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| **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 cooluder | | | | | | | | |
| 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 - PREPROCEDURAL 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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| **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 **Common Carotid** → 🞎 Right 🞎 Left  🞎Innominate 🞎 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 |