Congenital Heart Defects and Swimming

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With advanced medical and surgical techniques, many children who formerly would have died or been confined to bed / wheelchair, are now being treated with successful outcomes. Many of these children have reached adulthood and are leading normal lives in diverse occupations. For school age children, the more common congenital heart repairs include Atrial Septal Defect, Ventricular Septal Defect, Tetralogy of Fallot Repair, Aortic Coarctation, and Aortic Valve Repair or Replacement. Most of the above swimmers may have significant endurance issues, due to inadequate oxygenation issues and/or due to suboptimal heart pumping. Such children may not be able to intrinsically increase their heart rate and their overall heart pumping with vigorous exercise. Furthermore, such swimmers with heart defects may present with blue tinging around the mouth and on the fingertips and toes, which are signs of central and peripheral cyanosis. After the surgical correction, the swimmers may return to swimming in 6 weeks, at which time their chest incision should be fully healed. Children with unrepaired congenital heart defects should have a bracelet or card with them at all times, and their coach should have a copy of the bracelet and a letter from the respective child's cardiologist. Swimming is a wonderful form of aerobic exercise and reconditioning for children recovering from cardiac surgical repair. The meet referee should be informed of any swimmers who have a congenital heart defect and /or a recent surgical correction of same; so that she / he can optimize the swimming experience for the athlete while maintaining a fair and equitable field for the other swimmers.