

Atrial Septal Defects

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Atrial Septal Defects (ASD) is among the most common types of congenital heart defects. In general the defect is simply a hole in the septum (septum is a wall that separates the heart's left and right sides) between the top two chambers of the heart (Atria). Septal defects are sometimes called a 'hole' in the heart. When there is a large defect between the atria, a large amount of oxygen-rich (red) blood leaks from the heart's left side back to the right side. Then this blood is pumped back to the lungs, despite already having been refreshed with oxygen. This is inefficient, because already-oxygenated blood displaces blood that needs oxygen. Many people with this defect have few, if any, symptoms.

Treatment Options Treatment of an ASD depends on the size, location, degree of symptoms present and the effect the defect is having on the heart muscle. 1- Surgery Surgical closure of the defect is the current standard. Closing an atrial septal defect in childhood can prevent serious problems later in life. The long-term outlook is excellent. If atrial septal defects are diagnosed in adulthood, the defect is also repaired. If there is pulmonary hypertension (high blood pressure in the lungs) the defect is left un-repaired. Your cardiologist can determine if the defect should be closed. If the ASD is very small, a less invasive approach may be taken depending on the situation. There have been investigations into non-surgical methods of closure using catheter based placement of a device (like an 'umbrella') to occlude the defect. With continued advancement in equipment and technique this may become a more widely used option in the future. People with repaired atrial septal defects rarely have any problems. Those who have palpitations or faint need to be reevaluated by their cardiologist and may need medical therapy. Also, if the ASD is diagnosed late in life, the heart may be less able to pump. This can require diuretics, drugs to help the heart pump better and drugs to control blood pressure.

Medical management:

There are circumstances in which closure either by surgery or catheter delivered occluder is not recommended. In these situations, medical management is important to decrease the risk of complications of the ASD or to reduce symptoms.

It is very important that early detection and regular evaluation be done to avoid this serious complication of an ASD. After an ASD is closed, patients need follow-up with a cardiologist. Your cardiologist can monitor you with noninvasive tests if needed. These include electrocardiograms, Holter monitors, exercise stress tests and echocardiograms. They will help show if more procedures, such as a cardiac catheterization, are needed.

Activity Restrictions

Activity restrictions are almost never needed unless there are associated problems that you and your doctor have discussed. For images, diagnosis and treatment [click here](#)