STS Aorta Surgeon Worksheet v4.20.2
Dissection Endo Repair
Please Complete AV Worksheet for Combined Procedures

Family history of disease of aorta: ☐ Aneurysm ☐ Dissection ☐ Both Aneurysm and Dissection ☐ Sudden Death ☐ Unknown ☐ None

Patient's genetic history: ☐ Marfan ☐ Ehlers-Danlos ☐ Loeys-Dietz ☐ Non-Specific familial thoracic aortic syndrome ☐ Aortic Valve Morphology ☐ Turner syndrome ☐ Other ☐ Unknown ☐ None

Prior aortic intervention: ☐ Yes ☐ No ☐ Unknown (If Yes ↓)

Location	Previous Repair Type	Current Procedure r/t Repair failure (If Yes ↓)	Disease progression (If Yes ↓)
	Select all that apply	Select all that apply	Select all that apply
☐ Root (Zone 0 –A)	☐ Open ☐ Endovascular ☐ Hybrid	☐ Yes ☐ No	☐ Yes ☐ No
☐ Ascending (Zone 0 – B&C)	☐ Open ☐ Endovascular ☐ Hybrid	☐ Yes ☐ No	☐ Yes ☐ No
☐ Arch (Zones 1,2,3)	☐ Open ☐ Endovascular ☐ Hybrid	☐ Yes ☐ No	☐ Yes ☐ No
☐ Descending (Zones 4,5)	☐ Open ☐ Endovascular ☐ Hybrid	☐ Yes ☐ No	☐ Yes ☐ No
☐ Suprarenal abdominal (Zones 6,7)	☐ Open ☐ Endovascular ☐ Hybrid	☐ Yes ☐ No	☐ Yes ☐ No
☐ Infrarenal abdominal (Zone 8,9,10,11)	☐ Open ☐ Endovascular ☐ Hybrid	☐ Yes ☐ No	☐ Yes ☐ No

☐ Current Procedure with Endoleak involvement:
- ☐Type I → ☐Ia-proximal ☐ Ib-distal ☐ Ic-iliac occluder
- ☐Type II → ☐ IIa ☐ Iib
- ☐Type III → ☐ IIIa ☐ IIIb
- ☐Type IV
- ☐Type II

☐Current Procedure with Aorta Infection
☐ Graft infection ☐ Valvular endocarditis ☐ Nonvalvular endocarditis ☐ Native aorta
☐Multiple infection types

☐Current Procedure with Trauma
☐ Root
☐ Ascending
☐ Arch
☐ Descending
☐ Thoracoabdominal
☐ Abdominal

Primary Presenting Symptom: ☐ Pain ☐ CHF ☐ Cardiac Arrest ☐ Syncope ☐Infection ☐ Asymptomatic
☐ Injury related to Surgical Complication ☐Neuro Deficit ☐Other ☐Unknown
(If Neuro Deficit→) ☐ Stroke ☐Limb numbness ☐Paralysis ☐Hoarseness (acute vocal cord dysfunction)

DISSECTION - PRE-PROCEDURAL INFORMATION

Timing: ☐Hyperacute (<24 hrs) ☐Acute (24hrs-<2weeks) ☐ Subacute (2weeks -<90 days)
☐Chronic (90 days or more) ☐ Acute on Chronic ☐Unknown

Dissection Date:_____

Primary tear location: ☐Below STJ ☐ STJ-midascending ☐Midascending to distal ascending ☐Zone 1 ☐Zone 2 ☐Zone 3 ☐Zone 4 ☐Zone 5 ☐Zone 6 ☐Zone 7 ☐ Zone 8 ☐Zone 9 ☐Zone 10 ☐Zone 11

☐ **Proximal Dissection Extent:** ☐Below STJ ☐ STJ-midascending ☐Midascending to distal ascending ☐Zone 1 ☐Zone 2 ☐Zone 3 ☐Zone

☐ **Distal Dissection Extent:** ☐Below STJ ☐ STJ-midascending ☐Midascending to distal ascending ☐Zone 1 ☐Zone 2 ☐Zone 3 ☐Zone 4 ☐Zone 5 ☐Zone 6 ☐Zone 7 ☐ Zone 8 ☐Zone 9 ☐Zone 10 ☐Zone 11

☐Stanford Classification: ☐ Type A ☐ Type B ☐ Unknown ☐ Other

☐Retrograde dissection caused by Aortic Stent Graft (Post TEVAR):

