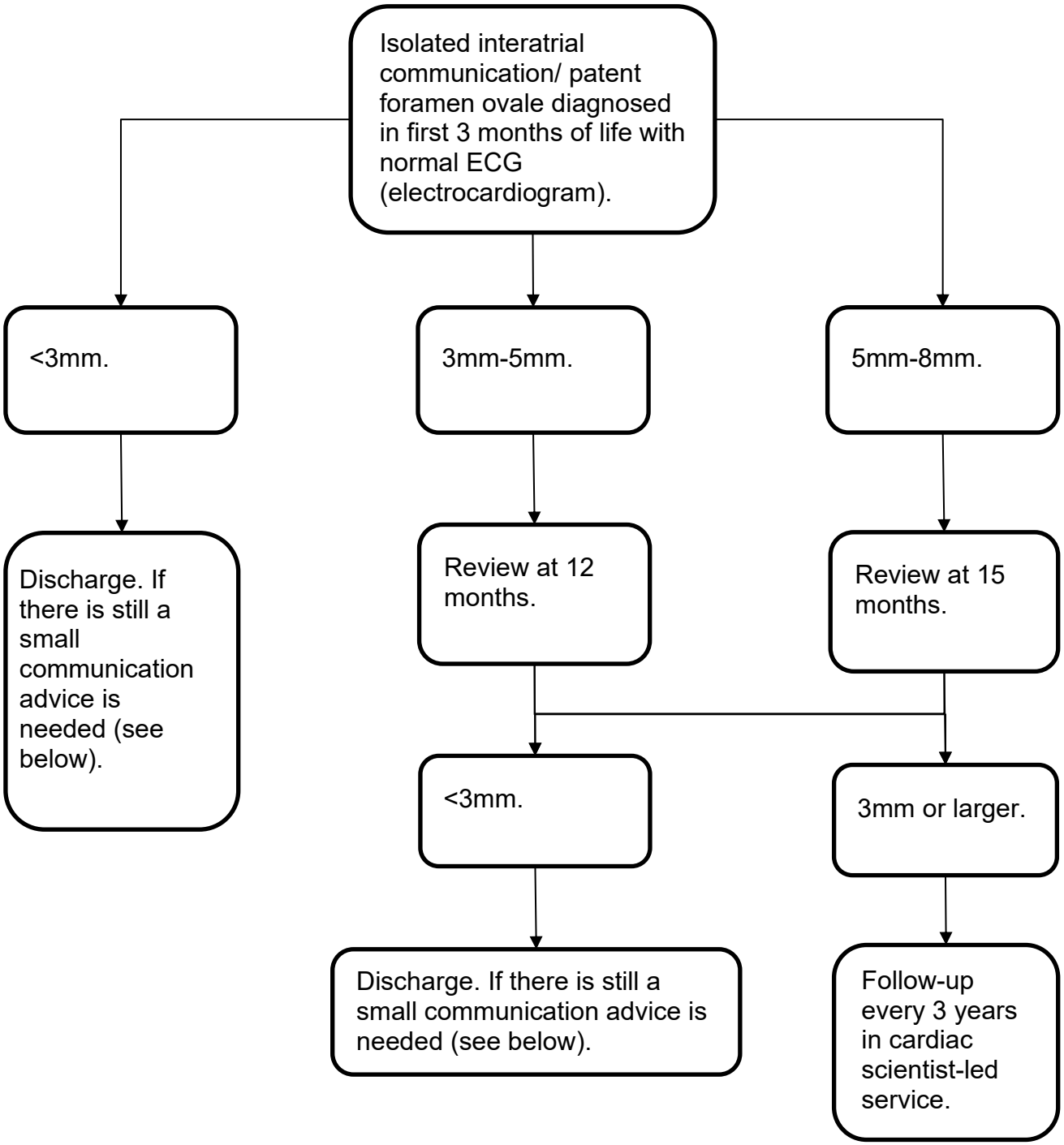
Royal Cornwall Hospitals
NHS Trust

Minor Cardiac Lesions: Paediatric Cardiology Clinical Guideline

V1.0

October 2025

Summary – minor interatrial communications



1. Aim/Purpose of this Guideline

This guideline applies to clinicians assessing children with minor congenital cardiac abnormalities namely interatrial communications, small apical ventricular septal defect, isolated mild pulmonary stenosis and patent ductus arteriosus.

Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

2. The Guidance:

2.1 Minor interatrial communications.

- Assess for pulmonary hypertension markers and right heart dilatation at the time of follow-up.
- If a communication is still present at the time of discharge (less than or equal to 3mm):
  - Advise patient to re-scan before deep-sea scuba diving, and provide Diving Diseases Research Centre recommendations for diving https://www.ddrc.org/diving/fitness-to-dive/pfo/ (not to dive deeper than 15m).
  - If discharged as a teenager counsel re paradoxical embolus once over age 16 years as per South Wales and South West Congenital Heart Disease Network (SWSWCHD) network guidance: consideration of wearing compression stockings for long journeys >4 hours, and recommend progesterone-only contraception.
  - Safety net re. stroke symptoms.
- For lesions 3-5mm a repeat echo is indicated at between 1-3 years. However, as these are likely to have closed earlier review at 1year facilitates earlier discharge and clarification for families.

- Review for isolated patent foramen ovale (PFO) can be in a Cardiac Scientist Led Service.

2.2 Isolated apical restrictive ventricular septal defect, >3 months in neonate with no other abnormalities on echo:

- Scan at 4 years, discharge if closed ([2]).
- If not closed then re-scan at age 10-14 years.
- Safety net re infective endocarditis unless fully repaired.

2.3 Isolated pulmonary valve stenosis (no growth concerns, no post-stenotic dilatation):

- Maximum velocity <2 years.
- Check no signs of right ventricular hypertrophy and no bidirectional or right-to-left shunt across atrial septum.
- Scan at 6 months then at 2 years to check for progression, then 5 yearly following this ([3,4]).
- Safety net re. infective endocarditis.

2.4 Isolated Patent Ductus Arteriosus (PDA):

- Scan at 4-6 weeks in Paediatrician with an Expertise in Cardiology (PEC) clinic if possibly haemodynamically significant (systolic or diastolic flow >2) to ensure no related lesions following closure.
- If still present, re-scan at 12 months, discharge if closed and RV pressures are normal ([5]).
- If still open at 12 months and RV pressures normal, follow-up in 2 years in cardiac-scientist led clinic.
- An isolated silent PDA can be discharged (no murmur) after this point.
- Safety net re infective endocarditis unless fully repaired.

3. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Compliance with policy/ key changes to practice.
Lead	Dr Katy Huxstep; Paediatric Consultant with Expertise in Cardiology.
Tool	Adherence to guidelines will be monitored as part of the ongoing audit process on a Word or Excel template.

Information Category	Detail of process and methodology for monitoring compliance
Frequency	As dictated by audit findings.
Reporting arrangements	Child Health Audit and Guidelines Group.
Acting on recommendations and Lead(s)	Ward managers/ Matron/ Consultants/ CD's.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within 3 months, immediately if required. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant staff/ stakeholders.

4. Equality and Diversity

4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the Equality Diversity And Inclusion Policy or the Equality and Diversity website.

4.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Minor Cardiac Lesions: Paediatric Cardiology Clinical Guideline V1.0
This document replaces (exact title of previous version):	New Document
Date Issued/Approved:	October 2025
Date Valid From:	October 2025
Date Valid To:	October 2028
Directorate/Department responsible (author/owner):	Harriet Middleton, Clinical Fellow. Katy Huxstep, Consultant Paediatrician with Expertise in Cardiology. Sam Padmanabhan, Consultant Paediatrician with Expertise in Cardiology. Gemma Wright, Chief Cardiac Echocardiographic Physiologist.
Contact details:	rcht.paediatriccardiology@nhs.net
Brief summary of contents:	Guidance regarding follow-up and discharge criteria for children with mild congenital cardiac abnormalities.
Suggested Keywords:	Congenital cardiac abnormality, interatrial communication, patent foramen ovale, ventricular septal defect, pulmonary valve stenosis, patent ductus arteriosus
Target Audience:	**RCHT:** Yes **CFT:** No **CIOS ICB:** No
Executive Director responsible for Policy:	Chief Medical Officer
Approval route for consultation and ratification:	Child Health Audit and Guidelines Group
Manager confirming approval processes:	Caroline Chappell
Name of Governance Lead confirming consultation and ratification:	Michael Cross

