

STS Mitral Valve Surgery Worksheet V4.20.2

Mitral Stenosis:	<input type="checkbox"/> Yes	<input type="checkbox"/> No (If Yes →)	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Mitral Valve Area: _____ cm ²	MV Mean Gradient: _____ mmHg				
Mitral Insufficiency:	<input type="checkbox"/> None	<input type="checkbox"/> Trace/Trivial	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe

Mitral Disease Lesion – Choose ONE Class and ONE Primary Lesion

<input type="checkbox"/> Class I – Normal Leaflet Mobility (If Yes →)	<input type="checkbox"/> Pure annular dilatation <input type="checkbox"/> Endocarditis, Native Valve <input type="checkbox"/> Other/Unknown/Not Available
<input type="checkbox"/> Class II – Increased Leaflet Mobility (If Yes →)	<input type="checkbox"/> Myxomatous degeneration/prolapse/flail (If Yes →) <input type="checkbox"/> Posterior Leaflet <input type="checkbox"/> Anterior Leaflet <input type="checkbox"/> Both <input type="checkbox"/> Endocarditis <input type="checkbox"/> Other/Unknown/Not Available
<input type="checkbox"/> Class III A – Restricted Leaflet Mobility (systole and diastole) (If Yes →)	<input type="checkbox"/> Rheumatic <input type="checkbox"/> Tumor: (Carcinoid or Other) <input type="checkbox"/> Radiation Induced Heart Disease <input type="checkbox"/> MAC <input type="checkbox"/> Congenital <input type="checkbox"/> Other/Unknown/Not Available
<input type="checkbox"/> Class III B – Restricted Leaflet Mobility (systole only) (If Yes →)	<input type="checkbox"/> Ischemic (acute/chronic) <input type="checkbox"/> Non-ischemic Cardiomyopathy: <input type="checkbox"/> Hypertrophic obstructive (HCM) <input type="checkbox"/> Other/Unknown/Not Available
<input type="checkbox"/> Mixed Lesion (Type II and II A) (If Yes →)	<input type="checkbox"/> Mixed leaflet lesion (prolapse/flail and restriction) <input type="checkbox"/> Congenital <input type="checkbox"/> MAC <input type="checkbox"/> Other/Unknown/Not Available
<input type="checkbox"/> Acute Papillary Muscle Rupture <input type="checkbox"/> Reoperative - Failure of previous MV repair or replacement <input type="checkbox"/> Other/Unknown/Not Available	

Procedure Performed Repair (If Repair ↓)

Repair approach: <input type="checkbox"/> Surgical (If Surgical select all that apply ↓) <input type="checkbox"/> Transcatheter	
<input type="checkbox"/> Annuloplasty <input type="checkbox"/> Annular decalcification/debridement <input type="checkbox"/> Pannus/Thrombus removal (native valve)	
<input type="checkbox"/> Leaflet resection: (If Yes →) VSMitRLeafRes (3510) Resection type: <input type="checkbox"/> Triangular Alone <input type="checkbox"/> Quadrangular Alone <input type="checkbox"/> Resection with Sliding Plasty <input type="checkbox"/> Resection with Folding Plasty <input type="checkbox"/> Other Resection Location <input type="checkbox"/> Anterior resection <input type="checkbox"/> Posterior resection <input type="checkbox"/> Both	
<input type="checkbox"/> Leaflet extension/replacement patch: : (If Yes →) Patch location: <input type="checkbox"/> Anterior <input type="checkbox"/> Posterior <input type="checkbox"/> Both	
<input type="checkbox"/> Neochords (PTFE): (If Yes →) <input type="checkbox"/> Anterior Neochords <input type="checkbox"/> Posterior Neochords <input type="checkbox"/> Both	
<input type="checkbox"/> Edge to edge repair <input type="checkbox"/> Mitral commissurotomy <input type="checkbox"/> Mitral commissuroplasty	<input type="checkbox"/> Mitral cleft repair (scallop closure) <input type="checkbox"/> Leaflet plication
<input type="checkbox"/> Surgical Prosthetic Valve Intervention (Not Explant of Valve) : (If Yes ↓) <div style="text-align: right;"> <input type="checkbox"/> Repair of periprosthetic leak <input type="checkbox"/> Removal of pannus <input type="checkbox"/> Removal of clot <input type="checkbox"/> Other </div>	

Replacement (If Replacement ↓)

<input type="checkbox"/> Mitral repair attempted prior to replacement <input type="checkbox"/> Mitral chords preserved: <input type="checkbox"/> Anterior <input type="checkbox"/> Posterior <input type="checkbox"/> Both <input type="checkbox"/> Implant: (If Yes →) Implant type: <input type="checkbox"/> Mechanical valve <input type="checkbox"/> Bioprosthetic valve <input type="checkbox"/> Annuloplasty Ring Surgical <input type="checkbox"/> Annuloplasty without Ring Surgical (pericardial suture) <input type="checkbox"/> Annuloplasty Ring Transcatheter <input type="checkbox"/> Transcatheter device implanted open heart <input type="checkbox"/> Transcatheter Replacement device (Transapical) <input type="checkbox"/> Transcatheter Replacement device (Transseptal) <input type="checkbox"/> Mitral Leaflet clip <input type="checkbox"/> Other	<input type="checkbox"/> Transcatheter replacement
Implant Model: _____	
Implant Size: _____	