### STS Valve Worksheet

**Aortic Valve Disease:** □ Yes □ No (If Yes ↓)

**Aortic Etiology**
- □ Degenerative
- □ Endocarditis (If Endocarditis →) □ Root Abscess: □ Yes □ No
- □ Congenital (If Congenital→) □ Type: □ Bicuspid □ Other
- □ Rheumatic
- □ Primary Aortic Disease: □ Type: □ Marfan □ Other Connective tissue disorder
  - □ Atherosclerotic Aneurysm □ Inflammatory
  - □ Aortic Dissection □ Idiopathic Root Dilation
- □ LV Outflow Tract Obstruction: □ Type: □ HOCM
  - □ Sub-aortic membrane
  - □ Sub-aortic Tunnel
- □ Supravalvular Aortic Stenosis
- □ Tumor: □ Type: □ Myxoma □ Papillary Fibroelastoma □ Carcinoid □ Other
- □ Trauma □ Other

**Aortic Stenosis:** □ Yes □ No (If Yes ↓)
- Smallest Aortic Valve Area: ________ cm²  □ Highest Mean Gradient: ________ mmHg

**Aortic Insufficiency:** □ None □ Trace/Trivial □ Mild □ Moderate □ Severe

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**Mitral Valve Disease:** □ Yes □ No (If Yes ↓)

**Mitral Etiology:** □ Annular or Degenerative Disease (If Annular or Degenerative Disease↓)
- □ Location □ Posterior Leaflet □ Anterior Leaflet □ Bileaflet
  - □ Type: □ Pure Annular Dilation □ Mitral Annular Calcification
- □ Endocarditis
- □ Rheumatic
- □ Ischemic (If Ischemic→) □ Type: □ Acute
  - (If acute→) □ Papillary Muscle Rupture: □ Yes □ No
  - □ Chronic
- □ Congenital
- □ Hypertrophic Obstructive Cardiomyopathy (HOCM)
- □ Tumor: (If Tumor→) □ Type: □ Myxoma □ Papillary Fibroelastoma □ Carcinoid □ Other
- □ Trauma
- □ Non-ischemic Cardiomyopathy
- □ Other

**Mitral Valve Disease Functional Class:** □ Type I □ Type II □ Type IIIa □ Type IIIb

**Mitral Stenosis:** □ Yes □ No (If Yes ↓)
- Smallest Mitral Valve Area: ________ cm²  □ Highest Mean Gradient: ________ mmHg

**Mitral Insufficiency:** □ None □ Trace/Trivial □ Mild □ Moderate □ Severe

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**Tricuspid Disease:** □ Yes □ No (If Yes ↓)

**Tricuspid Etiology:** □ Functional □ Endocarditis
- □ Congenital □ Tumor
- □ Trauma □ Other

**Tricuspid Stenosis:** Yes □ No □

**Tricuspid Insufficiency:** □ None □ Trace/Trivial □ Mild □ Moderate □ Severe

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**Pulmonic Valve Disease:** □ Yes □ No (if Yes→)

**Pulmonic Stenosis:** □ Yes □ No

**Pulmonic Insufficiency:** □ None □ Trace/Trivial □ Mild □ Moderate □ Severe
## STS Valve Worksheet

### Aortic Assessment (epiaortic 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

### Aortic Valve

**Procedure Performed**
- □ Replacement

**Repair / Reconstruction:** (choose **one or more** types ↓)
- □ Commissural annuloplasty
- □ Ring annuloplasty
- □ Leaflet plication
- □ Leaflet resection
- □ Leaflet free edge reinforcement suture (PTFE)
- □ Leaflet pericardial patch
- □ Leaflet commissural resuspension suture
- □ Leaflet debridement
- □ Division of fused leaflet raphe

**Root Reconstruction with valved conduit**

**Replacement and insertion of aortic non-valved conduit**

**Resuspension AV w/o replacement of ascending aorta**

**Resuspension AV with replacement of ascending aorta**

**Apico-aortic conduit (aortic valve bypass)**

**Autograft with pulmonary valve (Ross procedure)**

**Homograft**

**Valve sparing root reimplantation (David)**

**Valve sparing root remodeling (Yacoub)**

**Transcatheter Valve** (y/n, if yes, choose approach ↓)
- □ Transapical
- □ Transaxillary
- □ Transfemoral

**Aortic Annular Enlargement**

**Resection of Sub-aortic stenosis**

### Pulmonic Valve

- □ Replacement
- □ Reconstruction
- □ Valvectomy

### Mitral Valve

**Procedure Performed**
- □ Repair (choose **one or more** types ↓)
  - □ Annuloplasty
  - □ Sliding Plasty
  - □ Annular Decalcification
  - □ Chordal / Leaflet Transfer
  - □ Leaflet Extension/replacement/patch
  - □ Edge to edge repair
  - □ Mitral Commissurotomy
  - □ Leaflet Resection

  If Leaflet resection, choose type ↓:
  - □ Triangular
  - □ Quadrangular
  - □ Other

  If leaflet resection, choose location ↓:
  - □ Anterior
  - □ Posterior
  - □ Both

  □ Neochords (PTFE)

  If Neochords, how many? ________

**Replacement**

Was repair attempted prior to replacement?
- □ Yes □ No

**Mitral Chords preserved ↓:**
- □ Anterior
- □ Posterior
- □ Both

### Tricuspid Valve

- □ Annuloplasty only
- □ Reconstruction with annuloplasty

  Annuloplasty Type ↓:
  - □ Pericardium
  - □ Suture
  - □ Prosthetic Ring

**Reconstruction without annuloplasty**

**Replacement**

**Valvectomy**

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Complete both sides  
*updated June 2011*