsible for retrieving any relevant imaging from outside University Hospitals Bristol.
2. Any further tests or peri-procedural plans will be clarified, including the need for intra-operative pacing and echocardiographic support.
3. Actions from this meeting are the responsibility of the operating surgeon

ADMISSION TO THE CARDIAC SURGICAL WARD:

1. The patient will be admitted to the cardiac surgical ward the day before the surgery if they are listed first on the list and one the day of the procedure if they are listed second. The patient will be reviewed by the cardiac anaesthetist.
2. Written informed consent will be obtained by the operating surgeon.

POST-PROCEDURE & DISCHARGE:

1. A discharge summary will be sent to the GP. Ward clerks will arrange follow up at the BHI for the patient to be seen by the referring cardiologist.
2. Early follow up plans outside the BHI will be communicated by the surgical or cardiology team, with clarity on who will action the referral.
3. All patients will be seen once at the BHI by the ACHD cardiologists before they return to their usual follow up arrangements in the Network.

CANCELLATIONS

1. If a procedure is cancelled on the day, the theatre co-ordinator will communicate this to the admissions office
2. Patients cancelled for non-medical reasons will be offered a procedure date within 28 days.

**RELATED
DOCUMENTS**

¹ Congenital Heart Disease Standards and Specifications, NHS England.

[https://www.england.nhs.uk/commissioning/wp-](https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/03/chd-spec-standards-2016.pdf)

[content/uploads/sites/12/2016/03/chd-spec-standards-2016.pdf](https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/03/chd-spec-standards-2016.pdf)

² Clinical Standard Operating Procedure: Adult Congenital Heart Disease MDT

**AUTHORISING
BODY**

Cardiac Executive Group

QUERIES

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