

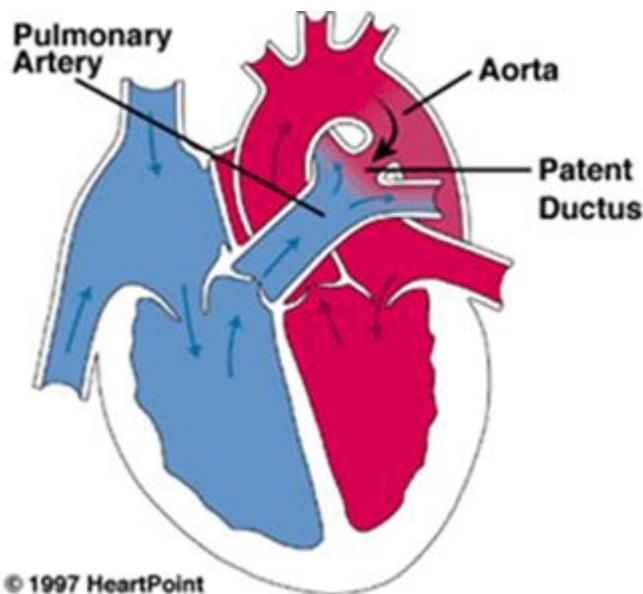


Introduction

The aim of this leaflet is to give parents and families information about why their baby has to have surgery for Ligation to treat a patent ductus arteriosus (PDA), about what will happen before, during and after theatre and information about the hospital. The information given will have already been given verbally to the parents by a doctor. If you have any question or concerns, please ask a member of the team.

What is a PDA (patent ductus arteriosus)?

Before a baby is born the ductus arteriosus (duct) allows blood to bypass the baby's lungs, which in the womb are not being used. After birth the baby needs blood to go through the lungs so the duct is no longer needed. It normally closes in the first few days after birth. As the picture below shows, the duct connects the two main arteries which leave the heart.



When the duct stays open (called a Patent Ductus Arteriosus or PDA) it can mean too much blood goes to the lungs. Premature babies with a PDA may need more help to breath. This can also affect their growth as the heart has to work harder to pump the blood around the body and uses up more energy. Your baby's doctor may try using medication to close the duct; if this doesn't work they may recommend an operation known as surgical ligation. They will discuss the benefits along with any risks or side effects associated with this and you can ask any questions if you are uncertain of anything.

How the PDA is surgically closed?

The operation is carried out by a surgeon who is specialised in operating on children's and babies' hearts and an anaesthetist who will ensure a safe and effective anaesthetic is given. The procedure itself lasts around one hour.

The operation is done through a cut underneath your baby's left armpit. The duct is then closed ('ligated') with metal clips or a stitch. All operations carry risks which are explained to, and discussed with you before any surgery can start. The main risks of this procedure include bleeding, infection and air trapped outside the lungs but within the chest (known as a Pneumothorax). A pneumothorax may need a drain to be put into the chest to let trapped air out.

What happens before, during and after surgery?

Babies are taken to the hospital from their local hospital by the Specialist Northern Neonatal Transport Team who provide all the care except for the time in theatre and afterwards take your baby back to the hospital they came from.

On the day of the operation your baby will have their feeds stopped. They will be on an intravenous drip either in their arm/hand or foot for the anaesthetic to be given safely. Most premature babies who need this operation are on a breathing machine already and help from this machine will be given during and after the operation. If your baby isn't on any breathing support they will be placed on a ventilator for the transfer to the hospital to make it smooth and as safe a journey as possible.

Your baby will be given medicine for pain after the operation. While at hospital babies are seen by a specialist to check the duct is still open and that the operation is still needed. You will have the opportunity to talk to the surgeon doing the operation personally, as they need to obtain your consent for the operation. Please ask if you have any questions or concerns.

While your baby is having their operation you will be able to go to the parents' room or to the restaurant. The Transport Team will make sure they know how to contact you.

After their operation your baby will be placed back into the transport incubator. They may have a chest X-ray, a heart scan and blood test. The specialist will tell you how things went during the operation. When everyone is happy with your baby's condition, they will be transferred back to the hospital they came from to be cared for usually on the same day. Your baby's medical team will discuss all of your baby's post operation care and advice you of any follow up required.

Please be aware that whilst we strive to ensure your baby gets their operation as planned, for various reasons beyond the control of the teams involved, the operation may have to be cancelled at short notice. If this occurs your baby's operation will be rescheduled.

Wherever possible, it is the Transport Team's standard procedure to allow one parent to travel in the ambulance with their baby. Please check with the staff at your own hospital on the day to see if that is a possibility.

The following organisations may be able to give further guidance

British Heart Foundation

They can give information and support about heart and circulatory diseases, and their risk factors

Helpline: 0300 330 3322

Website: www.bhf.org.uk

Bliss

Bliss is the leading UK charity for babies born premature or sick. It supports families with a baby in neonatal care, works with health professionals to provide training and improve care for babies, campaigns for improved hospital resources across England, Scotland, Wales and Northern Ireland, and is actively involved in pioneering neonatal research.

Helpline: 020 7378 1122

Website: www.bliss.org.uk

Patient Advice & Liaison Service (PALS)

PALS are a free, independent and confidential service for anyone who would like help, advice, information or support or who may have concerns about their care.



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