

# INTO the HEARTLAND CAMPAIGN

**SITE: ROSTOV-ON-DON  
DISTRICT: SOUTHERN  
COLLABORATION LAUNCHED: 2009**

**SEPT 16-OCT 1, 2011  
SURGICAL-EDUCATIONAL  
MISSION 3**



## PATIENT PROFILE

Child	Sedat T.
Age	1 year 6 months old
DOB	May 27, 2010
Weight	At birth: 7 lbs 4 oz Current: 22 lbs
Home	Martynskiy Rayon Rostov Oblast 100 mi from Rostov-on-Don
Parents	Feruzha, 24; Sayid, 30
Diagnosis	Heterotaxy syndrome, unbalanced AV canal, pulmonary stenosis, interrupted inferior vena cava S/p Right modified BT shunt (2010, Rostov-on-Don)
Open heart surgery	Kawashima (right bidirectional Glenn) with left-sided bidirectional Glenn; Takedown of right modified BT shunt September 27, 2011
Discharged from PCICU	October 1, 2011

## THE HOUSEHOLD AND THE FAMILY

Sedat is the youngest of Feruzha and Sayid's three children. His family lives in a small town nearly 100 miles from Rostov-on-Don; Sayid's parents live with them. Neither Feruzha nor Sayid is able to find steady work. Sayid receives disability benefits and does farming work when he can get it. Feruzha finds seasonal work gardening and harvesting grapes. Many of their relatives have immigrated to the northwestern part of the U.S. Though Feruzha would consider leaving Russia, she wouldn't want to move away from her husband's supportive parents.

## CHILD'S DEVELOPMENT AND MEDICAL HISTORY

At six months of age, Sedat was examined for the first time by cardiologists at the Rostov-on-Don Regional Cardiac Center, who discovered that his heart had only one ventricle (pumping chamber). They diagnosed heterotaxy syndrome and unbalanced atrioventricular (AV) canal.

Sedat's condition required immediate surgical intervention; the Rostov team performed open heart surgery, placing a right Blalock-Taussig (BT) shunt to redistribute the flow of blood. Since his surgery, Sedat has returned to the center every month or two for checkups.

## CHILD'S COURSE OF TREATMENT: STAGED REPAIR

This year, the joint Heart to Heart-Rostov team performed open heart surgery on Sedat to begin the restructuring of his heart's complex anatomy. Prior to surgery, to best prepare the OR and PCICU teams, Heart to Heart led a case-specific conference with all specialists. Each part of the team presented their insights on the anatomy and physiology of Sedat's heart, and agreed, as a group, on what would be required of each set of specialists during surgery and post-operatively.

Sedat recovered quickly, though he remained in the PCICU a bit longer than most children. The PCICU team learned to manage Sedat's post-operative physiology (Kawashima/Glenn), and the cardiologists learned to assess this particular heart anatomy through echocardiography.

The weekend after Heart to Heart's departure, Sedat was discharged from the PCICU. He will require subsequent surgeries when he is older. Sedat's mother seems at peace with this news, trusting the doctors to take good care of her child.

*Based on an interview conducted in Rostov-on-Don in Russian, by Albina Popov, Heart to Heart staff.*