The Double Switch for ccTGA

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No Disclosures

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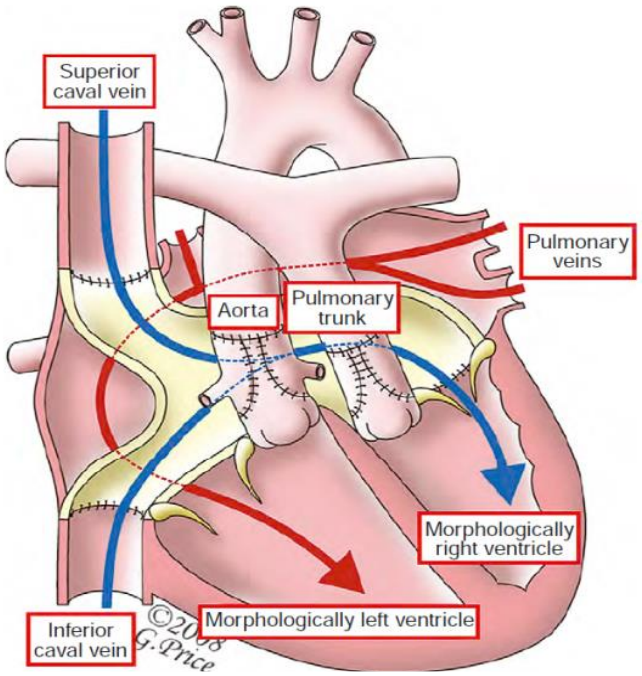
Double Switch = Atrial Inversion & Arterial Switch



70% have VSD

80% have had previous PA Band …….Redo-Sternotomy

Dextrocardia and Mesocaria are common

<u>Atrial Switch:</u>

Senning or Mustard

Senning is most popular

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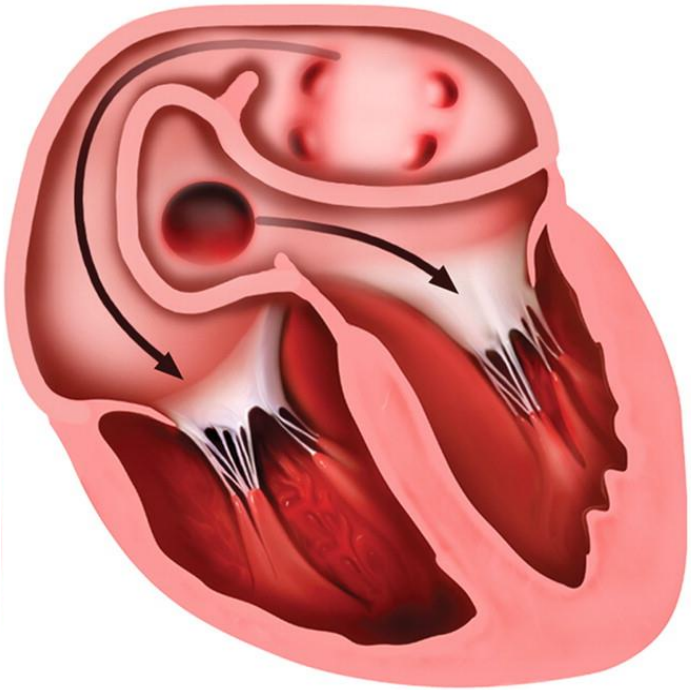

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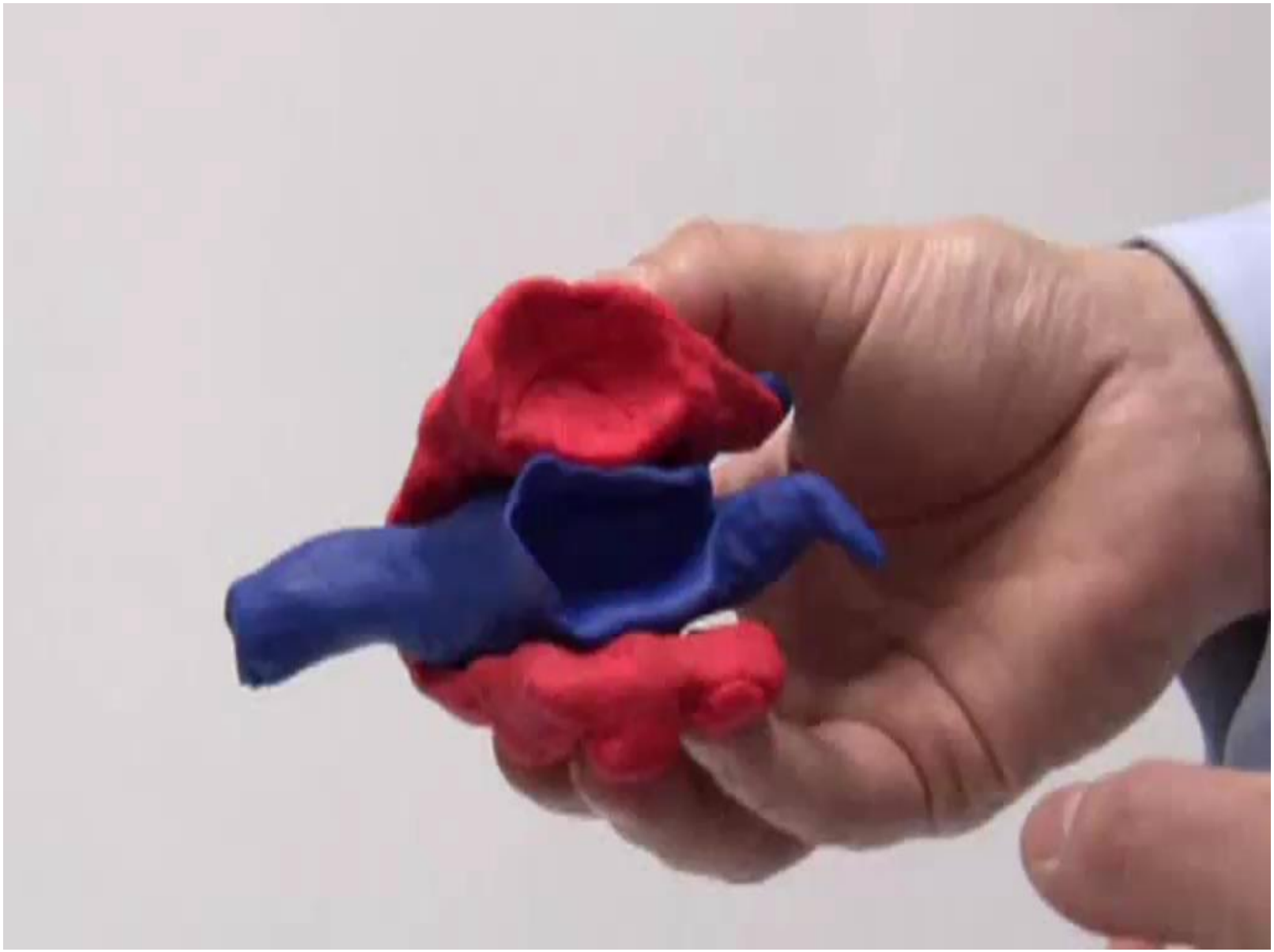

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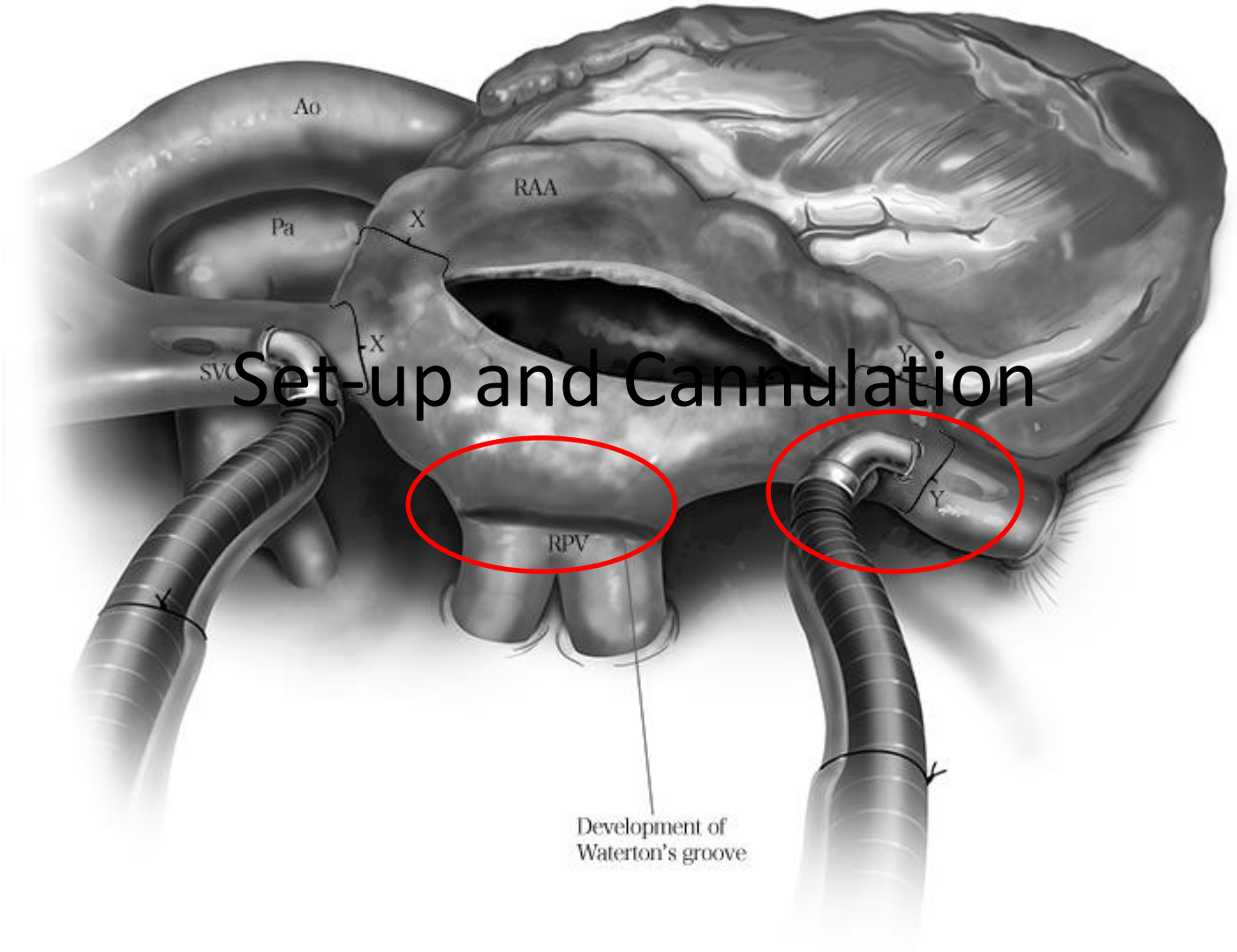
Set-up and Cannulation



