The Society of Thoracic Surgeons
Adult Cardiac Surgery Database
Data Collection Form
Version 2.52.1

A. Administrative
Participant ID: ___________ Record ID: _______________
Cost Link Field: ___________ STS Trial Link Number: ___________ Patient ID: ___________

B. Demographics
Last Name: ____________________ First Name: ________________ Patient M.I.: _____ Name Fields Not Harvested
Date of Birth (mm/dd/yyyy): ___/___/_____ Patient Age: ______ System Calculation
Gender: Male Female
Social Security (or National Patient ID) Number: ___________ Not Harvested Medical Record Number: ___________ Not Harvested
Patient ZIP or Postal Code: ___________ Race: Caucasian Black Hispanic Asian Native American Other
Referring Cardiologist's Name: ___________ Not Harvested Referring Physician's Name: ___________ Not Harvested

C. Hospitalization
Hospital Name: ____________________ Hospital ZIP Code: ___________ Hospital State: ___________
Payer: ___________ Not Harvested
Date of Admission: ___/___/____ Date of Surgery: ___/___/____ Date of Discharge: ___/___/____
ICU Visit: Yes No If Yes, → Initial ICU Hours: ____________
Readmit to ICU: Yes No If Yes, → Additional ICU Hours: ____________
Total Hours in ICU: ____________

D. Risk Factors
Weight (kg): ___________ Height (cm): ___________
Smoker: Yes No If Yes, → Current Smoker: Yes No
Family History of Coronary Artery Disease: Yes No
Diabetes: Yes No If Yes, select one: → Diabetes Control: None Diet Oral Insulin
Dyslipidemia: Yes No
Last Creatinine Level Preop: ___________
Renal Failure: Yes No If Yes, → Dialysis: Yes No
Hypertension: Yes No
Cerebrovascular Accident: Yes No If Yes, → When: Recent <= 2 weeks Remote > 2 weeks
Infectious Endocarditis: Yes No If Yes, → Infectious Endocarditis Type: Treated Active
Chronic Lung Disease: No Mild Moderate Severe
Immunosuppressive Therapy: Yes No
Peripheral Vascular Disease: Yes No
Cerebrovascular Disease: Yes No If Yes, → CVD Type: Coma CVA RIND TIA Non Invasive > 75% Prior Carotid Surgery

E. Previous CV Interventions
Incidence: First CV Surgery First Re-op CV Surgery Second Re-op CV Surgery Third Re-op CV Surgery Fourth or More Re-op Surgery
Previous CV Interventions: Yes No If Yes, complete the rest of this section ↓
Previous Coronary Artery Bypass: Yes No
Previous Valve: Yes No
Previous Other Cardiac – Intrapericardial or Great Vessel: Yes No
Previous Other Cardiac – AICD: Yes No
Previous Other Cardiac – Pacemaker: Yes No If Yes, → Previous Other Cardiac – Pacemaker Type: Biventricular Univentricular
Previous Other Cardiac – PCI: Yes No If Yes, → Previous Other Cardiac – PCI Interval: <= 6 Hours > 6 Hours

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F. Preoperative Cardiac Status

- **Myocardial Infarction**: Yes No If Yes, When: <= 6 hours > 6 hours but <24 hours 1 - 7 days 8 - 21 days > 21 days
- **Congestive Heart Failure**: Yes No
- **Angina**: Yes No If Yes, Angina Type: Stable Unstable
- **Cardiogenic Shock**: Yes No If Yes, Cardiogenic Shock Type: Refractory Shock Hemodynamic Instability
- **Resuscitation**: Yes No
- **Arrhythmia**: Yes No If Yes, Arrhythmia Type: Sust VT/VF Heart Block AFib/Flutter None
- **Classification - NYHA**: I II III IV

G. Preoperative Medications

- **Beta Blockers**: Yes No
- **ACE Inhibitors**: Yes No
- **Nitrates I.V.**: Yes No
- **Anticoagulants**: Yes No If Yes, Anticoagulants Medication Name: Heparin Unfractionated Heparin Low Molecular Thrombin Inhibitora
- **Coumadin**: Yes No
- **Inotropes**: Yes No
- **Steroids**: Yes No
- **Aspirin**: Yes No
- **Lipid-Lowering**: Yes No If Yes, Lipid Lowering Medication Name: Statin Non Statin
- **ADP Inhibitors**: Yes No
- **Glycoprotein IIb/IIIa Inhibitor**: Yes No If Yes, Glycoprotein IIb/IIIa Inhibitor Medication Name: Abciximab (ReoPro) Eptifibatide (Integrelin) Tirofiban (Aggrastat)

