

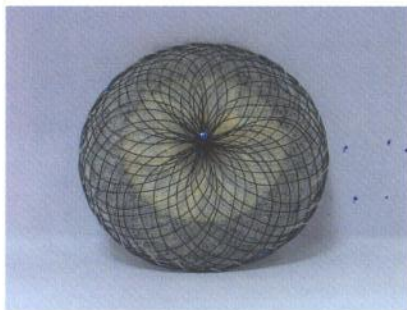
CLOSING YOUR ATRIAL SEPTAL DEFECT WITHOUT SURGERY

WHAT IS AN ATRIAL SEPTAL DEFECT?

An atrial septal defect is a hole in the dividing wall between the two upper chambers (atria) of the heart. These defects are present from birth, usually vary in size from a five-cent coin to a fifty-cent coin, may lead to damage to the heart and lungs if left uncovered.

WHAT ARE ASD SEPTAL OCCLUDERS?

ASD septal occluders are either a double umbrella design (CardioSeal Septal Occluder) or a double button design (Amplatzer Septal Device) made of surgical grade Dacron and metal alloys. These occluders can be inserted through a tube from the leg and implanted in the heart to close the defect.



Amplatzer Septal Device

PREPARATION FOR THE PROCEDURE

A special echocardiogram, called a transesophageal echo, is required if your defect is suitable for occluder closure. After the results of this are available, you will meet with a specialist for a review of the procedure and have the opportunity to ask any questions you

may have. The potential risks and alternatives will be discussed. If both parties decide to proceed, an appointment will be arranged for your admission for the procedure. Additionally, you will receive a pre-admission appointment to have routine blood investigations performed in preparation for the procedure.

YOUR ADMISSION TO HOSPITAL

You will be admitted one day before the procedure.

HOW IS THE PROCEDURE PERFORMED?

The procedure is usually carried out under a general anaesthetic so that we may use transesophageal echo to guide implantation of the occluder device without any discomfort to you. In some patients, we do not need transesophageal echo or a general anaesthetic to perform the procedure. In this case, a local anaesthetic and mild sedative will be administered. A small catheter or tube is passed into the right vein at the groin area and passed into the right atrium on the right side of the heart and through the defect to reach the left atrium. The size of the defect is measured very accurately using a self-inflatable balloon, which is positioned in the defect. The size of the occluder is selected to fit your defect exactly. The occluder is attached to a delivery system and folded so that it may fit within the tube positioned in your heart. The folded occluder is passed through the tube until it passes through the defect. One button or umbrella is opened on the left atrial side of your heart, the other button or umbrella is opened to the right atrial of your heart. This completely seals the hole like a patch, with the central stem joining the two buttons actually plugging the defect. The procedure usually takes 30-45 minutes. You will then be awakened and returned to your room. We will talk to your family after the procedure, and they will be able to see you as soon as you awaken.

DISCHARGE FROM HOSPITAL

You will be discharged from the hospital the morning after the procedure. You may have a pre-discharge electrocardiogram and chest x-ray.

FOLLOW UP AFTER DISCHARGE

The specialist will see you at 6-8 weeks post procedure. Routine electrocardiogram, surface echocardiograms and chest x-rays will be done from time to time as part of your follow-up.

WHAT YOU CAN EXPECT AFTER DISCHARGE

You will be able to carry out your normal activities immediately post discharge. You should avoid strenuous exertion for 5-7 days to allow your leg puncture site to fully heal. You may experience minor discomfort or bruising in the groin for a few days. Most patients have no symptom related to the septal occluder. Some have had palpitations or skipped heart beats for few days to weeks, exacerbation of migraine headaches if previously present and occasionally, transient minor chest discomfort.

DISCHARGE MEDICATION

Most patients will be discharged on one aspirin tablet daily for six months. By then, the inner lining of your heart will have coated the occluder and there is no need for a blood thinner. If you were already on coumadin / warfarin before the procedure, you may need to continue on this medication instead of aspirin. You will need to take antibiotics prior to dental work for the first six months. Any other medication will be at the discretion of your own doctor.

RESULTS OF THE PROCEDURE

The results will be reviewed in detail when you meet the specialist. Excellent results with the occluders, have been achieved. Most patients have a complete seal of the defect. A small number have had minor leaks around the occluder but these occur in a minority of patients and often seal after a few months. There have been no major complications in implanting these occluders.

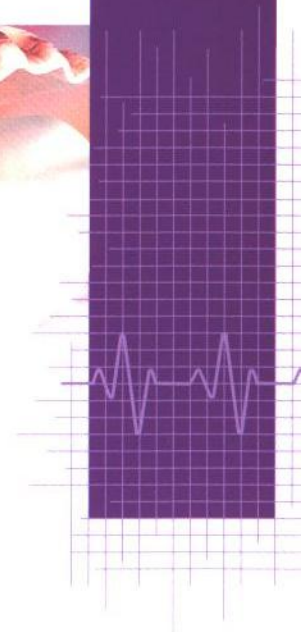
DISCLAIMER

This information is given as a guide only and does not replace medical advice from your doctor. You should seek the advice of your doctor before starting any treatment or if you have any questions related to your health, physical fitness or medical condition.

My Appointment Date
My Appointment Time
My Contact No.
My Contact Person

- National University Hospital**
5 Lower Kent Ridge Road
Singapore 119074
Appointment line: 6772 5730
Enquiry line: 6772 2053 / 4081
www.thi.nhg.com.sg
- Tan Tock Seng Hospital**
11 Jalan Tan Tock Seng
Clinic 2B (Cardiology Clinic)
Level 2, TTSH Medical Centre
Singapore 308433
Appointment line: 6357 7000
Fax: 6357 7001

ATRIAL SEPTAL CLOSURE WITHOUT SURGERY ADULT CONGENITAL HEART DISEASE PROGRAMME



THE HEART INSTITUTE
NATIONAL HEALTHCARE GROUP

The Heart Institute @ Alexandra Hospital • National University Hospital
Tan Tock Seng Hospital • NHG Polyclinics

 A member of National Healthcare Group
Adding years of healthy life