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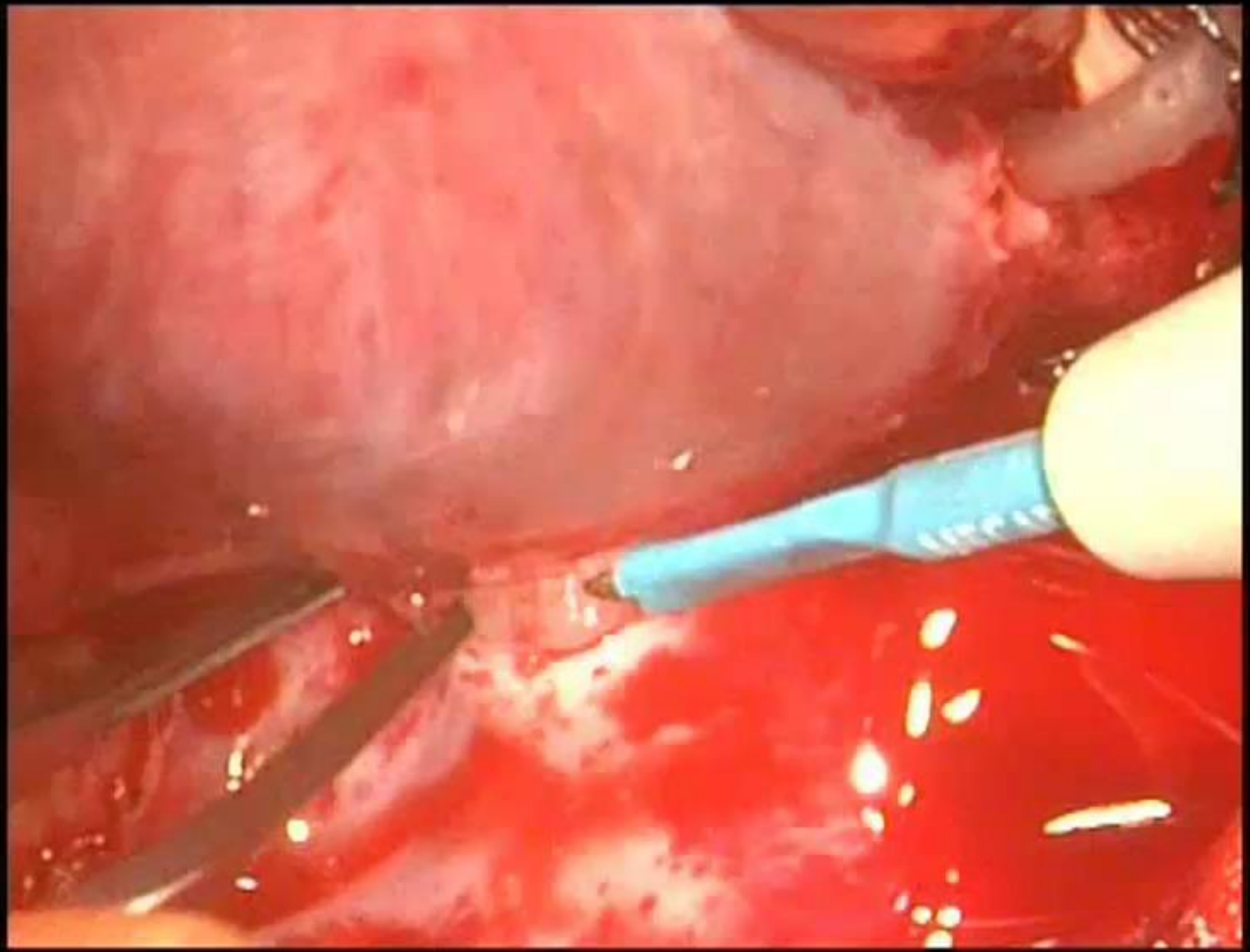
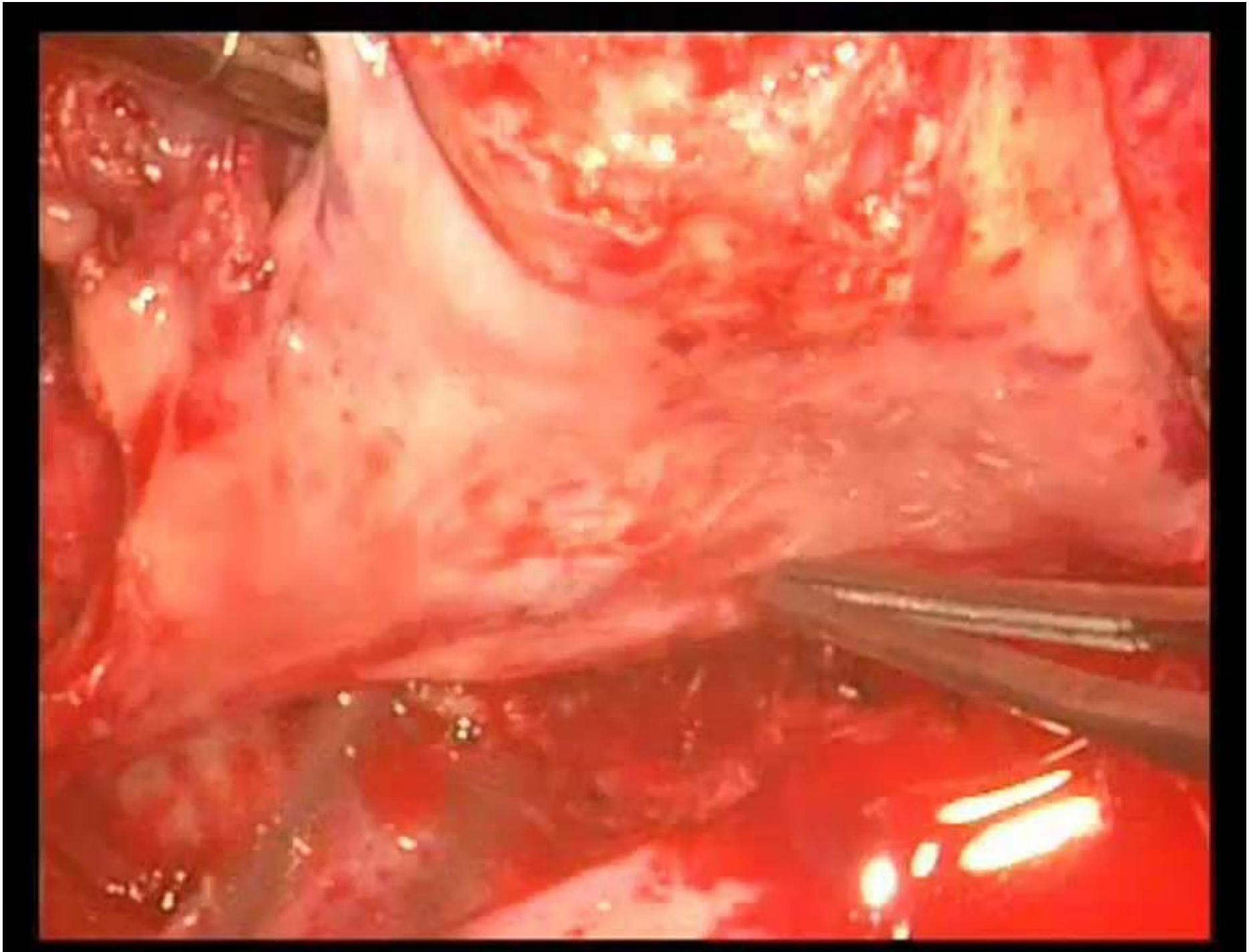
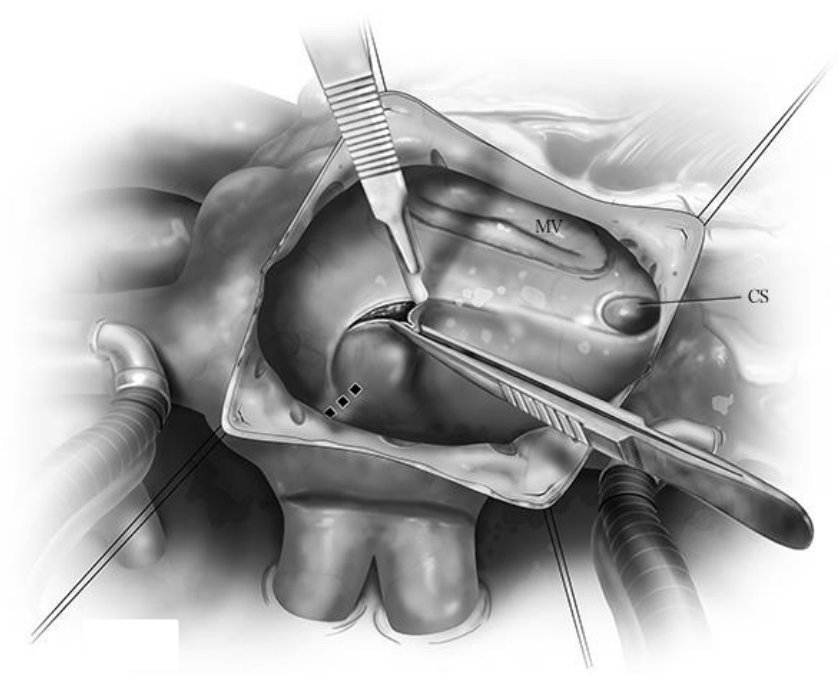
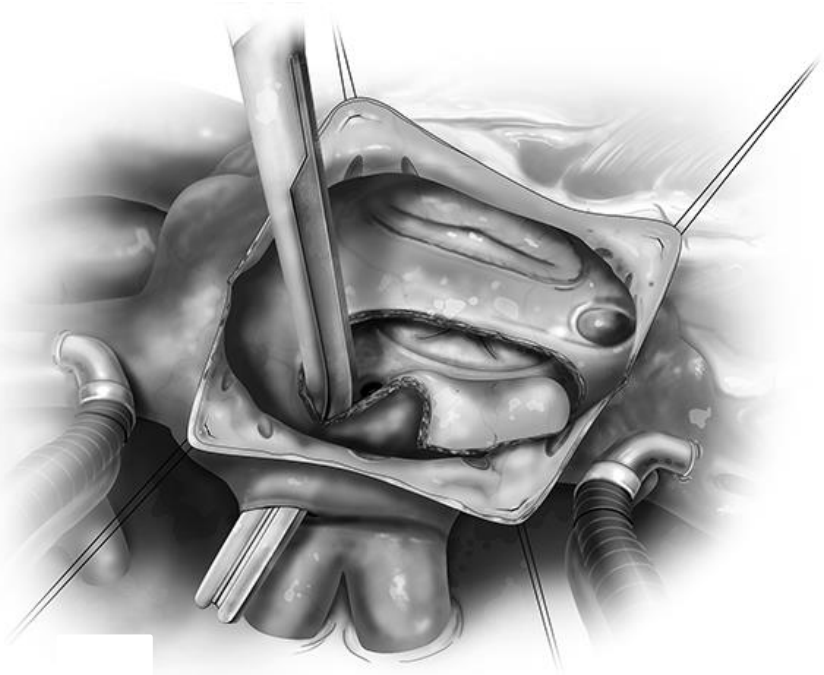




