

**The Society of Thoracic Surgeons**

**Adult Cardiac Surgery Database**

**Data Collection Form Version 4.20.2**



Add/Change to Field \*\*Risk Variable ++NQF Updates 12212020

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| **A.** **Administrative** | | |
| Participant ID:  ParticID (25) | Record ID:(software generated)  RecordID (30) | |
| Patient ID:(software generated)  PatID (40) |  | |
| Patient participating in STS-related clinical trial:  ClinTrial (45)   None  Trial 1  Trial 2  Trial 3  Trial 4  Trial 5  Trial 6 (If not None →) | | Clinical Trial Patient ID: \_\_\_\_\_\_\_\_\_\_  ClinTrialPatID (46) |

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| **B. Demographics** | | | | | |
| Patient Last Name:  PatLName (50) | | | Patient First Name:  PatFName (55) | | Patient Middle Name:  PatMName (60) |
| Date of Birth: \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_ (mm/dd/yyyy)  DOB (65) | | | Patient Age: \*\* \_\_\_\_\_\_  Age (70) | | Sex: \*\*  Male  Female  Gender (75) |
| National Identification (Social Security) Number Known:  Yes  No  Refused (If Yes →)  SSNKnown (76) | | | | | National ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SSN (80) |
| Medical Record Number:  MedRecN (85) | | | | | |
| Permanent Street Address:  PatAddr (90) | | | | City:  PatCity (95) | |
| Region:  PatRegion (100) | | | | ZIP Code:  PatZIP (105) | Country:  PatientCountry (115) |
| Race Documented:  RaceDocumented (150) | Yes No Pt. Declined to Disclose | | | | |
| Race: (If Yes, select all that apply)  RaceMulti (151) | | | |  White: |  Am Indian/Alaskan: |
|  Black/African American: \*\* |  Hawaiian/Pacific Islander: |
|  Asian: \*\* |  Other: |
| Hispanic, Latino or Spanish Ethnicity: \*\* Ethnicity (185) | |  Yes  No  Not Documented | | | |

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| **C. Hospitalization** | | | | | | | | | | | | |
| Hospital Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (If Not Missing )  HospName (205) | | | | | | | Hospital ZIP Code:  HospZIP (210) | | | | | Hospital Region:  HospStat (215) |
| Hospital National Provider Identifier:  HospNPI (220) | | | | | | | Hospital CMS Certification Number: \_ \_ \_ \_ \_ \_  HospCMSCert (221) | | | | | |
| Primary Payor: \*\* (Choose one↓)  PayorPrim (291) | | | | | | | (If Primary Payor <>None/Self ↓) Secondary Payor: \*\* (Choose one)   PayorSecond (298) | | | | | |
|  | None/Self | | | | | |  | None/Self | | | | |
|  | Medicare (includes commercially managed options) | | | | | |  | Medicare (includes commercially managed options) | | | | |
| (If Medicare →) | Commercially Managed Medicare Plan  ComMngMedPlnPrim (292)  Yes  No (If No ↓) | | | | | (If Medicare →) | Commercially Managed Medicare Plan  ComMngMedPlnSec (299)  Yes  No (If No ↓) | | | |
|  | | HICN/MBI Known  HICNMBIKnown (293)   Yes  No  (If Yes ↓) | | |  |  |  | HICN/MBI Known  HICNMBIKnownSec (300)   Yes  No  (If Yes ↓) | | |
|  | |  | HICN/MBI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  HICNMBI (294) | |  |  | HICN/MBI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  HICNMBINumberSec (301) | |
|  | Primary Payor Medicare Part B: Yes  No  PrimMCareFFS (295) | | | | |  |  | Secondary Payor Medicare Part B:  Yes  No  SecondMCareFFS (302) | | | |
|  | Medicaid (includes commercially managed options) | | | | | |  | Medicaid (includes commercially managed options) | | | | |
|  | Commercial Health Insurance | | | | | |  | Commercial Health Insurance | | | | |
|  | Health Maintenance Organization | | | | | |  | Health Maintenance Organization | | | | |
|  | Military | | | | | |  | Military | | | | |
|  | Non -U.S. Plan | | | | | |  | Non -U.S. Plan | | | | |
|  | Other | | | | | |  | Other | | | | |
| Admit Date: \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_ (mm/dd/yyyy)  AdmitDt (305) | | | | | | | Date of Surgery: \*\* \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_\_\_ (mm/dd/yyyy)  SSurgDt (310) | | | | | |
| Admit Source:  AdmitSrc (320) | | |  Elective Admission  Emergency Department  Transfer in from another hospital/acute care facility Other | | | | | | | | | |
|  | | | (If Transfer ) | | | Other Hospital Performs Cardiac Surgery  Yes  No   OthHosCS (325) | | | | | | |

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| **D. Risk Factors** | | | | | | | | | | | | | | | | | | | | |
| Height (cm): \*\*  HeightCm (330) | | | | | | Weight (kg): \*\*  WeightKg (335) | | | | | | | | | | | Calculated BMI  CalculatedBMI (336)  (system calculation) | | | |
| Family History of Premature Coronary Artery Disease: \*\*  Yes  No  Unknown  FHCAD (355) | | | | | | | | | | | | | | | | | | | | |
| Diabetes: \*\*  Yes  No  Unknown (If Yes →)  Diabetes (360) | | | | | | | | | | Diabetes-Control: \*\*  None  Diet only  Oral  Insulin  Other SubQ  DiabCtrl (365)  Other  Unknown | | | | | | | | | | |
| Dialysis: \*\*  Yes  No  Unknown  Dialysis (375) | | | | | | | | | | Hypertension: \*\*  Yes  No  Unknown  Hypertn (380) | | | | | | | | | | |
| Endocarditis: \*\*  Yes  No (If Yes→) Endocarditis Type: \*\*  Treated  Active  InfEndo (385) InfEndTy (390) | | | | | | | | | | | | | | | | | | | | |
| (If Endocarditis Yes→) | | | Endocarditis Culture:  InfEndCult (395) | | | | |  Culture negative  Strep species  MRSA  MSSA  Coagulase negative staph   Enterococcus species  Gram negative species  Polymicrobial   Mycobacterium (chimera) Fungal  Other Unknown | | | | | | | | | | | | |
| Tobacco use: \*\*  TobaccoUse (400) | | |  Never smoker   Current every day smoker   Current some day smoker   Smoker, current status (frequency) unknown   Former smoker   Smoking status unknown | | | | | | | | | | | | | | | | | |
| Chronic Lung Disease: \*\*  No  Mild  Moderate  Severe  Lung disease documented, severity unknown  Unknown  ChrLungD (405) | | | | | | | | | | | | | | | | | | | | |
| (If Mild, Moderate or Severe→) | | | Type:  ChrLungDType (410) | | | |  Obstructive  Reactive  Interstitial Fibrosis  Restrictive  Other  Multiple   Not Documented | | | | | | | | | | | | | |
| Pulmonary Function Test Done:  Yes  No  PFT (415) | | | | | | | | | | | | | | | | | | | | |
| (If Yes ) | | FEV1 % Predicted: \_\_\_\_\_\_\_\_  FEV1 (420) | | | | | | | DLCO Test Performed:  Yes  No (If Yes )  DLCO (425) | | | | | | | | | | | DLCO % Predicted: \_\_\_\_\_  DLCOPred (430) |
| Room Air ABG Performed:  Yes  No (If Yes →)  ABG (435) | | | | | | | | | | | | Carbon Dioxide Level:\_\_\_\_\_\_\_\_  PCO2 (440) | | | | | | Oxygen Level : \_\_\_\_\_\_\_  PO2 (445) | | |
| Home Oxygen: \*\*  Yes, PRN  Yes, oxygen dependent   No  Unknown  HmO2 (450) | | | | | | | | | | | Inhaled Medication or Oral Bronchodilator Therapy:  Yes  No  Unknown BDTx (455) | | | | | | | | | |
| Sleep Apnea: \*\*  Yes  No  Unknown  SlpApn (460) | | | | | | | | | | | Pneumonia: \*\*  Recent  Remote  No  Unknown  Pneumonia (465) | | | | | | | | | |
| Illicit Drug Use within One Year: \*\* Yes  No  Unknown IVDrugAb (470) | | | | | | | | | | | (If Ilicit Drug Use = Yes→) | | | | Intravenous Drug Use within One Year: Yes No  Unknown  IVDrugUse1Yr (471) | | | | | |
| Drug use with 30 days of procedure?  Yes  No  Unknown  DrugUse30D (472) | | | | | |
| Alcohol Use: \*\*  <=1 drink/week  2- 7 drinks/week  >=8 drinks/week  None  Unknown  Alcohol (480) | | | | | | | | | | | | | | | | | | | | |
| Liver Disease: \*\*  Yes  No  Unknown  LiverDis (485) | | | | | | | | | | | Liver Cirrhosis  Yes  No  Unknown  LiverCirrhosis (486) | | | | | | | | | |
| (If Liver Cirrhosis = Yes→) | | | | | Child –Pugh Class  A  B  C  Unknown  LiverChildPugh (488) | | | | |
| Immunocompromised Present: \*\*  Yes  No  Unknown  ImmSupp (492) | | | | | | | | | | | Mediastinal Radiation: \*\*  Yes  No  Unknown  MediastRad (495) | | | | | | | | | |
| Cancer Within 5 Years: \*\*  Yes  No  Unknown  Cancer (500) | | | | | | | | | | | Peripheral Artery Disease: \*\*  Yes  No  Unknown  PVD (505) | | | | | | | | | |
| Unresponsive State: \*\*  Yes  No  UnrespStat (512) | | | | | | | | | | | Syncope: \*\*  Yes  No  Unknown  Syncope (515) | | | | | | | | | |