Information Category	Detailed Information
Links to key external standards:	None required.
Related Documents:	Radzik D, Davignon A, van Doesburg N, Fournier A, Marchand T, Ducharme G. Predictive factors for spontaneous closure of atrial septal defects diagnosed in the first 3 months of life. J Am Coll Cardiol. 1993 Sep;22(3):851-3. doi: 10.1016/0735-1097(93)90202-c. PMID: 8354823. Alpert BS, Cook DH, Varghese PJ, Rowe RD. Spontaneous closure of small ventricular septal defects: ten-year follow-up. Pediatrics. 1979 Feb;63(2):204-6. PMID: 440808. Rowland DG, Hammill WW, Allen HD, Gutgesell HP. Natural course of isolated pulmonary valve stenosis in infants and children utilizing Doppler echocardiography. Am J Cardiol. 1997 Feb 1;79(3):344-9. doi: 10.1016/s0002-9149(96)00759-x. PMID: 9036756. Anand R, Mehta AV. Natural history of asymptomatic valvar pulmonary stenosis diagnosed in infancy. Clin Cardiol. 1997 Apr;20(4):377-80. doi: 10.1002/clc.4960200415. PMID: 9098599; PMCID: PMC6655492. Tolia VN, Powers GC, Kelleher AS, Walker MW, Herrman KK, Ahmad KA, Buchh B, Egalka MC, Hinkes M, Ma M, Richards M, Rudine AC, Sato RY, Shaffer KM, Clark RH. Low Rate of Spontaneous Closure in Premature Infants Discharged with a Patent Ductus Arteriosus: A Multicenter Prospective Study. J Pediatr. 2022 Jan;240:31-36.e2. doi: 10.1016/j.jpeds.2021.07.035. Epub 2021 Jul 20. PMID: 34293369.
Training Need Identified?	No
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical/ Paediatrics/ Cardiology

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
September 2025	V1.0	Initial issue.	Dr Harriet Middleton and Dr Katy Huxstep.

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust The Policy on Policies (Development and Management of Knowledge Procedural and Web Documents Policy). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy/policy/proposal/service function to be assessed:	Minor Cardiac Lesions: Paediatric Cardiology Clinical Guideline V1.0
Directorate and service area:	Child Health
Is this a new or existing Policy?	New
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Child Health Audit and Guidelines group
Contact details:	rcht.paediatriccardiology@nhs.net

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	This guideline applies to clinicians assessing children with mild congenital cardiac abnormalities.
2. Policy Objectives	To guide the follow-up and surveillance of congenital cardiac abnormalities, ensuring these lesions are followed up appropriately and can be discharged from services when safe to do so.
3. Policy Intended Outcomes	To improve the well-being of patients by offering the appropriate management of patients.
4. How will you measure each outcome?	Audit/ multidisciplinary team weekly discussion/ incidents/ risk management.
5. Who is intended to benefit from the policy?	Clinicians assessing children with congenital cardiac abnormalities. Children and carers of children with congenital cardiac abnormalities.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	• Workforce: Yes • Patients/visitors: No • Local groups/system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	**Please record specific names of individuals/groups:** Child Health Audit and Guidelines Group.
6c. What was the outcome of the consultation?	Approved.
6d. Have you used any of the following to assist your assessment?	**National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys:** No.

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	Any information provided should be in an accessible format for the parent/ carer/ patient's needs- i.e., available in different languages if required/ access to an interpreter if required.

Protected Characteristic	(Yes or No)	Rationale
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	Those parent/ carer/ patients with any identified additional needs will be referred for additional support as appropriate- i.e., to the Liaison Team or for specialised equipment. Written information will be provided in a format to meet the family's needs e.g., easy read, audio etc.
Religion or belief	No	All staff should be aware of any beliefs that may impact on the decision to treat and should respond accordingly.
Marriage and civil partnership	No	All staff should be aware of any marital arrangements that may have an impact on care (for example: separated parents, domestic abuse).
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Child Health Audit and Guidelines Group.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
Section 2. Full Equality Analysis