Initial Incisions





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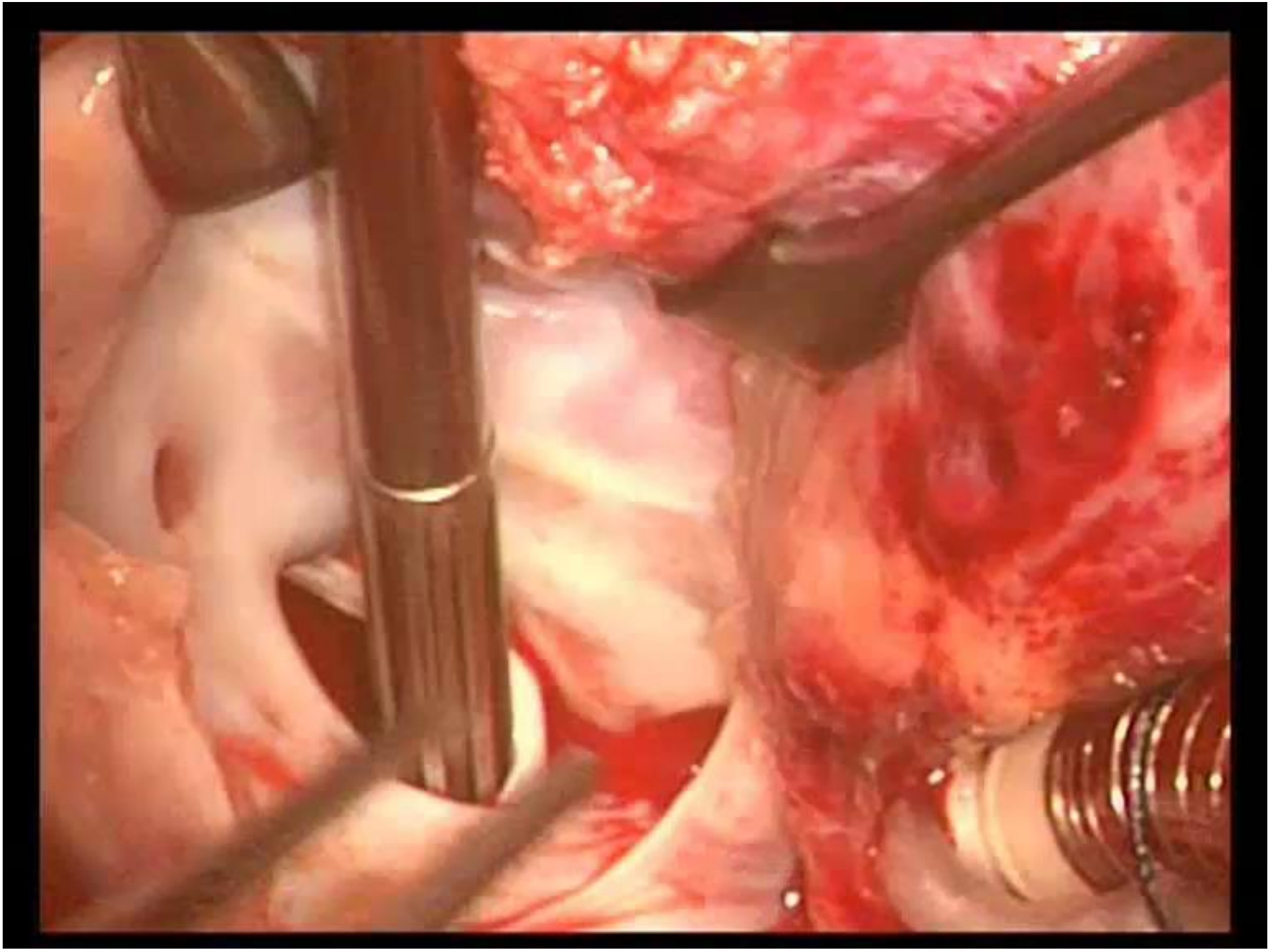
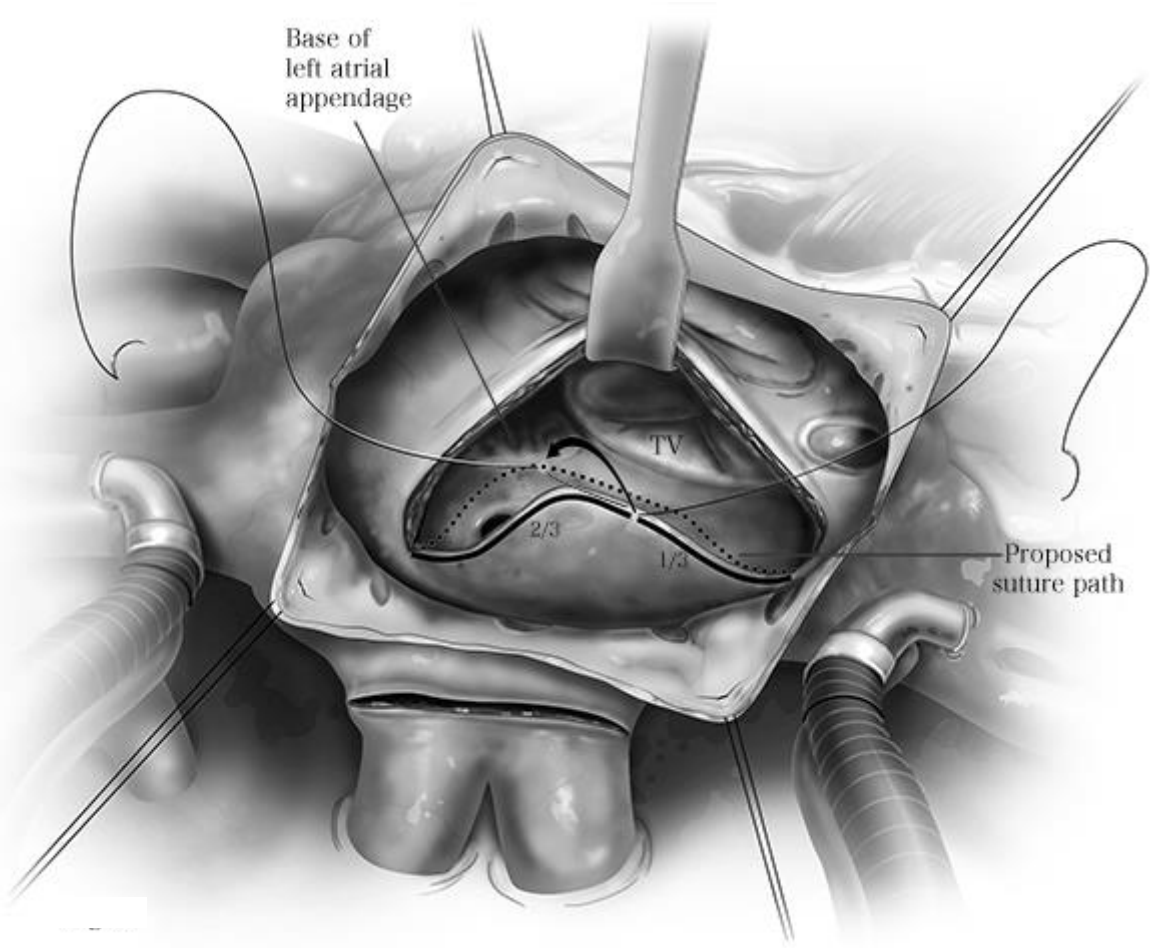


First Layer



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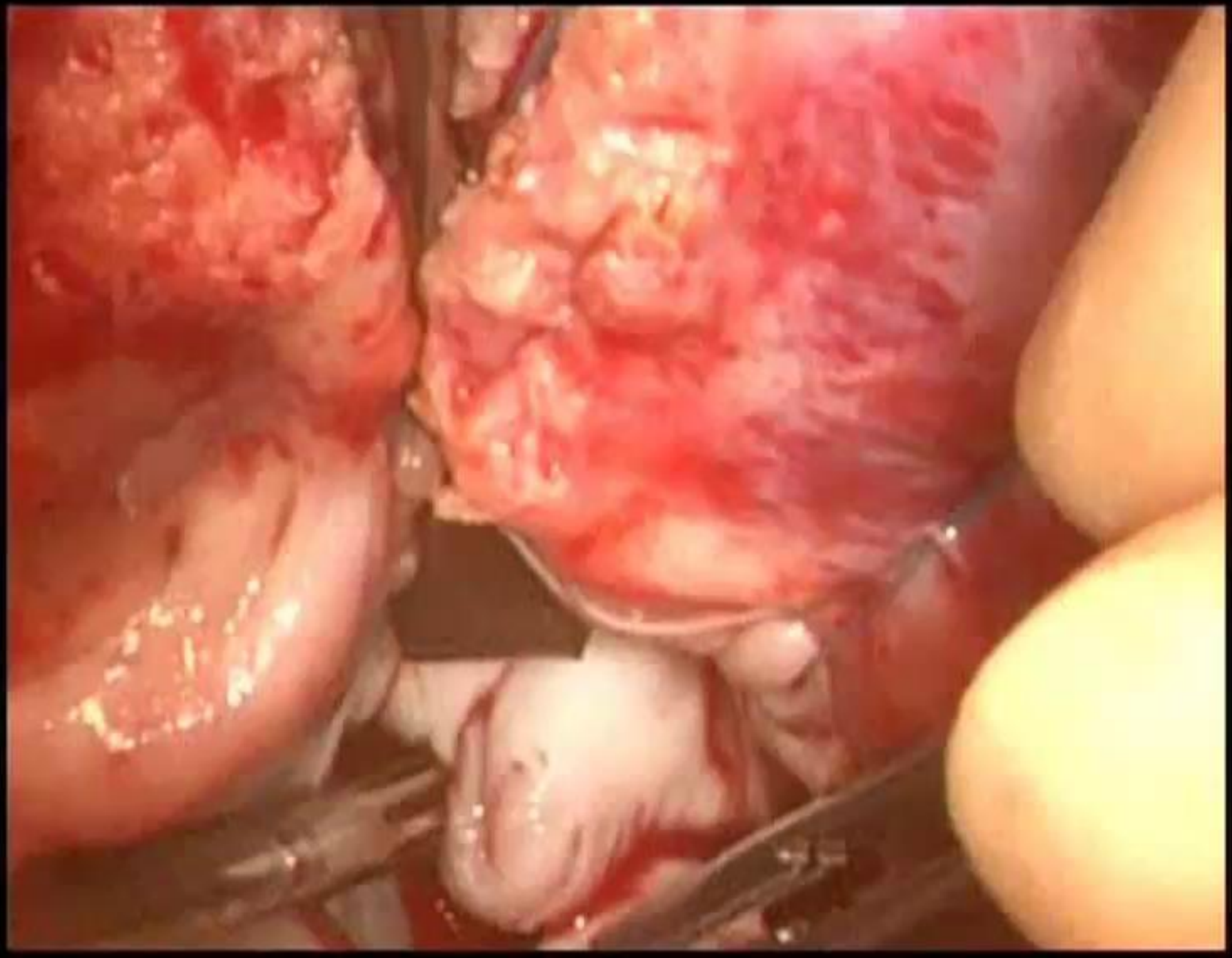
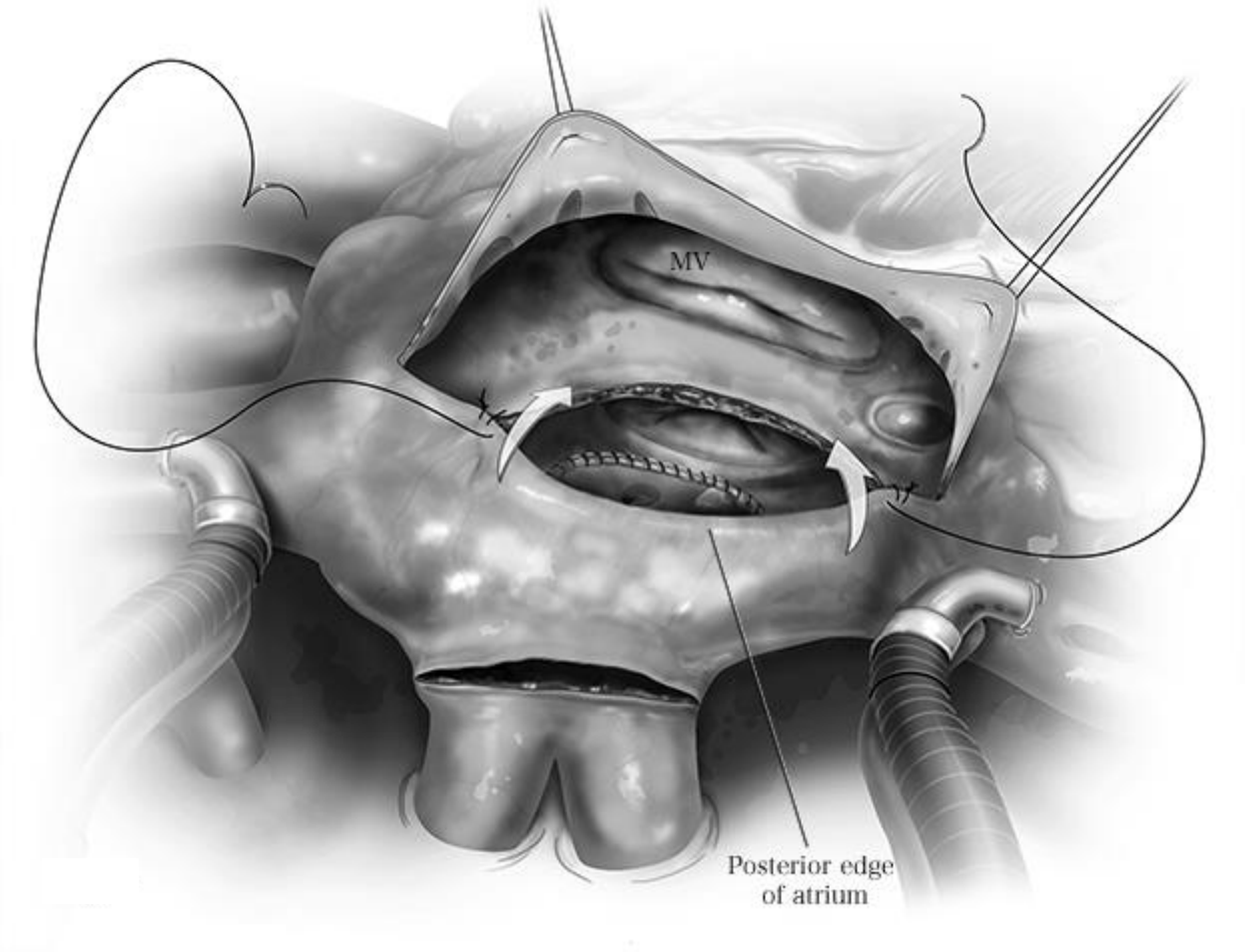


