

## STS Aortic Valve Surgeon Worksheet V4.2

<b>Aortic Stenosis:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No   (If Yes →)   Aortic Valve Stenosis: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	
Aortic Valve Area: _____ cm <sup>2</sup>	
Mean Gradient Closest to Incision: _____ mmHg	
Aortic Jet Velocity Closest to Incision (Vmax) _____ m/s	
<b>Aortic Insufficiency:</b> <input type="checkbox"/> None <input type="checkbox"/> Trace/Trivial <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	

### Aortic Disease Etiology (choose **one** primary etiology)

<input type="checkbox"/> Bicuspid valve disease	<input type="checkbox"/> Unicuspid valve disease	<input type="checkbox"/> Quadricuspid valve disease
<input type="checkbox"/> Congenital (other than bicuspid, unicuspid, or quadricuspid)		
<input type="checkbox"/> Degenerative: (If Yes →)	<input type="checkbox"/> Calcified	<input type="checkbox"/> Leaflet prolapse with or without annular dilatation
	<input type="checkbox"/> Leaflet perforation/hole	<input type="checkbox"/> Extensive fenestration
	<input type="checkbox"/> Pure annular dilatation without leaflet prolapse	<input type="checkbox"/> Commissural rupture
<input type="checkbox"/> Endocarditis (If Yes →)	<input type="checkbox"/> With root abscess (Native Valve)	<input type="checkbox"/> Without root abscess (Native Valve)
	<input type="checkbox"/> With root abscess (Prosthetic Valve)	<input type="checkbox"/> Without root abscess (Prosthetic Valve)
<input type="checkbox"/> LV Outflow Tract Pathology: (If Yes →)	<input type="checkbox"/> HOCM	<input type="checkbox"/> Sub-aortic membrane
	<input type="checkbox"/> Sub-aortic tunnel	<input type="checkbox"/> Other
<input type="checkbox"/> Primary Aortic disease: (If Yes →)	<input type="checkbox"/> Aortic dissection	<input type="checkbox"/> Atherosclerotic aneurysm
	<input type="checkbox"/> Hypertensive aneurysm	<input type="checkbox"/> Idiopathic root dilatation
	<input type="checkbox"/> Loeys-Dietz Syndrome	<input type="checkbox"/> Marfan Syndrome
	<input type="checkbox"/> Ehler-Danlos Syndrome	<input type="checkbox"/> Inflammatory
	<input type="checkbox"/> Other connective tissue disorder	
<input type="checkbox"/> Radiation induced heart disease		
<input type="checkbox"/> Reoperation - failure of previous AV repair or replacement		
<input type="checkbox"/> Rheumatic		
<input type="checkbox"/> Supravalvular aortic stenosis		
<input type="checkbox"/> Trauma		
<input type="checkbox"/> Carcinoid		
<input type="checkbox"/> Tumor (If Yes →)	<input type="checkbox"/> Myxoma	<input type="checkbox"/> Papillary fibroelastoma
	<input type="checkbox"/> Other	
<input type="checkbox"/> Mixed Etiology		

### Repair/Reconstruction (If Repair/Reconstruction ↓)

<input type="checkbox"/> Annuloplasty: (If Yes →)	<input type="checkbox"/> Commissural suture	<input type="checkbox"/> External Suture	<input type="checkbox"/> Ring (If Ring →)	<input type="checkbox"/> External	<input type="checkbox"/> Internal
<input type="checkbox"/> Leaflet Procedure (If Yes →)	<input type="checkbox"/> Plication	<input type="checkbox"/> Free edge reinforcement	<input type="checkbox"/> Commissural resuspension suture		
	<input type="checkbox"/> Resection suture	<input type="checkbox"/> Shaving	<input type="checkbox"/> Pericardial patch	<input type="checkbox"/> Debridement	<input type="checkbox"/> Division of fused raphe
<input type="checkbox"/> Nodular release					
<input type="checkbox"/> Pannus/Thrombus Removal (Native Valve)					

<input type="checkbox"/> Surgical Prosthetic Valve Intervention: (If Yes →) <input type="checkbox"/> Repair of periprosthetic leak <input type="checkbox"/> Removal of pannus <input type="checkbox"/> Removal of clot <input type="checkbox"/> Other
---

<input type="checkbox"/> Aortic annular enlargement: (If Yes →)   Technique: <input type="checkbox"/> Nicks-Nunez <input type="checkbox"/> Manouagian <input type="checkbox"/> Konno <input type="checkbox"/> Other
<input type="checkbox"/> Replacement of non-coronary sinus (Modified Wheat/Modified Yacoub)

### Replacement (If Replacement ↓)

<input type="checkbox"/> Transcatheter (If Yes →)	<input type="checkbox"/> Transapical	<input type="checkbox"/> Transaxillary	<input type="checkbox"/> Transfemoral	<input type="checkbox"/> Transaortic	<input type="checkbox"/> Subclavian
	<input type="checkbox"/> Transiliac	<input type="checkbox"/> Transseptal	<input type="checkbox"/> Transcarotid	<input type="checkbox"/> Transcaval	<input type="checkbox"/> Other
<input type="checkbox"/> Surgical Valve Replacement (If Yes →)	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Surgeon fashioned pericardium (Ozaki)	<input type="checkbox"/> Other		
	<input type="checkbox"/> Bioprosthetic: (If Yes →)	<input type="checkbox"/> Stented	<input type="checkbox"/> Stentless subcoronary valve only	<input type="checkbox"/> Sutureless/rapid deployment	
<input type="checkbox"/> Aortic Valve Implant					
Implant Model: _____			Implant Size: _____		