| Cerebrovascular Disease: \*\*  Yes  No  Unknown  CVD (525) | | | | | | | | | | | | | | | | | | | | |
| (If Yes→) | Prior CVA: \*\*  Yes  No  Unknown (If Yes →)  CVA (530) | | | | | | | | | | | | Prior CVA-When: \*\*  <= 30 days  > 30 days  CVAWhen (535) | | | | | | | |
| CVD TIA: \*\*  Yes  No  Unknown  CVDTIA (540) | | | | | | | | | | | | | | | | | | | |
| CVD Carotid Stenosis:  Right  Left  Both  None  Not Documented  CVDCarSten (545) | | | | | | | | | | | | | | | | | | | |
| (If Right or Both →) | | | | Severity of stenosis on the right carotid artery: \*\*  50-79%  80 – 99%  100%  Not documented  CVDStenRt (550) | | | | | | | | | | | | | | | |
| (If Left or Both →) | | | | Severity of stenosis on the left carotid artery: \*\*  50-79%  80 – 99%  100%  Not documented  CVDStenLft (555) | | | | | | | | | | | | | | | |
| History of previous carotid artery surgery and/or stenting: \*\*  Yes  No  CVDPCarSurg (560) | | | | | | | | | | | | | | | | | | | |
| Enter available lab results below. Not all tests are expected or appropriate for all patients. Data Quality Report will flag missing Creatinine or if both Hemoglobin & Hematocrit are missing. if Liver disease is present, Sodium, Creatinine, Bilirubin and INR are expected | | | | | | | | | | | | | | | | | | | | |
| WBC Count: \*\*  WBC (565) | | | | Hemoglobin:  RFHemoglobin (570) | | | | | | | | | | Hematocrit: \*\* Hct (575) | | | | Platelet Count: \*\*  Platelets (580) | | |
| Total Albumin: TotAlbumin (585) | | | | A1C Level:  A1cLvl (590) | | | | | | | | | | BNP  BNP (595) | | | | | | |
| Sodium:  Sodium (600) | | | | Last Creatinine Level \*\*:  CreatLst (605) | | | | | | | | | | Total Bilirubin:  TotBlrbn (610) | | | | INR:  INR (615) | | |
| HIT Antibodies  Yes  No  Not Applicable  HITAnti (620) | | | | | | | | | | | | | | MELD Score: (System Calculation)  MELDScr (625) | | | | | | |
| Five Meter Walk Test Done:  Yes  No  Non-ambulatory patient  FiveMWalkTest (645) | | | | | | | | | | | | | | | | | | | | |
| (If Yes →) | | | | Time 1: \_ \_ \_.\_ \_ (seconds) FiveMWalk1 (650) | | | | | | | | | | | Time 2: \_ \_ \_.\_ \_ (seconds)  FiveMWalk2 (655) | | | | Time 3 : \_ \_ \_.\_ \_ (seconds)  FiveMWalk3 (660) | |
| Did the patient have a laboratory confirmed diagnosis of Covid-19? 🞎 No (Harvest Code 10)  TempCode (7230) 🞎 Yes, prior to hospitalization for this surgery (Harvest Code 11)  🞎 Yes, in hospital prior to surgery (Harvest Code 12)  🞎 Yes, in hospital after surgery (Harvest Code 13)  🞎 Yes, after discharge within 30 days of surgery (Harvest Code 14) | | | | | | | | | | | | | | | | | | | | |
| Date of Positive Covid-19 Test (closest to OR date) \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ (mm/dd/yyyy)  TempDt (7225) | | | | | | | | | | | | | | | | | | | | |

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| **E. Previous Cardiac Interventions** | | | | | | | | | | | | | | | | | |
| Previous Cardiac Interventions: \*\*  Yes  No  Unknown  PrCVInt (665) | | | | | | | | | | | | | | | | | |
| (If Yes → ) | Previous Coronary Artery Bypass (CAB): \*\*  Yes  No  PrCAB (670) | | | | | | | | | | | | | | | | |
|  | Previous Valve Procedure: \*\*  Yes  No (If PrValve Yes, Enter at least one previous valve procedure and up to 5 ↓) PrValve (675) | | | | | | | | | | | | | | | | |
|  |  | | | | | #1\*\*  PrValveProc1 (695) | | #2\*\* PrValveProc2 (700) | | | #3\*\*  PrValveProc3 (705) | | | #4\*\*  PrValveProc4 (710) | | #5\*\*  PrValveProc5 (715) | |
|  | No additional valve procedure(s) | | | | |  | |  | | |  | | |  | |  | |
|  | Aortic valve balloon valvotomy/valvuloplasty | | | | |  | |  | | |  | | |  | |  | |
|  | Aortic valve repair, surgical | | | | |  | |  | | |  | | |  | |  | |
|  | Aortic valve replacement, surgical | | | | |  | |  | | |  | | |  | |  | |
|  | Aortic valve replacement, transcatheter | | | | |  | |  | | |  | | |  | |  | |
|  | Mitral valve balloon valvotomy/valvuloplasty | | | | |  | |  | | |  | | |  | |  | |
|  | Mitral valve commissurotomy, surgical | | | | |  | |  | | |  | | |  | |  | |
|  | Mitral valve repair, percutaneous | | | | |  | |  | | |  | | |  | |  | |
|  | Mitral valve repair, surgical | | | | |  | |  | | |  | | |  | |  | |
|  | Mitral valve replacement, surgical | | | | |  | |  | | |  | | |  | |  | |
|  | Mitral valve replacement, transcatheter | | | | |  | |  | | |  | | |  | |  | |
|  | Tricuspid valve balloon valvotomy/valvuloplasty | | | | |  | |  | | |  | | |  | |  | |
|  | Tricuspid valve repair, percutaneous | | | | |  | |  | | |  | | |  | |  | |
|  | Tricuspid valve repair, surgical | | | | |  | |  | | |  | | |  | |  | |
|  | Tricuspid valve replacement, surgical | | | | |  | |  | | |  | | |  | |  | |
|  | Tricuspid valve replacement, transcatheter | | | | |  | |  | | |  | | |  | |  | |
|  | Tricuspid valvectomy | | | | |  | |  | | |  | | |  | |  | |
|  | Pulmonary valve balloon valvotomy/valvuloplasty | | | | |  | |  | | |  | | |  | |  | |
|  | Pulmonary valve repair, surgical | | | | |  | |  | | |  | | |  | |  | |
|  | Pulmonary valve replacement, surgical | | | | |  | |  | | |  | | |  | |  | |
|  | Pulmonary valve replacement, transcatheter | | | | |  | |  | | |  | | |  | |  | |
|  | Pulmonary valvectomy | | | | |  | |  | | |  | | |  | |  | |
|  | Other valve procedure | | | | |  | |  | | |  | | |  | |  | |
|  | Previous PCI: \*\*  Yes  No  POCPCI (775) | | | | | | | | | | | | | | | | |
|  | (If Yes →) | PCI Performed Within This Episode Of Care: \*\*  Yes, at this facility  Yes, at some other acute care facility  No  POCPCIWhen (780)  (If Yes, at this facility or Yes, at some other acute care facility ↓) | | | | | | | | | | | | | | | |
|  |  |  | Indication for Surgery: |  PCI Complication | | | | | |  PCI Failure without Clinical Deterioration | | | | | | | |
|  |  |  | POCPCIndSurg (785) |  PCI Failure with Clinical Deterioration | | | | | |  PCI/Surgery Staged (not STEMI) | | | | | | | |
|  |  |  PCI for STEMI, multivessel disease | | | | | |  Other | | | | | | | |
|  |  | PCI Stent:  Yes  No  POCPCISt (790) | | PCI Interval: \*\*  <= 6 Hours  > 6 Hours POCPCIIn (800) | | | | | | | | | | | | | |
|  | Other Previous Cardiac Interventions: \*\*  Yes  No (If Yes, Enter at least one previous other cardiac procedure and up to 7 ↓)  POC (805) | | | | | | | | | | | | | | | | |
|  |  | | | | #1\*\*  POCInt1 (810) | | #2\*\*  POCInt2 (815) | | #3\*\*  POCInt3 (820) | | | #4\*\*  POCInt4 (825) | #5\*\*  POCInt5 (830) | | #6\*\*  POCInt6 (835) | | #7\*\*  POCInt7 (840) |
|  | No additional interventions | | | |  | |  | |  | | |  |  | |  | |  |
|  | Ablation, catheter, atrial arrhythmia | | | |  | |  | |  | | |  |  | |  | |  |
|  | Ablation, catheter, other or unknown | | | |  | |  | |  | | |  |  | |  | |  |
|  | Ablation, catheter, ventricular arrhythmia | | | |  | |  | |  | | |  |  | |  | |  |
|  | Ablation, surgical, atrial arrhythmia | | | |  | |  | |  | | |  |  | |  | |  |
|  | Ablation, surgical, other or unknown | | | |  | |  | |  | | |  |  | |  | |  |
|  | Aneurysmectomy, LV | | | |  | |  | |  | | |  |  | |  | |  |
|  | Aortic procedure, arch | | | |  | |  | |  | | |  |  | |  | |  |
|  | Aortic procedure, ascending | | | |  | |  | |  | | |  |  | |  | |  |
|  | Aortic procedure, descending | | | |  | |  | |  | | |  |  | |  | |  |
|  | Aortic procedure, root | | | |  | |  | |  | | |  |  | |  | |  |
|  | Aortic procedure, thoracoabdominal | | | |  | |  | |  | | |  |  | |  | |  |
|  | Aortic Procedure, TEVAR | | | |  | |  | |  | | |  |  | |  | |  |
|  | Aortic root procedure, valve sparing | | | |  | |  | |  | | |  |  | |  | |  |
|  | Atrial appendage obliteration, left, surgical | | | |  | |  | |  | | |  |  | |  | |  |
|  | Atrial appendage obliteration, left, transcatheter | | | |  | |  | |  | | |  |  | |  | |  |
|  | Cardiac Tumor | | | |  | |  | |  | | |  |  | |  | |  |
|  | Cardioversion(s) | | | |  | |  | |  | | |  |  | |  | |  |
|  | Closure device, atrial septal defect | | | |  | |  | |  | | |  |  | |  | |  |
|  | Closure device, ventricular septal defect | | | |  | |  | |  | | |  |  | |  | |  |
|  | Congenital cardiac repair, surgical | | | |  | |  | |  | | |  |  | |  | |  |
