



**STS Aorta Surgeon Worksheet v4.20.2**  
**Other Endo Repair (Not Aneurysm or Dissection)**  
**\*Please Complete AV Worksheet for Combined Procedures\***

<b>Family history of disease of aorta:</b> <input type="checkbox"/> Aneurysm <input type="checkbox"/> Dissection <input type="checkbox"/> Both Aneurysm and Dissection <input type="checkbox"/> Sudden Death <input type="checkbox"/> Unknown <input type="checkbox"/> None			
<b>Patient's genetic history:</b> <input type="checkbox"/> Marfan <input type="checkbox"/> Ehlers-Danlos <input type="checkbox"/> Loeys-Dietz <input type="checkbox"/> Non-Specific familial thoracic aortic syndrome <input type="checkbox"/> Aortic Valve Morphology <input type="checkbox"/> Turner syndrome <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> None			
<b>Prior aortic intervention:</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If Yes ↓)	
<b>Location</b>	<b>Previous Repair Type</b>	<b>Current Procedure r/t Repair failure</b> (If Yes ↓)	<b>Disease progression</b> (If Yes ↓)
	Select all that apply	Select all that apply	Select all that apply
<input type="checkbox"/> Root (Zone 0 –A)	<input type="checkbox"/> Open <input type="checkbox"/> Endovascular <input type="checkbox"/> Hybrid	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Ascending (Zone 0 – B&C)	<input type="checkbox"/> Open <input type="checkbox"/> Endovascular <input type="checkbox"/> Hybrid	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Arch (Zones 1,2,3)	<input type="checkbox"/> Open <input type="checkbox"/> Endovascular <input type="checkbox"/> Hybrid	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Descending (Zones 4,5)	<input type="checkbox"/> Open <input type="checkbox"/> Endovascular <input type="checkbox"/> Hybrid	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Suprarenal abdominal (Zones 6,7)	<input type="checkbox"/> Open <input type="checkbox"/> Endovascular <input type="checkbox"/> Hybrid	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Infraarenal abdominal (Zone 8,9,10,11)	<input type="checkbox"/> Open <input type="checkbox"/> Endovascular <input type="checkbox"/> Hybrid	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Current Procedure with Endoleak involvement:</b>	<input type="checkbox"/> Type I → <input type="checkbox"/> Ia-proximal <input type="checkbox"/> Ib-distal <input type="checkbox"/> Ic-iliac occluder		
	<input type="checkbox"/> Type II → <input type="checkbox"/> IIa <input type="checkbox"/> IIb		
	<input type="checkbox"/> Type III → <input type="checkbox"/> IIIa <input type="checkbox"/> IIIb		
	<input type="checkbox"/> Type IV		
	<input type="checkbox"/> Type II		
<b>Current Procedure with Aorta Infection</b>	<input type="checkbox"/> Graft infection <input type="checkbox"/> Valvular endocarditis <input type="checkbox"/> Nonvalvular endocarditis <input type="checkbox"/> Native aorta <input type="checkbox"/> Multiple infection types		
<b>Current Procedure with Trauma</b>	<input type="checkbox"/> Root	<input type="checkbox"/> Descending	
	<input type="checkbox"/> Ascending <input type="checkbox"/> Arch	<input type="checkbox"/> Thoracoabdominal <input type="checkbox"/> Abdominal	
<b>Primary Presenting Symptom:</b> <input type="checkbox"/> Pain <input type="checkbox"/> CHF <input type="checkbox"/> Cardiac Arrest <input type="checkbox"/> Syncope <input type="checkbox"/> Infection <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Injury related to Surgical Complication <input type="checkbox"/> Neuro Deficit <input type="checkbox"/> Other <input type="checkbox"/> Unknown (If Neuro Deficit→) <input type="checkbox"/> Stroke <input type="checkbox"/> Limb numbness <input type="checkbox"/> Paralysis <input type="checkbox"/> Hoarseness (acute vocal cord dysfunction)			
