



# A Survey of Pediatric Cardiologists and Cardiac Surgeons on the Care of Congenitally Corrected Transposition of the Great Arteries (L-TGA)

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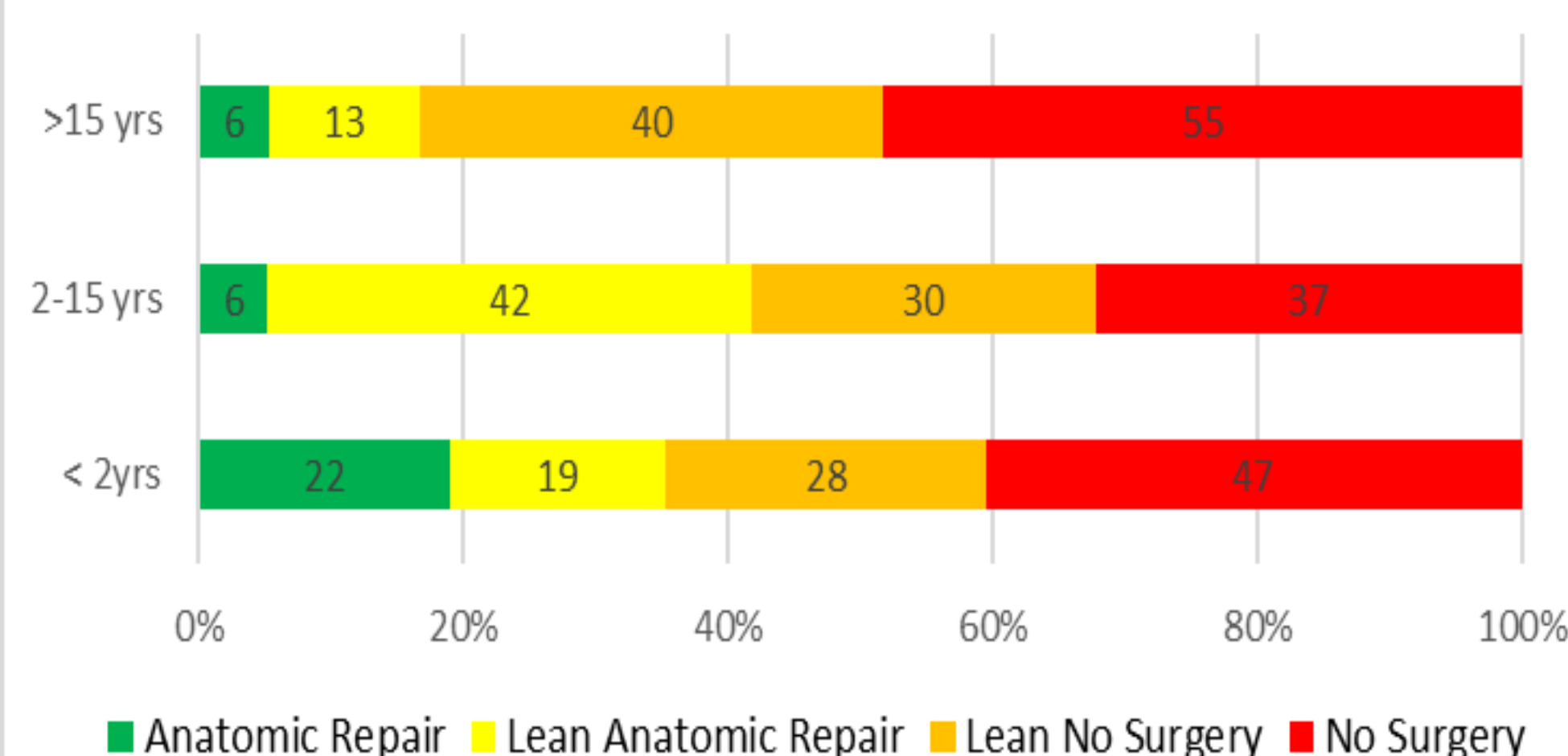
## BACKGROUND AND METHODS

The standard of care in L-TGA is controversial. To better understand current national practice patterns, we sent an anonymous online survey to the AAP Section on Cardiology and Cardiac Surgery, the Pediheart online community and the congenital heart surgeon members of the Society for Thoracic Surgery.

