



**The Society of Thoracic Surgeons
Adult Cardiac Surgery Database
Data Collection Form
Version 2.61**

A. Administrative

Participant ID: |_|_|_|_|_|_|_|_| Cost Link: _____ STS Trial Link Number: _____

B. Demographics

Patient Last Name: _____ Patient First Name: _____ Patient M.I.: ____ [Name Fields Optional Harvest](#)
 Date of Birth (mm/dd/yyyy): ___/___/____ Patient Age: _____ [System Calculation](#) Sex: Male Female
 Social Security #: _____ [Optional Harvest](#) Medical Record Number: _____ [Optional Harvest](#)
 Health Insurance Claim Number: _____ [Optional Harvest](#) Patient ZIP Code: _____ [Optional Harvest](#)
 Race: ([Select all that apply](#)) White Black / African American Asian
 American Indian / Alaskan Native Native Hawaiian / Pacific Islander Other
 Hispanic or Latino Ethnicity: Yes No
 Referring Cardiologist: _____ [Not Harvested](#) Referring Physician: _____ [Not Harvested](#)

C. Hospitalization

Hospital Name: _____ Hospital ZIP Code: |_____| Hospital State: |_|_|_|
 Hospital National Provider Identifier: _____
 Payor – ([Select all that apply](#))
 Government Health Insurance: Yes No [If Yes, select all that apply:](#) → Medicare Medicaid
 Military Health Care State-Specific Plan Indian Health Service
 Commercial Health Insurance: Yes No
 Health Maintenance Organization: Yes No
 Non-U.S. Insurance: Yes No
 None / Self: Yes No
 Date of Admission: ___/___/____ Date of Surgery: ___/___/____ Date of Discharge: ___/___/____
 ICU Visit: Yes No [If Yes →](#) Initial ICU Hours: _____
 Readmission to ICU: Yes No [If Yes →](#) Additional ICU Hours: _____ Total Hrs ICU: _____

D. Risk Factors

Weight (kg): _____ Height (cm): _____
 Current Or Recent Cigarette Smoker: Yes No
 Family History of Coronary Artery Disease: Yes No
 Last Hematocrit: _____
 Last White Blood Cell Count: _____
 Diabetes: Yes No [If Yes →](#) Diabetes Control: ([select one](#)) None Diet Oral Insulin Other
 Last A1c Level: _____
 Dyslipidemia: Yes No
 Last Creatinine Level: _____
 Renal Failure – Dialysis: Yes No
 Hypertension: Yes No
 Infectious Endocarditis: Yes No [If Yes →](#) Infectious Endocarditis Type: Treated Active
 Chronic Lung Disease: No Mild Moderate Severe
 Immunosuppressive Therapy: Yes No
 Peripheral Arterial Disease: Yes No

Cerebrovascular Disease: Yes No
If Yes → Coma: Yes No
CVA: Yes No If Yes → CVA-When: Recent (<=2 weeks) Remote (>2 weeks)
CVD RIND: Yes No
CVD TIA: Yes No
CVD NonInvasive >75%: Yes No
CVD Prior Carotid Surgery: Yes No

E. Previous CV Interventions

Previous CV Interventions: Yes No If Yes, complete the remainder of this section ↓
Previous Coronary Artery Bypass: Yes No
Previous Valve: Yes No
Previous Other Cardiac Yes No
Congenital Yes No
AICD (Automatic Implanted Cardioverter / Defibrillator): Yes No
Pacemaker: Yes No
PCI (Percutaneous Cardiac Intervention): Yes No If Yes ↓
PCI Stent: Yes No If Yes → Stent Type: Bare Metal Drug-eluting Unknown
PCI Interval: <= 6 Hours > 6 Hours
Other: Yes No

F. Preoperative Cardiac Status

Previous Myocardial Infarction: Yes No If Yes → When: <= 6 hours > 6 hours but <24 hours 1 - 7 days 8 - 21 days > 21 days
Heart Failure: Yes No
Classification - NYHA: Class I Class II Class III Class IV
Cardiac Presentation on Admission: No Symptoms or Angina
Symptoms Unlikely to be Ischemia
Stable Angina
Unstable Angina
Non-ST Elevation MI (Non-STEMI)
ST-Elevation MI (STEMI)
STS Cardiogenic Shock: Yes No
Resuscitation: Yes No
Arrhythmia: Yes No If Yes → Arrhythmia Type: Vtach / Vfib Yes No
3rd degree HB Yes No
Afib / Aflutter Yes No

