

**Government of Telangana**  
**Aarogyasri Health Care Trust**

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**CIRCULAR**

**Circular No. AHCT/P&C Dept./F-43/Dated: 12-02-2016.**

Sub: AHCT – P&C dept., – Guidelines for S7- Cardiac and Cardiothoracic Surgery under Aarogyasri and Employees Health Scheme (EHS) – Intimation – Reg.

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It is to inform that Trust has conducted a meeting with Cardiologists and CT Surgeons, based on the suggestions of the experts, discussed in the meeting, the following recommendations were made and accordingly guidelines were prepared for S7- Cardiac and Cardiothoracic Surgery.

**A. TGA - Arterial Switch Procedure**

1. TGA with Intact inter ventricular septum

- i. If <3-4 wks of age: Arterial switch operation immediately (Class I).
- ii. If >3-4 wks of age at presentation: Assess adequacy of left ventricle by echo.
  - a. If the left ventricle is decompressed: Senning / Mustard at 3-6 months (Class IIa), or rapid two stages arterial switch (Class IIb).
  - b. If the left ventricle is still prepared, very early arterial switch operation (Class IIa) is indicated.
  - c. In borderline left ventricle: Senning or Mustard (Class IIa); or arterial switch operation (Class IIb) is indicated.

2. TGA with ventricular septal defect: Arterial switch operation, by 3 months of age (Class I).

**B. Valve Repair with Prosthetic Ring**

1. Mitral Valve surgery

- i. Recommendations for Chronic Primary MR:
  - a. Mitral valve surgery is recommended for symptomatic patients with chronic severe primary MR (stage D) and LVEF greater than 30%.

- b. Mitral valve surgery is recommended for asymptomatic patients with chronic severe primary MR and LV dysfunction (LVEF 30% to 60% and/or LVESD  $\geq$ 40 mm, stage C2).
  - c. Mitral valve repair is recommended in preference to MVR when surgical treatment is indicated for patients with chronic severe primary MR limited to the posterior leaflet.
  - d. Mitral valve repair is recommended in preference to MVR when surgical treatment is indicated for patients with chronic severe primary MR involving the anterior leaflet or both leaflets when a successful and durable repair can be accomplished.
  - e. Concomitant mitral valve repair or MVR is indicated in patients with chronic severe primary MR undergoing cardiac surgery for other indications.
  - ii. Recommendations for Chronic Severe Secondary MR:
    - a. Mitral valve surgery is reasonable for patients with chronic severe secondary MR (stages C and D) who are undergoing CABG or AVR.
    - b. Mitral valve repair or replacement may be considered for severely symptomatic patients (NYHA class III to IV) with chronic severe secondary MR (stage D) who have persistent symptoms despite optimal GDMT for HF.
    - c. Mitral valve repair may be considered for patients with chronic moderate secondary MR (stage B) who are undergoing other cardiac surgery.
2. Tricuspid Valve Surgery:
- i. Tricuspid valve surgery is recommended for patients with severe TR (stages C and D) undergoing left-sided valve surgery.
  - ii. Tricuspid valve repair can be beneficial for patients with mild, moderate, or greater functional TR (stage B) at the time of left-sided valve surgery with either 1) tricuspid annular dilation ( $>$ 40mm.diameter on echo) or 2) prior evidence of right HF.
  - iii. Tricuspid valve surgery can be beneficial for patients with symptoms due to severe primary TR that are unresponsive to medical therapy (stage D).

## **C. IABP Placement**

### **1. Indications**

- i. Cardiogenic shock (left ventricular failure or mechanical complications of an acute myocardial infarction)
- ii. Intractable angina
- iii. Low cardiac output after cardiopulmonary bypass
- iv. Adjunctive therapy in high risk or complicated angioplasty
- v. Acute Coronary Syndrome (ACS)
  - a. Refractory unstable angina
  - b. Impending infarction
  - c. Post-infarction angina or threatening extension of myocardial infarction (MI)
  - d. Complications of acute MI
- vi. Support for diagnostic percutaneous
- vii. Revascularization and interventional procedures
- viii. Ischemic related intractable ventricular arrhythmias
- ix. Cardiac and Non-cardiac Surgery:
  - a. Preoperative use is suggested for high-risk patients such as those with unstable angina with stenosis greater than 70% of main coronary artery, in ventricular dysfunction with an ejection fraction less than 35%
- x. Weaning from cardiopulmonary bypass (CPB)
- xi. Cardiac support for non-cardiac surgery prophylactic support in preparation for cardiac surgery
- xii. Post-surgical myocardial dysfunction/low cardiac output syndrome
- xiii. Mechanical bridge to other assist devices
- xiv. Cardiac support following correction of anatomical defects.

### **2. Contraindications**

- i. Severe aortic insufficiency
- ii. Aortic aneurysm
- iii. Aortic Dissection
- iv. Severe peripheral vascular disease of the aortoiliac and femoral arteries
- v. Severe coagulopathy
- vi. Sepsis

All the Network Hospitals are hereby informed to follow the above guidelines pertaining to S7- Cardiac and Cardiothoracic Surgery under Aarogyasri and EHS without fail.

  
Chief Executive Officer

To,

- 1) The MD/CEO/Medical Superintendent of all the Network Hospitals.
- 2) The AGM (PMU), AHCT with a request to place in the AHCT Portal.
- 3) The General Manager (FOSS), AHCT with a request to communicate all District Coordinators of the State of Telangana.

Copy to:

All the HoDs of AHCT for favour of information.

The PS to CEO, AHCT for favour of information.