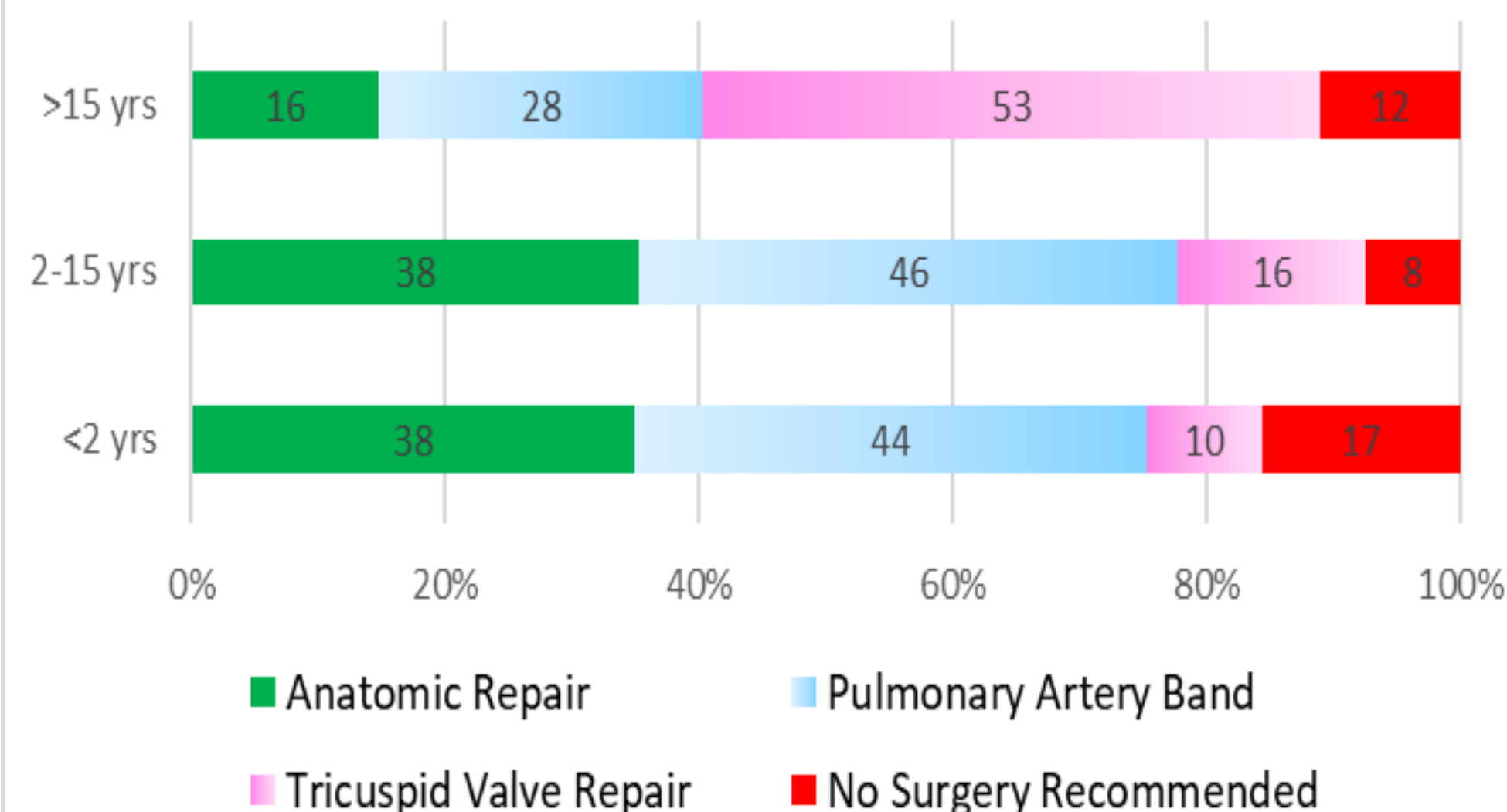
Respondents included 81 Pediatric Cardiologists, 52 Congenital Heart Surgeons and 8 other professionals.