|  | ECMO | | | |  | |  | |  | | |  |  | |  | |  |
|  | Implantable Cardioverter Defibrillator (ICD) with or without pacemaker | | | |  | |  | |  | | |  |  | |  | |  |
|  | Myectomy (not congenital) | | | |  | |  | |  | | |  |  | |  | |  |
|  | Permanent Pacemaker | | | |  | |  | |  | | |  |  | |  | |  |
|  | Pericardial window/Pericardiocentesis | | | |  | |  | |  | | |  |  | |  | |  |
|  | Pericardiectomy | | | |  | |  | |  | | |  |  | |  | |  |
|  | Pulmonary Thromboembolectomy | | | |  | |  | |  | | |  |  | |  | |  |
|  | Total Artificial Heart (TAH) | | | |  | |  | |  | | |  |  | |  | |  |
|  | Transmyocardial Laser Revascularization (TMR) | | | |  | |  | |  | | |  |  | |  | |  |
|  | Transplant heart & lung | | | |  | |  | |  | | |  |  | |  | |  |
|  | Transplant, heart | | | |  | |  | |  | | |  |  | |  | |  |
|  | Transplant, lung(s) | | | |  | |  | |  | | |  |  | |  | |  |
|  | Ventricular Assist Device (VAD), BiVAD | | | |  | |  | |  | | |  |  | |  | |  |
|  | Ventricular Assist Device (VAD), left | | | |  | |  | |  | | |  |  | |  | |  |
|  | Ventricular Assist Device (VAD), right | | | |  | |  | |  | | |  |  | |  | |  |
|  | Other Cardiac Intervention (not listed) | | | |  | |  | |  | | |  |  | |  | |  |

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| **F. Preoperative Cardiac Status** | | | | | | | | | | |
| Prior Myocardial Infarction:  Yes  No  Unknown (If Yes ↓)  PrevMI (885) | | | | | | | | | | |
|  | | | MI When:\*\*  <=6 Hrs.  >6 Hrs. but <24 Hrs.  1 to 7 Days  8 to 21 Days  >21 Days  MIWhen (890) | | | | | | | |
| Primary Coronary Symptom for Surgery:\*\*  CardSympTimeOfAdm (895) | | |  No Coronary Symptoms  Angina Equivalent   Stable Angina  Unstable Angina   ST Elevation MI (STEMI)  Non-ST Elevation MI (Non-STEMI)   Other | | | | | | | |
| Heart Failure: Yes  No  Unknown (If Yes→) HeartFail (911) | | | | | Timing:\*\*  Acute  Chronic  Both  HeartFailTmg (912) | | | Type:  Systolic  Diastolic  Both  Unavailable  HeartFailType (913) | | |
| Classification-NYHA:\*\*  Class I  Class II  Class III  Class IV  Not Documented  ClassNYH (915) | | | | | | | | | | |
| Cardiogenic Shock :\*\*  Yes, at the time of the procedure  Yes, not at the time of the procedure but within prior 24 hours  No  CarShock (930) | | | | | | | | | | |
| Resuscitation:\*\*  Yes - Within 1 hour of the start of the procedure  Yes - More than 1 hour but less than 24 hours of the start of the procedure  No  Resusc (935) | | | | | | | | | | |
| Cardiac Arrhythmia:  Yes  No  Arrhythmia (945) | | | | | | | | | | |
| (If Arrhythmia = Yes →) | Permanently Paced Rhythm:  Yes  No  ArrhythPPaced (947) | | | | | | | | | |
| (If Arrhythmia = Yes , choose one response below for each rhythm →) | | VTach/VFib\*\*  ArrhythVV (950) | | Sick Sinus Syndrome\*\* ArrhythSSS (955) | | AFlutter\*\*  ArrhythAFlutter (960) | AFibrillation\*\*  ArrhythAtrFib (961) | | Second Degree Heart Block\*\*  ArrhythSecond (965) | Third Degree Heart Block\*\*  ArrhythThird (970) |
| None | |  | |  | |  |  | |  |  |
| Remote (> 30 days preop) | |  | |  | |  |  | |  |  |
| Recent (<= 30 days preop) | |  | |  | |  |  | |  |  |
| (If AFibrillation is not None →) | | Atrial Fibrillation Type:  Paroxysmal  Persistent  ArrhythAFib (971) \*\* | | | | | | | | |
| (If AFibrillation = Recent →) | | Was patient in A-fib at OR Entry? Yes  No  AFibRecOREntry (972) | | | | | | | | |

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| **G. Preoperative Medications** | | | | | | | |
| **Medication** | | **Timeframe** | **Administration** | | | | |
| ACE or ARB \*\* MedACEI48 (1020) | | Within 48 hours |  Yes  No  Contraindicated  Unknown | | | | |
| Amiodarone  MedAmiodarone (1025) | | Prior to surgery |  Yes, on home therapy  Yes, therapy started this admission   No  Unknown | | | | |
| Antianginal | Beta Blocker ++ MedBeta (1030) | Within 24 hours |  Yes  No  Contraindicated | | | | |
| Beta Blocker  MedBetaTher (1035) | On therapy for ≥ 2 weeks prior to surgery |  Yes  No  Contraindicated  Unknown | | | | |
| Calcium Channel Blocker  MedCChanTher (1040) | On therapy for ≥ 2 weeks prior to surgery |  Yes  No  Contraindicated  Unknown | | | | |
| Long-acting Nitrate  MedLongActNit (1045) | On therapy for ≥ 2 weeks prior to surgery |  Yes  No  Contraindicated  Unknown | | | | |
| Nitrates, intravenous  MedNitIV (1050) | Within 24 hours |  Yes  No | | | | |
| Other Antianginal  MedOthAntiang (1055) | On therapy for ≥ 2 weeks prior to surgery |  Yes  No  Contraindicated  Unknown | | | | |
| Antiplatelet | ADP Inhibitor \*\*  (includes P2Y12)  MedADP5Days (1060) | Within 5 days |  Yes  No  Contraindicated  Unknown | | | | |
| (If Yes→) | ADP Inhibitors Discontinuation: \*\* \_\_\_\_\_\_\_ (# days prior to surgery)  MedADPIDis (1065) | | | |
| Aspirin  MedASA (1070) | Within 5 days |  Yes  No  Contraindicated  Unknown | | | | |
| (If Yes→) | | | | Aspirin Discontinuation: \_\_\_\_\_\_\_ (# days prior to surgery)  MedASADis (1071) |
| Aspirin one time dose:  Yes  No  MedASAOnce (1072) |
| Glycoprotein IIb/IIIa \*\* MedGP (1073) | Within 24 hours |  Yes  No | | | | |
| Anticoagulant | Anticoagulants (Intravenous/ SubQ)  MedACoag (1075) | Within 48 hours |  Yes  No  MedACMN (1080) | | | | |
|  |  | (If Yes →) | | |  Heparin (Unfractionated)   Heparin (Low Molecular)   Both  Other | |
| Warfarin (Coumadin)  MedCoum5Days (1091) | Within 5 days |  Yes  No  Unknown | | | | |
| (If Yes→) | | Coumadin Discontinuation: \_\_\_\_\_\_\_ (# days prior to surgery)  MedCoum5Dis (1092) | | |
| Direct Oral Anticoagulant (DOAC)  MedDOAC (1093) | Within 5 days |  Yes  No  Unknown | | | | |
| (If Yes→) | | DOAC Discontinuation: \_\_\_\_\_\_\_\_\_ (# days prior to surgery)  MedDOAC5Dis (1094) | | |
|  | Thrombolytics  MedThrom (1125) | Within 24 hours |  Yes  No | | | | |
| Inotropic, Intravenous \*\* MedInotr (1130) | | Within 48 hours |  Yes  No | | | | |
| Lipid Lowering  MedLipid (1135) | | Within 24 hours |  Yes  No  Contraindicated  Unknown | | | | |
| (If Yes→) | | Medication Type :  Statin  Statin + Other  Non-statin/Other  MedLipType (1141) | | |
| Steroids \*\* MedSter (1143) | | Within 24 hours |  Yes  No  Contraindicated  Unknown | | | | |

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| **H. Hemodynamics/Cath/Echo** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cardiac Catheterization Performed :  Yes  No (If Yes→)  CarCathPer (1145) | | | | | | | | | | | | | | | | | Cardiac Catheterization Date: \_\_ \_\_/ \_\_ \_\_/\_\_ \_\_ \_\_ \_\_  CarCathDt (1150) | | | | | | | | | | | | |
| Coronary Anatomy/Disease known:  Yes  No (If Yes ↓)  CorAnatDisKnown (1155) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Number Diseased Vessels : \*\* NumDisV (1170)  (If one, two or three vessel disease ↓) | | | |  None  One  Two  Three | | | | | | | | | | | | | | | | | | | | |
|  | | | | | \*\*Left Main stenosis ≥ 50% known  Yes  No  N/ A  StenLeftMain (1174) | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | (If Yes→) | | | Is location of stenosis known:  Yes  No  StenLeftMainLctnKn (1176) | | | | | | | | | | | | | | | | | | | | |
|  | | | | (If Yes select all that apply→) | | | | | | | |  Native Artery Stenosis  Stenotic Graft  Stenotic Stent  StenLeftMainLctn (1177) | | | | | | | | |
|  | | | | | \*\*LAD distribution stenosis ≥ 50% known  Yes  No  N/A  LADDistSten (1178) | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | (If Yes→) | | | |  50-69%  ≥ 70%  LADDistStenPercent (1179) | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Is location of stenosis known:  Yes  No  LADDistStenCurRevLocK (1180) | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | (If Yes select all that apply→) | | | | | | | | | | | |  Native Artery Stenosis  Stenotic Graft  Stenotic Stent  LADDistStenCurRev (1181) | | | | | | | | |
|  | | | | | Ramus stenosis ≥ 50% known  Yes  No  N/A  RamusSten (1182) | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | (If Yes→) | | | |  50-69%  ≥ 70%  RamusStenPercent (1183) | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Is location of stenosis known:  Yes  No  RamusStenCurRevLocK (1184) | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | (If Yes select all that apply→) | | | | | | | | | | | |  Native Artery Stenosis  Stenotic Graft  Stenotic Stent  RamusStenCurRev (1185) | | | | | | | | |