G. Preoperative Medications

Beta Blockers: Yes No Contraindicated / Not Indicated

ACE or ARB Inhibitors: Yes No Contraindicated / Not Indicated

Nitrates I.V.: Yes No Contraindicated / Not Indicated

Anticoagulants: Yes No Contraindicated / Not Indicated

If Yes → Medication Name: Heparin (Unfractionated) Heparin (Low Molecular) Thrombin Inhibitors Other

Coumadin: Yes No Contraindicated / Not Indicated

Inotropes: Yes No Contraindicated / Not Indicated

Steroids: Yes No Contraindicated / Not Indicated

Aspirin: Yes No Contraindicated / Not Indicated

Lipid-Lowering: Yes No Contraindicated / Not Indicated If Yes → Medication Name: Statin Non-statin Both

ADP Inhibitors Within Five Days: Yes No Contraindicated / Not Indicated If Yes → Discontinuation: _____ (# Days)

Antiplatelets Within 5 Days: Yes No Contraindicated / Not Indicated

Glycoprotein IIb/IIIa Inhibitor: Yes No Contraindicated / Not Indicated

If Yes → Medication Name: Abciximab (ReoPro) Eptifibatid (Integrilin) Tirofiban (Aggrastat)

H. Hemodynamics and Cath

Number of Diseased Coronary Vessels: None One Two Three

Left Main Disease >= 50%: Yes No

Ejection Fraction Done: Yes No If Yes → Ejection Fraction: _____ (%)

Ejection Fraction Method: LV gram Radionucleotide Estimate ECHO MRI/CT Other

Pulmonary Artery Mean Pressure Done: Yes No If Yes → Mean Pressure: _____ (mm Hg)

Aortic Stenosis: Yes No N/A If Yes → Gradient: _____

Mitral Stenosis: Yes No N/A

Tricuspid Stenosis: Yes No N/A

Pulmonic Stenosis: Yes No N/A

Aortic Insufficiency: 0=None 1=Trivial 2=Mild 3= Moderate 4= Severe 5= N/A

Mitral Insufficiency: 0=None 1=Trivial 2=Mild 3= Moderate 4= Severe 5= N/A

Tricuspid Insufficiency: 0=None 1=Trivial 2=Mild 3= Moderate 4= Severe 5= N/A

Pulmonic Insufficiency: 0=None 1=Trivial 2=Mild 3= Moderate 4= Severe 5= N/A

I. Operative

Surgeon: _____ Surgeon's National Provider Identifier: _____

Taxpayer Identification Number: _____

Incidence: First cardiovascular surgery
First re-op cardiovascular surgery
Second re-op cardiovascular surgery
Third re-op cardiovascular surgery
Fourth or more re-op cardiovascular surgery

Status: ↓
Elective

Urgent → Reason: AMI IABP Worsening CP CHF Anatomy USA Rest Angina
Valve Dysfunction Aortic Dissection Angiographic Accident Cardiac Trauma

Emergent → Reason: Shock Circ Support Shock No Circ Support Pulmonary Edema AEMI
Ongoing Ischemia Valve Dysfunction Aortic Dissection Angiographic Accident Cardiac Trauma

Emergent Salvage

Robotic Technology Assisted: Yes No

Coronary Artery Bypass: Yes No → If Yes, also complete Section J

Valve Surgery : Yes No → If Yes, also complete Section K

Ventricular Assist Device: Yes No → If Yes, also complete Section L

Other Cardiac Procedure: Yes No → If Yes, also complete Section M

Other Non-Cardiac Procedure: Yes No → If yes, also complete Section N

Enter up to 10 CPT-I Codes pertaining to the surgery for which the data collection form was initiated:

#1. _____, #2. _____, #3. _____, #4. _____, #5. _____, #6. _____, #7. _____, #8. _____, #9. _____, #10. _____

OR Entry Date And Time: ___/___/___ : ___ (mm/dd/yyyy, 24 hr clk)

OR Exit Date And Time: ___/___/___ : ___ (mm/dd/yyyy, 24 hr clk)

Initial Intubation Date And Time: ___/___/___ : ___ (mm/dd/yyyy, 24 hr clk)

