

STS Tricuspid/Pulmonic Valve Surgeon Worksheet V4.2

↓Tricuspid Valve Procedure↓

Tricuspid Insufficiency: <input type="checkbox"/> None <input type="checkbox"/> Trace/Trivial <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	
Tricuspid Stenosis: <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	
Tricuspid Annular Diameter: _____ cm	
Tricuspid Disease Etiology: <input type="checkbox"/> Functional/secondary <input type="checkbox"/> Endocarditis, Native Valve <input type="checkbox"/> Endocarditis, Prosthetic Valve <input type="checkbox"/> Carcinoid <input type="checkbox"/> Congenital <input type="checkbox"/> Degenerative <input type="checkbox"/> Pacing wire/catheter induced dysfunction	<input type="checkbox"/> Rheumatic <input type="checkbox"/> Tumor <input type="checkbox"/> Radiation induced heart disease <input type="checkbox"/> Trauma <input type="checkbox"/> Reoperation – failure of previous TV repair/replacement <input type="checkbox"/> Mixed etiology

Procedure Performed Repair (If Repair↓)

<input type="checkbox"/> Leaflet resection	<input type="checkbox"/> Transcatheter Clip/Device	<input type="checkbox"/> Pannus/Thrombus Removal (Native Valve)
<input type="checkbox"/> Annuloplasty (If Annuloplasty→)	<input type="checkbox"/> Pericardium	<input type="checkbox"/> Suture <input type="checkbox"/> Prosthetic Ring <input type="checkbox"/> Prosthetic Band <input type="checkbox"/> Other

Procedure Performed Replacement (If Replacement↓)

Replacement Approach:	<input type="checkbox"/> Surgical	<input type="checkbox"/> Transcatheter
<input type="checkbox"/> Valvectomy		
<input type="checkbox"/> Implant (If Yes→)	Implant type:	<input type="checkbox"/> Annuloplasty Device <input type="checkbox"/> Mechanical valve <input type="checkbox"/> Bioprosthetic valve <input type="checkbox"/> Homograft <input type="checkbox"/> Transcatheter device implanted open heart <input type="checkbox"/> Transcatheter Valve <input type="checkbox"/> Other
Implant Model: _____ Implant Size: _____		
<input type="checkbox"/> Surgical Prosthetic Valve Intervention (Not Explant of Valve) : (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		

↓Pulmonic Valve Procedure↓

Pulmonic Insufficiency: <input type="checkbox"/> None <input type="checkbox"/> Trace/Trivial <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	
Pulmonic Stenosis: <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	
Mean Gradient: _____ mmHg	
Pulmonic Disease Etiology:	
<input type="checkbox"/> Acquired	<input type="checkbox"/> Radiation induced heart disease <input type="checkbox"/> Endocarditis, Native Valve <input type="checkbox"/> Endocarditis, Prosthetic Valve <input type="checkbox"/> Congenital, history of Tetralogy of Fallot (TOF) repair <input type="checkbox"/> Congenital, no prior Tetralogy of Fallot (TOF) repair <input type="checkbox"/> Reoperation - failure of previous PV repair or replacement <input type="checkbox"/> Mixed Etiology <input type="checkbox"/> Other

Procedure Performed

<input type="checkbox"/> Repair/Leaflet Reconstruction	
<input type="checkbox"/> Pannus/Thrombus Removal	
<input type="checkbox"/> Replacement (If Replacement→) Approach: <input type="checkbox"/> Surgical <input type="checkbox"/> Transcatheter	
<input type="checkbox"/> Valvectomy	
<input type="checkbox"/> Implant (If Yes→)	<input type="checkbox"/> Surgeon Fashioned (If Yes→) <input type="checkbox"/> Material PTFE (Gore-Tex) <input type="checkbox"/> Pericardium <input type="checkbox"/> Other <input type="checkbox"/> Commercially Supplied (If Yes↓) <input type="checkbox"/> Annuloplasty Device <input type="checkbox"/> Mechanical <input type="checkbox"/> Bioprosthetic <input type="checkbox"/> Homograft <input type="checkbox"/> Transcatheter device implanted open heart <input type="checkbox"/> Transcatheter Valve <input type="checkbox"/> Other Implant Model: _____ Implant Size: _____