Repair of Complete Atrioventricular Canal Defects: Surgical Techniques and Outcomes

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Although short and mid-term survival following repair of a complete atrioventricular septal defect have dramatically improved over the last several decades, long-term morbidities continue to plague this patient population. In particularly, issues with the reconstructed left atrioventricular valve and left ventricular outflow tract obstruction continue to present surgical challenges. Surgical management have evolved over the last several years, although no particular technique has been shown to be superior to another. Current surgical techniques include a two patch reconstruction, a single patch reconstruction, and more recently, a modified primary closure of the VSD component, or so called Australian Techniques. This presentation will present current indications for timing of repair of AVSD, surgical options, and long-term outcomes.
The World Database for Pediatric and Congenital Heart Surgery

: A Tool for Global Quality Improvement

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The World Society for Pediatric and Congenital Heart Surgery (WSPCHS) began accepting submission to its database, The World Database for Pediatric and Congenital Heart Surgery (WDPCHS), on January 1st, 2017. This followed several years of planning culminating in creation of a platform by which all centers from across the globe can submit data concerning operations for a congenital heart defect. This global platform has not only set the stage for the ongoing exchange of knowledge and experience, but has also provided a mechanism by which centers, regardless of their socioeconomic status, can benefit from complex outcomes analyses and benchmarking of surgical results. Variables that would best reflect the processes by which centers practiced congenital cardiac surgery were carefully selected. The current database center and data warehouse is managed by the James and John Kirklin Institute for Research in Surgical Outcomes (KIRSO) housed at the University of Alabama, Birmingham (UAB). The streamlined data entry process is conducted via an online, encrypted web site that allows the user to enter data in a logical, systematic fashion (www.uab.edu/medicine/wdpchs/). Use of the database is free to all members of the WSPCHS. The database has grown exponentially, in both the number of centers enrolled and number of operations being submitted. As of February 28, 2018, a total of 4500 patients have been submitted as either a Tier I or Tier II procedure (see below). Thirty-nine centers representing 19 countries and 6 continents have completed the enrollment process and are actively submitting data. This presentation will review the history of the database, the mechanism for patient submission, and current enrollment. We will also present preliminary, descriptive results of the most recent analysis of the database, to include institutional data.