

## Echo-led Clinic for Post Secundum ASD or PFO closure

### Document History

<b>Title</b>	Echo-led Clinic for Post Secundum ASD or PFO closure
<b>Author(s)</b>	Helen Oxenham
<b>Author Contact Details</b>	North East & North Cumbria CHD Network  Cardiothoracic Directorate The Newcastle upon Tyne Hospitals NHS Foundation Trust Freeman Hospital Freeman Road High Heaton Newcastle upon Tyne NE7 7DN
<b>Owner</b>	NENC CHD Network Board
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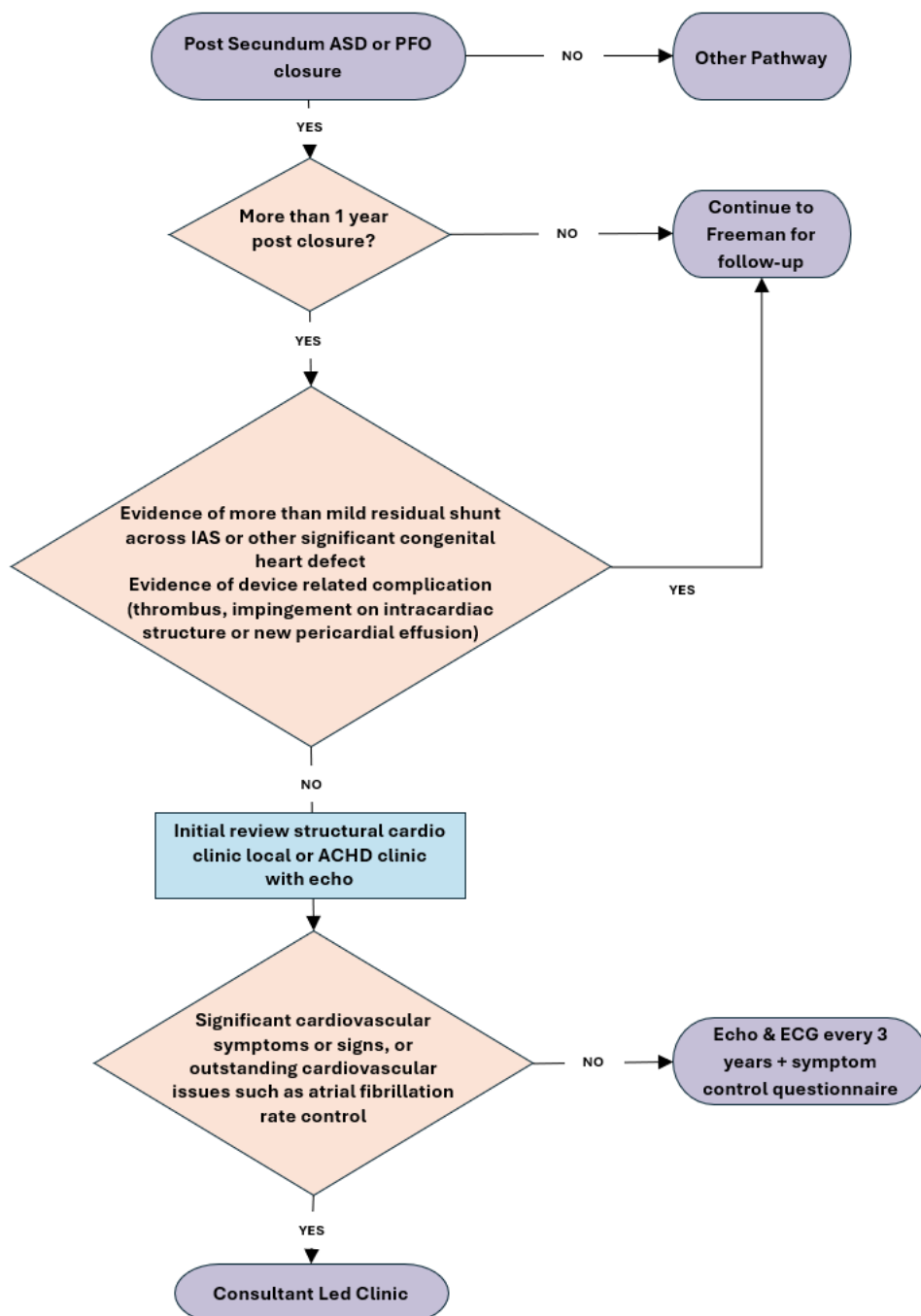
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## Purpose and background

A proportion of patients who undergo percutaneous or surgical ASD or PFO closure at the Freeman Hospital currently continue to have follow-up beyond the initial post-procedural phase at the Freeman Hospital.

