

diagnosis tetralogy of Fallot

- severe hypoxaemia
- severe RVOTO
- hypoplastic pulmonary arteries
- significant accompanying comorbidities

prostaglandin E

balloon-valvuloplasty

RVOT stenting

ductal stenting

surgical palliation

- no clinical stabilization: $tcSO_2 < 80\%$ or
- hypoxaemic spells

- clinical stabilization: $tcSO_2 > 85\%$
- no hypoxaemic spells

early corrective surgery

outpatient visits every 2-3 weeks; preoperative angiography

corrective surgery
performed electively at age 4-12 months