

STS Aortic Valve Surgeon Worksheet V2.9

Aortic Stenosis:	<input type="checkbox"/> Yes	<input type="checkbox"/> No (If Yes →)	Smallest Aortic Valve Area: _____ cm ²	Highest Mean Gradient: _____ mmHg	
Aortic Insufficiency:	<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: (If Yes →) Sievers Class: <input type="checkbox"/> 0-no raphe <input type="checkbox"/> 1-one raphe <input type="checkbox"/> 2-two raphe
<input type="checkbox"/> Congenital (other than bicuspid)
<input type="checkbox"/> Degenerative: (If Yes →) <input type="checkbox"/> Calcified <input type="checkbox"/> Leaflet prolapse (If Yes →) <input type="checkbox"/> with annular dilatation <input type="checkbox"/> 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 <input type="checkbox"/> Without root abscess
<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"/> Ehler-Danlos Syndrome <input type="checkbox"/> Hypertensive aneurysm <input type="checkbox"/> Idiopathic root dilatation <input type="checkbox"/> Inflammatory <input type="checkbox"/> Loeys-Dietz Syndrome <input type="checkbox"/> Marfan Syndrome <input type="checkbox"/> Other connective tissue disorder
<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"/> Tumor (If Yes →) <input type="checkbox"/> Carcinoid <input type="checkbox"/> Myxoma <input type="checkbox"/> Papillary fibroelastoma <input type="checkbox"/> Other
<input type="checkbox"/> Mixed Etiology

Procedure Performed

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 Yes→) <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"/> Repair of periprosthetic leak
<input type="checkbox"/> Aortic annular enlargement with patch: (If Yes →) Technique: <input type="checkbox"/> Nicks-Nunez <input type="checkbox"/> Manougian <input type="checkbox"/> Konno <input type="checkbox"/> Other

Root Procedure (If Root Procedure↓) – For AV surgery involving the root please also complete Aorta/Aortic Root Worksheet

<input type="checkbox"/> With coronary ostial reimplantation (Bentall) (If Yes ↓)
<input type="checkbox"/> Mechanical <input type="checkbox"/> Autograft with native pulmonary valve (Ross) <input type="checkbox"/> Homograft with root replacement
<input type="checkbox"/> Bioprosthetic (If Yes →) <input type="checkbox"/> Stented valve composite graft <input type="checkbox"/> Stentless biologic full root
<input type="checkbox"/> Valve-sparing root operation (If Yes ↓)
<input type="checkbox"/> Reimplantation (David) <input type="checkbox"/> Remodeling (Yacoub) <input type="checkbox"/> Reconstruction (Florida Sleeve)
<input type="checkbox"/> Resuspension AV (If Yes →) <input type="checkbox"/> Without replacement of ascending aorta <input type="checkbox"/> With replacement of ascending aorta
<input type="checkbox"/> Major root reconstruction/debridement (If Yes ↓) <input type="checkbox"/> With pericardial patch: (If Yes →) Type: <input type="checkbox"/> Synthetic <input type="checkbox"/> Bioprosthetic <input type="checkbox"/> Autologus <input type="checkbox"/> Without pericardial patch

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"/> 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: _____

Aortic Assessment (epiaortic ultrasound or echo):

<input type="checkbox"/> Concentric Calcification <input type="checkbox"/> Normal Aorta <input type="checkbox"/> Extensive Intimal Thickening
<input type="checkbox"/> Protruding Atheroma < 5mm <input type="checkbox"/> Protruding Atheroma ≥ 5m <input type="checkbox"/> Mobile Plaques
Did Aortic Assessment Alter Operative Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No