|  | | | | | Circumflex distribution stenosis ≥ 50% known  Yes  No  N/A  CircDistSten (1186) | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | (If Yes→) | | | |  50-69%  ≥ 70%  CircDistStenPercent (1187) | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Is location of stenosis known:  Yes  No  CircDistStenCurRevLocK (1188) | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | (If Yes select all that apply→) | | | | | | | | | | | |  Native Artery Stenosis  Stenotic Graft  Stenotic Stent  CircDistStenCurRev (1189) | | | | | | | | |
|  | | | | | RCA distribution stenosis ≥ 50% known  Yes  No  N/A  RCADistSten (1190) | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | (If Yes→) | | | |  50-69%  ≥ 70%  RCADistStenPercent (1191) | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Is location of stenosis known:  Yes  No  RCADistStenCurRevLocK (1192) | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | (If Yes select all that apply→) | | | | | | | | | | | |  Native Artery Stenosis  Stenotic Graft  Stenotic Stent  RCADistStenCurRev (1193) | | | | | | | | |
| Ejection Fraction Done:  Yes  No (If Yes→)  HDEFD (1540) | | | | | | | | | | | | | | | | Ejection Fraction: \*\* \_\_\_\_\_\_\_\_\_ (%) HDEF (1545) | | | | | | | | | | | | | |
| Dimensions Available:  Yes  No (If Yes→)  DimAvail (1555) | | | | | | | | | | | | | | | LV End-Systolic Dimension: \_\_\_\_\_\_\_\_ (mm)  LVSD (1560) | | | | | | | | | | | | LV End-Diastolic Dimension: \_\_\_\_\_\_\_ (mm)  LVEDD (1565) | | |
| PA Systolic Pressure Measured:  Yes  No (If Yes→)  PASYSMeas (1570) | | | | | | | | | | | | | | | | PA Systolic Pressure: \_\_\_\_\_\_\_\_ mmHg  PASYS (1575) | | | | | | | | | | | | | |
| **Aortic Valve** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aortic Valve Regurgitation:  Yes  No  AorticValveRegurg (1585) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If Yes →) | | | | | | | Aortic Valve Regurgitation: \*\* Trivial/Trace  Mild  Moderate  Severe  Not Documented  VDInsufA (1590) | | | | | | | | | | | | | | | | | | | | | | |
| Aortic Valve Stenosis: \*\*  Yes  No  VDStenA (1600) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If Yes →) | | | | | | | Aortic Valve Stenosis:  Mild  Moderate  Severe  Not Documented  AVStenosis (1601) | | | | | | | | | | | | | | | | | | | | | | |
| (If Yes →) | | | | | | | | | | Hemodynamic/Echo Data Available:  Yes  No   AoHemoDatAvail (1605) | | | | | | | | | | | | | | | | | | | |
| (If Yes →) | | | | Aortic Valve Area: \_\_\_\_\_\_\_\_ cm2  VDAoVA (1610) | | | | | | | | | | | | | | | |
| Mean Gradient: \_\_\_\_\_\_\_\_ mmHg  VDGradA (1615) | | | | | | | | | | | | | | | |
| Aortic Jet Velocity (Vmax): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_m/s  VDVMax (1616) | | | | | | | | | | | | | | | |
| Aortic Valve Disease:  Yes  No  VDAort (1617) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If Aortic Valve Disease, Yes→) | | | | | | | | | | | AV Disease Etiology: \*\* Choose PRIMARY Etiology (one)  VDAoPrimEt (1646) | | | | | | | | | | | | | | | | | | |
|  | Bicuspid valve disease | | | | | | | | | | | | | | | | |  | | | | | Primary Aortic Disease, Atherosclerotic Aneurysm | | | | | | |
|  | Unicuspid valve disease | | | | | | | | | | | | | | | | |  | | | | | Primary Aortic Disease, Ehlers-Danlos Syndrome | | | | | | |
|  | Quadricuspid valve disease | | | | | | | | | | | | | | | | |  | | | | | Primary Aortic Disease, Hypertensive Aneurysm | | | | | | |
|  | Congenital (other than Bicuspid, Unicuspid, or Quadricuspid) | | | | | | | | | | | | | | | | |  | | | | | Primary Aortic Disease, Idiopathic Root Dilatation | | | | | | |
|  | | Degenerative- Calcified | | | | | | | | | | | | | | | |  | | | | | Primary Aortic Disease, Inflammatory | | | | | | |
|  | | Degenerative- Leaflet prolapse with or without annular dilation | | | | | | | | | | | | | | | |  | | | | | Primary Aortic Disease, Loeys-Dietz Syndrome | | | | | | |
|  | | Degenerative- Pure annular dilatation without leaflet prolapse | | | | | | | | | | | | | | | |  | | | | | Primary Aortic Disease, Marfan Syndrome | | | | | | |
|  | | Degenerative- Commissural rupture | | | | | | | | | | | | | | | |  | | | | | Primary Aortic Disease, Other Connective tissue disorder | | | | | | |
|  | | Degenerative- Extensive fenestration | | | | | | | | | | | | | | | |  | | | | | Radiation induced heart disease | | | | | | |
|  | | Degenerative- Leaflet perforation/hole | | | | | | | | | | | | | | | |  | | | | | Reoperation-Failure of previous AV repair or replacement | | | | | | |
|  | | Endocarditis, native valve with root abscess | | | | | | | | | | | | | | | |  | | | | | Rheumatic | | | | | | |
|  | | Endocarditis, native valve without root abscess | | | | | | | | | | | | | | | |  | | | | | Supravalvular Aortic Stenosis | | | | | | |
|  | | Endocarditis, prosthetic valve with root abscess | | | | | | | | | | | | | | | |  | | | | | Trauma | | | | | | |
|  | | Endocarditis, prosthetic valve without root abscess | | | | | | | | | | | | | | | |  | | | | | Carcinoid | | | | | | |
|  | | LV Outflow Tract Pathology, HOCM | | | | | | | | | | | | | | | |  | | | | | Tumor, Myxoma | | | | | | |
|  | | LV Outflow Tract Pathology, Sub-aortic membrane | | | | | | | | | | | | | | | |  | | | | | Tumor, Papillary Fibroelastoma | | | | | | |
|  | | LV Outflow Tract Pathology, Sub-aortic tunnel | | | | | | | | | | | | | | | |  | | | | | Tumor, Other | | | | | | |
|  | | LV Outflow Tract Pathology, Other | | | | | | | | | | | | | | | |  | | | | Mixed Etiology | | | | | | | |
|  | | Primary Aortic Disease, Aortic Dissection | | | | | | | | | | | | | | | |  | | | | Not Documented | | | | | | | |
| **Mitral Valve** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mitral Valve Regurgitation: Yes  No  MVRegurg (1679) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If Yes →) | | | | | Mitral Regurgitation: \*\* Trivial/Trace Mild  Moderate  Severe  Not Documented  VDInsufM (1680) | | | | | | | | | | | | | | | | | | | | | | | | |
| Mitral Valve Stenosis: \*\*  Yes  No  VDStenM (1690) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If Yes →) | | | | | Mitral Valve Stenosis:  Mild  Moderate  Severe  Not Documented  MVStenDeg (1691) | | | | | | | | | | | | | | | | | | | | | | | | |
| Hemodynamic/ Echo data available:  Yes  No  MiHemoDatAvail (1695) | | | | | | | | | | | | | | | | | | | | | | | | |
| (If Yes →) | | | | Valve Area: \_\_\_\_\_\_\_\_ cm2  VDMVA (1700) | | | | | | | | | | | | | | | | | | | | |
| Mean Gradient: \_\_\_\_\_\_\_\_ mmHg  VDGradM (1705) | | | | | | | | | | | | | | | | | | | | |
| Mitral Valve Disease:  Yes  No VDMit (1710) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Choose PRIMARY Lesion (one): VDMitDis (1711) (If Mitral Valve Disease, Yes ↓) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  Class I – Normal Leaflet Mobility (If Class I →)VDMitDisClsITy (1712) | | | | | | | | | | | | | | | | | | Pure Annular Dilatation  Endocarditis, Native Valve  Other/ Unknown/Not Available | | | | | |
|  Class II – Increased Leaflet Mobility (If Class II →)VDMitDisClsIITy (1713) | | | | | | | | | | | | | | | | | | Myxomatous degenerative prolapse/flail  Endocarditis  Other/Unknown/Not Available | | | | | |
| (If Myxomatous→)  VDMitDisClsIIMyo (1714) | | | | Posterior Leaflet  Anterior Leaflet  Both | |
|  Class III A– Restricted Leaflet Mobility (systole and diastole)  (If Class III A →)  VDMitDisClsIIIATy (1715) | | | | | | | | | | | | | | | | | | Rheumatic  Tumor (Carcinoid or Other)  Radiation Induced Heart Disease  MAC  Congenital  Other/Unknown/Not Available | | | | | |
|  Class III B – Restricted Leaflet Mobility (systole only)  (If Class III B →)  VDMitDisClsIIIBTy (1716) | | | | | | | | | | | | | | | | | | Ischemic (acute/chronic)  Non-ischemic Cardiomyopathy  HCM  Other/Unknown/Not Available | | | | | |
