### STS Aortic Valve Surgeon Worksheet V2.9

#### Aortic Stenosis:
- □ Yes
- □ No (If Yes →)
- Smallest Aortic Valve Area: _______ cm²
- Highest Mean Gradient: _______ mmHg

#### Aortic Insufficiency:
- □ None
- □ Trace/Trivial
- □ Mild
- □ Moderate
- □ Severe (If Yes →)

#### Aortic Disease Etiology (choose one primary etiology)

- □ Bicuspid valve disease: (If Yes →)
  - Sievers Class: □ 0-no raphe
  - □ 1-one raphe
  - □ 2-two raphe

- □ Congenital (other than bicuspid)

- □ Degenerative: (If Yes →)
  - □ Calcified
  - □ Leaflet prolapse (If Yes →)
  - □ with annular dilatation
  - □ without annular dilatation
  - □ Leaflet perforation/hole
  - □ Extensive fenestration
  - □ Pure annular dilatation without leaflet prolapse
  - □ Commissural rupture

- □ Endocarditis: (If Yes →)
  - □ With root abscess
  - □ Without root abscess

- □ LV Outflow Tract Pathology: (If Yes →)
  - □ HOCM
  - □ Sub-aortic membrane
  - □ Sub-aortic tunnel
  - □ Other

- □ Primary Aortic disease: (If Yes →)
  - □ Aortic dissection
  - □ Athero sclerotic aneurysm
  - □ Ehler-Danlos Syndrome
  - □ Hypertensive aneurysm
  - □ Idiopathic root dilatation
  - □ Inflammatory
  - □ Loeys-Dietz Syndrome
  - □ Marfan Syndrome
  - □ Other connective tissue disorder

- □ Reoperation - failure of previous AV repair or replacement

- □ Rheumatic

- □ Supravalvular aortic stenosis

- □ Trauma

- □ Tumor: (If Yes →)
  - □ Carcinoid
  - □ Myxoma
  - □ Papillary fibroelastoma
  - □ Other

- □ Mixed Etiology

#### Procedure Performed

##### Repair/Reconstruction (If Repair/Reconstruction ↓)

- □ Annuloplasty: (If Yes →)
  - □ Commissural suture
  - □ External Suture
  - □ Ring (If Yes →)
  - □ External
  - □ Internal

- □ Leaflet Procedure (If Yes →)
  - □ Plication
  - □ Free edge reinforcement
  - □ Commissural resuspension suture
  - □ Resection suture
  - □ Shaving
  - □ Pericardial patch
  - □ Debridement
  - □ Division of fused raphe

- □ Nodular release

- □ Repair of periprosthetic leak

- □ Aortic annular enlargement with patch: (If Yes →)
  - Technique: □ Nicks-Nunez
  - □ Manougian
  - □ Konno
  - □ Other

#### Root Procedure (If Root Procedure ↓) – For AV surgery involving the root please also complete Aorta/Aortic Root Worksheet

- □ With coronary ostial reimplantation (Bentall) (If Yes ↓)
  - □ Mechanical
  - □ Autograft with native pulmonary valve (Ross)
  - □ Homograft with root replacement
  - □ Bioprosthetic (If Yes →)
  - □ Stented valve composite graft
  - □ Stentless biologic full root

- □ Valve-sparing root operation (If Yes ↓)
  - □ Reimplantation (David)
  - □ Remodeling (Yacoub)
  - □ Reconstruction (Florida Sleeve)

  - □ Resuspension AV (If Yes →)
  - □ Without replacement of ascending aorta
  - □ With replacement of ascending aorta

- □ Major root reconstruction/debridement (If Yes ↓)
  - □ With pericardial patch: (If Yes →)
  - Type: □ Synthetic
  - □ Bioprosthetic
  - □ Autologus

  - □ Without pericardial patch

#### Replacement (If Replacement ↓)

- □ Transcatheter (If Yes →)
  - □ Transapical
  - □ Transsillary
  - □ Transfemoral
  - □ Transaortic
  - □ Subclavian
  - □ Other

- □ Surgical Valve Replacement (If Yes →)
  - □ Mechanical
  - □ Surgeon fashioned pericardium (Ozaki)
  - □ Other
  - □ Bioprosthetic: (If Yes →)
  - □ Stented
  - □ Stentless subcoronary valve only
  - □ Sutureless/rapid deployment

- □ Aortic Valve Implant

  - Implant Model: ________________________________

  - Implant Size: ________________________________

#### Aortic Assessment (epi aortic ultrasound or echo):

- □ Concentric Calcification
- □ Normal Aorta
- □ Extensive Intimal Thickening
- □ Protruding Atheroma < 5mm
- □ Protruding Atheroma ≥ 5mm
- □ Mobile Plaques

#### Did Aortic Assessment Alter Operative Plan? □ Yes □ No