Second Layer
The Systemic Venous Pathway



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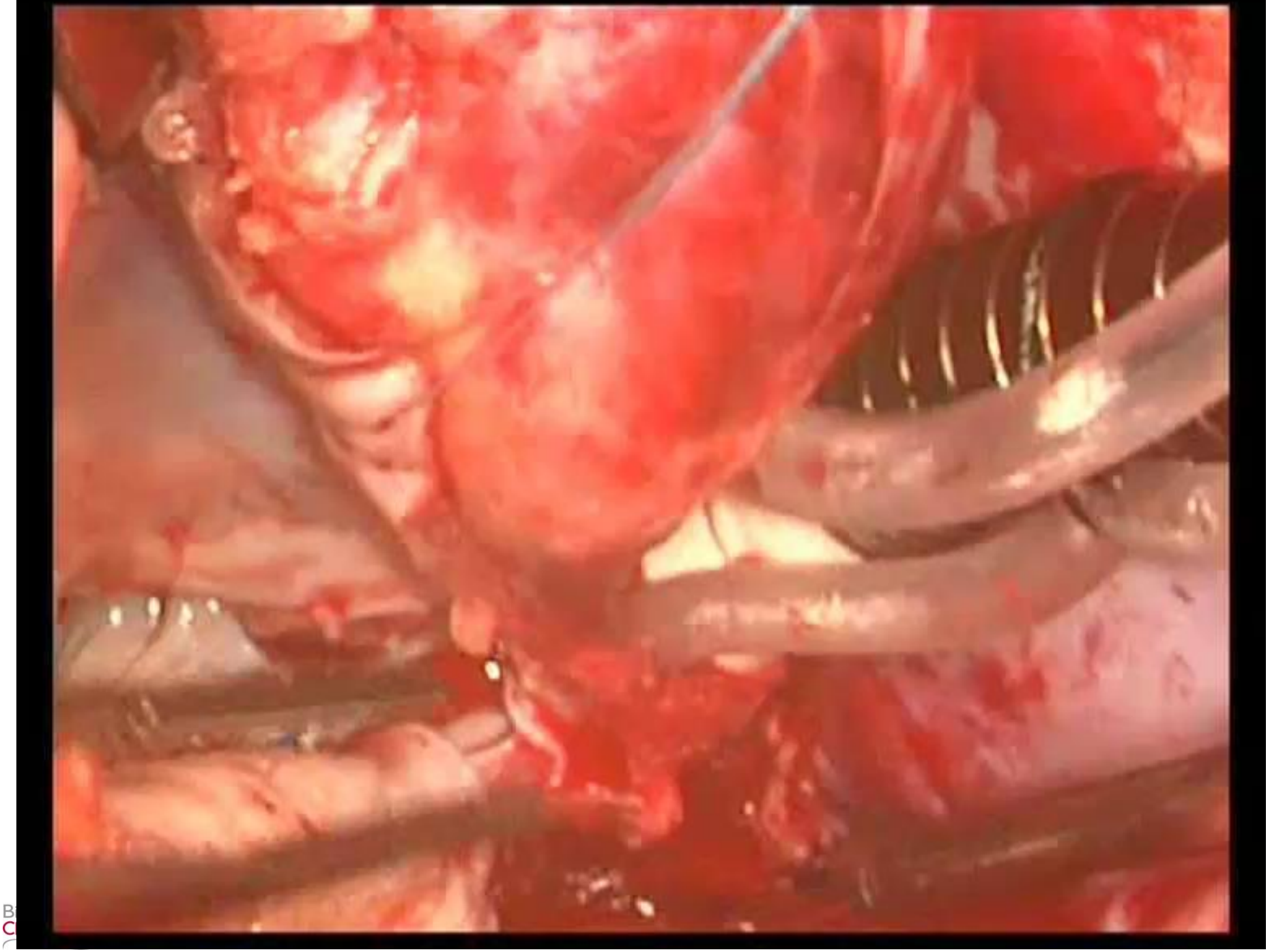
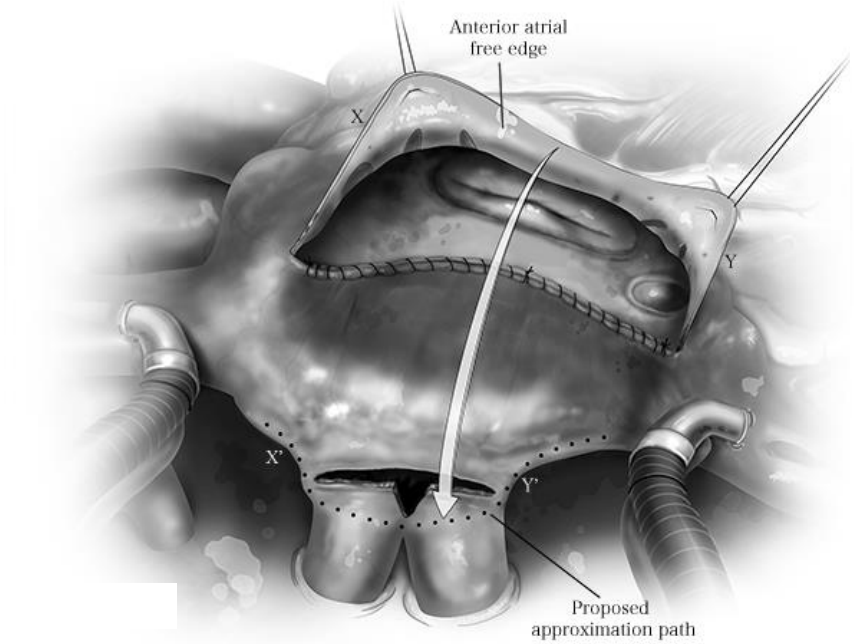
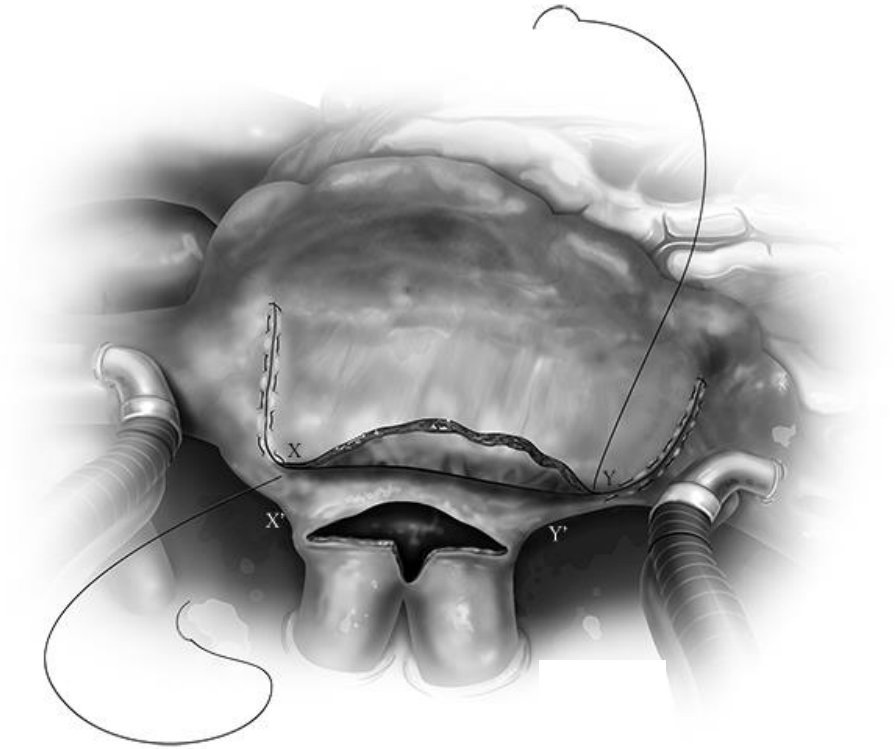