|  Mixed Lesion (Type II and Type IIIA)  (If Mixed Lesion →)  VDMitDisMixedTy (1717) | | | | | | | | | | | | | | | | | | Mixed leaflet lesion (prolapse/flail and restriction)  Congenital  MAC  Other/Unknown/Not Available | | | | | |
|  Acute Papillary muscle rupture | | | | | | | | | | | | | | | | | | | | | | | |
| Reoperative-Failure of previous MV repair or replacement | | | | | | | | | | | | | | | | | | | | | | | |
|  Other/Unknown/Not Available | | | | | | | | | | | | | | | | | | | | | | | |
| **Tricuspid Valve** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tricuspid Valve Regurgitation:  Yes  No  TricuspidVRegurg (1774) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If Yes→) | | | | | | | | | Tricuspid Regurgitation: \*\* Trivial/Trace  Mild  Moderate  Severe  Not Documented  VDInsufT (1775) | | | | | | | | | | | | | | | | | | | | |
| Tricuspid Valve Stenosis: Yes  No   VDStenT (1776) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If Yes→) | | | | | | | | | Tricuspid Valve Stenosis:  Mild  Moderate  Severe  Not Documented  TricuspidValveSten (1777) | | | | | | | | | | | | | | | | | | | | |
| Tricuspid Valve Disease:  Yes  No  VDTr (1778) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If Tricuspid Disease, Yes →) | | | | | | | | | Tricuspid Annular Echo Measurement Available:  Yes  No (If Yes→)  DTrAnnMeas (1779) | | | | | | | | | | | | | | | | | | | | Tricuspid Diameter: \_\_\_\_\_\_\_ cm  VDTrAnnSize (1780) |
| (If Tricuspid Disease, Yes ↓) | | | | | | | | TV Etiology: Choose ONE PRIMARY Etiology: VDTrPrimEt (1811)) | | | | | | | | | | | | | | | | | | | | | |
|  | | | Functional/ secondary | | | | | | | | | | | | | | | |  | | | | | | | Rheumatic | | | |
|  | | | Endocarditis, Native Valve | | | | | | | | | | | | | | | |  | | | | | | | Tumor | | | |
|  | | | Endocarditis, Prosthetic Valve | | | | | | | | | | | | | | | |  | | | | | | | Radiation induced heart disease | | | |
|  | | | Carcinoid | | | | | | | | | | | | | | | |  | | | | | | | Trauma | | | |
|  | | | Congenital | | | | | | | | | | | | | | | |  | | | | | | | Reoperation-Failure of previous TV repair or replacement | | | |
|  | | | Degenerative | | | | | | | | | | | | | | | |  | | | | | | | Mixed etiology | | | |
|  | | | Pacing wire/catheter induced dysfunction | | | | | | | | | | | | | | | |  | | | | | | | Not Documented | | | |
| **Pulmonic Valve** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pulmonic Valve Regurgitation:  Yes  No  PulmonicValveRegurg (1812) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If Yes→) | | | | | Pulmonic Valve Regurgitation:  Trivial/Trace  Mild  Moderate  Severe  Not Documented  VDInsufP (1820) | | | | | | | | | | | | | | | | | | | | | | | | |
| Pulmonic Valve Stenosis:  Yes  No  VDStenP (1822) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If Yes→) | | | | | Pulmonic Valve Stenosis:  Mild  Moderate  Severe  Not Documented  PulmValveSten (1823) | | | | | | | | | | | | | | | | | | | | | | | | |
| Hemodynamic /Echo data available:  Yes  No PuHemoDatAvail (1824) | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | (If Yes→) | | | | | | Mean Gradient : \_\_\_\_\_\_\_mmHg  VDGradP (1825) | | | | | | | | | | | | | | | | | | |
| Pulmonic Valve Disease:  Yes  No  VDPulm (1828) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If Pulmonic Valve Disease, Yes→) | | | | | | | | | | | | Etiology: (choose one)  VDPuEt (1855) | | | | | | | | | | | | | | | | | |
|  | | | | Acquired | | | | | | | | | | | | | | | |  | | | | | Endocarditis | | | | |
|  | | | | Radiation induced heart disease | | | | | | | | | | | | | | | |  | | | | | Endocarditis, Prosthetic valve | | | | |
|  | | | | Congenital, s/p Tetralogy of Fallot (TOF) repair | | | | | | | | | | | | | | | |  | | | | | Mixed etiology | | | | |
|  | | | | Congenital, no prior Tetralogy of Fallot (TOF) repair | | | | | | | | | | | | | | | |  | | | | | Other | | | | |
|  | | | | Reoperation-Failure of previous PV repair or replacement | | | | | | | | | | | | | | | |  | | | | | Not Documented | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **I. Operative** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surgeon: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Surgeon (1955) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Surgeon NPI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SurgNPI (1960) | | | | | | | | | | | | |
| Taxpayer Identification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TIN (1965) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Indicate whether the STS Risk Calculator score was discussed with the patient/family prior to surgery. ++  RiskDiscussed (1966) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  Yes, STS risk calculator score was calculated and discussed with the patient/family prior to surgery as documented in the medical record | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  No, STS risk calculator score was available for scheduled procedure but not discussed with the patient/family prior to surgery or the discussion was not documented | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  NA, Not applicable (emergent or salvage case, or no risk model available for this procedure) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Incidence: \*\*  Incidenc (1970) | | | | |  First cardiovascular surgery | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  Third re-op cardiovascular surgery | | | | | | | | | |
|  First re-op cardiovascular surgery | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  Fourth or more re-op cardiovascular surgery | | | | | | | | | |
|  Second re-op cardiovascular surgery | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  NA- not a cardiovascular surgery | | | | | | | | | |
| Status: \*\* Status (1975) | | | | |  Elective | | | | | | |  Urgent | | | | |  Emergent | | | | | | |  Emergent Salvage | | | | | | | | | | | | | | | | | | | | |
|  | | | | | (If Urgent or Emergent or Emergent Salvage choose the most pressing reason↓)  Urgent / Emergent/ Emergent Salvage reason:  UrgEmergRsn (1990) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | AMI | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | PCI Incomplete without clinical deterioration | | | | | |
|  | | | | |  | | | | Anatomy | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | PCI or attempted PCI with clinical deterioration | | | | | |
|  | | | | |  | | | | Aortic Aneurysm | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Pulmonary Edema | | | | | |
|  | | | | |  | | | | Aortic Dissection | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Pulmonary Embolus | | | | | |
|  | | | | |  | | | | CHF | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Rest Angina | | | | | |
|  | | | | |  | | | | Device Failure | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Shock, Circulatory Support | | | | | |
|  | | | | |  | | | | Diagnostic/Interventional Procedure Complication | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Shock, No Circulatory Support | | | | | |
|  | | | | |  | | | | Endocarditis | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Syncope | | | | | |
|  | | | | |  | | | | Failed Transcatheter Valve Therapy , acute annular disruption | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Transplant | | | | | |
|  | | | | |  | | | | Failed Transcatheter Valve Therapy , acute device malposition | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Trauma | | | | | |
|  | | | | |  | | | | Failed Transcatheter Valve Therapy , subacute device dysfunction | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | USA | | | | | |
|  | | | | |  | | | | IABP | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Valve Dysfunction | | | | | |
|  | | | | |  | | | | Infected Device | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Worsening CP | | | | | |
|  | | | | |  | | | | Intracardiac mass or thrombus | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Other | | | | | |
|  | | | | |  | | | | Ongoing Ischemia | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | |
| Initial Operative Approach:  OPApp (2100) | | | | | | | | | | | | |  Full conventional sternotomy   Partial sternotomy   Sub-xiphoid   Thoracotomy | | | | | | | | | | | | | | | | Thoracoabdominal Incision   Percutaneous   Port Access   Other | | | | | | | | | | | | | | | |
| Approach converted during procedure:  Yes  No  ApproachCon (2105) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Robot Used:  Yes  No (If Yes →)  Robotic (2110) | | | | | | | | | | | | | |  Used for entire operation  Used for part of the operation  RobotTim (2115) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Coronary Artery Bypass Procedure Performed:  OpCAB (2120) |  Yes, planned   Yes, unplanned due to surgical complication   Yes, unplanned due to unsuspected disease or anatomy   No (If Yes complete Section J) | | | | | Aorta Procedure Performed:  AortProc (2123) |  Yes, planned   Yes, unplanned due to surgical complication   Yes, unplanned due to unsuspected disease or anatomy   No  (If Yes complete Section M 2) | | | | | (If Aorta Procedure performed →) | Did the surgeon provide input for aortic surgery data abstraction?  Yes  No  AortProcSurgInput (2124) | | | | Valve Procedure Performed:  OpValve (2129) |  Yes  No | | | | | (If Yes →) | Was a valve explanted:  Yes  No  ValExp (2130)  (If Yes complete Section K) | | | | Aortic Valve Procedure performed:  VSAV (2131) | |  Yes, planned   Yes, unplanned due to surgical complication   Yes, unplanned due to unsuspected disease or anatomy   No | |  | (If Yes →) | Was a procedure performed on the Aorta?  Yes  No  AVAortaProcPerf (2132)  (If ‘Yes’ complete M2; If ‘No’ complete K1) | | Mitral Valve Procedure performed: VSMV (2133) | |  Yes, planned   Yes, unplanned due to surgical complication   Yes, unplanned due to unsuspected disease or anatomy   No  (If Yes complete K2) | | Tricuspid Valve Procedure performed:  VSTV (2134) | |  Yes, planned   Yes, unplanned due to surgical complication   Yes, unplanned due to unsuspected disease or anatomy   No  (If Yes complete K3) | | Pulmonic Valve Procedure performed:  VSPV (2135) | |  Yes, planned   Yes, unplanned due to surgical complication   Yes, unplanned due to unsuspected disease or anatomy   No  (If ‘Yes’ complete K4) | | Did the surgeon provide input for valve surgery data abstraction?  Yes  No  OpValSurgInput (2136) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mechanical Assist Device/Ventricular Assist Device:  (Present on Admission/Implanted/Explanted)  MechVentAssistDevice (2137) | | | | | | | | | | | | | | | | | | | |  Yes  No (If ‘Yes” complete section L) | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Cardiac Procedure, except Afib:  Yes, planned  OpOCard (2140)  Yes, unplanned due to surgical complication   Yes, unplanned due to unsuspected disease or anatomy   No  (If Yes, Complete Section M) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Afib Procedure :  Yes  No (If Yes, Complete Section M 1)  AFibProc (2145) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If Yes →) | | | | | | Did the surgeon provide input for Afib data abstraction?  Yes  No  AFibProcSurgInput (2146) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Cardiac Procedure, Congenital Procedure (Except Unicuspid, Bicuspid, Quadricuspid Valve): Yes  No (If Yes, Complete Section M 3)  OCarCong (2150) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Non-Cardiac Procedure:  Yes  No (If Yes, Complete Section N) OpONCard (2155) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Enter up to 10 CPT-1 Codes pertaining to the surgery for which the data collection form was initiated: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. \_\_\_\_\_  CPT1Code1 (2195) | | | | | | | | | | | | | 2. \_\_\_\_\_\_  CPT1Code2 (2200) | | | | | | | | | | | | | 3. \_\_\_\_\_\_  CPT1Code3 (2205) | | | | | | | | | | | | 4. \_\_\_\_\_\_\_  CPT1Code4 (2210) | | | | | | 5. \_\_\_\_\_\_\_  CPT1Code5 (2215) |
| 6. \_\_\_\_\_\_  CPT1Code6 (2220) | | | | | | | | | | | | | 7. \_\_\_\_\_\_  CPT1Code7 (2225) | | | | | | | | | | | | | 8. \_\_\_\_\_\_  CPT1Code8 (2230) | | | | | | | | | | | | 9. \_\_\_\_\_\_\_  CPT1Code9 (2235) | | | | | | 10. \_\_\_\_\_\_  CPT1Code10 (2240) |
| OR Entry Date And Time: \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_ \_\_ \_\_: \_\_ \_\_ (mm/dd/yyyy hh:mm - 24 hr clock)  OREntryDT (2245) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OR Exit Date And Time: ++ \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_ \_\_ \_\_:\_\_ \_\_ (mm/dd/yyyy hh:mm - 24 hr clock)  ORExitDT (2250) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| General Anesthesia:  Yes  No (If General Anesthesia No→)  GenAnes (2251) | | | | | | | | | | | | | | | | | | | | | | | | | | | Procedural Sedation :  Yes  No  ProcSed (2252) | | | | | | | | | | | | | | | | | |
| (If General Anesthesia Yes →) | | | | | | | | | | | | | | | | | | | | | | | | | | | Intubation:  Intubate (2253) | | | | | |  Yes, prior to entering OR for this procedure   Yes, in OR for this procedure   No | | | | | | | | | | | |
| Skin Incision Start Date and Time: \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_ \_\_ \_\_: \_\_ \_\_ (mm/dd/yyyy hh:mm - 24 hr clock)  SIStartDT (2265) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Skin Incision Stop Date and Time: \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_ \_\_ \_\_: \_\_ \_\_ (mm/dd/yyyy hh:mm - 24 hr clock)  SIStopDT (2270) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Appropriate Antibiotic Selection: ++  AbxSelect (2280)   Yes  No  Exclusion | | | | | | | | | | | | | | | | | | | Appropriate Antibiotic Administration Timing:  AbxTiming (2285)   Yes  No  Exclusion | | | | | | | | | | | | | | | | | | | | | | Appropriate Antibiotic Discontinuation: ++ AbxDisc (2290)   Yes  No  Exclusion | | | |
| Temperature Measured:  Yes  No  TempMeas (2296) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| (If Yes→) | | Lowest Temperature (o C): \_\_\_\_\_\_\_\_\_\_  LwstTemp (2300) | | | | | | | | | | | | | | | | | | | | Temperature Source:  LwstTempSrc (2305) | | | | | | | | |  Esophageal  CBP venous return  Bladder   Nasopharyngeal  Tympanic  Rectal Jugular-Venous  Oxygenator arterial outlet blood (CBP Arterial blood)  Pulmonary Artery  Other   Unknown | | | | | | | | | | | | | |
| Lowest Intra-op Hemoglobin : \_\_\_\_\_\_\_\_\_\_ LwstIntraHemo (2310) | | | | | | | | | | | | | | | | | | | | | | Lowest Intra-op Hematocrit : \_\_\_\_\_\_\_\_  LwstHct (2315) | | | | | | | | | | | | | | | | | | | | Highest Intra-op Glucose: \_\_\_\_\_\_\_\_\_\_  HighIntraGlu (2320) | | |
| Perfusion Strategy  CPBUtil (2325) | | | | | | | |  None | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  Left Heart Bypass | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  Combination | | | | | | | | (If Combination→) | | | | | | | | | | | | Combination Plan:  Planned  Unplanned (If Unplanned↓)  CPBCmb (2330) | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | Unplanned Reason:  CPBCmbR (2335) | | | | | | | |  Exposure/visualization  Bleeding   Inadequate size/ diffuse disease of distal vessel   Hemodynamic instability (hypotension/arrhythmias)   Conduit quality and/or trauma  Other | | | | | | | | |
|  | | | | | | | |  Full | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | (If Left Heart Bypass, Combination or Full ↓) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | Arterial Cannulation Insertion Site: (Select all that apply↓)  ArtCannInsertSite (2336) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | |  Aortic | | | | | | |  Axillary | | | | | | | | | | |  Femoral | | | | | |  Innominate | | |  Other | |
|  | | | | | | | |  | | | | | | | | Venous Cannulation Insertion Site: (Select all that apply↓)  VenCannInsertSite (2361) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | |  Femoral | | | | | | |  Pulmonary Vein | | | | | | | | | | |  Jugular | | | | | |  SVC | | | | |
|  | | | | | | | |  | | | | | | | |  Rt. Atrial | | | | | | |  Lt. Atrial | | | | | | | | | | |  Other | | | | | |  | | | | |
