

## STS Tricuspid/Pulmonic Valve Surgeon Worksheet V2.9

### ↓Tricuspid Valve Procedure↓

<b>Tricuspid Stenosis:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
<b>Tricuspid Insufficiency:</b>	<input type="checkbox"/> None	<input type="checkbox"/> Trace/Trivial	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
<b>Tricuspid Disease Etiology:</b>					
<input type="checkbox"/> Functional/secondary	<input type="checkbox"/> Endocarditis	<input type="checkbox"/> Rheumatic			
<input type="checkbox"/> Carcinoid	<input type="checkbox"/> Congenital	<input type="checkbox"/> Mixed etiology			
<input type="checkbox"/> Degenerative	<input type="checkbox"/> Tumor	<input type="checkbox"/> Trauma			
<input type="checkbox"/> Reoperation – failure of previous TV repair/replacement					
<input type="checkbox"/> Pacing wire/catheter induced dysfunction					

#### **Procedure Performed**

##### **Repair (If Repair↓)**

<input type="checkbox"/> Annuloplasty	<input type="checkbox"/> Pericardium	<input type="checkbox"/> Suture	<input type="checkbox"/> Prosthetic Ring	<input type="checkbox"/> Prosthetic Band	<input type="checkbox"/> Other
<input type="checkbox"/> Leaflet resection					

##### **Replacement (If Replacement↓)**

Replacement Approach:		<input type="checkbox"/> Surgical	<input type="checkbox"/> Transcatheter	
<input type="checkbox"/> Valvectomy				
Implant (If Yes→)	Implant type:	<input type="checkbox"/> Mechanical valve	<input type="checkbox"/> Bioprosthetic valve	<input type="checkbox"/> Annuloplasty
		<input type="checkbox"/> Homograft	<input type="checkbox"/> Transcatheter device	<input type="checkbox"/> Other
Implant Model: _____				
Implant Size: _____				

#### **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

### ↓Pulmonic Valve Procedure↓

<b>Pulmonic Stenosis:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No (If Yes→)	Highest mead gradient: _____ mmHg		
<b>Pulmonic Insufficiency:</b>	<input type="checkbox"/> None	<input type="checkbox"/> Trace/Trivial	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
<b>Pulmonic Disease Etiology:</b>					
<input type="checkbox"/> Acquired					
<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					

#### **Procedure Performed**

<input type="checkbox"/> Repair/Leaflet Reconstruction	
<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"/> Mechanical <input type="checkbox"/> Transcatheter device
	<input type="checkbox"/> Bioprosthetic <input type="checkbox"/> Homograft
	<input type="checkbox"/> Annuloplasty Device <input type="checkbox"/> Other
Implant Model: _____	
Implant Size: _____	

#### **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