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ABSTRACT

This is a cross sectional, descriptive, hospital based study on children with congenital heart disease, who presented for surgery. The National Hospital of Sri Lanka was the study setting. The main purpose of the study was to determine the social factors related to the age at presentation. The types of the illnesses, detection and the diagnosis of the illness, mode of transport related to referrals, were also studied.

As most of the children are presenting for surgery in first few years of the life, the upper limit of the study population was taken as 15 years.

The number of children with congenital heart disease presenting to hospitals is increasing. Most of them are amenable to surgery, if presented in time. The delays in presentation can result in many adverse consequences to the child and the family. The extreme form of this delay is the child becoming inoperable and dying of the disease.

Data were collected by means of an interviewer administered questionnaire, which was pre-tested. The study was carried out for a period of two months.

It was revealed that children from all over the country is presenting for surgery to NHSL. The distribution of children was mainly concentrated around the age of one year. A percentage of 27.1 out of the whole sample was below the age of one year.

Types of congenital heart diseases were found to be similar to the generally accepted patterns of this country. The percentages for Atrial Septal Defects and Ventricular Septal Defects were 37.4 and 18.7, respectively.

The frequency of detection of the illness at child welfare clinics and school medical inspections is low. Out of the children who are in schooling age, only 14.5% were

detected at the school medical inspection. Out of the whole sample, only 8 children were detected to be having a cardiac illness at child welfare clinics.

Total family income, social class, presence of symptoms and type of the illness were found to be associated with the age at presentation for surgery ($P < 0.01$). The delays within the referral process following the detection of the illness are also associated with the family income, social class, and standard of living.

The delays in detection of CHDs in children can be minimized by careful examination of cardio vascular system of newborns and infants. Establishing a mobile cardiology clinic service might help to reduce the delays in diagnosing CHDs in children who live in the peripheries of the country. Taking necessary steps to make an even distribution of cardiologists within the country will also help to minimize such delays.