|  | | | | | | | |  | | | | | | | | Cardiopulmonary Bypass Time (minutes): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PerfusTm (2400) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Circulatory Arrest:  Yes  No  CircArr (2405) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| (If Circulatory Arrest = Yes→) | | | | | | | | | | | Lowest Hematocrit during CPB: \_\_\_\_\_\_\_  LowestHematocritCPB (2406) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Circulatory Arrest Without Cerebral Perfusion Time: \_\_\_\_\_\_\_\_\_\_\_ (min)  DHCATm (2410) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Circulatory Arrest With Cerebral Perfusion:  Yes  No  CPerfUtil (2415) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | (If Circ Arrest w/ Cerebral Perfusion = Yes →) | | | | | | | | | | Cerebral Perfusion Time: \_\_\_\_\_\_\_\_\_\_\_ (min)  CPerfTime (2420) | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | Cerebral Perfusion Type:  Antegrade  Retrograde  Both antegrade and retrograde  CPerfTyp (2425) | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | Total Circulatory Arrest Time: \_\_\_\_\_\_\_\_\_\_(System Calculation)  TotCircArrTm (2426) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | Cooling Time prior to Circ Arrest: \_\_\_\_\_\_\_\_mins  CoolingTimePriorCircArr (2427) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aortic Occlusion:  AortOccl (2430) | | | | | | |  None – beating heart | | | | | | | | | | |  Aortic Cross clamp | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  None – fibrillating heart | | | | | | | | | | |  Balloon Occlusion | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | (If Aortic cross clamp or Balloon occlusion →): | | | | | | | | | | | | | | | | | | | Cross Clamp Time: \_\_\_\_\_\_\_\_\_\_\_ (min)  XClampTm (2435) | | | | | | | | | | | | | | |
| Cardioplegia Delivery:  CplegiaDeliv (2440)  None  Antegrade  Retrograde  Both | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | (If Antegrade, Retrograde or Both→) Type of Cardioplegia used:  Blood  Crystalloid  Both  Other   CplegiaType (2445) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cerebral Oximetry Used:  Yes  No  CerOxUsed (2450) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Intraop Blood Products:  Yes  No, Not Given Patient Refused IBldProd (2515) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If Yes →) | | | | Red Blood Cell Units: \_\_\_\_\_\_  IBdRBCU (2520) | | | | | | | | | | | | | | | | | | | | | Platelet Dose Pack: \_\_\_\_\_\_\_\_\_  IBdPlatDosePk (2521) | | | | | | | | | | | | | | | | | | | |
|  | | | | Fresh Frozen Plasma/Plasma Units: \_\_\_\_\_\_\_  IBdFFPU (2525) | | | | | | | | | | | | | | | | | | | | | Cryoprecipitate Units: \_\_\_\_\_\_\_\_  IBdCryoU (2535) | | | | | | | | | | | | | | | | | | | |
| Intraop Clotting Factors :  Yes, Factor VIIa  Yes, Factor VIII  Yes, FEIBA  Yes, Composite  No  IntraClotFact (2545) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Intraop Prothrombin Complex concentrate:  Yes  No  IntraopProComCon (2546) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Was intraop Antifibrinolytic Medication given:  Yes  No  IAntifibMedGiven (2556) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If Yes →) | | | Intraop Antifibrinolytic Medication (select all that apply):  Epsilon Amino-Caproic Acid  Tranexamic Acid  Aprotinin  IAntifibMed (2557) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Intraoperative TEE Performed post procedure:  Yes  No (If Yes ↓)  InOpTEE (2560) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Highest level aortic insufficiency found:  PRepAR (2565) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  None Trivial/Trace  Mild  Moderate  Severe  Not Documented | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Mean Aortic Gradient:\_\_\_\_\_  PRepAGradM (2566) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Aortic Paravalvular leak:  PRepAPVL (2567) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | No Prosthetic Valve  None  Trivial/Trace  Mild  Moderate  Severe  Not Documented | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Highest level Mitral insufficiency found:  PRepMR (2570) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  None Trivial/Trace  Mild  Moderate  Severe  Not Documented | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Mean Mitral Gradient:\_\_\_\_\_\_\_  PRepMGradM (2571) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Mitral Paravalvular leak:  PRepMPVL (2572) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | No Prosthetic Valve  None  Trivial/Trace  Mild  Moderate  Severe  Not Documented | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Highest level Tricuspid insufficiency found:  PRepTR (2575) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  None Trivial/Trace  Mild  Moderate  Severe  Not Documented | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Mean Tricuspid Gradient:\_\_\_\_\_\_\_  PRepTGradM (2576) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Tricuspid Paravalvular leak:  PRepTPVL (2577) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | No Prosthetic Valve  None  Trivial/Trace  Mild  Moderate  Severe  Not Documented | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Ejection Fraction Measured post procedure:  Yes  No (If Yes →) Ejection Fraction:\_\_\_\_\_  PPEFMeas (2581) PPEF (2582) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surgery followed by a planned PCI:  Yes  No  PPPlanedPCI (2606) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **J. Coronary Bypass** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If Coronary Artery Bypass = Yes ↓) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Internal Mammary Artery (arteries) used: ++  Yes  No  IMAUsed (2626) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If Yes→) | | | | | | | | | | | Left IMA:  Yes, pedicle  Yes, skeletonized  No/NA  LeftIMA (2627) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If Yes→) | | | | | | | | | | | Right IMA:  Yes, pedicle  Yes, skeletonized  No/NA  RightIMA (2628) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If No→) | | | | | | | | | | | Reason for no IMA:  NoIMARsn (2629) | | | | | | | | | | | |  Subclavian stenosis | | | | | | | | |  Previous mediastinal radiation | | | | | | | |  No (bypassable) LAD disease | | | | | | | |  | | | |
|  | | | | | | | | | | |  | | | | | | | | | | | |  Previous cardiac or thoracic surgery | | | | | | | | |  Emergent or salvage procedure | | | | | | | |  Other- acceptable STS provided exclusion  (See Training Manual) | | | | | | | |  Other not acceptable STS exclusion  (See Training Manual) | | | |
| Distal Anastomoses with Arterial Conduit(s)  Yes  No  DistAnastArtCond (2630) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If Yes→) | | | | | | | | | | | Total Number of Distal Anastomoses with Arterial Conduits: \_\_\_\_\_\_\_\_\_  TotalNoDistAnastArtCond (2631) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Distal Anastomoses with Radial Artery Conduit(s)   Yes  No (If Yes→)  RadialArtUsed (2633) | | | | | | | | | | | | | | | | | | | | | | | | Total Number of Distal Anastomoses with radial artery conduits: \_\_\_\_\_\_\_\_\_  NumRadDA (2634) | | | | | | | | | | | | | | | | |
| Radial Artery Harvest and Prep Time: \_\_\_\_\_\_\_\_\_\_\_ (minutes)  RadHarvPrepTm (2636) | | | | | | | | | | | | | | | | |
| Distal Anastomoses with Venous Conduit(s) used:  Yes  No (If Yes→) VenousCondUsed (2637) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Total Number of Distal Anastomoses with venous conduits: \_\_\_\_\_\_\_  DistVein (2638) | | | | | | | | | | | | | | | | | |
| Saphenous Vein Harvest and Prep Time: \_\_\_\_\_\_\_\_\_ (minutes)  SaphHarPrepTm (2640) | | | | | | | | | | | | | | | | | |