The Third Layer
leting the Pulmonary Venous Pathway





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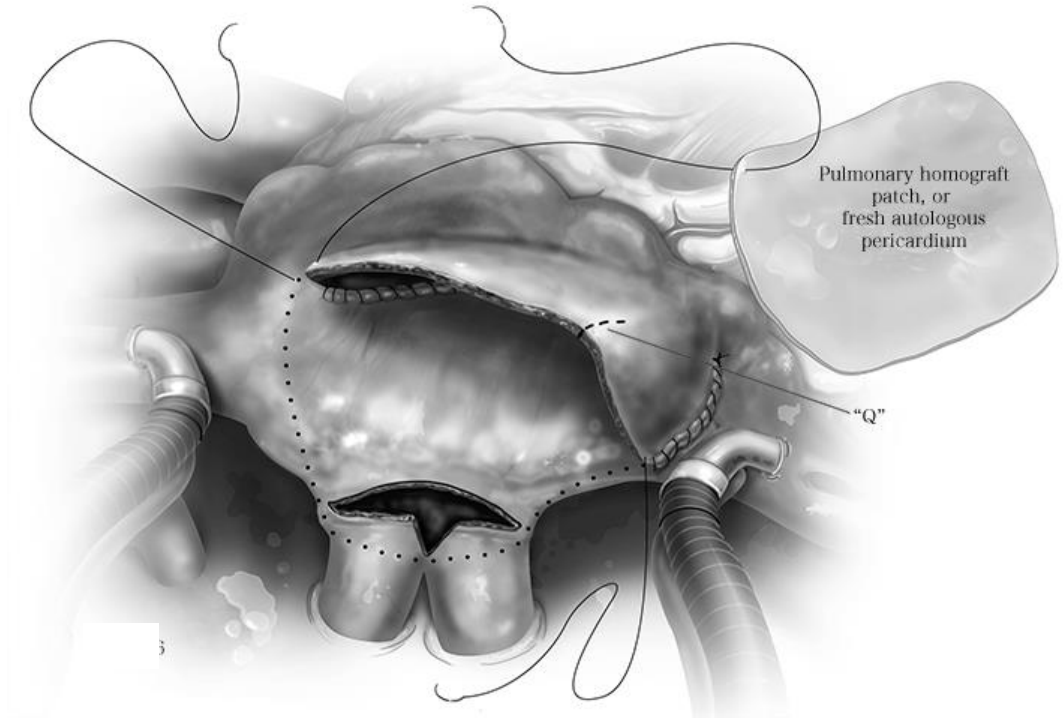
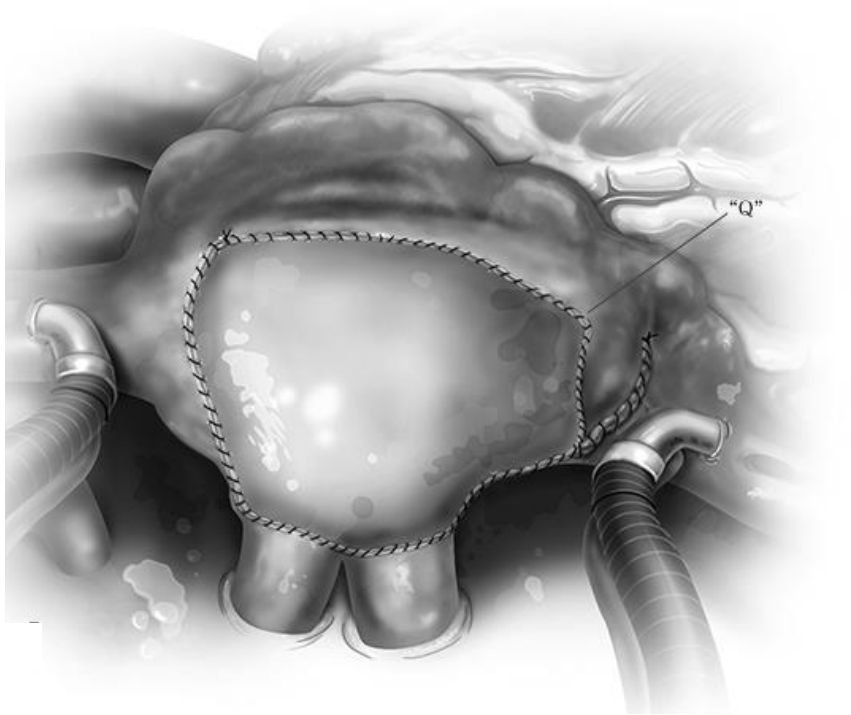
Augmentation of the Third Layer





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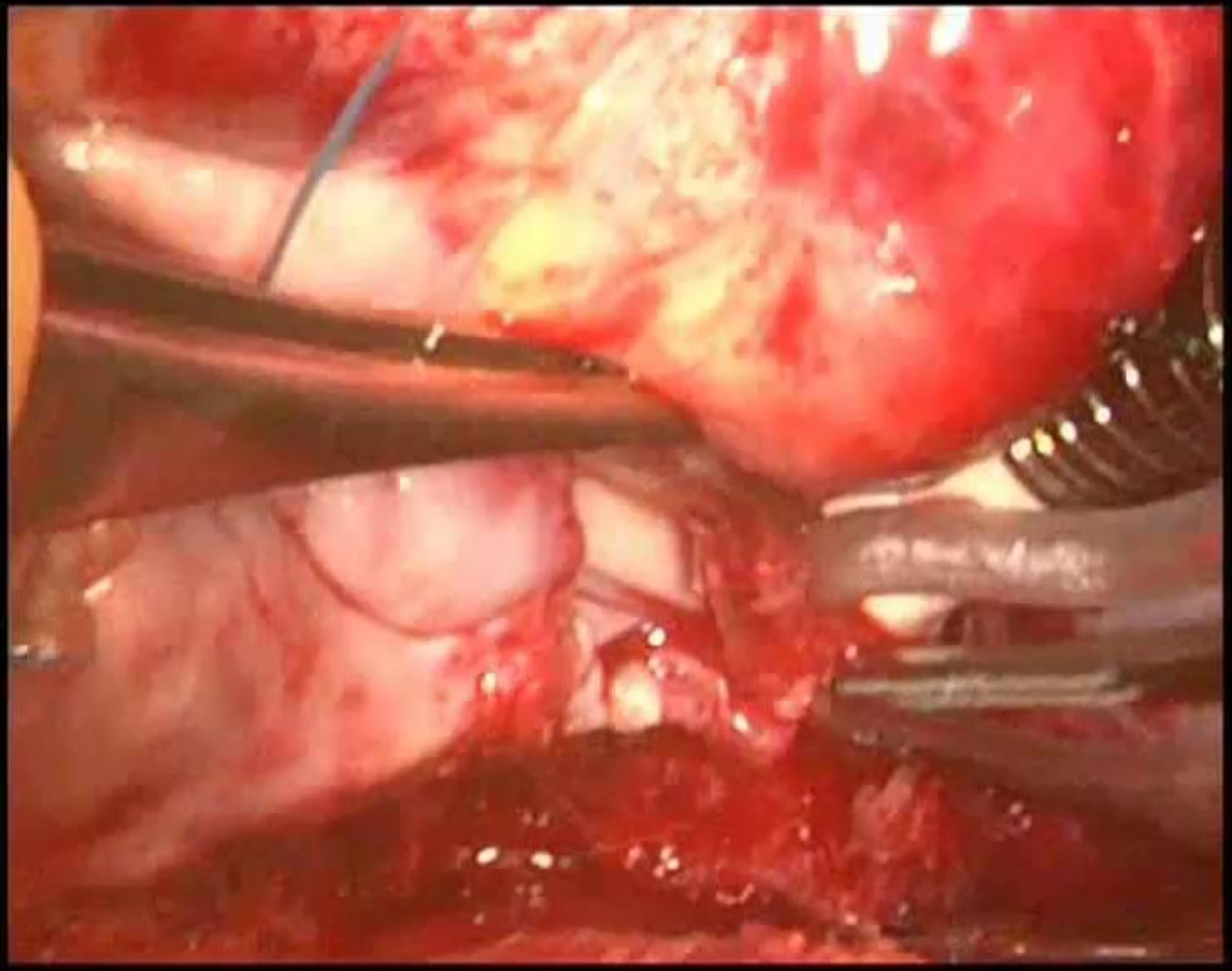
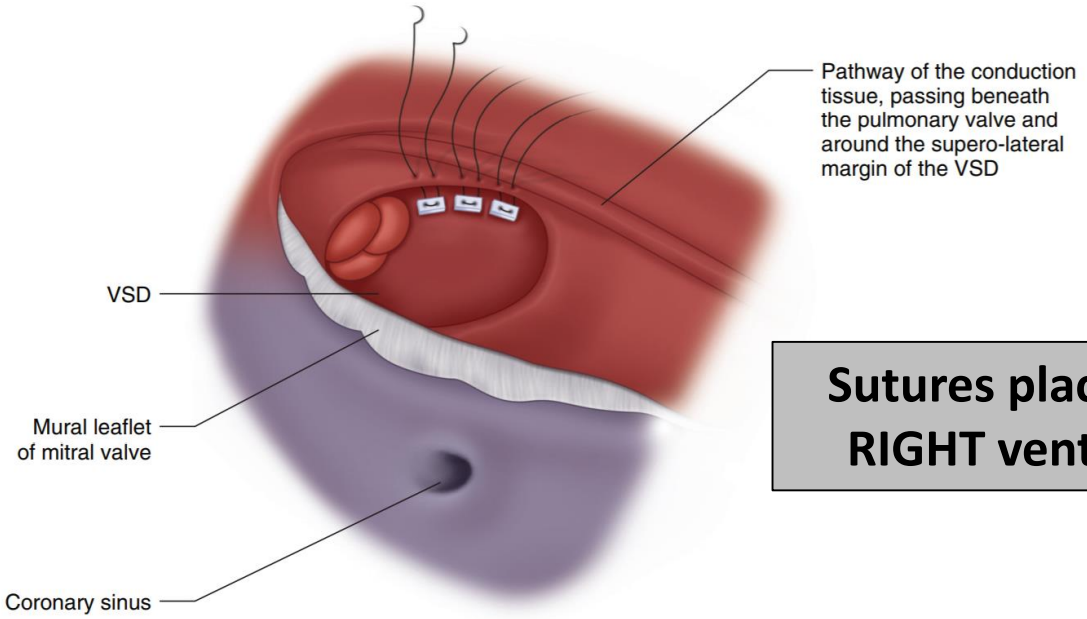


VSD Closure

View from the right atrium:



