The FonTAn therapy for a very challenging patient population. The goal is to validate a new and hopefully, the results will lead to a larger multicenter study. The Center has initiated a Phases II Clinical Trial designed to assess the effect of VADs in Fontan patients with unacceptable candidates for heart transplantation.

For various reasons, a small subset of this patient population is looking at the use of implantable devices used to support either the circulation pathways to the lungs and the body. Pacemakers implanted, and catheter procedures includes putting the patient on medications, having swelling and abdominal bloating, and liver or kidney problems. Management of these issues consists of fresh fruits and veggies, that the mainstay of your holiday habits through the New Year:

• Make smart choices: There are no “good” or “bad” foods, only good and bad eating habits. Make sure that the majority of your holiday consists of fresh fruits and veggies, lean meats, low fat dairy products and grains. Visit the Food Pyramid website for more ideas on maintaining a healthy diet.

• Eat slowly: It takes the brain about 20 minutes to realize that the stomach is full. To slow down, make yourself a practice of taking small bites. Watch the portion sizes of your holiday foods and desserts, particularly at office parties, holiday receptions, and large get-togethers. Eating slowly will make you feel fuller longer, and will cut your calorie intake without sacrificing taste or enjoyment.

• Drink moderate: Don’t supersize! Eat smaller portions of food, particularly at holiday parties and get-togethers. In addition, excess salt and alcohol rich foods and desserts, but in moderation. Snacks and desserts are not meals! In addition, excess salt can cause the body to retain water and fluids, and fats and sugars can negatively impact cholesterol levels.

Happy Holidays to All!!

The Fontan Circulation: Current Options and New Management Strategies

Patients born with the congenital heart defect known as “single ventricle” generally undergo the Fontan operation in order to establish separate circulation pathways to the lungs and the body. However, because the single ventricle is ultimately used to pump blood exclusively to the body, blood flow to the lungs is dependent on passive flow and requires erratically higher pressure in the veins to drive the flow to the lungs. In some patients the higher pressure results in complications of decreased function of the single pumping chamber, abnormal heart rhythms (arrhythmias), chronic swelling and abdominal bloating, and liver or kidney problems. Management of these issues consists of putting the patient on medications, having swelling and abdominal bloating, and liver or kidney problems. 

The Faculty and Staff of the Ahmanson/UCLA Adult Congenital Heart Disease Center wish you and your family a happy holiday season. We hope that you are able to follow these tips to end 2010 on a high note, and to continue good eating and exercise habits through the New Year.

CURRENT OPTIONS AND NEW MANAGEMENT STRATEGIES

• Make smart choices: Remember, there are no “good” or “bad” foods, only good and bad eating habits. Make sure that the majority of your holiday consists of fresh fruits and veggies, lean meats, low fat dairy products and grains. Visit the Food Pyramid website for more ideas on maintaining a healthy diet.

• Eat slowly: It takes the brain about 20 minutes to realize that the stomach is full, so eat slower meals, monitor your hunger level, and stop eating when you feel full. The foods you eat are good that you feel full less.

• Beverages: Drinks rich, add calories, particularly alcoholic beverages, soft drinks; and sugary sodas. Choose diet soda, seltzer, and flavored waters instead. Soft drinks, fruit punches and sugary sodas. Choose diet soda, seltzer, and flavored waters instead. 

• Keep exercising: All too often, exercise programs are sacrificed in favor of fulfilling other obligations and running errands. Don’t let this happen to you! Exercise is a great stress-reducer. If you aren’t getting enough exercise, now is a great time to start—and continue into the New Year.

Website: http://www.ahmanson-ucla.org/AdultCongenitalHeartDiseaseCenter/
This year, the Ahmanson/UCLA Adult Congenital Heart Disease Center celebrates its 30th year of caring for the growing number of patients with congenital heart disease who have reached adulthood. This is a significant milestone for the Center, which is the first of its kind in the U.S. and still among the largest in the country.

