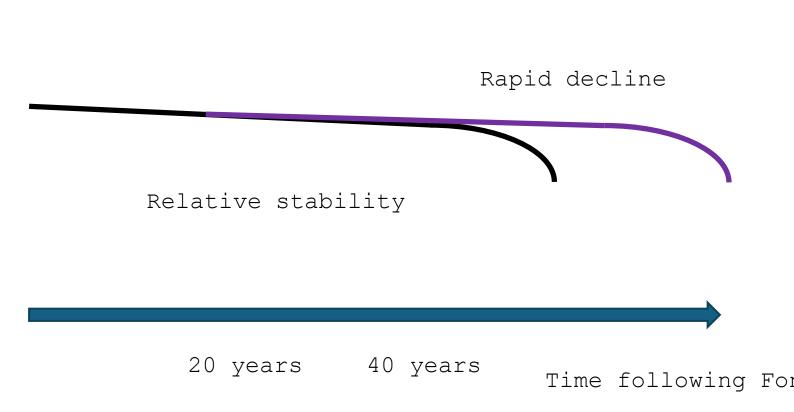
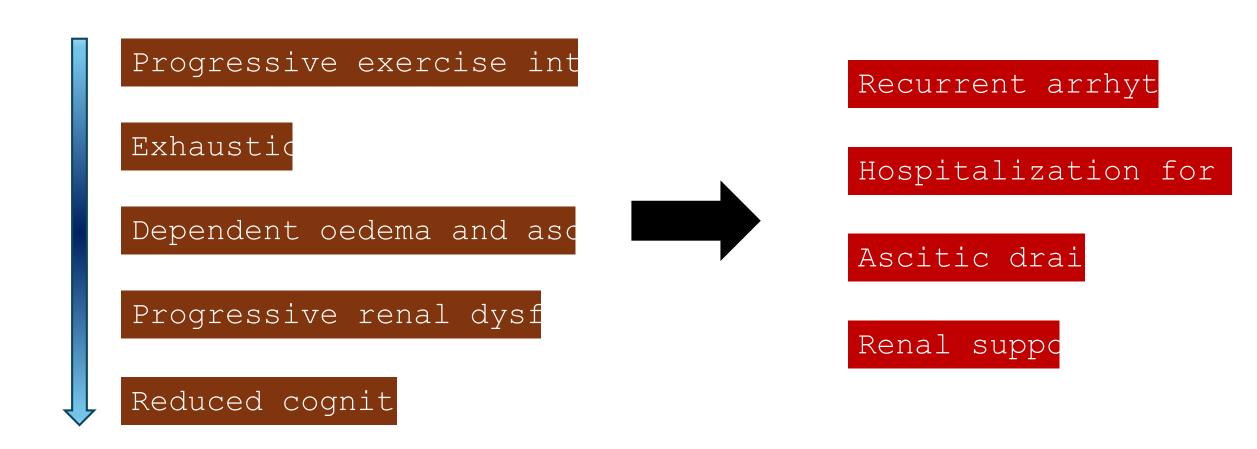
## Fontan clinic discussion

LHM Medical Symposium September 2024 Dr Paul Clift QEHB

## Characteris tics of the Fontan



# Characteristics of the failing Fontan



### Fontan: a multisyst em disorder

Liver

Renal

Bone

Endocrine

Mental health issues

Premature aging

	Timing	Assessment
Routine Fontan	Age 12–16	<ul> <li>Transitional process begins with introduction to adult service:</li> <li>Education around nature of heart condition</li> <li>Lifestyle advice — sports, alcohol, tobacco, sexual health, drug use</li> <li>Dental advice</li> <li>Sports advice</li> <li>Employment advice</li> <li>Pregnancy and contraception</li> <li>Possible formal evaluation with cardiac catheterisation and optimization as necessary</li> </ul>
surveilla	16–18 years	Transition of care to adult services Full baseline assessment as below
nce	All ages — annual	<ul> <li>Clinic review and examination</li> <li>12 lead ECG</li> <li>Blood investigations: <ul> <li>Renal, liver, thyroid function, bone profile</li> <li>Full blood count, iron studies, clotting, HbAlc</li> <li>Vitamin D</li> </ul> </li> </ul>
What we do		<ul> <li>NT-proBNP/BNP</li> <li>Liver investigations:</li> <li>Fibrosis assessment — enhanced liver fibrosis score/fibroscan</li> <li>Liver ultrasound scan</li> <li>Alpha fetoprotein</li> <li>Echocardiography</li> </ul>
	All ages at ro- utine interval	Cardiac MRI Cardiopulmonary exercise testing
t et al Polish Heart Journal 2023	As required	Cardiac catheterization — pressures, pathway assess- ment, collaterals ± intervention as necessary Liver imaging — contrast enhanced MRI or Triple phase CT Lung function testing Prolonged ECG monitoring if symptomatic

Clift et al Polish

#### What we don't do

Provide psychological support No physiotherapist No social worker No exercise physiologist Not all one stop clinic

## Routine Fontan surveill ance

<u>Birmingham Experience</u> 1000<sup>th</sup> Fontan completed in 2023

Program started in 1988 Norwood programme since 1992

87 APC
34 Lateral Tunnel
>850 EC-TCPC

Routinely fenestrated

Approximately half cohort HLHS

## More than 400 transitioned Around 25% HLHS

Adult experience

40 deaths since 2000

27 live births in 24 women

9 transplants - heart only
- 3 perioperative and 1
late deaths

10 TCPC Conversions - 2 death

8 open reoperations - 1 death

#### HLHS outcomes

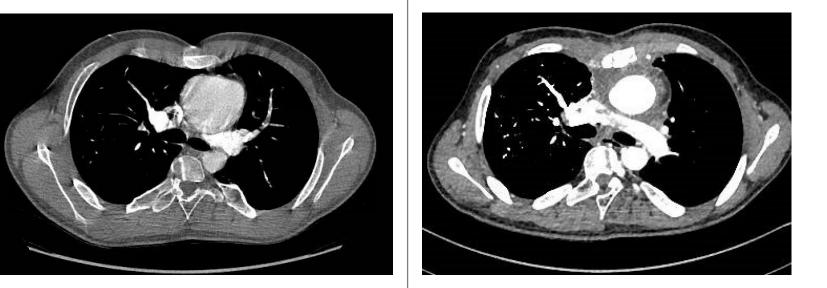
>100 adults

no deaths

no transplantation

no pregnancy

17 year old HLHS Fontan Expanding Damus extending to proximal arch (53 x63mm) compressing LPA & moderate neo-aortic incompetence



Surgical management with Carell patch repair and 25mm Carboseal va conduit replacement of dilated Damus and proximal arch under DH

high intervention rate Fontan service not just the clinic

Cardiologists	Cardiac surgeons
Complex aortic service	Specialist obstetric service
Clinical psychology	Liver medicine
Cardiac transplantation service	Nurse specialists

## Discussion points



What does an ideal clinic look like?



What personnel make up the ideal Fontan team?



What data should be routinely collected?



How to maintain a positive patient experience and engagement?