H. Hemodynamics and Cath

- **Number of Diseased Coronary Vessels**: None One Two Three
- **Left Main Disease >= 50%**: Yes No
- **Ejection Fraction Done**: Yes No If Yes, Ejection Fraction: _______
  - Method: LV gram Radionucleotide Estimate ECHO
- **Pulmonary Artery Mean Pressure Done**: Yes No If Yes, Pulmonary Artery Mean Pressure: _______
- **Aortic Stenosis**: Yes No If Yes, Gradient: _______
- **Mitral Stenosis**: Yes No
- **Tricuspid Stenosis**: Yes No
- **Pulmonic Stenosis**: Yes No
- **Aortic Insufficiency**: 0=None 1=Trivial 2=Mild 3=Moderate 4=Severe
- **Mitral Insufficiency**: 0=None 1=Trivial 2=Mild 3=Moderate 4=Severe
- **Tricuspid Insufficiency**: 0=None 1=Trivial 2=Mild 3=Moderate 4=Severe
- **Pulmonic Insufficiency**: 0=None 1=Trivial 2=Mild 3=Moderate 4=Severe

I. Operative

- **Surgeon's Name**: ____________________________ Surgeon ID: ____________________________
- **Status of the procedure**: ↓
  - Elective
  - Urgent → Reason: AMI IABP Worsening CP CHF Anatomy USA Rest Angina Valve Dysfunction Aortic Dissection Angiographic Accident
  - Emergent Salvage
- **Robotic Technology Assisted**: Yes No
Coronary Artery Bypass: Yes No → If Yes, also complete Section J

Valve Surgery: Yes No → If Yes, also complete Section K

Ventricular Assist Device: Yes No → If Yes, also complete Section L

Other Cardiac Procedure: Yes No → If Yes, also complete Section M

Other Non-Cardiac Procedure: Yes No → If Yes, also complete Section N

Skin Incision Start Time: _______ 24 hour clock Skin Incision Stop Time: _______ 24 hour clock

CPB Utilization: None Combination Full ↓

If Combination, → Combination Plan: Planned Unplanned → If Unplanned, Unplanned Combination Reason: Exposure/Visualization

Bleeding
Inadequate size and/or diffuse disease of distal vessel
Hemodynamic Instability
Conduit quality and/or trauma
Other

If Combination or Full, → Perfusion Time (min): _______

Cannulation Method: → Aorta and Fem/Jug Vein
Fem Art and Fem/Jug Vein
Aorta and Atrial/Caval
Fem Art and Atrial/Caval
Other

Aortic Occlusion: → None

Aortic Crossclamp → If Aortic Crossclamp or Balloon Occlusion, → Cross Clamp Time (min): _______

Balloon Occlusion
Partial Crossclamp

Cardioplegia: Yes No

IABP: Yes No → If Yes, When Inserted: → Preoperatively Intraoperatively Postoperatively

Indication: → Hemodynamic Instab PTCA Support Unstable Angina CPB Wean Prophylactic

Intraop Blood Products: Yes No → If Yes, Red Blood Cell Units Fresh Frozen Plasma Units

Cryoprecipitate Units Platelet Units _______

J. Coronary Bypass

Number of Distal Anastomoses with Arterial Conduits: ______

Number of Distal Anastomoses with Venous Conduits: ______

Anastomotic Device Used: Yes No If Yes, → Anastomotic Device: Glue Magnets Clips Staples Other

IMAs Used as Grafts: Left IMA Right IMA Both IMAs No IMA If Left, Right, or Both ↓

IMA Harvest Technique: Direct Vision Thoracoscopy Combination Robotic Assisted

Number of IMA Distal Anastomoses: ______

Radial Artery Used: No Radial Left Radial Right Radial Both Radials If Left, Right, or Both ↓

Number of Radial Artery Distal Anastomoses: ______

Number of Gastro-Epiploic Artery Distal Anastomoses: ______

Number of Other Arterial Distal Anastomoses: ______
K. Valve Surgery

Aortic:
- No Replacement
- Repair/Reconstruction
- Root Reconstruction w/ Valve conduit
- Replacement + Aortic Graft conduit
- Root Reconstruction w/ Valve Sparring
- Resuspension Aortic Valve with replacement ascending Aorta
- Resuspension Aortic Valve without replacement ascending Aorta
- Resection Sub-Aortic Stenosis

