Thromboprophylaxis for Congenital Heart Patients

1. Simple, moderate, or complex congenital heart disease (CHD): follows our current guideline pre-cardioversion
2. Complex CHD with sustained or recurrent intra-atrial reentrant tachycardia (IART) or atrial fibrillation should be on long-term anticoagulation
3. Moderate CHD with sustained or recurrent IART or atrial fibrillation: long-term anticoagulation is reasonable
4. Moderate or complex CHD: vitamin K-dependent anticoagulant of choice (pending safety and efficacy data on newer agents)
5. Simple CHD with nonvalvular IART or atrial fibrillation: vitamin K-dependent anticoagulant, aspirin, or DOAC is reasonable option based on $CHA2DS_2VASc$ score and bleeding risk

Complexity	Type of congenital heart disease in adult patients	
Simple	*Native disease* - Isolated congenital aortic valve disease - Isolated congenital mitral valve disease (except parachute valve, cleft leaflet) - Small atrial septal defect - Isolated small ventricular septal defect (no associated lesions) - Mild pulmonary stenosis - Small patent ductus arteriosus	*Repaired conditions* - Previously ligated or occluded ductus arteriosus - Repaired secundum or sinus venosus atrial septal defect without residua - Repaired ventricular septal defect without residua
Moderate	- Aorto-left ventricular fistulas - Anomalous pulmonary venous drainage, partial or total - Atrioventricular septal defects, partial or complete - Coartation of the aorta - Ebstein anomaly - Infundibular right ventricular outflow obstruction of significance - Ostium primum atrial septal defect - Patent ductus arteriosus, not closed - Pulmonary valve regurgitation, moderate to severe - Pulmonary valve stenosis, moderate to severe - Sinus of Valsalva fistula/aneurysm	- Sinus venosus atrial septal defect - Subvalvular or supravalvular aortic stenosis - Tetralogy of Fallot - Ventricular septal defect with; o Absent valve or valves o Aortic regurgitation o Coarctation of the aorta o Mitral disease o Right ventricular outflow tract obstruction o Straddling tricuspid or mitral valve o Subaortic stenosis
Severe/complex	- Conduits, valved or nonvalved - Cyanotic congenital heart disease, all forms - Double-outlet ventricle - Eisenmenger syndrome - Fontan procedure - Mitral atresia - Single ventricle (also called double inlet or outlet, common, or primitive)	- Pulmonary atresia, all forms - Pulmonary vascular obstructive disease - Transposition of the great arteries - Tricuspid atresia - Truncus arteriosus/hemitruncus - Other abnormalities of atrioventricular or ventriculoarterial connection not included above (e.g., crisscross heart, isomerism, heterotaxy syndromes, ventricular inversion)
Adapted from Warnes CA., et al. ACC/AHA 2008 guidelines for the management of adults with congenital heart disease. J Am Coll Cardiol. 2008;52:1890-1947.		

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