



Rx FOR SUCCESS

LATEST UPDATE:
UNDERWRITING
INFORMATION

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's also 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 don't 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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Your Success Matters.

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

ASD Rating Schedule

ASD unoperated	
<ul style="list-style-type: none"> • small, asymptomatic, ostium secundum or sinus venosus type • moderate and large, unoperated 	Non-rated
ASD, ostium primum, unoperated	Usually postponed to age 25, then Table E
ASD, operated, no residual impairment	Decline
<ul style="list-style-type: none"> • ostium secundum or sinus venosus repair • ostium primum, post one year from surgery 	Non-rated to Table C, depending on age at repair
	Table B to C, depending on age at repair

VSD Rating Schedule

ASD unoperated	
<ul style="list-style-type: none"> • small • moderate • Large 	Non-rated
	Table C
	Decline
VSD, operated, no residual impairment	Non-rated to Table C, depending on pre-operative size

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" pert underwriter (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:

- | | |
|--|--|
| <input type="checkbox"/> ASD, ostium secundum or sinus venosus | <input type="checkbox"/> VSD, small |
| <input type="checkbox"/> ASD, primum | <input type="checkbox"/> VSD, moderate |
| | <input type="checkbox"/> 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

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