Initial Extubation Date And Time: ___/___/___ : ___ (mm/dd/yyyy, 24 hr clk)

Skin Incision Start Date And Time: ___/___/___ : ___ (mm/dd/yyyy, 24 hr clk)

Skin Incision Stop Date And Time: ___/___/___ : ___ (mm/dd/yyyy, 24 hr clk)

Antibiotic Selection: Yes No

Antibiotic Timing: Yes No

Antibiotics Discontinued: Yes No

CPB Utilization: None Combination Full

If Combination → CPB Utilization - Combination Plan: Planned Unplanned

If Unplanned → Unplanned Combination Reason: Exposure/visualization

Bleeding

Inadequate size and/or diffuse disease of distal vessel

Hemodynamic instability

Conduit quality and/or trauma

Other

If Combination or Full → Perfusion Time (minutes): _____

Cannulation Method: Aorta and Femoral/Jugular Vein: Yes No

Femoral Artery and Femoral/Jugular Vein: Yes No

Aorta and Atrial/Caval: Yes No

Femoral Artery and Atrial/Caval: Yes No

Other: Yes No

Circulatory Arrest: Yes No If Yes → Circulatory Arrest Time: _____ (minutes)

Aortic Occlusion None

Aortic Crossclamp → If Aortic Crossclamp or Balloon Occlusion → Cross Clamp Time (minutes): _____

Balloon Occlusion ↗

Partial Crossclamp

Cardioplegia: Yes No

Cerebral Oximetry: Optional Harvest

Pre-Induction Baseline Regional Oxygen Saturation: Left: _____ (%) Right _____ (%)

Cumulative Saturation Below Threshold: Left: _____ (minute-%) Right _____ (minute-%)

Cerebral Oximeter Provided The First Indication: Yes No

Skin Closure Regional Oxygen Saturation: Left: _____ (%) Right _____ (%)

IABP: Yes No If Yes → When Inserted: Preoperatively Intraoperatively Postoperatively

Indication: Hemodynamic Instab PTCA Support Unstable Angina CPB Wean Prophylactic

Intraop Blood Products: Yes No

If No → Intraop Blood Products Refused: Yes No

If Yes → Red Blood Cell Units: _____

Fresh Frozen Plasma Units: _____

Cryoprecipitate Units: _____

Platelet Units: _____

Intraop Medications: Aprotinin: Yes No If Yes → Aprotinin – Dose: Full Dose Half Dose

Epsilon Amino-Caproic Acid: Yes No

Desmopressin: Yes No
 Tranexamic Acid: Yes No

J. Coronary Bypass

Number of Distal Anastomoses with Arterial Conduits: _____
 Number of Distal Anastomoses with Venous Conduits: _____
 Distal Anastomoses - Vein Harvest Technique: Endovascular Direct Vision Both
 Saphenous Vein Harvest Time: _____ (minutes)
 Anastomotic Device Used: Yes No **If Yes →** Anastomotic Device: Glue Magnets Clips Staples Other
 Internal Mammary Arteries Used as Grafts: Left IMA Right IMA Both IMAs No IMA **If Left, Right, or Both ↓**
 IMA Harvest Technique: Direct Vision Thoracoscopy Combination Robotic Assisted
 Number of IMA Distal Anastomoses: _____
 Radial Artery Used: No Radial Left Radial Right Radial Both Radials **If Left, Right, or Both ↓**
 Number of Radial Artery Distal Anastomoses: _____
 Radial Distal Anastomoses Harvest Technique: Endovascular Direct Vision Both
 Radial Artery Harvest Time: _____ (minutes)
 Number of Gastro-Epiploic Artery Distal Anastomoses: _____
 Number of Other Arterial Distal Anastomoses: _____

K. Valve Surgery

<u>Aortic Procedure:</u>	<u>Mitral Procedure:</u>	<u>Tricuspid Procedure:</u>	<u>Pulmonic Procedure</u>
No	No	No	No
Replacement	Annuloplasty Only	Annuloplasty Only	Replacement
Repair/Reconstruction	Replacement	Replacement	Reconstruction
Root Reconstruction w/ Valve Conduit	Reconstruction w/ Annuloplasty	Reconstruction w/ Annuloplasty	
Replacement + Aortic Graft Conduit	Reconstruction w/o Annuloplasty	Reconstruction w/o Annuloplasty	
Root Reconstruction w/ Valve Sparing	↓	Valvectomy	
Resuspension Aortic Valve w/	(If Replacement)		
Replacement Ascending Aorta	<u>Mitral Repair Attempt:</u> Yes No		
Resuspension Aortic Valve w/o			
Replacement Ascending Aorta			
Resection Sub-Aortic Stenosis			

