



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

Family history of disease of aorta: <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			
Patient's genetic history: <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			
Prior aortic intervention:		<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
Current Procedure with Endoleak involvement:	<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		
Current Procedure with Aorta Infection	<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		
Current Procedure with Trauma	<input type="checkbox"/> Root	<input type="checkbox"/> Descending	
	<input type="checkbox"/> Ascending <input type="checkbox"/> Arch	<input type="checkbox"/> Thoracoabdominal <input type="checkbox"/> Abdominal	
Primary Presenting Symptom: <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)			
Other - PREPROCEDURAL INFORMATION (Not Aneurysm or Dissection Cases)			
Other Reason: <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			
Additional Anatomical Information			
Root: <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			
Arch Anomalies Type(s): select all that apply: <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			
Patent Internal Mammary Artery Bypass Graft <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Ascending: <input type="checkbox"/> Asymmetric Dilatation <input type="checkbox"/> Proximal coronary artery bypass grafts			
Measurements (Largest Diameter)			
Treated Zone with the Largest Diameter: <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			
Proximal to Treated Zone(s) (Largest Diameter) <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			
Distal to Treated Zone(s) (Largest Diameter) <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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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