In order to provide care closer to home for this group of patients a pathway to identifying low risk patients after ASD or PFO closure and to enable this group to have follow-up in a local ACHD or echo led clinic is proposed. The benefit of the system is predominantly for the patient who will have follow-up closer to home but it also reduces the need for routine consultant clinic review both at the specialist centre and in the district general hospitals for this very low risk group of patients.

## Operating Procedure



## Referral to the post-Secundum ASD/PFO closure echo led pathway

Patients who have had a previous secundum ASD or PFO closure either via device or surgically and who currently have follow-up at the Freeman Hospital are identified by the Freeman cardiologist to see if they would like to undergo ongoing follow-up more locally.

If the patient is keen for local follow-up, the Freeman Hospital consultant will refer to the local centre (currently University hospitals Tees only) -for consideration of ongoing follow-up via an echo lead clinic.

This referral will be via letter or email to the local adult congenital heart disease lead consultant initially. This will then either be used as a referral document for access to the echo lead pathway or the local cardiology consultant will create a referral via the ice system.

Patients who have had previous secundum ASD/ PFO closure but were lost to follow up –who may be being referred via a general practitioner directly to the local cardiology consultant- require single initial assessment with echocardiogram in a cardiology clinic locally prior to referral into the echo led follow up service.

A local cardiology consultant can refer after an initial review in their clinic as long as the referral criteria are met.

Referral into this echo led service will be via ICE once this has been created – this is in order to allow for auditable referral into this service.

Patients referred from the Freeman will require an ICE referral to be made by the local cardiologist after they have received an email or letter from the Freeman consultant.

## Exclusions

- Less than 1 year following secundum ASD or PFO closure
- Evidence of more than mild residual shunt across the ASD or PFO closure device or interatrial septum
- Device related concern (e.g. thrombus, new pericardial effusion, impingement on intracardiac structures)
- Evidence of additional significant congenital heart disease e.g. aortic coarctation
- Evidence of left-ventricular systolic impairment moderate or worse, atrial arrhythmias, cardiovascular symptoms (require review by local cardiologist before being accepted onto this pathway).

## Monitoring and Review

Echo lead clinic - Every 3 years the patient will receive a 12 lead ECG and echocardiogram. At that appointment the blood pressure will also be measured and they will complete a patient symptom questionnaire (in the same way that patients attending the echo lead valve clinic does).

Reasons for referral back to the referring consultant are detailed above. See escalation.

The results of the transthoracic echo will be available to both the referral and the GP on the ice results system. This system is also accessible to the Freeman Hospital via the ice open net system.

## Appointments

After the initial appointment in this clinic, follow up appointments will be made as per the cardiac physiologist recommendation in the same way as the EL Valve clinic.

1. Routine review appointment for all patients with no new findings or symptoms – in 3 years.
2. Return results to consultant with email requesting consultant review if there are new symptoms or findings.

### Escalation - Return to Adult Cardiology Clinic locally

- New significant change in echo?
  - Eg. moderate valve dysfunction
  - New left / right heart impairment or new atrial fibrillation
  - Cardiovascular symptoms consistent with possible new atrial fibrillation / significant arrhythmias

If Yes to any of the above – for referral to adult cardiology clinic.

Where new findings are seen on either the ECG or Echo, ( eg new a fib), the referring consultant will be informed as per the EL Valve clinic SOP ie via the ICE results system – with additional email to the referring consultant for new important findings requiring medication change such as new a fibrillation.

### Escalation - Refer back to ACHD Clinic at Freeman Hospital

- New significant shunt
  - Concern regarding device erosion (new pericardial effusion)?
  - Device embolism
  - Atrial arrhythmia requiring consideration of ablation
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## Symptoms Questionnaire for Patients:

Have you had any of the following symptoms since your last clinic/echo assessment?

- a)** Loss of Consciousness? Y/N
- b)** Exertional dizziness? Y/N
- c)** Palpitation that are sustained ie lasting longer than 15 mins and cause SOB/dizziness?

At rest? Y/N

On exertion? Y/N

- d)** Chest discomfort when walking or going upstairs? Y/N
- e)** New sustained/prolonged increase in breathlessness when walking? Y/N
- f)** Ankle swelling that doesn't go down overnight? Y/N

If yes to above (except palpitations at rest without faint or Loss of consciousness) for referral back to referring consultant.