Aortic Annular Enlargement: Yes No
 ↓ **Key** M = Mechanical B = Bioprosthesis H = Homograft A = Autograft (Ross) R = Ring/Annuloplasty BA = Band/Annuloplasty

Aortic Prosthesis -	Implant Type:	None M B H A R BA	Implant: _____	Size: _____
Mitral Prosthesis -	Implant Type:	None M B H A R BA	Implant: _____	Size: _____
Tricuspid Prosthesis -	Implant Type:	None M B H A R BA	Implant: _____	Size: _____
Pulmonic Prosthesis -	Implant Type:	None M B H A R BA	Implant: _____	Size: _____

Valve Key (check STS web site for periodic updates to this list).

Mechanical

ATS Mechanical Prosthesis = 2
 Björk-Shiley Convex-Concave Mechanical Prosthesis = 3
 Björk-Shiley Monostrut Mechanical Prosthesis = 4
 CarboMedics Mechanical Prosthesis = 6
 CarboMedics Carbo-Seal Ascending Aortic Valved Conduit Prosthesis = 57
 CarboMedics Carbo-Seal Valsalva Ascending Aortic Valved Conduit Prosthesis = 58
 CarboMedics Reduced Cuff Aortic Valve = 59
 CarboMedics Standard Aortic Valve = 60
 CarboMedics Top-Hat Supra-annular Aortic Valve = 61
 CarboMedics OptiForm Mitral Valve = 62
 CarboMedics Standard Mitral Valve = 63
 CarboMedics Orbis Universal Valve = 64
 CarboMedics Small Adult Aortic and Mitral Valves = 65
 Edwards Tekna Mechanical Prosthesis = 7
 Lillehei-Kaster Mechanical Prosthesis = 53
 MCRI On-X Mechanical Prosthesis = 10
 Medtronic-Hall/Hall Easy-Fit Mechanical Prosthesis = 8
 Medtronic ADVANTAGE Mechanical Prosthesis = 66
 OmniCarbon Mechanical Prosthesis = 9
 OmniScience Mechanical Prosthesis = 54
 Sorin Bicarbon (Baxter Mira) Mechanical Prosthesis = 11
 Sorin Monoleaflet Allcarbon Mechanical Prosthesis = 12
 St. Jude Medical Mechanical Prosthesis or St. Jude Medical® Mechanical Heart Valve = 13
 SJM® Masters Series Mechanical Heart Valve = 67

Medtronic Freestyle Stentless Porcine Bioprosthesis – Subcoronary = 83
 Medtronic Freestyle Stentless Porcine Bioprosthesis – Root = 84
 Medtronic Intact Porcine Bioprosthesis = 35
 Medtronic Mosaic Porcine Bioprosthesis = 36
 Medtronic Contegra Bovine Jugular Bioprosthesis = 85
 Mitroflow Pericardial Bioprosthesis = 37
 St. Jude Medical - Toronto SPV Stentless Porcine Bioprosthesis or SJM Toronto SPV® Valve = 39
 St. Jude Medical-Bioimplant Porcine Bioprosthesis = 40
 SJM Biocor™ Valve = 86
 SJM Epic™ Valve = 87
 SJM Toronto Root™ Bioprosthesis = 88
 Sorin Pericarbon Stentless Pericardial Bioprosthesis = 38

Homograft

CryoLife Aortic Homograft = 89
 CryoLife Pulmonary Homograft = 90
 CryoLife CryoValve SG(Decellularized) Aortic Homograft = 91
 CryoLife CryoValve SG Pulmonary Homograft = 92
 Homograft Aortic – Subcoronary = 41
 Homograft Aortic Root = 42
 Homograft Mitral = 43
 Homograft Pulmonic Root = 44
 LifeNet CV Allografts = 93

