# ADULT CONGENITAL HEART DISEASE REFERRAL GUIDELINE

For more information or referral questions, contact your local cardiology practice. For a complete listing, visit mainehealth.org/services/cardiovascular/service-locations

## HIGHLY COMPLEX

#### SYMPTOMS AND LABS

Cyanotic heart disease (all forms)

Double outlet right ventricle

S/P Fontan procedure, single ventricle (includes double inlet left ventricle, hypoplastic left heart, tricuspid atresia)

Pulmonary atresia

Truncus arteriosus

Transposition of the great arteries

Interrupted aortic arch

## MODERATELY COMPLEX

#### **SYMPTOMS AND LABS**

Anomalous pulmonary venous return

Atrioventricular septal defect

Moderate-large unrepaired atrial septal defect, ventricular septal defect, patent ductus arteriosus

Moderate or greater isolated valve stenosis, regurgitation

Repaired tetralogy of Fallot

Coarctation of the aorta

Ebstein anomaly

## LOW COMPLEXITY

#### SYMPTOMS AND LABS

Isolated small atrial septal defect, ventricular septal defect

Mild pulmonary stenosis

Repaired patent ductus arteriosus

Repaired atrial septal defect

Repaired ventricular septal defect

### SUGGESTED MANAGEMENT

Refer to Adult Congenital Heart Disease Clinic

Follow up every 6-12 months with echocardiogram +/- CT or MRI, and exercise testing. This will be ordered and managed by the adult congenital team.

#### SUGGESTED MANAGEMENT

Refer to Adult Congenital Heart Disease Clinic

Follow up yearly with echocardiogram +/- CT or MRI, and exercise testing. This will be ordered and managed by the adult congenital team.

### SUGGESTED MANAGEMENT

Refer to Adult Congenital Heart Disease Clinic

Follow up every 1-3 years with echocardiogram. This will be ordered and managed by the adult congenital team.

### CLINICAL PEARLS

 All adult patients with history of congenital heart disease, including simple, moderate, and complex, should be referred to the Adult Congenital Heart Disease (ACHD) program to establish care for routine monitoring



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