

## STS Mitral Valve Surgeon Worksheet V2.9

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

### Mitral Disease Etiology

<input type="checkbox"/> Myxomatous degeneration/Prolapse <input type="checkbox"/> Endocarditis <input type="checkbox"/> Rheumatic <input type="checkbox"/> Ischemic: <input type="checkbox"/> Acute (MI ≤ 21 days) <input type="checkbox"/> Chronic (MI > 21 days) <input type="checkbox"/> Cardiomyopathy: <input type="checkbox"/> Non-ischemic <input type="checkbox"/> Hypertrophic obstructive <input type="checkbox"/> Tumor: <input type="checkbox"/> Carcinoid <input type="checkbox"/> Myxoma <input type="checkbox"/> Papillary fibroelastoma <input type="checkbox"/> Other	<input type="checkbox"/> Trauma <input type="checkbox"/> Carcinoid <input type="checkbox"/> Congenital <input type="checkbox"/> Pure annular dilatation <input type="checkbox"/> Reoperation for failure of previous MV repair/replacement <input type="checkbox"/> Mixed etiology
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### Mitral Lesion

<input type="checkbox"/> Leaflet prolapse: <input type="checkbox"/> Posterior <input type="checkbox"/> Bi-leaflet <input type="checkbox"/> Anterior <input type="checkbox"/> Papillary muscle: <input type="checkbox"/> Elongation <input type="checkbox"/> Rupture <input type="checkbox"/> Mixed lesion	<input type="checkbox"/> Leaflet: <input type="checkbox"/> Calcification <input type="checkbox"/> Perforation/Hole <input type="checkbox"/> Thickening <input type="checkbox"/> Retraction <input type="checkbox"/> Annular dilatation <input type="checkbox"/> Commissural fusion
<input type="checkbox"/> Chordal: <input type="checkbox"/> Elongation/Rupture/Failure <input type="checkbox"/> Tethering <input type="checkbox"/> Thickening/Retraction/Fusion	

### 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"/> Foldingplasty <input type="checkbox"/> Slidingplasty	
<input type="checkbox"/> Leaflet resection: Resection type: <input type="checkbox"/> Triangular <input type="checkbox"/> Quadrangular <input type="checkbox"/> Other <input type="checkbox"/> Anterior resection:   Location: <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> A3 <input type="checkbox"/> Posterior resection:   Location: <input type="checkbox"/> P1 <input type="checkbox"/> P2 <input type="checkbox"/> P3 <input type="checkbox"/> Commissure resection: Location: <input type="checkbox"/> Medial (C2) <input type="checkbox"/> Lateral (C1) <input type="checkbox"/> Both	
<input type="checkbox"/> Leaflet extension/replacement patch: Patch location: <input type="checkbox"/> Anterior <input type="checkbox"/> Posterior <input type="checkbox"/> Both	
<input type="checkbox"/> Neochords (PTFE): <input type="checkbox"/> Anterior Neochords:   Location: <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> A3 <input type="checkbox"/> Posterior Neochords:   Location: <input type="checkbox"/> P1 <input type="checkbox"/> P2 <input type="checkbox"/> P3 <input type="checkbox"/> Commissure Neochords: Location: <input type="checkbox"/> Medial (C2) <input type="checkbox"/> Lateral (C1) <input type="checkbox"/> Both	
<input type="checkbox"/> Chordal/Leaflet transfer <input type="checkbox"/> Anterior Chordal/Leaflet transfer:   Location: <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> A3 <input type="checkbox"/> Posterior Chordal/Leaflet transfer:   Location: <input type="checkbox"/> P1 <input type="checkbox"/> P2 <input type="checkbox"/> P3 <input type="checkbox"/> Commissure Chordal/Leaflet transfer: Location: <input type="checkbox"/> Medial (C2) <input type="checkbox"/> Lateral (C1) <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 <input type="checkbox"/> Mitral paraprosthetic leak repair

#### 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"/> Transcatheter replacement <input type="checkbox"/> Implant: (If Yes →) Implant type: <input type="checkbox"/> Mechanical valve <input type="checkbox"/> Bioprosthetic valve <input type="checkbox"/> Annuloplasty device <input type="checkbox"/> Mitral Leaflet clip <div style="margin-left: 150px;"> <input type="checkbox"/> Transcatheter device   <input type="checkbox"/> Surgically implanted transcatheter device   <input type="checkbox"/> Other         </div> Implant Model: _____ Implant Size: _____	
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#### Aortic Assessment (epiaortic ultrasound or echo):

- Concentric Calcification    Normal Aorta    Extensive Intimal Thickening  
 Protruding Atheroma < 5mm    Protruding Atheroma ≥ 5m    Mobile Plaques

**Did Aortic Assessment Alter Operative Plan?**    Yes    No