CPB time, anatomic group, QRS duration, change in QRS duration, or baseline CI.

Conclusions: Multivariate ventricular pacing results in improved CI and BP following surgery for HLHS. In some patients, significant hemodynamic improvement with pacing facilitated weaning from CPB. Pacing during surgery should be considered for adjunctive therapy of postoperative cardiac dysfunction.

Patients with no risk factors undergoing surgical palliation had 80% survival. Conclusion: Feasibility with a prenatally diagnosis of HLHS have a high incidence of risk factors that may not be detectable before birth.