

Bilateral superior vena cava

This leaflet gives more information about prenatal (before birth) diagnosis of bilateral superior vena cava. If you have any questions or concerns, please speak to the fetal cardiology team.

The normal heart

The heart is made up of 4 chambers. Blue blood (blood that has delivered oxygen around your body) usually returns to the right side of the heart through 2 main veins:

- 1 from the upper body (superior vena cava, SVC)
- 1 from the lower body (inferior vena cava)

These veins are usually on the right side of the body, and drain into a chamber called the right atrium, so that the blood can then go to the lungs.

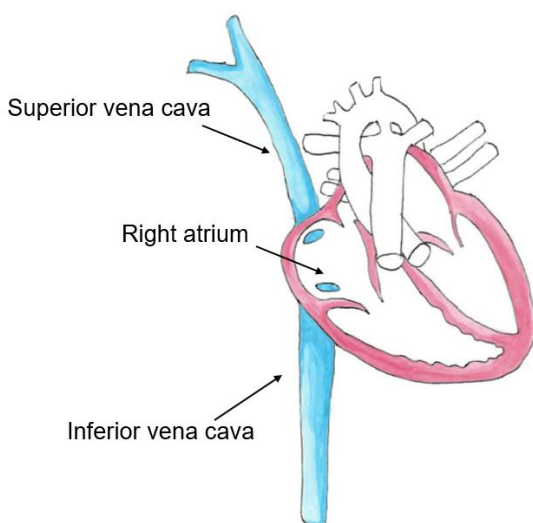
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A scan shows that your baby has 2 upper-body veins (1 on each side, which is sometimes called bilateral). The medical term for this is bilateral superior vena cava (bilateral SVC).

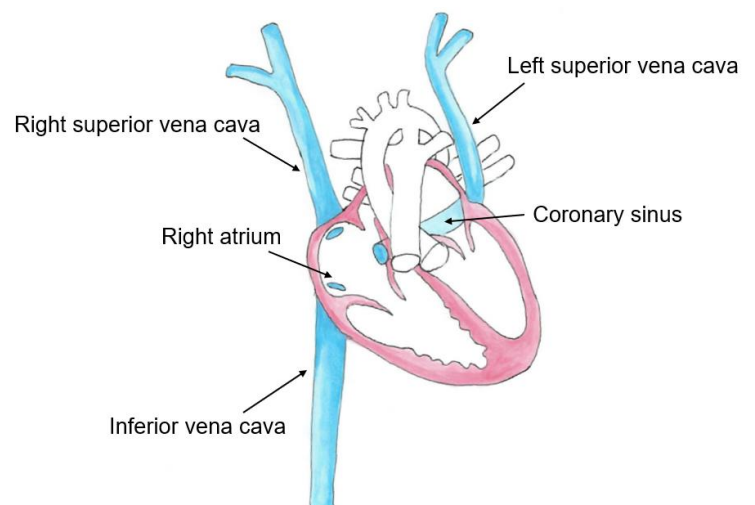
In most babies with bilateral SVC, the left SVC passes through a channel at the back of the heart (coronary sinus) which directs the blood back to the correct place (the right atrium).

This is not considered abnormal. We describe it as a variation of normal, as it does not affect how your baby's heart works.

Normal heart



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Causes of bilateral SVC

In the very early stages of development in the womb, all babies have 2 SVCs (1 on each side). As the heart develops, the vein on the left side usually disappears. This is part of the natural development of the heart. Your baby's left-side vein has remained.

Next steps

You should continue to go to all of your pregnancy appointments as normal, and the delivery of your baby does not need to be changed.

There is a very low chance that bilateral SVC is a sign that there is a problem elsewhere in a baby, so we recommend that a fetal medicine specialist does another ultrasound scan in the next week to assess the rest of your baby. We will contact your local team to arrange this.

Because your baby has a bilateral SVC, we will reassess the heart findings later in your pregnancy. Very occasionally, bilateral SVC can be associated with a narrowing of the body's main artery (aorta). It is usual for us to recheck this later in pregnancy.

If you have any questions before your next appointment, please contact your clinical nurse specialists (CNS) using the details at end of this leaflet.

After you've had your baby

Before your baby leaves hospital, we will ask the neonatal (baby) doctors to do some checks on your baby, including checking their oxygen levels. If the results are OK, we'll recommend a non-urgent cardiology review, and ask the neonatal team to arrange this.

This follow-up appointment might be at your local hospital or at Evelina London Children's Hospital. If those checks do not show anything new, your baby will not need any further follow-up.

Extremely rarely, the left SVC drains into the left atrium. This might need treatment. Having bilateral SVC does not mean that your child will need to follow any exercise restrictions.

Support and more information

<http://www.echo-evelina.org.uk> Support for parents with children with heart conditions.

Contact us

If you have any questions or concerns about bilateral SVC, please contact the fetal cardiology CNS, **phone** 020 7188 2308, Monday to Friday, 9am to 5pm.

For more information on conditions, procedures, treatments and services offered at our hospitals, please visit **web** www.evelinalondon.nhs.uk.

Evelina London Medicines Helpline

If you have any questions or concerns about your child's medicines, please speak to the staff caring for them or contact our helpline, **phone** 020 7188 3003, Monday to Friday, 10am to 5pm