Sutures placed from the RIGHT ventricular side

**Except in Situs Inversus

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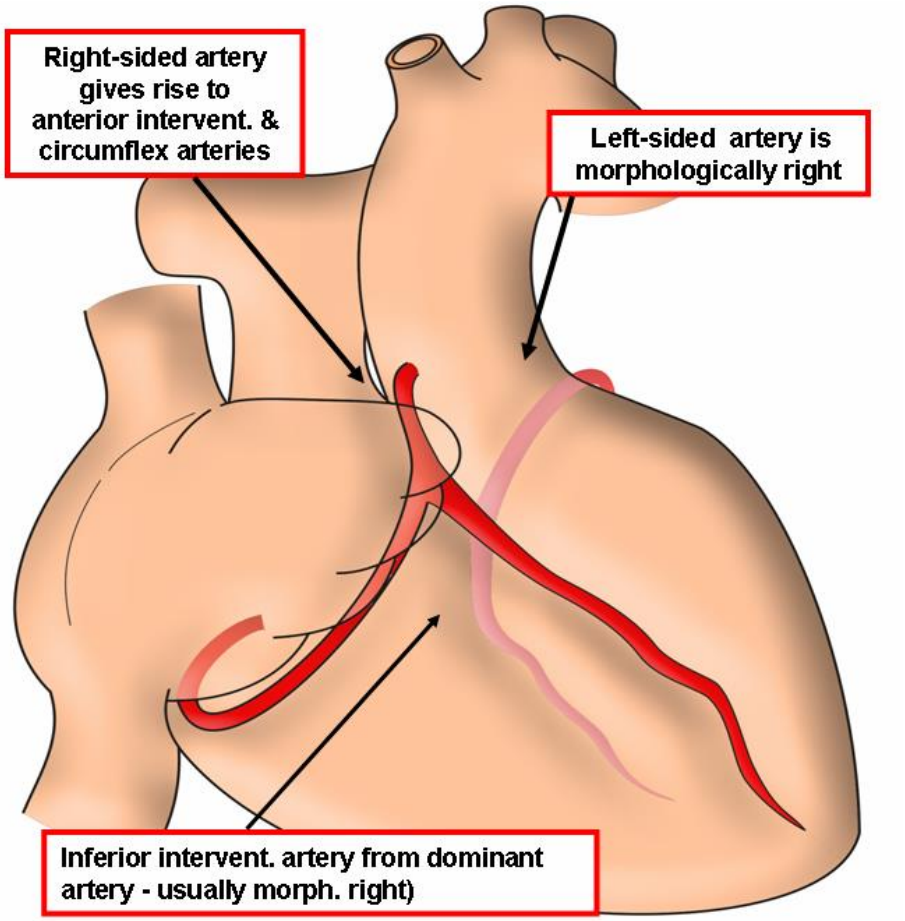
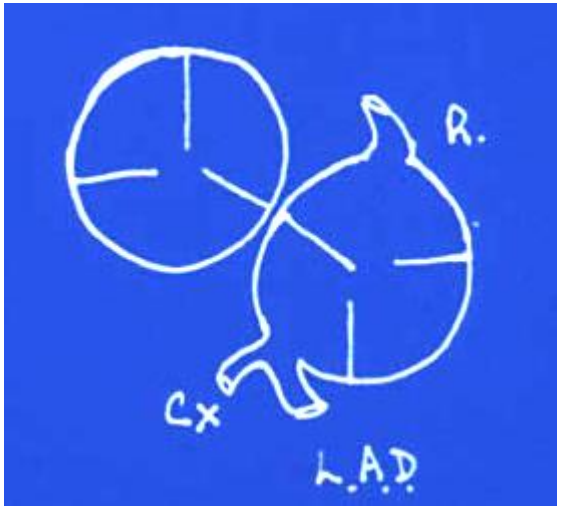
Coronary Patterns and the Arterial Switch in ccTGA





Abnormal Coronary Patterns are unusual in ccTGA

Single coronary is very rare

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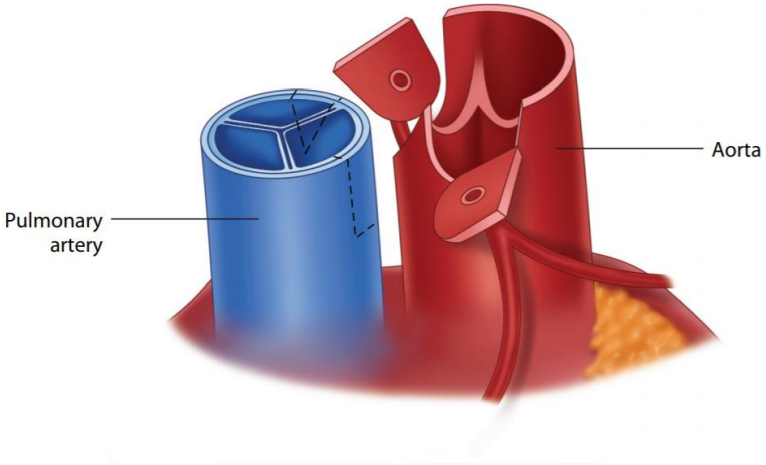
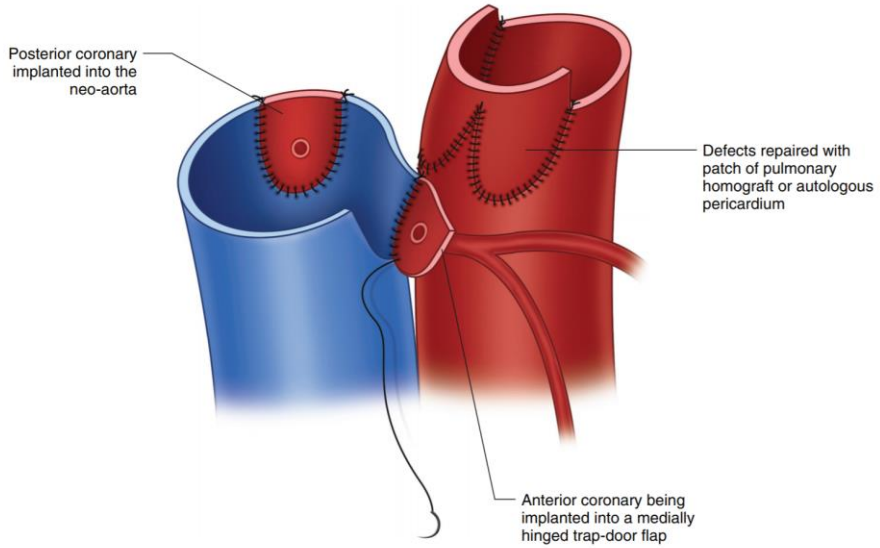
Arterial Switch





Medially hinged trapdoor for anterior coronary
Direct transfer for posterior coronary

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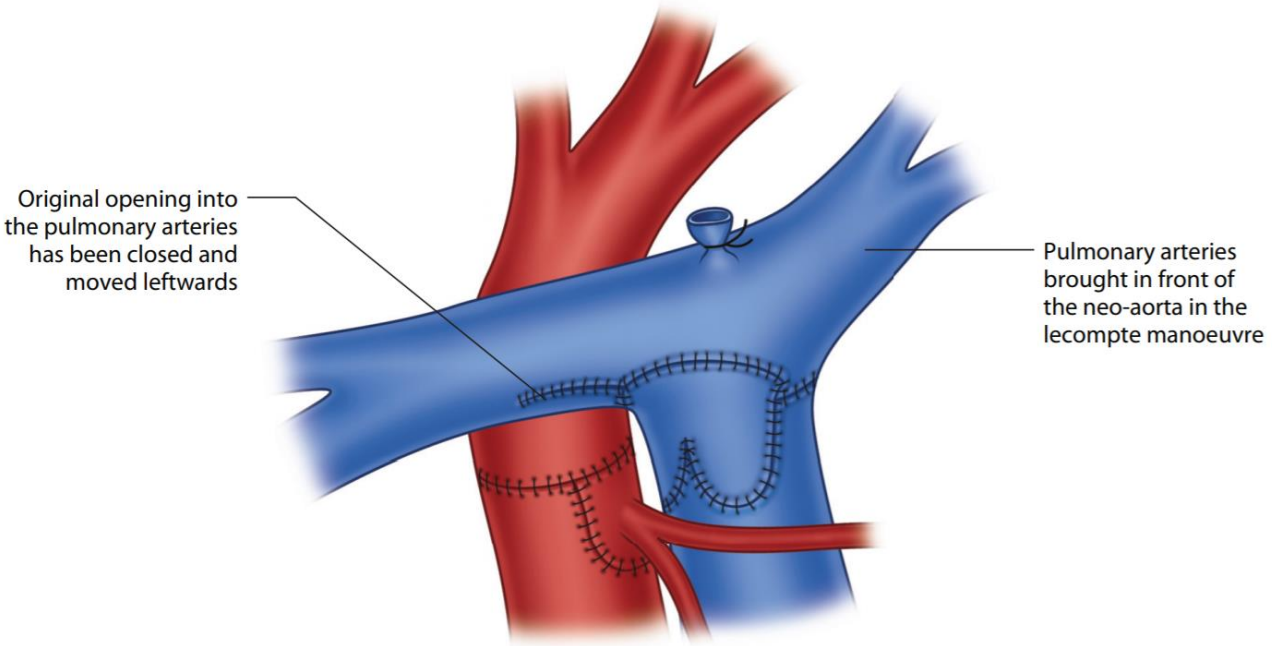
Arterial Switch



Great Vessels are typically more side-by-side than in d-TGA
Lecompte may be difficult – especially in older children

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Special Considerations and Alternative Strategies

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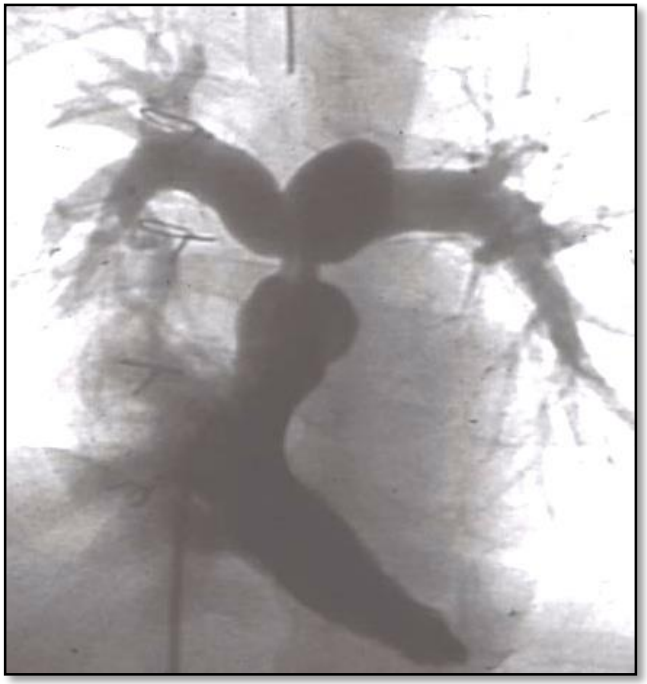
Dilated Aortic Root post PA Band