Mitril:
- No Annuloplasty Only
- Replacement
- Resuspension w/ Annuloplasty
- Reconstruction w/ Annuloplasty
- Resuspension w/out Annuloplasty
- Resection Sub-Aortic Stenosis

Tricuspid:
- No Annuloplasty Only
- Replacement
- Reconstruction w/ Annuloplasty
- Reconstruction w/o Annuloplasty
- Resection Sub-Aortic Stenosis

Pulmonic:
- No Replacement
- Reconstruction
- Resuspension w/ Annuloplasty
- Resuspension w/o Annuloplasty
- Resection Sub-Aortic Stenosis

Annular Enlargement: Yes No

Key
- M = Mechanical
- B = Bioprosthesis
- H = Homograft
- A = Autograft (Ross)
- R = Ring/Annuloplasty
- BA = Band/Annuloplasty

Aortic Prosthesis - Implanted Type: M B H A R BA Implanted: __________ Size: ______
Mitril Prosthesis - Implanted Type: M B H A R BA Implanted: __________ Size: ______
Tricuspid Prosthesis - Implanted Type: M B H A R BA Implanted: __________ Size: ______
Pulmonic Prosthesis - Implanted Type: M B H A R BA Implanted: __________ Size: ______

Valve Key

Mechanical
- ATS Mechanical Prosthesis = M1
- Bjork-Shiley Convex-Concave Mechanical Prosthesis = M2
- Bjork-Shiley Monosurgical Mechanical Prosthesis = M3
- Carbomedics Mechanical Prosthesis = M4
- Carbomedics Carbo-Seal IV Aortic Conduit Prosthesis = M16
- Carbomedics Carbo-Seal Valsalva Ascending Aortic Conduit Prosthesis = M17
- Carbomedics Reduced Cuff Aortic Valve = M18
- Carbomedics Standard Aortic Valve = M19
- Carbomedics Top-Hat Supra-annular Aortic Valve = M20
- Carbomedics Optiflo Mitril Valve = M21
- Carbomedics Standard Mitril Valve = M22
- Carbomedics Orbus Universal Valve = M23
- Carbomedics Small Adult Aortic and Mitril Valves = M24
- Edwards Tekne Mechanical Prosthesis = M5
- Lillehei-Kaster Mechanical Prosthesis = M6
- MCRJ 70 X Mechanical Prosthesis = M10
- Medtronic Hall/Hall Easy-Fit Mechanical Prosthesis = M7
- Medtronic ADVANTAGE Mechanical Prosthesis = M25
- OmniCarbon Mechanical Prosthesis = M8
- OmniScience Mechanical Prosthesis = M9
- Sorin Discflow (Baxter Mira) Mechanical Prosthesis = M11
- Sorin Monocell RF Alliscore Mechanical Prosthesis = M12
- St. Jude Medical Mechanical Prosthesis or St. Jude Medical® Mechanical Heart Valve = M13
- SJM® Masters Series Mechanical Heart Valve = M26
- SJM® Masters Series Aortic Valve Leaflet Prosthesis = M27
- St. Jude Medical® Mechanical Heart Valve Hemodynamic Plus (HP) Series = M28
- SJM® Masters Series Hemodynamic Plus Valve with FlexCuff™ Sewing Ring = M29
- SJM Regent™ Valve = M30
- Starr-Edwards Caged-Ball Prosthesis = M31
- Ultegra Mechanical Prosthesis = M35

Bioprosthetic
- Baxter Prime Stentless Porcine Bioprosthesis – Subcoronary = B24
- Baxter Prime Stentless Porcine Bioprosthesis – Root = B25
- Biocor Porcine Bioprosthesis = B3
- Biocor Stentless Porcine Bioprosthesis – Subcoronary = B26
- Biocor Stentless Porcine Bioprosthesis – Root = B27
- Carbomedics PhotoFix Percardial Bioprosthesis = B5
- Carpenter-Edwards Duraflex Percardial Bioprosthesis = B28
- Carpenter-Edwards Prima Plus Stentless Porcine Bioprosthesis – Subcoronary = B29
- Carpenter-Edwards Prima Plus Stentless Porcine Bioprosthesis – Root = B30
- Carpenter-Edwards PERIMOUNT Percardial Bioprosthesis = B6
- Carpenter-Edwards Standard Porcine Bioprosthesis = B7
- Carpenter-Edwards Supra-Anterior Aortic Porcine Bioprosthesis = B8
- Cryolife O'Brien Stentless Porcine Bioprosthesis – Subcoronary = B31
- Cryolife O'Brien Stentless Porcine Bioprosthesis – Root = B32
- Hancock Standard Porcine Bioprosthesis = B3
- Hancock II Porcine Bioprosthesis = B11