<b>Other - PRE-PROCEDURAL INFORMATION (Not Aneurysm or Dissection Case)</b>			
<b>Other Reason :</b> <input type="checkbox"/> Valvular Dysfunction <input type="checkbox"/> Stenosis/Obstruction <input type="checkbox"/> Intramural Hematoma <input type="checkbox"/> Coarctation <input type="checkbox"/> Endoleak <input type="checkbox"/> Infection <input type="checkbox"/> Injury related to Surgical Complication/Perforation <input type="checkbox"/> Trauma			
<b>Additional Anatomical Information</b>			
<b>Root:</b> <input type="checkbox"/> Aorto-annular ectasia			
<input type="checkbox"/> Asymmetric Root Dilatation (if yes→) <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Non-coronary			
<input type="checkbox"/> Sinus of Valsalva aneurysm (if yes→) <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Non-coronary			
<b>Arch Anomalies Type(s): select all that apply:</b> <input type="checkbox"/> Arch Type Right <input type="checkbox"/> Aberrant Right Subclavian <input type="checkbox"/> Kommerell/Ductus Bulge			
<input type="checkbox"/> Variant vertebral origin <input type="checkbox"/> Aberrant Left Subclavian <input type="checkbox"/> Bovine			
<b>Patent Internal Mammary Artery Bypass Graft</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<b>Ascending:</b> <input type="checkbox"/> Asymmetric Dilatation <input type="checkbox"/> Proximal coronary artery bypass grafts			
<b>Measurements (Largest Diameter)</b>			
<b>Treated Zone with the Largest Diameter:</b> <input type="checkbox"/> Below STJ <input type="checkbox"/> STJ-midascending <input type="checkbox"/> Midascending-distal ascending <input type="checkbox"/> Zone 1 <input type="checkbox"/> Zone 2 <input type="checkbox"/> Zone 3 <input type="checkbox"/> Zone 4 <input type="checkbox"/> Zone 5 <input type="checkbox"/> Zone 6 <input type="checkbox"/> Zone 7 <input type="checkbox"/> Zone 8 <input type="checkbox"/> Zone 9 <input type="checkbox"/> Zone 10 <input type="checkbox"/> Zone 11			
Measurement_____mm Method Obtained: <input type="checkbox"/> 3D or 4D Reconstruction <input type="checkbox"/> PreOp CT <input type="checkbox"/> PreOp MRI <input type="checkbox"/> PreOp Echo <input type="checkbox"/> Intra Operatively			
<b>Proximal to Treated Zone(s) (Largest Diameter)</b> <input type="checkbox"/> Below STJ <input type="checkbox"/> STJ-midascending <input type="checkbox"/> Midascending-distal ascending <input type="checkbox"/> Zone 1 <input type="checkbox"/> Zone 2 <input type="checkbox"/> Zone 3 <input type="checkbox"/> Zone 4 <input type="checkbox"/> Zone 5 <input type="checkbox"/> Zone 6 <input type="checkbox"/> Zone 7 <input type="checkbox"/> Zone 8 <input type="checkbox"/> Zone 9 <input type="checkbox"/> Zone 10 <input type="checkbox"/> Zone 11			
Measurement_____mm Method Obtained: <input type="checkbox"/> 3D or 4D Reconstruction <input type="checkbox"/> PreOp CT <input type="checkbox"/> PreOp MRI <input type="checkbox"/> PreOp Echo <input type="checkbox"/> Intra Operatively			
<b>Distal to Treated Zone(s) (Largest Diameter)</b> <input type="checkbox"/> Below STJ <input type="checkbox"/> STJ-midascending <input type="checkbox"/> Midascending-distal ascending <input type="checkbox"/> Zone 1 <input type="checkbox"/> Zone 2 <input type="checkbox"/> Zone 3 <input type="checkbox"/> Zone 4 <input type="checkbox"/> Zone 5 <input type="checkbox"/> Zone 6 <input type="checkbox"/> Zone 7 <input type="checkbox"/> Zone 8 <input type="checkbox"/> Zone 9 <input type="checkbox"/> Zone 10 <input type="checkbox"/> Zone 11			
Measurement_____mm Method Obtained: <input type="checkbox"/> 3D or 4D Reconstruction <input type="checkbox"/> PreOp CT <input type="checkbox"/> PreOp MRI <input type="checkbox"/> PreOp Echo <input type="checkbox"/> 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)

