**STS Tricuspid/Pulmonic Valve**

**Surgeon Worksheet V2.9**

**↓Tricuspid Valve Procedure↓**

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| **Tricuspid Stenosis:** □Yes □No |
| **Tricuspid Insufficiency:** □None □Trace/Trivial □Mild □Moderate □Severe |
| **Tricuspid Disease Etiology:**□Functional/secondary □Endocarditis □Rheumatic □Carcinoid □Congenital □Mixed etiology□Degenerative □Tumor □Trauma □Reoperation – failure of previous TV repair/replacement □Pacing wire/catheter induced dysfunction |

**Procedure Performed**

**Repair (If Repair↓)**

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| □Annuloplasty □Pericardium □Suture □Prosthetic Ring □Prosthetic Band □Other |
| □Leaflet resection  |

**Replacement (If Replacement↓)**

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| Replacement Approach: □Surgical □Transcatheter |
| □Valvectomy |
| □Implant (If Yes→) Implant type: □Mechanical valve □Bioprosthetic valve □Annuloplasty □Homograft □Transcatheter device □OtherImplant Model:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Implant Size:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **Aortic Assessment (epiaortic ultrasound or echo):**🞎 Concentric Calcification 🞎 Normal Aorta 🞎 Extensive Intimal Thickening 🞎 Protruding Atheroma < 5mm 🞎 Protruding Atheroma ≥ 5m 🞎 Mobile Plaques |
| **Did Aortic Assessment Alter Operative Plan?** 🞎 Yes 🞎 No  |

**↓Pulmonic Valve Procedure↓**

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| **Pulmonic Stenosis:** □Yes □No (If Yes→) Highest mead gradient: \_\_\_\_\_\_\_\_\_\_\_mmHg |
| **Pulmonic Insufficiency:** □None □Trace/Trivial □Mild □Moderate □Severe |
| **Pulmonic Disease Etiology:**□Acquired □Congenital, history of Tetralogy of Fallot (TOF) repair □Congenital, no prior Tetralogy of Fallot (TOF) repair□Reoperation - failure of previous PV repair or replacement □Mixed Etiology |

**Procedure Performed**

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| □Repair/Leaflet Reconstruction□Replacement (If Replacement→) Approach: □Surgical □Transcatheter□Valvectomy |
| □ Implant (If Yes→)  | □Surgeon Fashioned (If Yes→) □Material PTFE (Gore-Tex) □Pericardium □Other |
| □Commercially Supplied (If Yes→) □Mechanical □Transcatheter device  □Bioprosthetic □Homograft  □Annuloplasty Device □OtherImplant Model:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Implant Size:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- |
| **Aortic Assessment (epiaortic ultrasound or echo):**🞎 Concentric Calcification 🞎 Normal Aorta 🞎 Extensive Intimal Thickening 🞎 Protruding Atheroma < 5mm 🞎 Protruding Atheroma ≥ 5m 🞎 Mobile Plaques |
| **Did Aortic Assessment Alter Operative Plan?** 🞎 Yes 🞎 No |