Hancock Modified Orifice Porcine Bioprosthesis = B12
- Jena-Scheer Pericardial Bioprosthesis = B13
- Labor Disc Stentless Porcine Bioprosthesis – Subcoronary = B33
- Labor Stentless Porcine Bioprosthesis – Root = B34
- Medtronic Freestyle Stentless Porcine Bioprosthesis – Subcoronary = B35
- Medtronic Freestyle Stentless Porcine Bioprosthesis – Root = B36
- Medtronic Intact Porcine Bioprosthesis = B17
- Medtronic Mosaic Porcine Bioprosthesis = B18
- Medtronic Convex Porcine Bioprosthesis = B19
- Miroflow Percardial Bioprosthesis = B19
- St. Jude Medical® - Toronto SPV Stentless Porcine Bioprosthesis or SJM Toronto SPV® Valve = B21
- St. Jude Medical® Bioimplant Porcine Bioprosthesis = B22
- SJM Biocor™ Valve = B38
- SJM Epic™ Valve = B39
- SJM Toronto Root™ Bioprosthesis = B40
- Sorin Pericarbon Stentless Percardial Bioprosthesis = B20

Homograft
- CryoLife Aortic Homograft – H6
- CryoLife Pulmonary Homograft – H7
- CryoLife CryoValve SQ(Decellularized)Aortic Homograft – H8
- CryoLife CryoValve SG Pulmonary Homograft – H9
- Homograft Aortic – Subcoronary = H11
- Homograft Aortic Root = H12
- Homograft Mitril = H3
- Homograft Pulmonic Root = H4
- LifeNet CV Allograft = H10

Autograft
- Pulmonary Autograft to aortic root (Ross Procedure) = A1

Ring - Annuloplasty
- CarboMedics Anulofix Ring = R8
- CarboMedics Anulofix Ring - R9
- CarboMedics CardioFix Bovine Pericardium with PhotoFix Technology = R10
- Carpenter-Edwards Classic Annuloplasty Ring = R1
- Carpenter-Edwards Physio Annuloplasty System Ring = R2
- Cosgrove-Edwards Annuloplasty System Ring = R3
- Edwards MC® Tricuspid Annuloplasty System G Future Band = R11
- Gomexse Sculptor Annuloplasty Ring = R12
- Medtronic Sculptor Ring = R
- Medtronic-Durian AnCore Ring = R5
- Sorin-Puig-Massana Ring = R6
- St. Jude Medical SecurRing or SJM® Séguin Annuloplasty Ring = R7
- SJM Tailor™ Annuloplasty Ring = R13

Band - Annuloplasty
- Medtronic Colvin Galloway Future Band = Ba1
- Medtronic Durian Band = Ba2
- Medtronic Durian - Ancore Band = Ba3
Other = 777
L. VAD

Previous VAD: Yes  No
Please note that future references to "initial VAD" refer to the initial VAD for this hospitalization, not a VAD placed during a previous hospitalization.

Current Circulatory Support: For Initial VAD only

Indication for VAD: (Bridge to Transplant) (Bridge to Recovery) (Destination) (Separation from CPB) (Device Malfunction)

Intubated Pre VAD: Yes  No

Hemodynamics Pre VAD: May be obtained Prior to induction in the OR, or in an ICU immediately prior to OR

PCWP: _____mmHg  CVP: _____mmHg  PVR: _____watts units  Cl: _____L (min x m2)

RV Function: (Normal) (Mildly Impaired) (Moderately Impaired) (Severely Impaired)

RV Function method: _____ (Pre-op ECHO) (Intra-op pre VAD TEE)

VO2 Measured: Yes  No

Peak VO2: _____ml/kg/min

VAD Device Data:

Implant Type: Fill in below: (RVAD) (LVAD) (BIVAD)


