Paediatric Intensive Care Unit (PICU), Ward 46A
Location: 1 Main Building, Level 4
Tel: (65) 6772 5207/5459

Paediatric Inpatient Ward, Ward 47
Location: 1 Main Building, Level 4
Tel: (65) 6772 3470/5470

Patient Service Centre 4A
Location: 1 Main Building, Level 4
Tel: (65) 6772 4681
Opening Hours: Mondays to Fridays 8:00am - 8:00pm
Weekends & Public Holidays 9:00am - 6:00pm

Department of Rehabilitation Medicine
Location: 1 Main Building, Level 1
Tel: (65) 6772 5168
Opening Hours: Mondays to Fridays: 8:00am to 5:00pm
Saturday: 8:00am to 12:00pm
Closed on Sundays & Public Holidays.

Ronald McDonald House™ (RMH) at National University Hospital (NUH)

RONALD MCDONALD HOUSE™ (RMH) at NUH is a temporary and very special “home away from home” for families of seriously ill children being treated at NUH. We know parents want to be close to their children while they are in the hospital, and our RMH offers a home-like environment where parents can find respite from the anxiety and stress of the wards. The doctors, nurses and hospital staff are here to take good care of your children and the RMH is here to help take care of you.

Log on to: www.RMHC.org.sg
Call: (65) 6778 1934
Visit: NUH Main Building Level 4

Location

National University Hospital
5 Lower Kent Ridge Road, Singapore 119074
Tel: 6779 5555 Fax: 6779 5678 Website: www.nuh.com.sg

Contact

National University Heart Centre, Singapore
1 Main Building,
Opening Hours: 8:30am - 6:00pm (Monday - Friday)
Closed on Weekends & Public Holidays
Website: www.nuhcs.com.sg

Getting to NUH

Circle Line Kent Ridge MRT Station

Commuters can transit at the Buona Vista MRT Interchange and alight two stops after at the Kent Ridge Station. The station will be served by three exit-entry points.

Exit A: Right at the doorstep of National University Heart Centre, Singapore.
Exit B: Along South Buona Vista Road, which links to Singapore Science Park 1.
Exit C: Leads to NUH Medical Centre.

Information in this brochure is given as a guide only and does not replace medical advice from your doctor. Please seek the advice of your doctor if you have any questions related to the surgery, your health or medical condition.

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For more information, log on to www.nuhcs.com.sg/about-us/make-a-gift.html

View patient education videos on NUHCS YouTube page

Step 1:
Download a FREE QR Reader on your smartphone and scan the QR code.

Step 2:
The QR code will decode instantly. You’ll be brought to www.youtube.com/user/NUHCS
How Does A Normal Heart Work?

The normal heart has four chambers. Blood circulates throughout the body and returns to the heart in the right upper chamber (right atrium). It passes through the tricuspid valve to get to the right lower chamber (ventricle). Then, through the pulmonary valve to get to the pulmonary artery, which is the vessel that supplies blood to the lungs. Blood gets oxygenated in the lungs and returns to the left atrium (left upper chamber) through the pulmonary veins. It passes through the mitral valve to the left lower chamber (ventricle) and then blood will be pumped out of the aortic valve to the aorta, supplying the body with oxygenated blood.

Congenital Heart Defects

A congenital heart defect is a malfunction of the heart existing at birth. Congenital heart defects change the normal flow of blood through the heart. There are many types of congenital heart defects. They range from simple defects with no symptoms to complex defects with severe and life-threatening symptoms, which need to be surgically rectified. Sometimes, it is necessary to repair the defect in stages. It may involve putting in a temporary shunt to redirect the blood flow so that your child can grow bigger and stronger before carrying out a definitive procedure.

Heart defects that are fixed during surgery are grouped into two categories:

a) Open heart surgery: the heart needs to be opened for surgery and therefore the cardiopulmonary bypass (heart-lung) machine is used to oxygenate and circulate the blood.

b) Closed heart surgery: the cardiopulmonary bypass machine is not used and a small incision is made (the chest cavity need not be opened for surgery).

The benefits of surgical intervention outweigh the risks. The major risks include fatality, neurological abnormality, arrhythmia, renal dysfunction, bleeding, and infection. The surgeon will discuss with you the possible risks and benefits of operation.

What Happens Before the Operation?

- Upon diagnosis by the cardiologist, the cardiac surgeon will discuss the plan and arrangement for the operation.
- Routine diagnostic investigations will usually be done 1 to 2 weeks before surgery at the clinic.
- Patients are usually admitted one day prior to surgery.
- The Paediatric Cardiology Nurses will meet you in the wards to help with the admission process and provide a tour of the Paediatric Intensive Care Unit (PICU).

What Happens During the Operation?

Parents can accompany their children into the Operating Theatre (OT). The child will be put to sleep by injecting or inhaling the anaesthetic agent administered by paediatric anaesthetist. Parents will need to leave OT once the child is asleep. The anaesthetist will then insert a breathing tube and various drapes. The time taken for surgery will depend on the complexity of the surgery.

What Happens After the Operation?

Your child will be transferred from the OT to the Paediatric Intensive Care Unit (PICU). Your child will be sedated and put on ventilator support. Post-op care also includes cardiac monitoring, intravenous fluids, care to chest drains and pacing wires, wound care and physiotherapy. Parents are welcomed to visit your child during visiting hours except during the doctor's ward rounds. The nurse in-charge will advise you when ward rounds are about to commence. Hand hygiene is to be observed before entering and leaving PICU. Hands are to be cleaned with antiseptic solution provided and masks to be worn if you are not feeling well. Visitors are restricted to two at any one time. Young children under 12 years old are not encouraged to enter.

Transferring to the ward is the next positive step in your child's recovery. Parents should be aware that things are different when your child is transferred out from ICU. As your child is stable, there will be less monitoring parameters. Rest assured that the level of care given to your child is not compromised.

Frequently Asked Questions

How do I prepare my child for admission?

Children need to know that they will be staying in the hospital and that they will only be able to return home after the surgery, when they are well enough. It is advisable to prepare your child for hospitalisation and answer your child's questions truthfully according to his/her ability to understand and cope with the information. You might want to bring along your child's favourite toy during your child's stay at the hospital.

What is the length of stay at the hospital?

This would depend on the type and nature of the surgery. Children who undergo cardiac surgery usually stay in the hospital for about a week. However, infants and younger children may need to stay longer.

Will my child be in pain after the surgery?

It is likely that your child will experience some degree of pain after the surgery. However, that can be controlled with painkillers. Your child will be put on pain relievers and light sedation in the immediate post-op period. They are slowly weaned off as tolerated.

What is the estimated cost of surgery?

The cost depends on the type of surgery and length of hospitalisation stay. You may approach our friendly Paediatric Cardiology Nurses for more advice or our Medical Social Workers for financial assistance.

When can my child resume his/her normal activities?

Most children can return to their normal activities, including returning to school, in 3 - 4 weeks post surgery.

What should I take note for my child's immunization?

All the immunization and vaccination should be done at the usual time.