

## INFORMATIVE LEAFLET

### HEART INTERVENTIONAL CATHETERIZATION IN CONGENITAL HEART DISEASES

An interventional cardiac therapy is performed for the purpose of treatment, capable of replacing or simplifying and postponing an eventual cardiac surgery in the future as part of the therapeutic plan. It always follows an initial diagnostic cardiac catheterization (see specific leaflet) after which the catheters are replaced by special catheters of different types, able to dilate vessels, valves, close or create communications, as indicated. They can also carry balloons or devices designed especially for the expansion and correction of the defect in question: closure or creation of communications between cavities, occlusion of anomalous vessels or channels, dilation of valves or narrow vessels with or without the placement of special metallic meshes (*stents*), to ensure the persistence of the dilatation, perforation or implantation of valves by percutaneous route, etc.

Interventional cardiac catheterization procedures are performed under local anesthesia and sedation or general anesthesia, depending on the age of the patient, the type and complexity of patients and the procedure itself.

The catheters are usually introduced through the groin after a needle puncture, to access the blood vessels (occasionally a route through the arm, neck or below the collarbone can be used).

The complication rate is low, depending on the type of intervention catheter and its complexity and may include, in addition to the risks indicated in the informed consent sheet and in the diagnostic cardiac catheterization leaflet:

- Arrhythmias;
- Bleeding;
- Injury to blood vessels or cardiac structures including valvular lesion after expansion: it can be more frequent after intervention but still rarely occurs;
- Device migration or embolization: the greatest immediate risk is in the first 24 hours after implantation. When it occurs, in most cases it is possible to retrieve and remove and / or reposition it percutaneously. When it is not possible to remove it through this route, it should be considered to leave it in site if it is harmless or to resort to surgery for removal. A chest X-ray and an echocardiogram are routinely performed the next day to check the position of the device;
- Infection: extremely rare. Catheterization is performed under strict aseptic conditions and antibiotics are preventively administered during the procedure and also afterwards, whenever justified.

The risk of death is very low in our experience, however, it is described in the international literature as being less than 1 case in every 100 to 500 interventional catheterizations, occurring mainly in patients with complex heart disease.

This document should be read in addition to but in place of the medical explanation. Read this leaflet carefully and clarify any doubts with your attending physician.