May be related to previous PA Banding



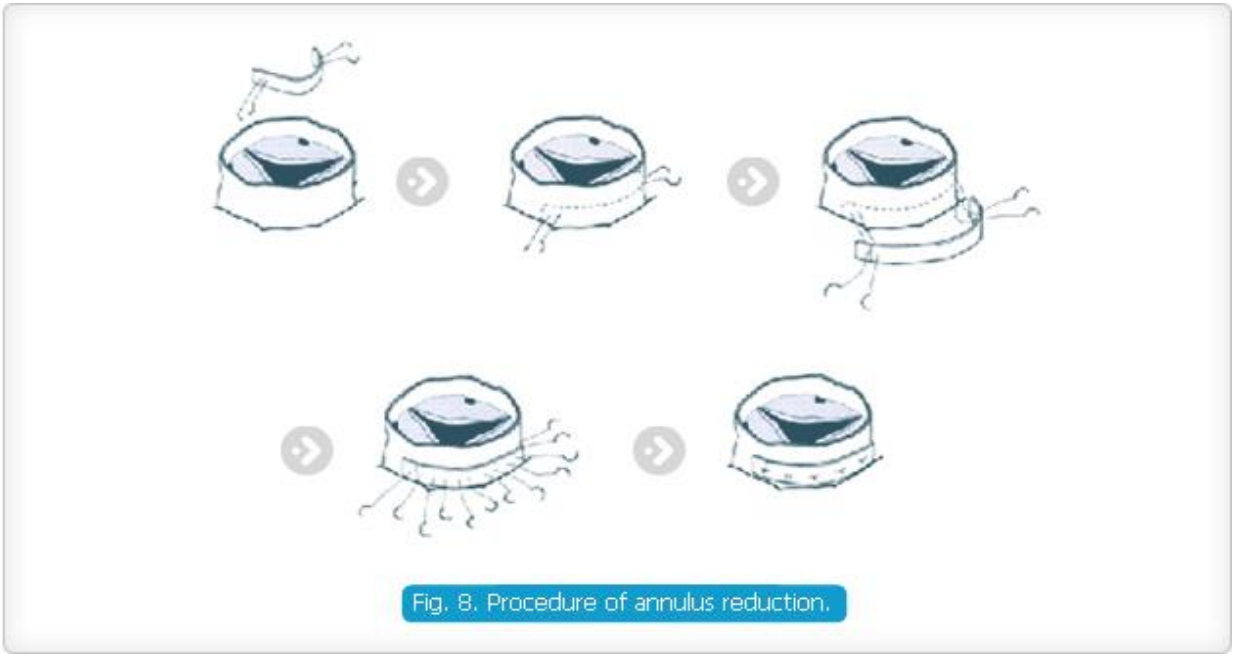


Fig. 8. Procedure of annulus reduction.

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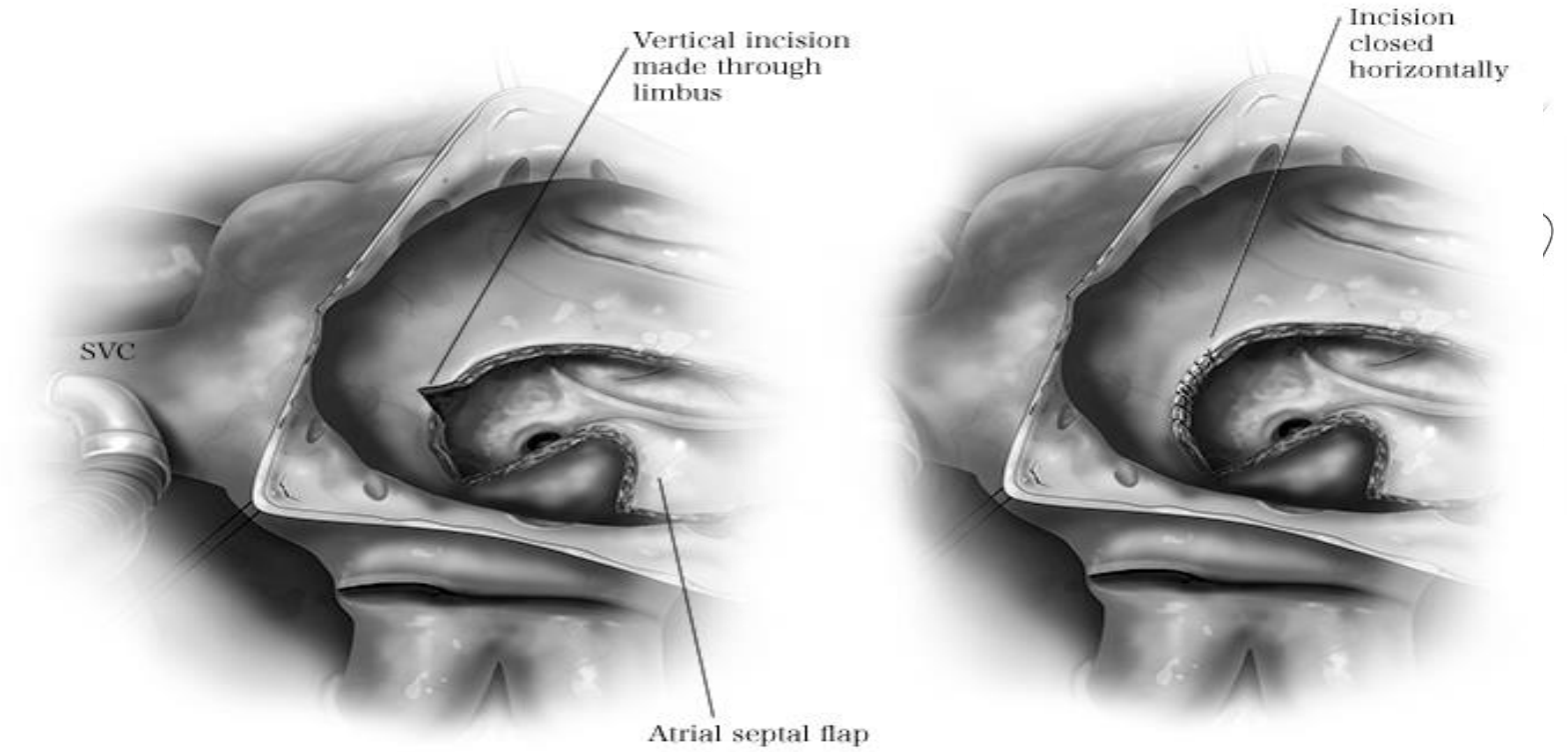
1. The SVC Pathway



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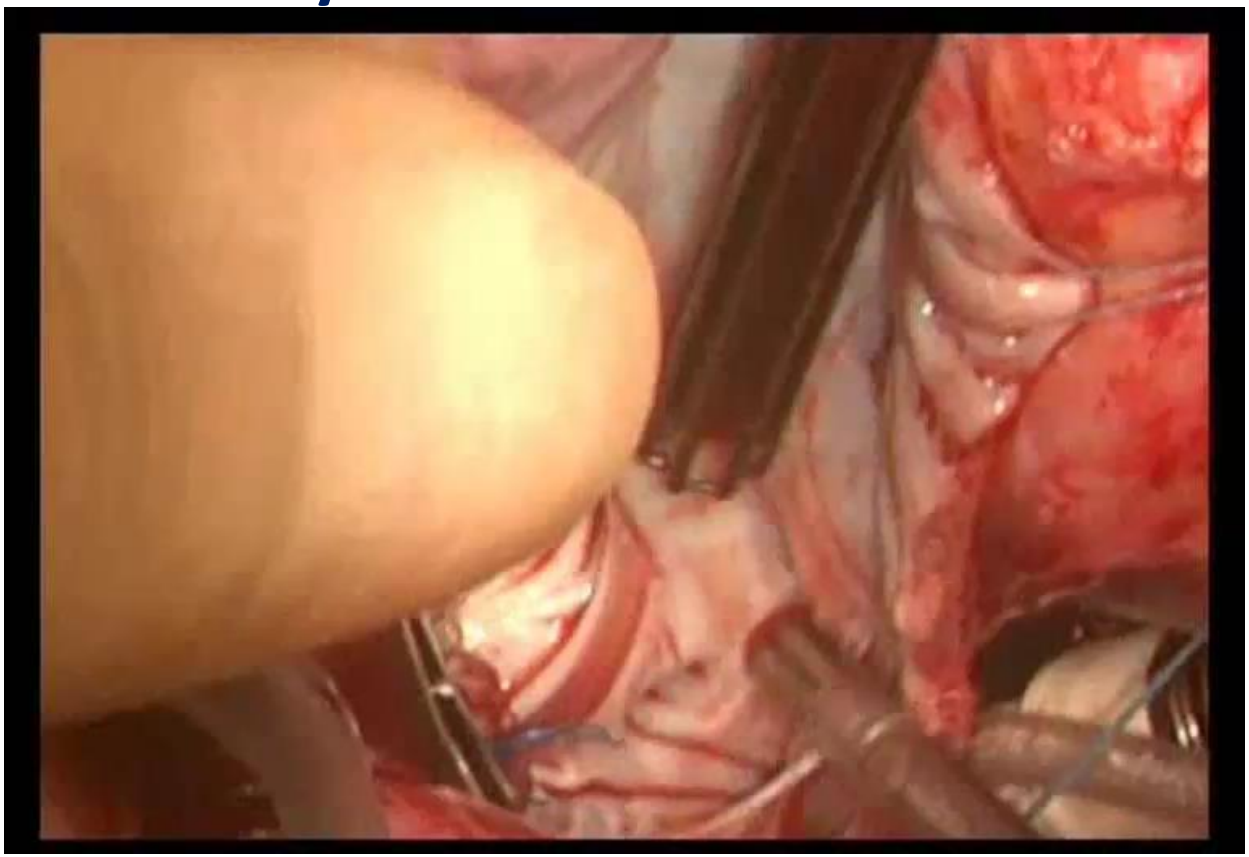
2. The IVC Pathway