## RECOMMENDATIONS FOR L-TGA

Recommendations for L-TGA with Mild Tricuspid Valve Regurgitation and Mild Pulmonary Stenosis or Small VSD



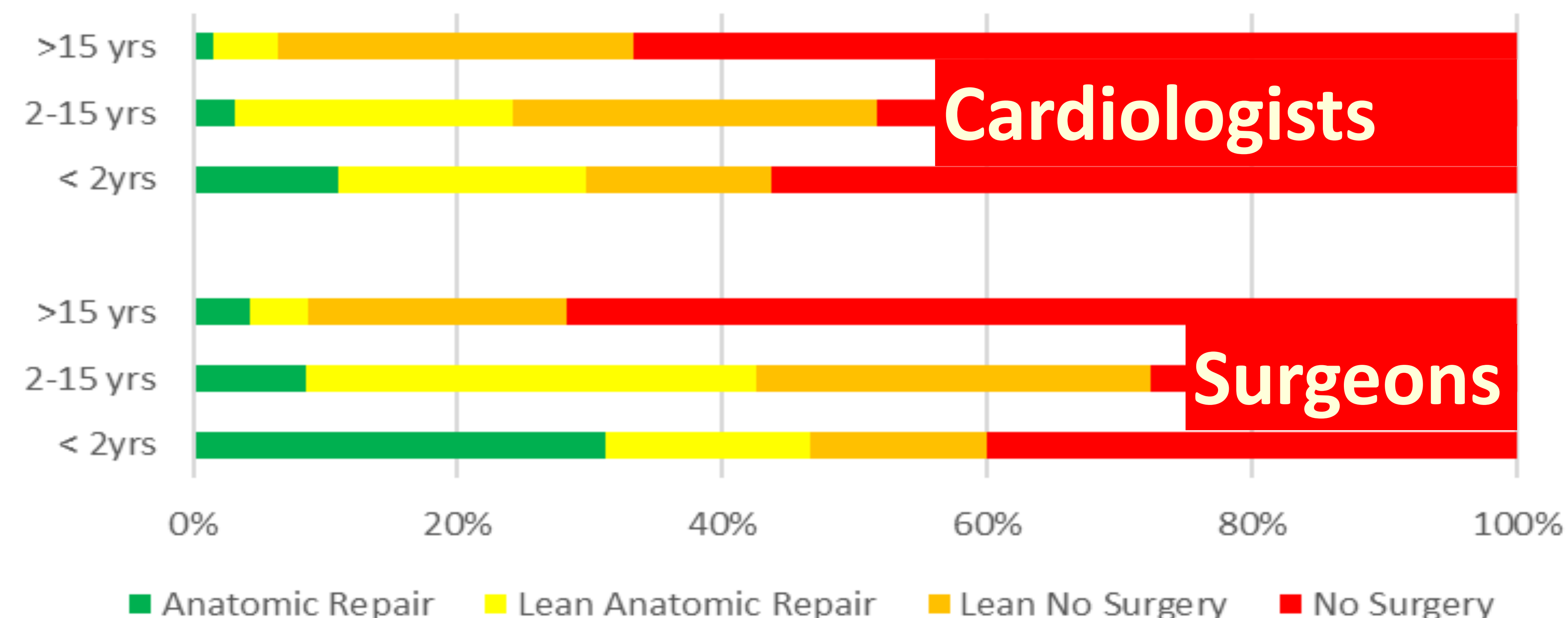
Recommendations for L-TGA with Moderate or More Tricuspid Valve Regurgitation



**Although an Anatomic Repair (Double Switch) offers a theoretical long-term advantage in L-TGA, pediatric cardiologists and congenital heart surgeons recommend this complex procedure in a limited number of patients.**