The next decade of adult congenital heart disease care at UCLA will continue to bring world-class care for adults with congenital heart disease through new technologies and treatments. Dr. John Child, the Director of the Center, and Dr. Jamil Abboushi, the Co-Director of the Center, recognize that the Center’s core mission includes the provision of state-of-the-art patient care, conducting cutting-edge research, leading the nation in clinical management and interventions, and providing education to trainees, other health care providers, patients and families.

The CENTER’S GOALS FOR THE COMING YEAR INCLUDE:

• Inaugurate the use of catheter-based valve replacements at UCLA, with the first patient to receive the Melody valve in January 2010 through the FDA’s Humanitarian Device Exception process.
• Improve cardiac imaging techniques by using new 3-dimensional echocardiographic technologies.
• Inaugurate the use of catheter-based valve replacements at UCLA, with the first surgical patient to receive a Melody valve at UCLA.
• Host the 2011 Adult Congenital Heart Association national meeting, at which new research in ACHD will be presented. The national meeting will also be a forum for the provision of education to health care professionals and patients and families.

The Pulmonary Valve
The pulmonary valve is one of the four heart valves. It is located between the right ventricle and the pulmonary artery. The valve opens and closes as the right ventricle relaxes, sending a one-way flow of blood to the lungs to receive oxygen. The majority of patients with congenital heart disease will require early open heart surgery, later surgeries to insert new valve and/or conduit. Dr. Bonhoeffer established a technique of replacing the pulmonary valve via a method that did not involve open-heart surgery was first conceived in the late 1980s by Dr. Robert Raff, M.D., a pediatric cardiothoracic surgeon at Children’s Hospital of Los Angeles in 2005 before Dr. Abboushi came to CHLA from 2004 to 2005. Dr. Abboushi joined the CHLA adult congenital heart disease team in 2006, where he subsequently rose to the position of Chief of Congenital Heart Disease Surgery.

In 2008, UCLA welcomed Dr. Reemtsen, the former Chief of Congenital Heart Disease Surgery. He joins internationally renowned cardiothoracic surgeon, Dr. Hillel Laks, in providing world-class cardiovascular care to our adult patients with CHD. Dr. Reemtsen and his teams are innovative, driven and passionate in their approach to delivering state-of-the-art care.

John has been a patient of the Ahmanson/UCLA Adult Congenital Heart Disease Center for the past several years. He suffers with pulmonary atresia, or absence of the pulmonary valve. The right ventricle is unable to pump blood to the lungs to receive oxygen because of the absence of a pulmonary valve. The valve and conduit had to be held in place by the walls of the heart valve and conduit. Ultimately Dr. Bonhoeffer developed the concept of replacing a valve via a method of replacing a valve via a method that did not require open heart surgery. This concept of replacing the pulmonary valve via a method that did not require open heart surgery was first conceived in the late 1980s by Dr. Robert Raff, M.D., a pediatric cardiothoracic surgeon at Children’s Hospital of Los Angeles.

The first patient to receive the Melody valve was a 12-year-old Persian boy with pulmonary atresia and a conduit between his right ventricle and pulmonary artery that had degenerated after 8 years. The child did not undergo the procedure. Therefore, clinical trials commenced and, to date, approximately 1200 patients worldwide have undergone the transcatheter pulmonary valve procedure. The Melody valve has demonstrated durability and stability in patients for 5 years in Europe and 3 years in the United States. In addition, several additional Transcatheter Valve procedures are being developed and treated by other companies.

For John, the Melody Valve offers him an alternative to a repeat open heart surgical procedure. The valve was selected as a candidate and in mid-October, underwent successful pulmonary valve replacement with the Melody Valve transcatheter valve. Now, he can walk several miles a day, exercise very well and anticipate returning to riding in the near future.

If you would like to share your story in future newsletter, please email us at achdc@mednet.ucla.edu.