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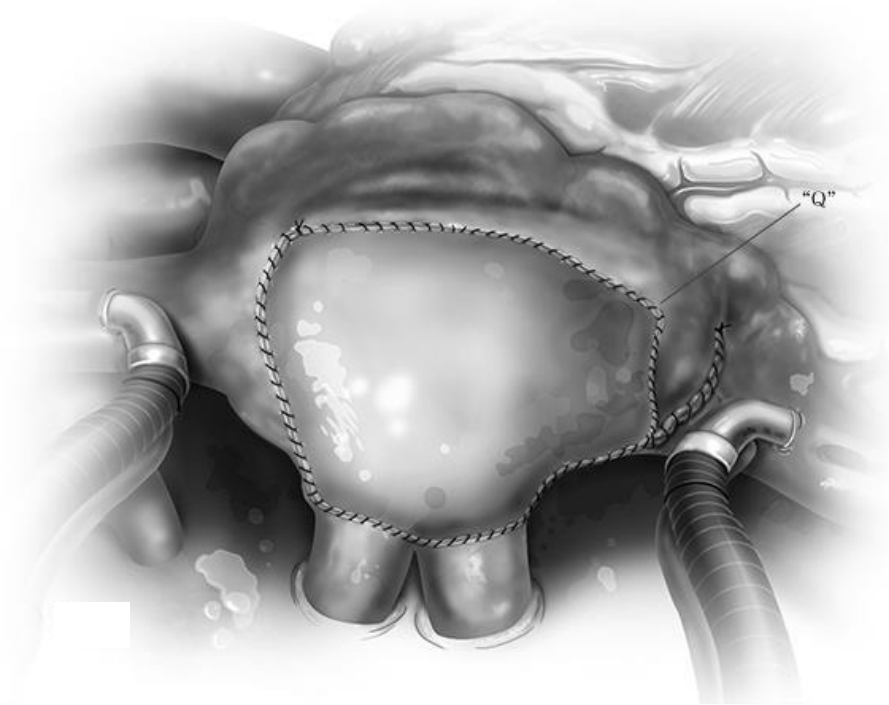
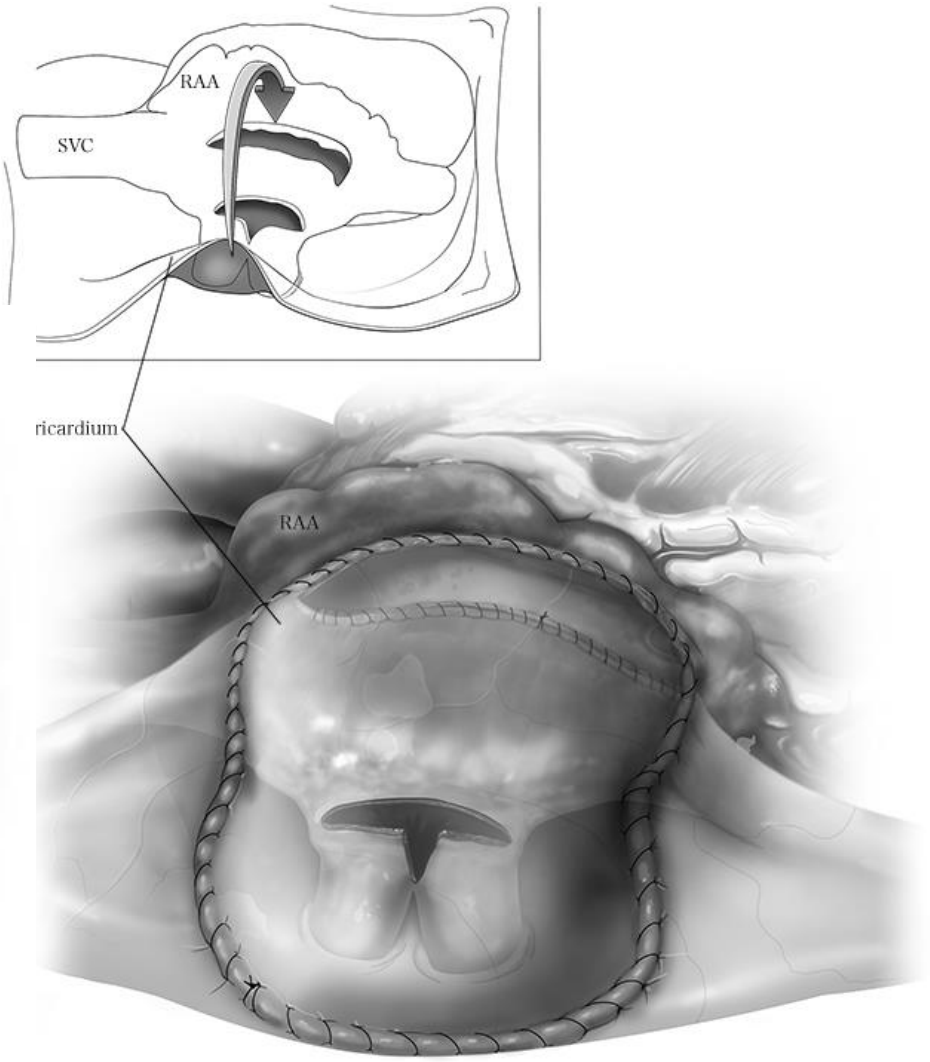
3. Dextrocardia:



Patch Augmentation



Pericardial Well or Shumacher Technique

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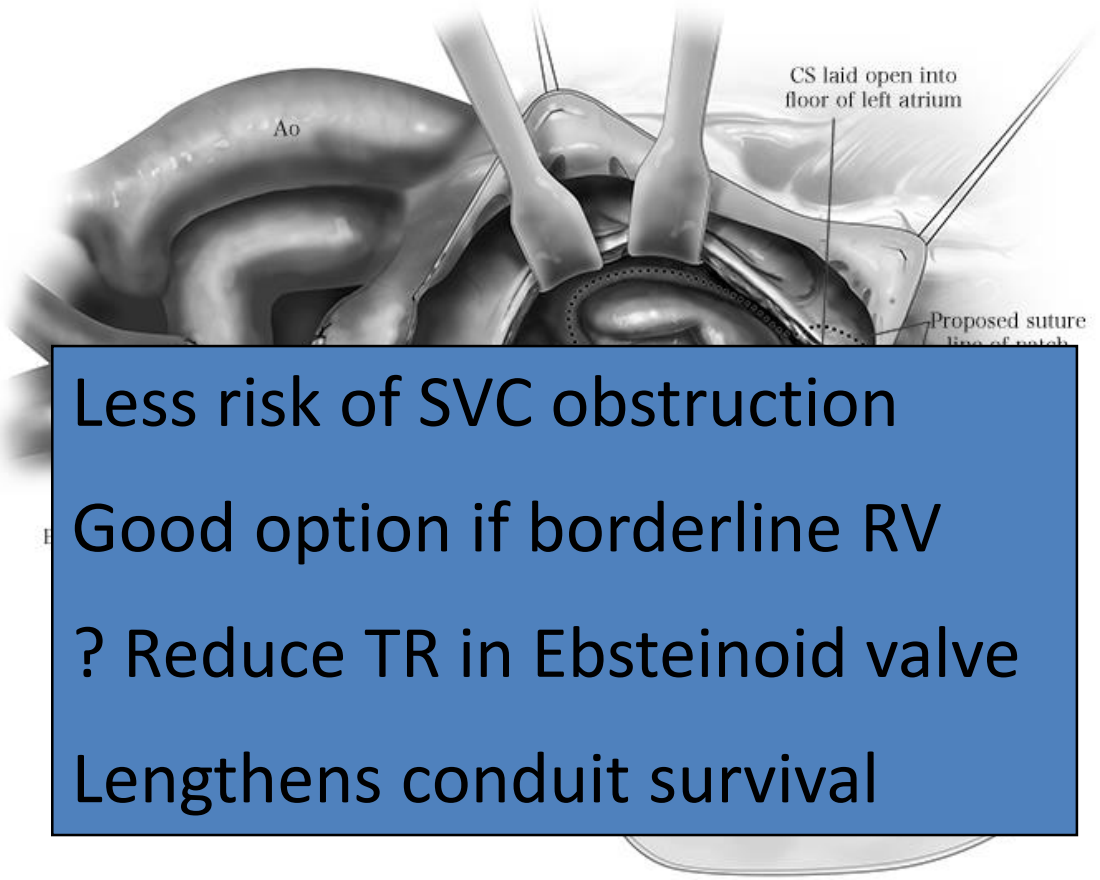
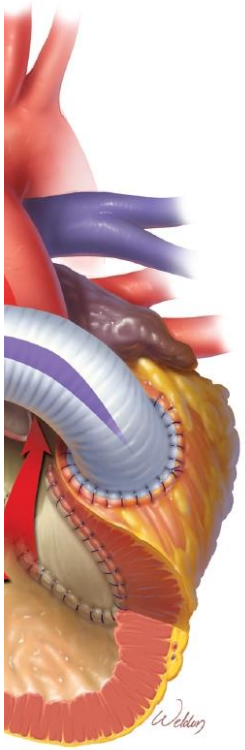
4. One-and-a-Half Repair:





Less risk of SVC obstruction

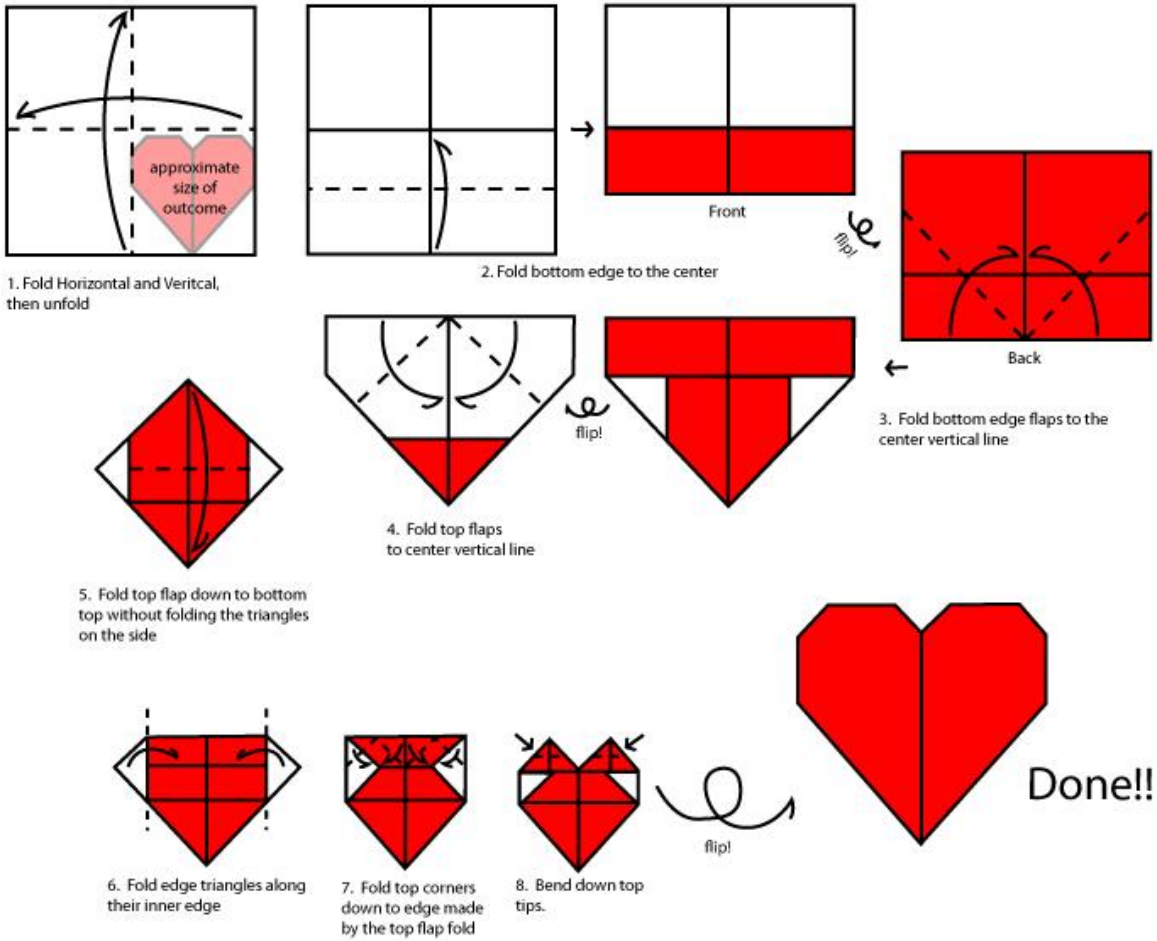
Good option if borderline RV

? Reduce TR in Ebsteinoid valve

Lengthens conduit survival

Cardiol Young 14: 330,2004

Cardiac Origami



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