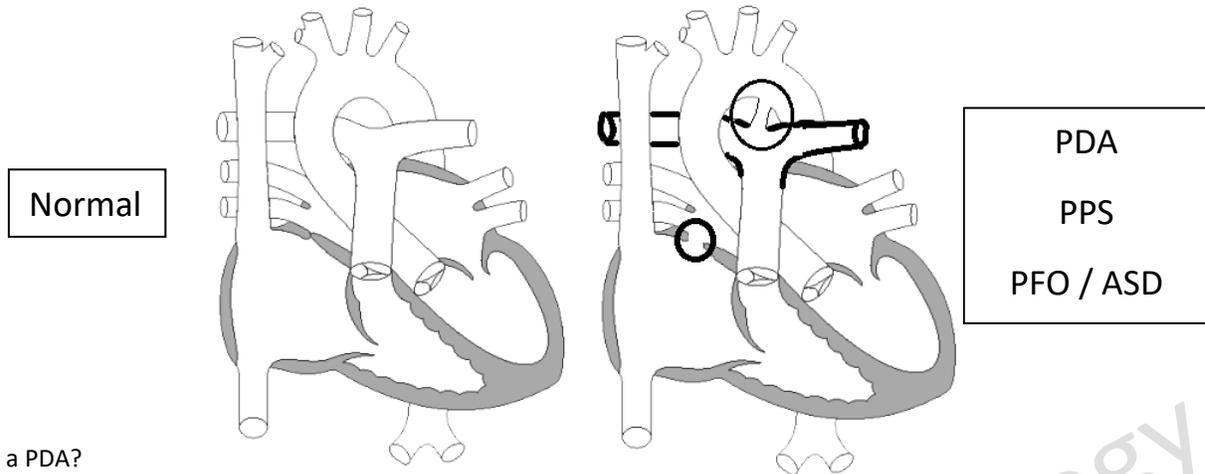


Patent Ductus Arteriosus (PDA)

Physiologic Pulmonary Branch Stenosis (PPS)

Patent Foramen Ovale / Atrial Septal Defect (PFO / ASD)



What is a PDA?

This is a normal extra blood vessel all children are born with that connects the two large arteries that leave the heart. Normally it will shrink and go away on its own within a few weeks. In some infants, especially those born premature, it may take longer to decrease in size (up to a year) or may not go away.

When the size is Moderate (medium) or Large it allows extra blood to circulate through the lungs and heart and makes these areas work slightly harder than normal. When the size of the PDA is trivial or small generally it does not cause any issues and will likely resolve on its own with time.

What is PPS?

This is a speeding up of the blood as it passes through the lung blood vessels of an infant. These blood vessels are small but appropriate for the size of the baby and have a slightly sharper angle than in older children. As these vessels grow with the baby the blood will slow down to a normal speed. This is diagnosed after a murmur (extra sound from the heart) is heard and an Echocardiogram (ultrasound of the heart) is performed. Since murmurs can be heard in normal hearts it is more important that you know what was found on Echocardiogram, rather than there is a murmur.

What is a PFO / ASD?

All infants are born with a small a hole in the wall that separates the upper rooms of the heart (the atria) called a PFO. An ASD is a hole in the same wall but a different location. Most PFO/ASD will close on their own in the first 5 years. These are diagnosed after a murmur (extra sound from the heart) is heard and an Echocardiogram (ultrasound of the heart) is performed. Since murmurs can be heard in normal hearts it is more important that you know what was found on Echocardiogram, rather than there is a murmur.

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What is the treatment of a PFO / ASD and PPS?

Both these issues are seen in most babies in the newborn period and will go away on their own without any treatment. If the PFO / ASD is moderate or large and causing poor weight gain, we may consider medications or extra calories to help your baby grow and give them more time for the hole to close. However, if the hole is large without any decrease in size over months to years or if there is poor weight gain despite medication we may consider a procedure or surgery. Fortunately, most can be closed by a procedure rather than surgery and decisions rarely need to be made before 2-3 years old.

What is the treatment of a PDA?

Most PDAs will go away on their own without any treatment. In the NICU during the first month we may use a medication to help this process along. In rare cases, if the vessel is not shrinking after months and is causing poor growth of the baby or in babies with breathing problems we may recommend a procedure or surgery to close it.

What are signs I should be aware of for my baby?

Feeding is like exercise for a baby and when the heart and lungs are working harder the baby will have trouble feeding. If you see any of these signs you should contact your Cardiologist:

- Finishing a feed takes longer than before (not due to falling asleep during the feed)
- Fast and deep breathing during a feed
- Sweating during a feed
- Poor weight gain (keep in mind babies lose some weight during the first 1-2 weeks of life)

When should I follow-up?

Your Provider or Hospital should schedule your appointment and provide you with the information. You may also contact our office for information. If you call our office keep in mind newborns may be listed under the mother's name.

What if I have more questions?

You may call our office and ask for a sooner appointment or if you are in the hospital you may notify your Provider that you would like to speak with the Cardiologist.

For information on what to expect at your appointment or more information about our practice we invite you to check out our website

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