

Clinical Standard Operating Procedure (SOP)

PATHWAY FOR DIAGNOSTIC AND THERAPEUTIC CARDIAC CATHETERISATION (ACHD PATIENTS)

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 catheterisation procedures must take place in surgical ACHD centres (Level 1), by experienced interventional cardiologists¹. 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-procedure 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 clinics. New patient referrals are made to any of the ACHD cardiologists by letter or through a joint clinic review in one of the peripheral hospitals.
2. Most patients being considered for therapeutic congenital interventional procedures will be discussed at the ACHD MDT meeting. The ACHD cardiologist will list the patient for MDT discussion. The exception may be for anatomically and physiologically simple congenital heart disease and diagnostic catheterisation.
3. Once an MDT decision is made for congenital catheter intervention, the patient will be listed for the procedure using the Medway listing form.
4. Urgent cases and inpatients can be listed following an ad hoc MDT discussion.
5. 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 congenital catheterisation waiting list.
2. The patient will be sent a letter informing them that they are listed for the procedure.
3. A monthly scheduling meeting will take place in the presence of a member of the Admissions office, an ACHD CNS and the interventional cardiologists. An 8 week listing plan will be made with consideration of clinical priority.
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 explain the procedure, arrange the

- necessary tests and complete the pre-assessment documentation
2. Verbal and written information will be provided to the patient, including starvation times, 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 consultant, and or cardiac anaesthetist and the patient will be informed.
 5. Telephone POAC, if appropriate can be offered.

ADMISSION TO THE CARDIAC DAY UNIT:

1. The patient will be admitted to the cardiac day-case unit on the day of the procedure.
2. Any pending investigations will be completed by the day-case unit nursing staff.
3. The operating cardiologist will obtain written informed consent. If written consent was already obtained, this will be confirmed on the day of the procedure.
4. The patient will be reviewed by the cardiac anaesthetist if appropriate.

POST-PROCEDURE & DISCHARGE:

1. The patient will return to recovery and cardiac day case unit and the plan in the procedure report will be followed.
2. A discharge summary will be completed and a copy sent to the GP.
3. Follow up plans as detailed in the procedure report will be confirmed on the discharge summary.
4. Outpatient follow up appointments will be actioned by the ward clerks at discharge.
5. If follow up is planned outside the BHI, the operating consultant will arrange this.

CANCELLATIONS

1. If a procedure is cancelled on the day, the cath lab nurse in charge will communicate this to the admissions office and inform the patient.
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-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

Contact any of the following via UH Bristol switchboard – 0117 923 0000
Dr R Bedair, Consultant Cardiologist
Dr S Curtis, Consultant Cardiologist
Dr M Turner, Consultant Cardiologist