

**STS Atrial Fibrillation  
Surgeon Worksheet V4.2**

<input type="checkbox"/> <b>Left Atrial Appendage Obliteration</b> (If Yes ↓)	
<input type="checkbox"/> Epicardially applied occlusion device <input type="checkbox"/> Epicardial Suture <input type="checkbox"/> Prior transcatheter device in place at time of surgery	<input type="checkbox"/> Epicardial Staple <input type="checkbox"/> Endocardial Suture <input type="checkbox"/> Other

<input type="checkbox"/> <b>Left Atrial Appendage Amputation</b>
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**If Other Atrial Fibrillation Procedure Performed in addition to above Left Atrial Appendage**

<b>Lesion Location:</b>	<input type="checkbox"/> Epicardial	<input type="checkbox"/> Intracardiac	<input type="checkbox"/> Both
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<b>Method of Lesion Creation:</b> (select all that apply)	
<input type="checkbox"/> Radiofrequency (If Radiofrequency →)	<input type="checkbox"/> Bipolar:
<input type="checkbox"/> Cut-and-sew	
<input type="checkbox"/> Cryo	

<b>Left Atrial Lesions</b>	<input type="checkbox"/> Pulmonary Vein Isolation <input type="checkbox"/> Posterior Box Lesion <input type="checkbox"/> Mitral Line <input type="checkbox"/> Left Atrial Appendage Line <input type="checkbox"/> Epicardial Coronary Sinus Lesion <input type="checkbox"/> Epicardial Posterior Wall Other (Convergent procedure) <input type="checkbox"/> Other
<b>Right Atrial Lesions</b>	<input type="checkbox"/> SVC Line <input type="checkbox"/> IVC Line <input type="checkbox"/> Tricuspid Completion Line <input type="checkbox"/> Vertical Right Atrial Line <input type="checkbox"/> Right Atrial Appendage Line <input type="checkbox"/> Other