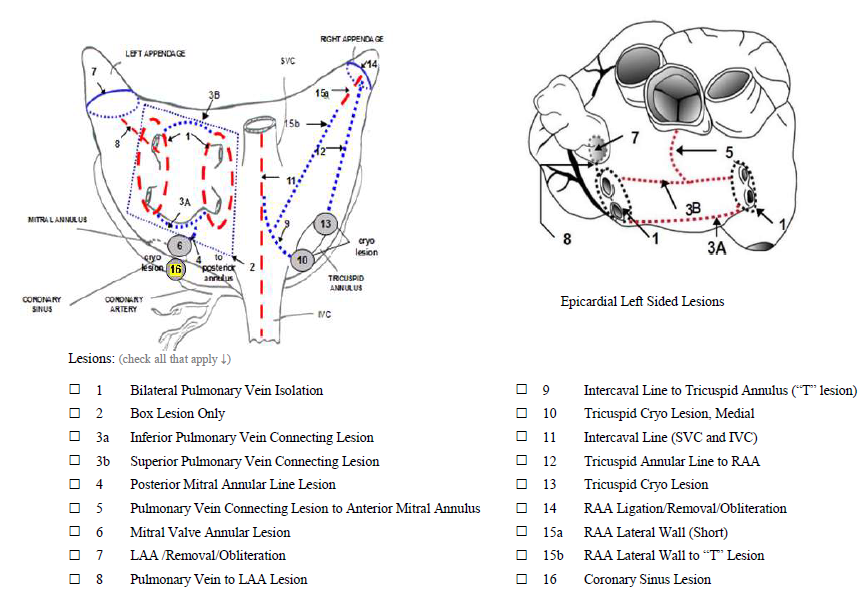
**STS Atrial Fibrillation (Maze)**

**Surgeon Worksheet V2.9**

|  |
| --- |
| **Lesion Location:** □Primarily Epicardial □Primarily Intracardiac |
|  |
| **Method of Lesion Creation:** (select all that apply)  □Radiofrequency (If Yes →) Bipolar: □Yes □No  □Cut-and-sew  □Cryo |



|  |  |
| --- | --- |
| □1 Bilateral Pulmonary Vein Isolation | □9. Intercaval Line to Tricuspid Annulus (“I” Lesion) |
| □2. Box Lesion Only | □10. Tricuspid Cryo Lesion, Medial |
| □3a. Inferior Pulmonary Vein Connecting Lesion | □11. Intercaval Line (SVC and IVC) |
| □3b. Superior Pulmonary Vein Connecting Lesion | □12. Tricuspid Annular Line to RAA |
| □4 Posterior Mitral Annular Line Lesion | □13. Tricuspid Cryo Lesion |
| □5 Pulmonary Vein Connecting Lesion to  Anterior Mitral Annulus | □14. RAA Ligation/Removal/Obliteration |
| □6. Mitral Valve Annular Lesion | □15a. RAA Lateral Wall (Short) |
| □7. LAA/Removal Obliteration | □15b. RAA Lateral Wall to “I” Lesion |
| □8. Pulmonary Vein to LAA Lesion | □16. Coronary Sinus Lesion |