Initial Implant Data

<table>
<thead>
<tr>
<th>Implant Type</th>
<th>Product Type</th>
<th>Implant Date</th>
<th>Explant</th>
<th>Explant Date</th>
<th>Explant Reason</th>
<th>Cardiac Tx</th>
<th>Tx Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>/ / /</td>
<td>Y N</td>
<td>/ / /</td>
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<td>Y N</td>
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</tr>
</tbody>
</table>

Initial VAD Cannulation/Attachment Sites:

LVAD Inflow: (LA) (LV)

RVAD Inflow: (RA) (RV)

Additional Implant(s) Data

<table>
<thead>
<tr>
<th>Implant(s) Type</th>
<th>Product Type</th>
<th>Implant Date</th>
<th>Explant</th>
<th>Explant Date</th>
<th>Explant Reason</th>
<th>Cardiac Tx</th>
<th>Tx Date</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Y N</td>
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<td>Y N</td>
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<td>Y N</td>
<td>/ / /</td>
<td></td>
<td>Y N</td>
<td>/ / /</td>
</tr>
</tbody>
</table>

Primary VAD Complications Data:

Intracranial Bleed: Yes  No

Embolic Stroke: Yes  No

Driveline/Cannula Infection: Yes  No

Pump Pocket Infection: Yes  No

VAD Endocarditis: Yes  No

Device Malfunction: Yes  No

Additional Complications (not specific to initial VAD as above) to be collected in section "P", Complications.

VAD Status: Discharged from hospital: (with VAD) (without VAD)
### M. Other Cardiac Procedures

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Left Ventricular Aneurysm Repair</td>
<td></td>
<td></td>
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<tr>
<td>Ventricular Septal Defect Repair</td>
<td></td>
<td></td>
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<tr>
<td>Atrial Septal Defect Repair</td>
<td></td>
<td></td>
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<tr>
<td>Batista</td>
<td></td>
<td></td>
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<tr>
<td>Surgical Ventricular Restoration</td>
<td></td>
<td></td>
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<tr>
<td>Congenital Defect Repair</td>
<td></td>
<td></td>
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<tr>
<td>Transmyocard Laser Revasc</td>
<td></td>
<td></td>
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<tr>
<td>Cardiac Trauma</td>
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<td></td>
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<tr>
<td>Cardiac Transplant</td>
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</tr>
</tbody>
</table>

Arrhythmia Correction Surgery → None

- Permanent Pacemaker
- Permanent Pacemaker with Cardiac Resynchronization Therapy (CRT)
- Implanted Cardioverter Defibrillator (ICD)
- ICD with CRT

If "Permanent Pacemaker with CRT" or "ICD with CRT", then answer ↓

Arrhythmia Correction Surgery – Lead Placement → Epicardial Endocardial

Atrial Fibrillation Correction Surgery → None

- Standard Surgical Maze Procedure
- Other Surgical Ablative Procedure
- Combination of Standard and Other

If Other or Combo, then answer ↓

Atrial Fibrillation Surgery – Energy Source →

- Unipolar Radiofrequency
- Bipolar Radiofrequency
- Microwave
- Cryothermia
- Other
- Combination of above

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aortic Aneurysm</td>
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<tr>
<td>Ascending Aorta</td>
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<td></td>
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<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Aortic Arch</td>
<td></td>
<td></td>
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<tr>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Descending Aorta</td>
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<td></td>
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<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Thoracoabdominal Aorta</td>
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<tr>
<td>Yes</td>
<td>No</td>
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</tbody>
</table>

### N. Other Non Cardiac Procedures

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carotid Endarterectomy</td>
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<td></td>
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<tr>
<td>Other Vascular</td>
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<tr>
<td>Other Thoracic</td>
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<tr>
<td>Other</td>
<td></td>
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</tbody>
</table>

### O. Post Operative

Blood Products Used Postoperatively: Yes No → If Yes, Red Blood Cell Units ______

- Fresh Frozen Plasma Units ______
- Cryoprecipitate Units ______
- Platelet Units ______

Extubated in OR: Yes No If No, → Initial # Hrs Ventilated Postop: ______

Re-intubated During Hosp Stay: Yes No If Yes, → Add Hours Ventilated Postop: ______

