

Structural Heart Program Referral Requirements

Send completed referrals to structuralheartprocedures@sbgh.mb.ca or 204-231-1626

Incomplete referrals will not be processed and will be returned to the referring physician's office for resubmission

All Procedures

- Complete Cardiac Surgery Referral Form (2019 version; <https://cardiacsciencesmb.ca/health-professionals/requisition-forms/>)
- Patient history/ clinic letter
- Patient demographics (address, telephone number, referring physician fax number)
- Recent echocardiogram
- Bloodwork – within 6 months, creatinine, lytes, CBC
- Previous cardiac surgery reports if not done at SBH (i.e. for congenital patients)
- CancerCare notes including prognosis and life expectancy (as applicable)

Additional Procedure-Specific Requirements

For Patent Foramen Ovale

- CT/ MRI brain or chest (to confirm embolus)
- Discharge summary (as applicable)
- Holter results
- TTE with bubble test

For Atrial Septal Defect

- CT/ MRI chest
- Discharge summary (as applicable)
- Transthoracic echocardiogram

For Left Atrial Appendage Closure

- Holter results or recent ECG
- All cardiology, neurology, hematology, and neurosurgery consults that confirm bleeding event such as intracranial hemorrhage, GI bleed etc
- Discharge summary (as applicable)

For Patent Ductus Arteriosus

- Imaging confirm presence of PDA (i.e. transthoracic echocardiogram, CT, or MRI heart)
- All prior cardiac testing (i.e. coronary angiogram, CT angiogram)

For Ventricular Septal Defect

- Imaging confirm presence of VSD (i.e. transthoracic echocardiogram, CT, or MRI heart)
- All prior cardiac testing (i.e. coronary angiogram, CT angiogram)

For Transcatheter Edge-to-Edge Repair

- Transthoracic echocardiogram
- Clinic note documenting symptoms and high surgical risk
- Cardiac surgery notes (as applicable)