



THE NORWOOD PROCEDURE (Stage One)

This is normally performed within a few days of birth or diagnosis of Hypoplastic Left Heart Syndrome, whilst the Ductus Arteriosus is being kept open with Prostaglandin therapy. See *Fetal Circulation*.

Modified Norwood Procedure

The aims of the first operation are:

- (a) To improve the flow of red blood (oxygenated blood) around the body by attaching the base (Trunk) of the lung artery (Pulmonary Artery) to the body artery (Aorta). It may be necessary to enlarge the body artery with a patch.
- (b) To provide a blood flow to the lungs through a passage (Shunt), creating a link between the lung artery (Pulmonary Artery) and the body artery (Aorta). The passage is made out of soft plastic (Gore-Tex).
- (c) To create a permanent passage (septectomy) between the collecting chambers (Left and Right Atrium) ensuring that a mix of red (oxygenated) blood and blue (deoxygenated) blood is flowing around the body.

This operation is extremely complicated and holds a high risk (chance of the baby dying). Ask your surgeon about the risk for your child. The baby may need to be in hospital for some weeks following this surgery to ensure that the baby's condition is stable before discharge home.