Autograft

Pulmonary Autograft to aortic root (Ross Procedure) = 45

SJM® Masters Series Aortic Valve Graft Prosthesis = 68
 St. Jude Medical® Mechanical Heart Valve Hemodynamic Plus (HP) Series = 69
 SJM® Masters Series Hemodynamic Plus Valve with FlexCuff™ Sewing Ring = 70
 SJM Regent™ Valve = 71
 Starr-Edwards Caged-Ball Prosthesis = 14
 Ultracor Mechanical Prosthesis = 15

Bioprosthesis

ATS 3f Aortic Bioprosthesis = 108
 Baxter Prima Stentless Porcine Bioprosthesis – Subcoronary = 72
 Baxter Prima Stentless Porcine Bioprosthesis – Root = 73
 Biocor Porcine Bioprosthesis = 19
 Biocor Stentless Porcine Bioprosthesis – Subcoronary = 74
 Biocor Stentless Porcine Bioprosthesis – Root = 75
 CarboMedics PhotoFix Pericardial Bioprosthesis = 21
 Carpentier-Edwards Duraflex Porcine Bioprosthesis = 76
 Carpentier-Edwards Prima Plus Stentless Porcine Bioprosthesis – Subcoronary = 77
 Carpentier-Edwards Prima Plus Stentless Porcine Bioprosthesis – Root = 78
 Carpentier-Edwards PERIMOUNT Pericardial Bioprosthesis = 22
 Carpentier-Edwards PERIMOUNT Pericardial Magna Bioprosthesis = 103
 Carpentier-Edwards Standard Porcine Bioprosthesis = 23
 Carpentier-Edwards Supra-Annular Aortic Porcine Bioprosthesis = 25
 Cryolife O'Brien Stentless Porcine Bioprosthesis – Subcoronary = 79
 Cryolife O'Brien Stentless Porcine Bioprosthesis – Root = 80
 Hancock Standard Porcine Bioprosthesis = 55
 Hancock II Porcine Bioprosthesis = 28
 Hancock Modified Orifice Porcine Bioprosthesis = 29
 Ionescu-Shiley Pericardial Bioprosthesis = 30
 Labcor Stented Porcine Bioprosthesis = 31
 Labcor Stentless Porcine Bioprosthesis – Subcoronary = 81
 Labcor Stentless Porcine Bioprosthesis – Root = 82

Ring / Annuloplasty

ATS Simulus Flex-O Ring = 109
 ATS Simulus Flex-C Band = 110
 CarboMedics AnnuloFlo Ring = 94
 CarboMedics AnnuloFlex Ring = 95
 CarboMedics CardioFix Bovine Pericardium with PhotoFix Technology = 96
 Carpentier-Edwards Classic Annuloplasty Ring = 46
 Carpentier-Edwards Geoflex Ring = 104
 Carpentier-Edwards IMR Etlogix Ring = 105
 Carpentier-Edwards Physio Annuloplasty System Ring = 47
 Cosgrove-Edwards Annuloplasty System Ring = 48
 Edwards MC³ Tricuspid Annuloplasty System G Future Band = 97
 Genesee Sculptor Annuloplasty Ring = 98
 Medtronic Sculptor Ring = 49
 Medtronic-Duran AnCore Ring = 50
 Sorin-Puig-Messana Ring = 51
 St. Jude Medical Sequin Ring or SJM® Séguin Annuloplasty Ring = 52
 St. Jude RSR (Rigid Saddle Ring) = 106
 SJM Tailor™ Annuloplasty Ring = 99

Band / Annuloplasty

Medtronic Colvin Galloway Future Band = 100
 Medtronic Duran Band = 101
 Medtronic Duran – Ancore Band = 102
 St. Jude Tailor Band = 107

Other

Other = 777

L. VAD

Previous VAD: Yes No **If Yes →** Implanted at another facility: Yes No

References to "Initial VAD" refer to the initial VAD for this hospitalization, not a VAD placed during a previous hospitalization.