☐Patient within 30 days post TAVR

☐Malperfusion:				
	☐Coronary	☐Superior Mesenteric	☐Right Subclavian	☐Renal, Left
	☐Right Common Carotid	☐Iliofemoral	☐Left Subclavian	☐Renal, Right
	☐Left Common Carotid	☐Celiac	☐Spinal	

☐Lower Ext. Motor Function Deficit →
- ☐Weakness
- ☐ Paralysis

☐Lower Ext. Sensory Deficit

☐Rupture → ☐ Contained Location

Rupture Location ☐ Below STJ ☐ STJ-midascending ☐ Midascending to distal ascending
☐ Zone 1 ☐ Zone 2 ☐ Zone 3 ☐ Zone 4 ☐ Zone 5
☐ Zone 6 ☐ Zone 7 ☐ Zone 8 ☐ Zone 9 ☐ Zone 10 ☐ Zone 11

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Additional Anatomical Information

Root: ☐Aorto-annular ectasia
☐Asymmetric Root Dilation (if yes→) ☐Right ☐Left ☐Non-coronary
☐Sinus of Valsalva aneurysm (if yes→) ☐Right ☐Left ☐Non-coronary

Arch Anomalies Type(s): select all that apply: ☐Arch Type Right ☐Aberrant Right Subclavian ☐Kommerell/Ductus Bulge
☐Variant vertebral origin ☐Aberrant Left Subclavian ☐Bovine

Patent Internal Mammary Artery Bypass Graft ☐ Yes ☐ No ☐ N/A

Ascending: ☐ Asymmetric Dilatation ☐ Proximal coronary artery bypass grafts

Measurements (Largest Diameter)

Treated Zone with the Largest Diameter: ☐ Below STJ ☐STJ-midascending ☐ Midascending-distal ascending ☐Zone 1 ☐ Zone 2 ☐Zone 3
☐ Zone 4 ☐Zone 5 ☐Zone 6 ☐Zone 7 ☐Zone 8 ☐ Zone 9 ☐ Zone 10 ☐Zone 11
Measurement_____mm **Method Obtained:** ☐ 3D or 4D Reconstruction ☐PreOp CT ☐ PreOp MRI ☐PreOp Echo ☐ Intra Operatively

Proximal to Treated Zone(s) (Largest Diameter) ☐ Below STJ ☐STJ-midascending ☐ Midascending-distal ascending ☐Zone 1 ☐ Zone 2 ☐Zone 3
☐ Zone 4 ☐Zone 5 ☐Zone 6 ☐Zone 7 ☐Zone 8 ☐ Zone 9 ☐ Zone 10 ☐Zone 11
Measurement_____mm **Method Obtained:** ☐ 3D or 4D Reconstruction ☐PreOp CT ☐ PreOp MRI ☐PreOp Echo ☐ Intra Operatively

Distal to Treated Zone(s) (Largest Diameter ☐ Below STJ ☐STJ-midascending ☐ Midascending-distal ascending ☐Zone 1 ☐ Zone 2 ☐Zone 3
☐ Zone 4 ☐Zone 5 ☐Zone 6 ☐Zone 7 ☐Zone 8 ☐ Zone 9 ☐ Zone 10 ☐Zone 11
Measurement_____mm **Method Obtained:** ☐ 3D or 4D Reconstruction ☐PreOp CT ☐ PreOp MRI ☐PreOp Echo ☐ Intra Operatively

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Procedural Information

☐ **Root Procedure**

☐ Root Replacement with Coronary Ostial Reimplantation (If Yes ↓)

☐ Composite Valve Conduit (If Yes →) ☐ Mechanical ☐Stented Valve Conduit ☐Stentless Valve Conduit ☐Stentless Biologic Full Root ☐ Homograft Root Replacement ☐ Autograft with Native Pulmonary Valve (Ross)

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

☐ Coronary Reimplantation (If Yes ↓)

☐Direct to root prosthesis (Button) ☐With vein graft extension (SVG Cabrol) ☐With Dacron graft extension (Classic Cabrol)

☐Major root reconstruction/debridement without coronary ostial reimplantation

☐Replacement of non-coronary sinus (Modified Wheat/Modified Yacoub)

Endo Procedure Information

Access: ☐ Femoral ☐ Iliac ☐ Abdominal Aorta ☐ Lt. Subclavian/Axila ☐ Rt. Subclavian/Axila ☐ Ascending Aorta ☐Carotid ☐ LV Apex

☐ Percutaneous

Proximal and Distal Landing Zones: (P = Proximal) (D=Distal)