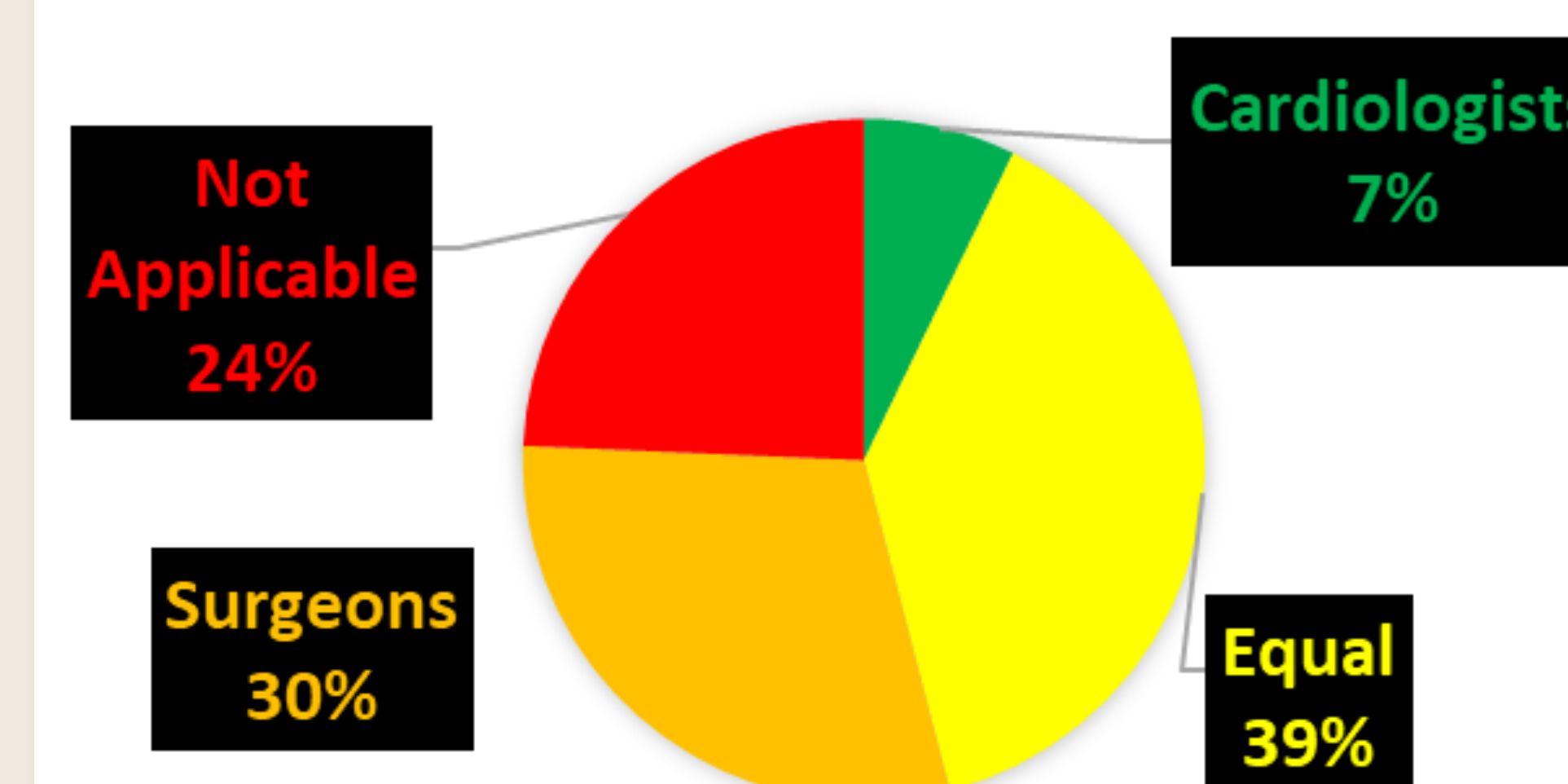
## COMPARISON OF RECOMMENDATIONS BASED ON FIELD OF PRACTICE

Recommendations for L-TGA with Mild Tricuspid Regurgitation and No Associated Defects



## RECOMMENDATIONS FOR ANATOMIC REPAIR

WHO IS MORE LIKELY TO RECOMMEND AN ANATOMIC REPAIR FOR L-TGA?



## CONCLUSIONS

This survey suggests considerable variation in recommendations for care of patients with L-TGA.

Congenital heart surgeons may have a perceived greater interest in recommending surgery, but do not overwhelmingly support anatomic repair.

Until more long-term data is available, determining the optimal care for patients with L-TGA will remain challenging.

*We would like to thank our survey respondents and Vivian Thorne at the American Academy of Pediatrics.*