Total Hours Ventilated Postop: ______

### P. Complications

In Hospital Complications: Yes No

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operative:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ReOp for Bleeding Tamponade</td>
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<tr>
<td>ReOp for Valvular Dysfunction</td>
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<td></td>
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<tr>
<td>ReOp for Graft Occlusion</td>
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<td></td>
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<tr>
<td>ReOp for Other Cardiac Problem</td>
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<tr>
<td>ReOp for Other Non Cardiac Problem</td>
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<tr>
<td>Perioperative MI</td>
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<tr>
<td>Infection:</td>
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<tr>
<td>Sternum – Deep</td>
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<tr>
<td>Thoracotomy</td>
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<tr>
<td>Leg</td>
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<tr>
<td>Septicemia</td>
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<tr>
<td>Neurologic:</td>
<td>Pulmonary:</td>
<td></td>
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<tr>
<td>------------</td>
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<tr>
<td>Yes No Postoperative Stroke for &gt;72 hours</td>
<td>Yes No Prolonged Ventilation</td>
<td></td>
</tr>
<tr>
<td>Yes No Transient Neurologic Deficit</td>
<td>Yes No Pulmonary Embolism</td>
<td></td>
</tr>
<tr>
<td>Yes No Continuous Coma &gt;=24Hrs</td>
<td>Yes No Pneumonia</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Renal:</th>
<th>Vascular:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes No Renal Failure if Yes, ↓</td>
<td>Yes No Iliac/Femoral Dissection</td>
</tr>
<tr>
<td>Yes No Dialysis (Newly Required)</td>
<td>Yes No Acute Limb Ischemia</td>
</tr>
</tbody>
</table>

| Other: | |
|--------| |
| Yes No Heart Block | Yes No Multi-System Failure |
| Yes No Cardiac Arrest | Yes No Atrial Fibrillation |
| Yes No Anticoagulant Complication | Yes No Aortic Dissection |
| Yes No Tamponade | Yes No Other |
| Yes No Gastro-Intestinal Complication | |

### Q. Mortality
- **Mortality:** Yes No
- **Discharge Status:** Alive Dead
- **Status at 30 days after surgery:** Alive Dead Unknown

#### Operative Death:
- Yes No
- Only answered if Mortality = Yes

#### Mortality - Date
- __/__/____ (mm/dd/yyyy)
- Only answered if Mortality = Yes

#### Location of Death:
- OR curing initial surgery
- Hospital
- Home
- Other Care Facility
- OR during reoperation
- Only answered if Mortality = Yes

#### Primary Cause of Death (select only one):
- Only answered if Mortality = Yes
- Cardiac
- Neurologic
- Renal
- Vascular
- Infection
- Pulmonary
- Valvular
- Unknown
- Other

### R. Discharge (Note: This section is only answered if Discharge Status is "Alive")

#### ADP Inhibitors:
- Yes No

#### Antiarrhythmics:
- Yes No If Yes, ↓
  - Antiarrhythmics – Discharge – Medication Name: Amiodarone Other

#### Aspirin:
- Yes No

#### Ace-Inhibitors:
- Yes No

#### Beta Blockers:
- Yes No

#### Lipid Lowering:
- Yes No If Yes, ↓
  - Lipid Lowering – Discharge – Medication Type: Statin Non statin

#### Coumadin:
- Yes No

#### Discharge Location:
- Home
- Extended Care/TCU
- Other Hospital
- Nursing Home
- Other

#### Cardiac Rehabilitation Referral:
- Yes No Not Applicable

#### Smoking Cessation Counseling:
- Yes No Not Applicable
S. **Readmission** (Note: This section is only answered if Discharge Status is “Alive”)

Readmit <=30 Days from Date of Procedure:  Yes  No  ↓  If Yes, select the primary reason and procedure

**Readmit Reason:**
- Anticoagulation Complication – Valvular
- Anticoagulation Complication - Pharmacological
- Arrhythmias/Heart Block
- Congestive Heart Failure
- Myocardial Infarction and/or Recurrent Angina
- Pericardial Effusion and/or Tamponade
- Pneumonia or other Respiratory Complication
- Coronary Artery Dysfunction
- Valve Dysfunction
- Infection - Deep Sternum
- Infection – Conduit Harvest Site
- Renal Failure
- TIA
- Permanent CVA
- Acute Vascular Complication
- Subacute Endocarditis
- VAD Complication
- Other – Related Readmission
- Other – Nonrelated Readmission

**Readmit Reason – Primary Procedure:**
- OR for Bleeding
- Pacemaker Insertion/AICD
- PCI
- Pericardiotomy/Pericardiocentesis
- OR for Coronary Arteries
- OR for Valve
- OR for Sternal Debridement/Muscle Flap
- Dialysis
- OR for Vascular
- No Procedure Performed
- Other Procedure
- Unknown