BLW STJ	STJ-Mid	Mid-Dist.	1	2	3	4	5	6	7	8	9	10	11

Ascending TEVAR: ☐ Dedicated IDE ☐ Off Label Stent ☐ No

Arch Vessel Management

Innominate:
☐ Native Flow
☐ Endovascular Branch Graft
☐ Endovascular Parallel Graft
☐ Fenestrated
☐ Extra-anatomic Bypass → ☐Aorta-Innominate ☐Aorta-right carotid ☐Aorta- right subclavian ☐Right Carotid- Right Subclavian ☐Other
☐ No Flow Restored

Left Carotid:
☐ Native Flow
☐ Endovascular Branch Graft
☐ Endovascular Parallel Graft
☐ Fenestrated
☐ Extra-anatomic Bypass → ☐Aorta- left carotid ☐ Innominate- left carotid ☐Right carotid- Left carotid ☐Other
☐ No Flow Restored

Left Subclavian:
☐ Native Flow ☐ Endovascular Branch Graft ☐ Endovascular Parallel Graft ☐ Fenestrated ☐ No Flow Restored
☐ Extra-anatomic Bypass → ☐Aorta- left subclavian ☐Left carotid- left subclavian ☐Other

Visceral Vessel Management

Celiac:
☐ Native Flow
☐ Endovascular Branch Graft
☐ Endovascular Parallel Graft
☐ Fenestrated
☐ Extra-anatomic Bypass → ☐Aorta- celiac ☐Iliac-celiac ☐Other
☐ No Flow Restored

Superior Mesenteric:
☐ Native Flow
☐ Endovascular Branch Graft
☐ Endovascular Parallel Graft
☐ Fenestrated
☐ Extra-anatomic Bypass → ☐Aorta- superior mesenteric ☐Iliac- superior mesenteric ☐Other
☐ No Flow Restored

Right Renal:
☐ Native Flow
☐ Endovascular Branch Graft
☐ Endovascular Parallel Graft
☐ Fenestrated
☐ Extra-anatomic Bypass → ☐ Aorta- right renal ☐Iliac- right renal ☐Other
☐ No Flow Restored

Left Renal:
☐ Native Flow
☐ Endovascular Branch Graft
☐ Endovascular Parallel Graft
☐ Fenestrated
☐ Extra-anatomic Bypass → ☐Aorta- left renal ☐Iliac – left renal ☐Other
☐ No Flow Restored

Right Iliac:
☐ Native Flow
☐ Bifurcated Graft
☐ Extra-anatomic Bypass → ☐Femoral- Femoral ☐Other
☐ No Flow Restored

Left Iliac:
☐ Native Flow
☐ Bifurcated Graft
☐ Extra-anatomic Bypass → ☐Femoral- Femoral ☐Other
☐ No Flow Restored

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Internal iliac Preserved: ☐ Right Iliac only ☐Left Iliac only ☐Both ☐No

Other Visceral Vessel(s) Extra-anatomic Bypass: ☐Aorta-other ☐Iliac-other ☐Other

Planned Staged Hybrid: ☐Yes ☐No

Other Endovascular Procedural Information

☐ Dissection proximal entry tear covered

☐ Endoleak at end of procedure → Type: ☐ Ia ☐Ib ☐ II ☐III ☐IV ☐ V

☐ Conversion to open → ☐Deployment failure ☐Endoleak ☐Rupture ☐Occlusion/loss of branch

☐ Intraop Dissection Extension → ☐ None ☐Antegrade ☐Retrograde. ☐Both

☐ Unintentional rupture of dissection septum → ☐Below STJ ☐STJ-midascending ☐Midascending-distal ascending ☐ Zone 1 ☐ Zone 2 ☐ Zone 3 ☐Zone 4 ☐Zone 5 ☐ Zone 6 ☐Zone 7 ☐Zone 8 ☐Zone 9 ☐Zone 10 ☐Zone 11

Additional Procedure Information (Check all that apply):

☐ Spinal drain placement → ☐ Pre-Aortic procedure ☐ Post-Aortic procedure

☐ IntraOp Motor Evoked Potential → Documented MEP abnormality → ☐ Yes ☐ No

☐ IntraOp Somatosensory Evoked Potential → Documented SEP abnormality → ☐ Yes ☐ No

☐ IntraOp EEG → Documented EEG abnormality → ☐ Yes ☐ No ☐ Unknown

☐ IVUS Performed Intra-Op

☐ IntraOp Transcutaneous Doppler Performed Intra-Op

☐ IntraOp Angiogram → Volume of Contrast _____ml Fluoro time_____min

☐ Endovascular Balloon Fenestration of the Dissection Flap: ☐PreOp ☐IntraOp ☐PostOp IntraOp