

beneficiaries of successful pediatric surgery and cardiology programs.

Because of the pediatric cardiology and cardiac surgery advances, the number of children with CHD surviving into adulthood continues to increase.

The complexity of these patients on the adulthood often exceeds the expertise of the health professionals that deal with them. Therefore, North American and European task forces have been developing recommendations for the management of these individuals.

According to the World Health Organization (2006) the epidemiology of CHD in Saudi Arabia has not been determined. However, this group of patients has a peculiar anatomy and complications that will have a significant impact on their lives.

As most early interventions have not been curative and approximately 50% of them might face further surgery and heart failure, as health professionals, we need to support the education of CHD patients; moreover we need to discuss lifestyle issues such as exercise, pregnancy, career planning, etc. These issues are often more important to patients and families than details about their disease.

ACHD teams provide education to these patients and encourage them to create their own health files in order to make them proactive about their health.

These teams have to establish a life-long partnership, particularly with young adults who are highly motivated and have excellent survival profile.

Only through educated professionals and educated patients we will enable every CHD patient to enjoy their full potential life.

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SHA 072. Features and concepts: Saudi congenital heart defects registry

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Objectives: Providing leadership in establishing and maintaining comprehensive congenital heart defects registration with other organizations. Supporting scientific and clinical research impacting on prevention, intervention and overall management care of CHDs.

Methods: All patients having congenital heart defects are eligible for inclusion in the registry. Events recorded include; Demographics, diagnostics, catheter-based interventions, cardiac surgery and follow up visits. European Pediatric Cardiology Coding System is utilized for coding.

Results: Around 20,000 patients are registered. The registry evolved to multi-institutional collaboration. An on line up to date counts and statistics can be obtained. Many projects based on the registry data have been published.

Conclusion: Congenital Heart Defects Registry is now well-established. Available data will help in understanding the burden of Congenital Heart Disease in our area and hence better planning by health authorities to improve provided care.

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SHA 073. Incidence of severe congenital heart disease in Qassim Province, Saudia Arabia

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Objectives: Assess the incidence of sever congenital heart disease.

Methods: All Patients born between 01-01-1429 and 01-01-1431 (10-01-2008 to 18-12-2009) in Qassim province, Saudia Arabia diagnosed to have severe congenital heart disease were included in the study. categorization of severity was according to those published by Hoffman (will be presented in details in the presentation).

Results: Among 39309 live birth 207 patient diagnosed to have severe congenital heart disease given incidence of 5.3 per 1000 live birth.

Conclusion: Severe congenital heart disease is a major health problem in Pediatric population in Saudia and deserve establishment of advanced cardiac center in major provinces in the country.

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SHA 074. Indications, safety and efficacy of interventional cardiac catheterisation in children during early post-operative period

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Objectives: To review indications, efficacy, and safety of interventional cardiac catheterization performed in children during early post-operative period after cardiac surgery for congenital heart defects.

Methods: Medical records including operative, post-operative and catheterization data of patients who could not be weaned off mechanical ventilation, isotropic, and/or ECMO support because of residual cardiac lesions necessitating catheter based intervention during January 2006 to December 2008 were reviewed. Risk factors including age, weight, pump time, aortic cross clamp time, the time interval between cardiac surgery and trans-catheter intervention, and total length of stay in ICU were compared among survivors and non-survivors. Chi square test and student t-test were used respectively to compare the categorical and numerical data to identify risk factors for procedure related and over all morbidity and mortality.

Results: Forty-three procedures done on 35 patients: sent angioplasty 19, balloon dilation and angioplasty 13, coil occlusion 8, device occlusion 2, atrial septostomy 1. Five patients underwent procedure on ECMO support. No procedure related morbidity or mortality recorded. Pre-procedure: mean duration of mechanical ventilation or ECMO support was $12.5 \pm$ days (2-59).

Post-procedure, 14/35 (40%) patients were extubated within 48 hours (0-2 d) and 26/35 (74%) within 7 days. Of 5 mortalities (11.5%), four died in stent angioplasty and one after coil occlusion group. All mortalities were related to severe cardiopulmonary dysfunction and none of the risk factors examined were found significant for mortality.

Conclusion: Interventional cardiac catheterization can be safely and effectively performed during early post-operative period in critically ill patients left with residual cardiac lesions after cardiac surgery. Skilled operator, well trained team, adequately equipped catheterization laboratory and emergent surgical back up are prerequisite for embarking on this treatment option.

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