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Coronary Reimplantation (If Yes ↓)

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

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

**Arch Vessel Management**

<p><b>Innominate:</b></p> <p><input type="checkbox"/> Native Flow</p> <p><input type="checkbox"/> Endovascular Branch Graft</p> <p><input type="checkbox"/> Endovascular Parallel Graft</p> <p><input type="checkbox"/> Fenestrated</p> <p><input type="checkbox"/> Extra-anatomic Bypass → <input type="checkbox"/> Aorta-Innominate</p> <p><input type="checkbox"/> Aorta-right carotid</p> <p><input type="checkbox"/> Aorta- right subclavian</p> <p><input type="checkbox"/> Right Carotid- Right Subclavian</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> No Flow Restored</p>	<p><b>Left Carotid:</b></p> <p><input type="checkbox"/> Native Flow</p> <p><input type="checkbox"/> Endovascular Branch Graft</p> <p><input type="checkbox"/> Endovascular Parallel Graft</p> <p><input type="checkbox"/> Fenestrated</p> <p><input type="checkbox"/> Extra-anatomic Bypass → <input type="checkbox"/> Aorta- left carotid</p> <p><input type="checkbox"/> Innominate- left carotid</p> <p><input type="checkbox"/> Right carotid- Left carotid</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> No Flow Restored</p>
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**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**

<p><b>Celiac:</b></p> <p><input type="checkbox"/> Native Flow</p> <p><input type="checkbox"/> Endovascular Branch Graft</p> <p><input type="checkbox"/> Endovascular Parallel Graft</p> <p><input type="checkbox"/> Fenestrated</p> <p><input type="checkbox"/> Extra-anatomic Bypass → <input type="checkbox"/> Aorta- celiac</p> <p><input type="checkbox"/> Iliac-celiac</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> No Flow Restored</p>	<p><b>Superior Mesenteric:</b></p> <p><input type="checkbox"/> Native Flow</p> <p><input type="checkbox"/> Endovascular Branch Graft</p> <p><input type="checkbox"/> Endovascular Parallel Graft</p> <p><input type="checkbox"/> Fenestrated</p> <p><input type="checkbox"/> Extra-anatomic Bypass → <input type="checkbox"/> Aorta- superior mesenteric</p> <p><input type="checkbox"/> Iliac- superior mesenteric</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> No Flow Restored</p>
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<p><b>Right Renal:</b></p> <p><input type="checkbox"/> Native Flow</p> <p><input type="checkbox"/> Endovascular Branch Graft</p> <p><input type="checkbox"/> Endovascular Parallel Graft</p> <p><input type="checkbox"/> Fenestrated</p> <p><input type="checkbox"/> Extra-anatomic Bypass → <input type="checkbox"/> Aorta- right renal</p> <p><input type="checkbox"/> Iliac- right renal</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> No Flow Restored</p>	<p><b>Left Renal:</b></p> <p><input type="checkbox"/> Native Flow</p> <p><input type="checkbox"/> Endovascular Branch Graft</p> <p><input type="checkbox"/> Endovascular Parallel Graft</p> <p><input type="checkbox"/> Fenestrated</p> <p><input type="checkbox"/> Extra-anatomic Bypass → <input type="checkbox"/> Aorta- left renal</p> <p><input type="checkbox"/> Iliac – left renal</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> No Flow Restored</p>
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<p><b>Right Iliac:</b></p> <p><input type="checkbox"/> Native Flow</p> <p><input type="checkbox"/> Bifurcated Graft</p> <p><input type="checkbox"/> Extra-anatomic Bypass → <input type="checkbox"/> Femoral- Femoral <input type="checkbox"/> Other</p> <p><input type="checkbox"/> No Flow Restored</p>	<p><b>Left Iliac:</b></p> <p><input type="checkbox"/> Native Flow</p> <p><input type="checkbox"/> Bifurcated Graft</p> <p><input type="checkbox"/> Extra-anatomic Bypass → <input type="checkbox"/> Femoral- Femoral <input type="checkbox"/> Other</p> <p><input type="checkbox"/> No Flow Restored</p>
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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