



## Atrial and Ventricular Septal Defects

**Atrial Septal Defect (ASD)** is an abnormal opening or hole in the septum (wall) that separates the right atrial (RA) and left atrial (LA) chambers of the heart. It is a common congenital heart defect which sometimes is not diagnosed until adult life. There are three sub-types of ASDs depending on the location of the opening:

- 70-90% are ostium secundum defects - midseptal location
- 5-15% are sinus venosus defects - high septum
- 5-15% are ostium primum defects - low septum

Primum-type defects are usually associated with other congenital heart lesions and have a poorer prognosis than the secundum or sinus venosus type defects.

In general, the smaller the opening, the better the prognosis is for all sub-types. Surgical repair is usually done between ages 3 and 6 if there is an early diagnosis. If the repair is completed before any complications such as pulmonary hypertension or heart enlargement have developed, the prognosis is excellent. Good results can still be obtained if the surgical repair is done in late childhood or as a young adult but the likelihood of complications increases every year beyond age 20.

**Ventricular Septal Defect (VSD)** is an abnormal opening in the septum (wall) that separates the right ventricular (RV) and left ventricular (LV) chambers of the heart. It also is a common congenital heart defect and can occur alone or associated with other congenital heart lesions.

Approximately half of VSDs will close spontaneously within the first year of life. VSDs that do not close or are large in size are treated surgically. If a large VSD does not close and is not surgically repaired, there can be severe complications. Because of higher pressures in the left side of the heart, the opening allows shunting of blood from the left ventricle to the right ventricle which causes heart enlargement.

*(continued on reverse)*

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For underwriting, an ASD or VSD without other impairment will be viewed by the schedules below. If it is associated with complications such as heart enlargement, pulmonary hypertension, or other congenital heart lesions, it will usually be declined.

### ASD Schedule

|   | Age 0-24                                   | Ages 25+                                   |
|---|--|--|
| ASD, small, asymptomatic, and unoperated <ul style="list-style-type: none"> <li>- ostium secundum or sinus venosus type</li> <li>- ostium primum</li> </ul>   | Table A-C decline                          | Non-rated to Table A decline               |
| ASD, operated, postpone 1 year then <ul style="list-style-type: none"> <li>- ostium secundum or sinus venosus, no residual impairment</li> <li>- ostium secundum or sinus venosus, mild residual impairment</li> <li>- ostium primum</li> </ul> | non-rated<br>Table C<br>Table D to decline | non-rated<br>Table A<br>Table D to decline |

### VSD Schedule

|  | Ages 0-14                     | Age 15-49   | Ages 50+  |
|--|-------------------------------|---|---|
| VSD, unoperated, small<br>VSD, unoperated, moderate<br>VSD, unoperated, large  | decline<br>decline<br>decline | Non-rated to Table E<br>Table G to decline<br>decline | Non-rated to Table D<br>Table G to decline<br>decline |
| VSD, operated, * postpone 6 months then <ul style="list-style-type: none"> <li>- no residual impairment</li> <li>- others</li> </ul> | non-rated<br>decline          | non-rated<br>Table E                                  | non-rated<br>Table E                                  |

\* The finding of a complete right bundle branch block (CRBBB) or bifascicular block on the ECG following surgical repair will lead to a higher rating.

To get an idea of how a client with an Atrial or Ventricular Septal Defects would be viewed in the underwriting process, feel free to use the *Ask "Rx" perts* on the attached page for an informal quote.

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## Atrial and Ventricular Septal Defects - Ask "Rx" perts (ask our experts)

Producer \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_  
Client \_\_\_\_\_ Age/DOB \_\_\_\_\_ Sex \_\_\_\_\_

If your client has had an ASD or VSD, please answer the following:

- ① Please list date of diagnosis: \_\_\_\_\_
- ② Please check type of septal defect:  
 ASD, ostium secundum or sinus venosus       VSD, small  
 ASD, primum       VSD, moderate  
 VSD, large
- ③ Has surgical repair(s) been completed?  
 yes, please give details \_\_\_\_\_  
 no
- ④ Are any other congenital defects present?  
 yes, cardiac, please give details \_\_\_\_\_  
 yes, non cardiac, please give details \_\_\_\_\_  
 no
- ⑤ Please check if any of the following have occurred:  
 heart enlargement  
 pulmonary hypertension  
 bundle branch block on ECG
- ⑥ Is your client on any medications?  
 yes, please give details \_\_\_\_\_  
 no
- ⑦ Has your client smoked cigarettes in the last 12 months?  
 yes, please give details \_\_\_\_\_  
 no
- ⑧ Does your client have any other major health problems (ex: cancer, etc.)?  
 yes, please give details \_\_\_\_\_  
 no

After reading the *Rx for Success* on ASD/VSD, please feel free to use this Ask "Rx" pert underwriter for an informal quote.

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