Current Circulatory Support: For Initial VAD Only

Indication for VAD: Bridge to Transplantation Bridge to Recovery Destination
 Postcardiotomy Ventricular Failure (Separation from CPB) Device Malfunction End of Life

Intubated Pre VAD: Yes No

Hemodynamics Pre VAD:

PCWP: ____mm/Hg CVP: ____mm/Hg CI: ____L/ (min x m2)
 RV Function: Normal Mildly Impaired Moderately Impaired Severely Impaired

VAD Device Data:

Implant Type: **Fill in below:** Right VAD (RVAD) Left VAD (LVAD) BiVentricular BiVAD (BiVAD) Total Artificial Heart (TAH)
 Product Type: **Fill in below:** 1. HeartQuest VAD 2. Lion Heart 3. Novacor LVAS 4. Heartsaver VAD 5. Jarvik 2000 6. DeBakey VAD
 7. TandemHeart pVAD 8. AB-180 iVAD 9. CardioWest TAH 10. Thoratec iVAD 11. HeartMate VE 12. HeartMate IP LVAS
 13. HeartMate SNAP-VE 14. HeartMate XVE 15. HeartMate II 16. HeartMate III 17. BVS5000i 18. AbioCor 19. Incor
 20. Excor 21. Other
 Explant Reason: **Fill in below:** 1. Cardiac Transplant 2. Recovery 3. Device Transfer 4. Device Related Infection 5. Device Malfunction 6. End of Life

Initial Implant Data

Implant Type	Product Type	Implant Date	Explant	Explant Date	Explant Reason	Transplant Date
_____	_____	___/___/____	Yes No	___/___/____	_____	___/___/____
		mm dd yyyy		mm dd yyyy		mm dd yyyy

Initial VAD Cannulation/Attach Site:

LVAD Inflow: Left Atrium Left Ventricle
 RVAD Inflow: Right Atrium Right Ventricle

Additional Implant(s) Data

Second Device Implanted: Yes No **If Yes ↓**

Implant Type #2	Product Type #2	Implant Date #2	Explant #2	Explant Date #2	Explant Reason #2	Transplant Date #2
_____	_____	___/___/____	Yes No	___/___/____	_____	___/___/____
		mm dd yyyy		mm dd yyyy		mm dd yyyy

Implant #2 VAD Cannulation/Attach Site:

LVAD Inflow: Left Atrium Left Ventricle

RVAD Inflow: Right Atrium Right Ventricle

Third Device Implanted: Yes No [If Yes ↓](#)

Implant Type #3	Product Type #3	Implant Date #3	Explant #3	Explant Date #3	Explant Reason #3	Transplant Date #3
_____	_____	__/__/____	Yes No	__/__/____	_____	__/__/____
		mm dd yyyy		mm dd yyyy		mm dd yyyy

Implant #3 VAD Cannulation/Attach Site:

LVAD Inflow: Left Atrium Left Ventricle

RVAD Inflow: Right Atrium Right Ventricle

Primary VAD Complications Data:

Intracranial Bleed:	Yes	No
Embolic Stroke:	Yes	No
Driveline and/or Cannula Infection:	Yes	No
Pump Pocket Infection:	Yes	No
VAD Endocarditis:	Yes	No
Device Malfunction:	Yes	No
Bowel Obstruction:	Yes	No

Additional Complications (not specific to initial VAD as above) to be collected in section "P", Complications.

VAD Discharge Status: With VAD
 Without VAD
 Expired in hospital (where initial VAD was implanted)

M. Other Cardiac Procedures

Left Ventricular Aneurysm Repair	Yes	No	Ventricular Septal Defect Repair	Yes	No	Atrial Septal Defect Repair	Yes	No
Batista	Yes	No	Surgical Ventricular Restoration	Yes	No	Congenital Defect Repair	Yes	No

Transmyocardial Laser Revascularization	Yes	No	Cardiac Trauma	Yes	No	Cardiac Transplant	Yes	No
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Arrhythmia Correction Surgery: None
 Permanent Pacemaker
 Permanent Pacemaker with Cardiac Resynchronization Therapy (CRT)
 Automatic Implanted Cardioverter Defibrillator (AICD)
 AICD with CRT

[If "Permanent Pacemaker with CRT" or "AICD with CRT" ↓](#)
 Lead Placement: Epicardial Endocardial

Atrial Fibrillation Correction Surgery: None
 Standard Surgical Maze Procedure
 Other Surgical Ablative Procedure
 Combination of Standard and Other

Aortic Aneurysm	Yes	No	If Yes → Ascending Aorta	Yes	No
			Aortic Arch	Yes	No
			Descending Aorta	Yes	No
			Thoracoabdominal Aneurysm	Yes	No

Other Yes No

N. Other Non Cardiac Procedures

Carotid Endarterectomy	Yes	No	Other Vascular	Yes	No	Other Thoracic	Yes	No	Other	Yes	No
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O. Post Operative

