

## Case Requirements for Congenital Cardiac Surgery

### Review Committee for Thoracic Surgery

Fellows must document, in the ACGME Case Log System, a minimum of 150 major congenital cardiac surgery procedures as primary surgeon. A minimum of 50 of these cases must be performed as primary surgeon in the first 12 months of the program. The index cases listed below must be performed during the course of fellowship. In addition, to ensure an appropriately diverse distribution of cases, cases logged beyond the maximum number indicated below (where applicable) will not be counted toward the 150 required major congenital cases. Where no minimum or maximum number is indicated, all cases that otherwise qualify are considered “for credit” toward the overall 150-case requirement (program requirements 4.4. through 4.5.).

#### Major Open Operations for Congenital Cardiac Disease

Index Cases	Total Minimum Required	Maximum Allowed Total
Ventricular septal defect repairs	10	-
Atrioventricular septal defect repairs (minimum of 4 complete required)	8	-
Tetralogy of Fallot repair (with or without pulmonary atresia)	8	-
Aortic arch reconstruction/coarctation repair (minimum of 3 via median sternotomy)	8	-
Systemic-to-pulmonary artery shunt procedures	3	-
Any combination of the following: <ul style="list-style-type: none"> <li>• Arterial switch</li> <li>• Norwood</li> <li>• Damus-Kaye-Stansel</li> <li>• Common arterial trunk repair</li> </ul>	8	-
Bidirectional Glenn/hemi-Fontan procedures	5	-
Fontan procedures	5	-
Any combination of the following: <ul style="list-style-type: none"> <li>• Total anomalous pulmonary venous connection repair (minimum of 1)</li> <li>• Partial anomalous pulmonary venous connection repair</li> </ul>	4	
• Pulmonary artery banding procedures	3	-
Vascular ring procedures	3	-
Any combination of the following: <ul style="list-style-type: none"> <li>• Anomalous aortic origin of a coronary artery (AAOCA)</li> <li>• Anomalous coronary artery from the pulmonary artery</li> <li>• Coronary fistula</li> <li>• Coronary artery bypass grafting (CABG) in patients under 18 years of age</li> </ul>	3	-
• Re-operative procedures in patients older than 5 years of age (independent of the above index cases)	8	-

### Other Major Open Operations for Congenital Cardiac Disease

Index Cases	Total Minimum Required	Maximum Allowed Total
Secundum atrial septal defect and/or patent foramen ovale closure	-	10
Atrial septal defect (primum or sinus venosus) closure with or without partial anomalous venous connection	-	-
Aortopulmonary window closure	-	-
Double outlet right ventricle repair	-	-
Mustard or Senning procedure	-	-
Rastelli procedure, REV, Nikaidoh procedure	-	-
Pulmonary artery unifocalization	-	-
Right ventricle-to-pulmonary artery conduit replacement procedures	-	8
Supravalvar aortic stenosis repair	-	-
Subaortic stenosis resection; discrete, diffuse, asymmetric septal hypertrophy	-	-
Double-chambered right ventricle repair; discrete, muscular	-	-
Coarctation/interrupted aortic arch repair, isolated	-	-
Cor triatriatum repair	-	-
Atrial septectomy	-	-
Sinus of valsalva aneurysm/fistula repair	-	-
Transplant (specify heart, heart/lung) [Note: organ procurement does not count “for credit” toward the case requirement]	-	-
Patent ductus arteriosus (PDA) ligation and/or division procedures	-	5
Pulmonary valve repair/replacement procedures (with or without transannular patch)	-	8
Ebstein anomaly (Starnes, cone, other repair; excluding replacement)	-	-
Other valve repair or replacement in patients 18 years of age or younger <ul style="list-style-type: none"> <li>• Aortic valve repair</li> <li>• Aortic valve replacement</li> <li>• Mitral valve repair</li> <li>• Mitral valve replacement</li> <li>• Tricuspid valve repair (not Ebstein anomaly)</li> <li>• Tricuspid valve replacement (not Ebstein anomaly)</li> </ul>	-	8
Arrhythmia surgery (specify) [Note: pacemaker and implantable cardioverter defibrillator (ICD) implantation are not considered “major” cases and do not count toward the case requirement]	-	-

Programs are advised that revised Case Log minima are in effect for fellows beginning fellowship on July 1, 2023. The Review Committee will use these defined minima to assess graduates' Case Logs beginning with the December 2025 annual program review.