



## STS Aorta Surgeon Worksheet v4.20.2

### Aneurysm Open Repair

\*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 ↓)	
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
<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
<input type="checkbox"/> <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 cooler <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	
<input type="checkbox"/> <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	
<input type="checkbox"/> <b>Current Procedure with Trauma</b>		<input type="checkbox"/> Root <input type="checkbox"/> Ascending <input type="checkbox"/> Arch	<input type="checkbox"/> Descending  <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>Aneurysm - PREPROCEDURAL INFORMATION</b>			
<b>Etiology:</b> <input type="checkbox"/> Atherosclerosis <input type="checkbox"/> Infection <input type="checkbox"/> Inflammatory <input type="checkbox"/> Connective Tissue/Syndromic Disorder <input type="checkbox"/> Ulcerative Plaque/Penetrating Ulcer <input type="checkbox"/> Pseudoaneurysm <input type="checkbox"/> Mycotic <input type="checkbox"/> Traumatic transection <input type="checkbox"/> Intercostal visceral patch <input type="checkbox"/> Anastomotic site <input type="checkbox"/> Aortic Valve Morphology <input type="checkbox"/> Chronic Dissection <input type="checkbox"/> Unknown			
<b>Type:</b> <input type="checkbox"/> Fusiform <input type="checkbox"/> Saccular <input type="checkbox"/> Unknown			
<b>Location of Maximum Diameter:</b> <input type="checkbox"/> Below STJ <input type="checkbox"/> STJ-midascending <input type="checkbox"/> Midascending to 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			
<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			
<b>Measurement_____mm Method Obtained:</b> <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			
<b>Measurement_____mm Method Obtained:</b> <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			
<b>Measurement_____mm Method Obtained:</b> <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			



## STS Aorta Surgeon Worksheet v4.20.2 Aneurysm Open Repair

\*Please Complete AV Worksheet for Combined Procedures\*

### Procedure 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)

#### Intervention:

- Surgical Ascending /Arch Procedure (If Yes ↓)  Planned stage hybrid  
Proximal Location:  STJ-midascending  Midascending to distal ascending  Zone 1  Zone 2  Zone 3  
Distal Technique  Open  Clamped  
Distal Site →  Ascending Aorta  Hemiarch  Zone 1  Zone 2  Zone 3  Zone 4  
Distal Extension →  Elephant Trunk  Frozen Elephant Trunk  No  
 Arch Branch Reimplantation (If Yes →) **Subclavian** →  Right  Left  Innominate **Common Carotid** →  Right  Left  Left Vertebral  Other

#### Open Descending Thoracic Aorta or Thoracoabdominal Procedure:

- Proximal Location:  Reverse Hemiarch  Zone 0  Zone 1  Zone 2  Zone 3  Zone 4  Zone 5  Zone 6  Zone 7  Zone 8  Zone 9  
Distal Location:  Zone 3  Zone 4  Zone 5  Zone 6  Zone 7  Zone 8  Zone 9  Zone 10  Zone 11  
 Intercostal reimplantation  
 Visceral vessel intervention (If Yes →)  Celiac →  Reimplantation  Branch Graft  
 Superior mesenteric →  Reimplantation  Branch Graft  
 Right renal →  Reimplantation  Branch Graft  
 Left renal →  Reimplantation  Branch Graft

#### 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