Postoperative Creatinine Level _____

Blood Products Used Postoperatively: Yes No **If Yes →** Red Blood Cell Units _____
Fresh Frozen Plasma Units _____
Cryoprecipitate Units _____
Platelet Units _____

Extubated in OR: Yes No

Re-intubated During Hospital Stay: Yes No **If Yes →** Additional Hours Ventilated: _____

P. Complications In Hospital Postoperative Complications: Yes No **If Yes ↓**

Operative:

ReOp for Bleeding/Tamponade Yes No
ReOp for Valvular Dysfunction Yes No
ReOp for Graft Occlusion Yes No
ReOp for Other Cardiac Reason Yes No
ReOp for Other Non-Cardiac Reason Yes No
Perioperative MI Yes No

Infection

Sternum – Deep Yes No
Thoracotomy Yes No
Leg Yes No
Arm Yes No
Septicemia Yes No

Neurologic

Postoperative Stroke (Perm > 24 hours) Yes No
Transient Ischemic Attack (TIA) Yes No
RIND Yes No
Continuous Coma >=24Hrs Yes No
Paralysis Yes No **If Yes ↓**

Pulmonary

Prolonged Ventilation Yes No
Pulmonary Embolism Yes No
Pneumonia Yes No

Paralysis Type: Transient Permanent

Renal

Renal Failure Yes No **If Yes ↓**
Dialysis (Newly Required): Yes No

Vascular

Iliac/Femoral Dissection Yes No
Acute Limb Ischemia Yes No

Other:

Heart Block Yes No
Cardiac Arrest Yes No
Anticoagulant Event Yes No
Tamponade Yes No
Gastro-Intestinal Event Yes No

Multi-System Failure Yes No
Atrial Fibrillation Yes No
Aortic Dissection Yes No
Other Yes No

Q. Mortality

Mortality: Yes No Discharge Status: Alive Dead Status at 30 days After Surgery: Alive Dead Unknown

If Mortality = Yes ↓

Operative Death: Yes No

Mortality - Date ___/___/___ (mm/dd/yyyy)

Location of Death: OR during Initial Surgery Hospital Home Other Care Facility OR during Reoperation Unknown

Primary Cause of Death (select only one) ↓

Cardiac Neurologic Renal Vascular Infection Pulmonary Valvular Unknown Other

R. **Discharge** (Note: This section is only answered if Discharge Status is Alive)

ADP Inhibitors: Yes No Contraindicated / Not Indicated

Antiarrhythmics: Yes No Contraindicated / Not Indicated If Yes → Medication Name: Amiodarone Other

Aspirin: Yes No Contraindicated / Not indicated

Ace or ARB Inhibitors: Yes No Contraindicated / Not Indicated

Beta Blockers: Yes No Contraindicated / Not Indicated

Lipid Lowering: Yes No Contraindicated / Not Indicated If Yes → Medication Type: Statin Non-statin Both

Coumadin: Yes No Contraindicated / Not Indicated

Discharge Location: Home Extended Care / Transitional Care Unit/Rehab Other Hospital Nursing Home Hospice Other

Cardiac Rehabilitation Referral: Yes No Not Applicable

Smoking Cessation Counseling: Yes No Not Applicable

S. **Readmission** (Note: This section is only answered if Discharge Status is Alive)

Readmit <=30 Days from Date of Procedure: Yes No If Yes ↓

Readmit Primary Reason:

Anticoagulation Complication – Valvular

Anticoagulation Complication - Pharmacological

Arrhythmia/Heart Block

Congestive Heart Failure

Myocardial Infarction and/or Recurrent Angina

Pericardial Effusion and/or Tamponade

Pneumonia or other Respiratory Complication

Coronary Artery Dysfunction

Valve Dysfunction

Infection - Deep Sternum

Infection – Conduit Harvest Site

Renal Failure

TIA

Permanent CVA

Acute Vascular Complication

Subacute Endocarditis

VAD Complication

Transplant Rejection

Other – Related Readmission

Other – Nonrelated Readmission

Readmit Primary Procedure

OR for Bleeding

Pacemaker Insertion/AICD

PCI

Pericardiotomy / Pericardiocentesis

OR for Coronary Arteries

OR for Valve

OR for Sternal Debridement / Muscle Flap

Dialysis

OR for Vascular

No Procedure Performed

Other Procedure

Unknown