South Wales and South West Congenital Heart Disease Network

Clinical Guideline
Specific Discharge Guidance at Transfer for Minor Lesions

SETTING	South West England and South Wales
GUIDELINE FOR	Congenital cardiology teams in South Wales and South West England Hospitals
PATIENT GROUP	Patients with congenital heart disease in South Wales and South West England

GUIDANCE

Aim: to clarify which lesions can be discharged at or before transfer to reduce unneccesary follow up and provide clarity for patients and parents/carers.

The following lesions can be safely discharged.

Lesion	Advice
Patent foramen ovale	PFO's alone are not usually followed up during childhood. If a patient is discharged as a teenager, the following advice should be given: - Mechanism/risk and symptoms to expect if paradoxical embolus - Wear compression stockings for long flights, car and coach journeys >4 hours - Recommend progesterone only contraceptive methods - If SCUBA diving, need to be assessed by a physician with training in diving medicine
Secundum ASD (open, no indication for closure)	Refer to ACHD for four-five yearly follow up.
ASD post closure	Discharge after 1 year if surgically closed if no RV dilation, arrhythmia, or pulmonary hypertension with advice about possible late arryhythmia occurrence. Refer to ACHD (device clinic if Bristol) > 16 yo if device closed.
VSD small muscular (including apical)	Discharge after 16 years if still under follow-up If women become pregnant, seek advice from obstetric cardiology team.
VSD (perimembraneous)	Refer to ACHD if open VSD or device closed.

	Discharge by 16 years if surgically closed with no aortic regurgitation, residual VSD, right ventricular outflow tract obstruction, chamber enlargement or pulmonary hypertension
Patent ductus arteriosus	Discharge 1 year after device closure if echo satisfactory Discharge after post op check for surgical closure Silent PDA can be discharged >16 years if still under follow-up and not haemodynamically significant. If audible, recommendation to treat.
Pulmonary stenosis with no intervention (and no syndromic association)	Mild (peak forward flow velocity ≤ 2m/s) -Discharge at 16 years
Mitral regurgitation	Discharge if physiological/mild and no structural valve disease
Turner Syndrome with normal heart	Long term cardiology follow up in local Turner clinic, should include 5 yearly MRA of aorta

All valve disease, PDA and VSD should be given advice to keep teeth clean to reduce endocarditis risk and symptoms to be aware of should they develop endocarditis.

All women with congenital heart disease who become pregnant should have a fetal echo in addition to usual fetal scans (unless familial ASD).

ASD – atrial septal defect
VSD – ventricular septal defect

Appendix 1 – Evidence of Learning from Incidents

The following table sets out any incidents/ cases which informed either the creation of this document or from which changes to the existing version have been made.

Incidents	Summary of Learning
n/a	

Table A

REFERENCES	Baumgartner H, De Backer J, Babu-Narayan SV, Budts W, Chessa M, Diller GP, Lung B, Kluin J, Lang IM, Meijboom F, Moons P, Mulder BJM, Oechslin E, Roos-Hesselink JW, Schwerzmann M, Sondergaard L, Zeppenfeld K; ESC Scientific Document Group. 2020 ESC Guidelines for the management of adult congenital heart disease. Eur Heart J. 2021 Feb 11;42(6):563-645. doi: 10.1093/eurheartj/ehaa554. PMID: 32860028.
RELATED DOCUMENTS AND PAGES	

AUTHORISING BODY	South Wales and South West Congenital Heart Disease Network Clincal Governance Group, October 2023.
SAFETY	None
QUERIES AND CONTACT	
AUDIT REQUIREMENTS	Adherence to guideline will be audited periodically as part of Network Audit Programme

Plan Elements	**Plan Details**
The Dissemination Lead is:	Dr Stephanie Curtis
Is this document: A – replacing the same titled, expired SOP, B – replacing an alternative SOP, C – a new SOP:	C
If answer above is B: Alternative documentation this SOP will replace (if applicable):	
This document is to be disseminated to:	South West and South Wales Congenital Heart Network
Method of dissemination:	Email
Is Training required:	No

Document Change Control

Date of Version	Version Number	Lead for Revisions	Type of Revision	Description of Revision
October 2023	1			