| Proximal Technique:  Single Cross Clamp  Partial Occlusion Clamp  Anastomotic Assist Device  None  ProxTech (2710) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CABG Grid Key:** (Refer to Data Specifications for Harvest Codes) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Proximal Site**: | | | | | | | | | | | | | | | | | | | 1=Aorta 2=T graft off artery 3=T graft off vein 4=In-situ IMA 5=Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Distal Site:** | | | | | | | | | | | | | | | | | | | 1=Left Main Coronary Artery (LMCA) 2=LAD 3= Diagonal 4=Ramus Intermedius 5=Circumflex 6=Obtuse Marginal 7= RCA 8=PDA 9=Posterior Lateral 10=Acute Marginal ~~11=None~~ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Distal Anastomosis Conduit:** | | | | | | | | | | | | | | | | | | | 1=In-situ IMA 2=Free IMA 3=Vein 4=Radial artery 5=Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please use the key above and enter one | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Graft Number | | | | | | | | | | | | | | Proximal Site | | | | | | | | | | Distal Site | | | | | | | | | | Conduit | | | | | | | | Distal Position | | | | | | | | Endarterectomy |  | |
| #1 | | | | | | | | | | | | | | 1-5 (drop downs)  CABProximalSite01 (2730) | | | | | | | | | | 1-11  CABDistSite01 (2740) | | | | | | | | | | 1-5  CABConduit01 (2750) | | | | | | | |  Side to Side  End to Side  CABDistPos01 (2755) | | | | | | | |  Yes No  CABEndArt01 (2760) |
| #2  Additional Grafts   No Additional Grafts  CAB02 (2770) | | | | | | | | | | | | | | 1-5  CABProximalSite02 (2790) | | | | | | | | | | 1-11  CABDistSite02 (2800) | | | | | | | | | | 1-5  CABConduit02 (2810) | | | | | | | |  Side to Side  End to Side  CABDistPos02 (2815) | | | | | | | |  Yes No  CABEndArt02 (2820) |
| #3  Additional Grafts   No Additional Grafts  CAB03 (2830) | | | | | | | | | | | | | | 1-5  CABProximalSite03 (2850) | | | | | | | | | | 1-11  CABDistSite03 (2860) | | | | | | | | | | 1-5  CABConduit03 (2870) | | | | | | | |  Side to Side  End to Side  CABDistPos03 (2875) | | | | | | | |  Yes No  CABEndArt03 (2880) |
| #4  Additional Grafts   No Additional Grafts  CAB04 (2890) | | | | | | | | | | | | | | 1-5  CABProximalSite04 (2910) | | | | | | | | | | 1-11  CABDistSite04 (2920) | | | | | | | | | | 1-5  CABConduit04 (2930) | | | | | | | |  Side to Side  End to Side  CABDistPos04 (2935) | | | | | | | |  Yes No  CABEndArt04 (2940) |
| #5  Additional Grafts   No Additional Grafts  CAB05 (2950) | | | | | | | | | | | | | | 1-5  CABProximalSite05 (2970) | | | | | | | | | | 1-11  CABDistSite05 (2980) | | | | | | | | | | 1-5  CABConduit05 (2990) | | | | | | | |  Side to Side  End to Side  CABDistPos05 (2995) | | | | | | | |  Yes No  CABEndArt05 (3000) |
| #6  Additional Grafts   No Additional Grafts  CAB06 (3010) | | | | | | | | | | | | | | 1-5  CABProximalSite06 (3030) | | | | | | | | | | 1-11  CABDistSite06 (3040) | | | | | | | | | | 1-5  CABConduit06 (3050) | | | | | | | |  Side to Side  End to Side  CABDistPos06 (3055) | | | | | | | |  Yes No  CABEndArt06 (3060) |
| #7  Additional Grafts   No Additional Grafts  CAB07 (3070) | | | | | | | | | | | | | | 1-5  CABProximalSite07 (3090) | | | | | | | | | | 1-11  CABDistSite07 (3100) | | | | | | | | | | 1-5  CABConduit07 (3110) | | | | | | | |  Side to Side  End to Side  CABDistPos07 (3115) | | | | | | | |  Yes No  CABEndArt07 (3120) |
| #8  Additional Grafts   No Additional Grafts  CAB08 (3130) | | | | | | | | | | | | | | 1-5  CABProximalSite08 (3150) | | | | | | | | | | 1-11  CABDistSite08 (3160) | | | | | | | | | | 1-5  CABConduit08 (3170) | | | | | | | |  Side to Side  End to Side  CABDistPos08 (3175) | | | | | | | |  Yes No  CABEndArt08 (3180) |
| #9  Additional Grafts   No Additional Grafts  CAB09 (3190) | | | | | | | | | | | | | | 1-5  CABProximalSite09 (3210) | | | | | | | | | | 1-11  CABDistSite09 (3220) | | | | | | | | | | 1-5  CABConduit09 (3230) | | | | | | | |  Side to Side  End to Side  CABDistPos09 (3235) | | | | | | | |  Yes No  CABEndArt09 (3240) |
| #10  Additional Grafts   No Additional Grafts  CAB10 (3250) | | | | | | | | | | | | | | 1-5  CABProximalSite10 (3270) | | | | | | | | | | 1-11  CABDistSite10 (3280) | | | | | | | | | | 1-5  CABConduit10 (3290) | | | | | | | |  Side to Side  End to Side  CABDistPos10 (3295) | | | | | | | |  Yes No  CABEndArt10 (3300) |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **K. Valve Surgery Explant** | | | | | | | | | | | | | | | | | | | | |  | | (If Valve Explanted (ValExp) is Yes ↓) | | | | | | | | | | | | | | | | | | | | |  | |  | First Valve Prosthesis Explant: | | | | | | | | | | | | | | | | | | | |  | |  | | | Explant Position:  ValExpPos (3315) |  Aortic  Mitral  Tricuspid  Pulmonic | | | | | | | | | | | | | | | | |  | |  | | | Explant Type:  ValExpTyp (3320) |  Mechanical Valve | | |  Bioprosthetic Valve | | | |  Homograft | | | | | | |  Autograft | | |  | |  | | |  Annuloplasty Device | | |  Leaflet Clip | | | |  Transcatheter Valve | | | | | | |  Transcatheter Valve in Valve with prosthetic valve | | |  | |  | | |  Other | | |  Unknown | | | |  | | | | | | |  | | |  | |  | | | Explant Etiology:  ValExpEt (3325) |  Endocarditis | | |  Incompetence | | | |  Prosthetic Deterioration | | | | | | |  Thrombus | | |  | |  | | |  Failed Repair | | |  Pannus | | | |  Sizing/Positioning issue | | | | | | |  Other | | |  | |  | | |  |  Hemolysis | | |  Paravalvular leak | | | |  Stenosis | | | | | | |  Unknown | | |  | |  | | |  |  | | |  | | | |  | | | | | | |  | | |  | |  | | | Explant Device known:  Yes  No (If Yes→)  ValExpDevKnown (3330) | | Explant model#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ValExpDev (3335) | | | | | | | | | | | Unique Device Identifier (UDI):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ValExpUDI (3340) | | | | |  | |  | | Year of Implant Known:  Yes  No (If Yes→) Year: \_\_\_\_\_\_\_\_\_  ValExpYrKn (3341) ValExpYr (3342) | | | | | | | | | | | | | | | | | | |  | |  | Second Valve Prosthesis Explant:  Yes  No (If Yes↓)  ValExp2 (3350) | | | | | | | | | | | | | | | | | | | |  | |  | | Explant Position:  ValExpPos2 (3355) | |  Aortic  Mitral  Tricuspid  Pulmonic | | | | | | | | | | | | | | | | |  | | Explant Type:  ValExpTyp2 (3360) | |  Mechanical Valve | | | |  Bioprosthetic Valve | | | |  Homograft | | | | |  Autograft | | | |  | |  Annuloplasty Device | | | |  Leaflet Clip | | | |  Transcatheter Valve | | | | |  Transcatheter Valve in Valve with prosthetic valve | | | |  | |  | |  Other | | | |  Unknown | | | | |  | | | |  | | | |  | |  | | Explant Etiology:  ValExpEt2 (3365) | |  Endocarditis   Failed Repair   Hemolysis | | | | |  Incompetence   Pannus   Paravalvular leak | | | |  Prosthetic Deterioration   Sizing/Positioning issue   Stenosis | | | | | |  Thrombus   Other   Unknown | |  | |  | |  | |  | |  | |  | |  | | Explant Device known:  Yes  No (If Yes→)  ValExpDevKnown2 (3370) | | | Explant model#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ValExpDev2 (3375) | | | | | | | | | | Unique Device Identifier (UDI):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ValExpDevUDI (3380) | | | | | |  | | Year of Implant Known:  Yes  No (If Yes→)  ValExp2YrImplantKn (3381) | | | | Year: \_\_\_\_\_\_\_\_\_  ValExp2ImplantYr (3382) | | | | | | | | | | | | | | |  | |  | Third Valve Prosthesis Explant:  Yes  No (If Yes↓)  ValExp3 (3385) | | | | | | | | | | | | | | | | | | | |  | |  | | Explant Positing  ValExpPos3 (3386) | |  Aortic  Mitral  Tricuspid  Pulmonic | | | | | | | | | | | | | | | | |  | |  | | Explant Type:  ValExpTyp3 (3387) | |  Mechanical Valve | | | | | |  Bioprosthetic Valve | | | |  Homograft | | | | | |  Autograft |  | |  | |  Annuloplasty Device | | | | | |  Leaflet Clip | | | |  Transcatheter Valve | | | | | |  Transcatheter Valve in Valve with prosthetic valve |  | |  | |  Other | | | | | |  Unknown | | | |  | | | | | |  |  | |  | | Explant Etiology  ValExpEt3 (3388) | |  Endocarditis   Failed Repair   Hemolysis | | | | | |  Incompetence   Pannus   Paravalvular leak | | | |  Prosthetic Deterioration   Sizing/Positioning issue   Stenosis | | | | | |  Thrombus   Other   Unknown |  | |  | | Explant Device known:  Yes  No (If Yes→)  ValExpDevKnown3 (3389) | | | Explant model#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ValExpDev3 (3390) | | | | | | | | | | | Unique Device Identifier (UDI):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ValExpDev3UDI (3391) | | | | |  | |  | | Year of Implant Known:  Yes  No (If Yes→) Year: \_\_\_\_\_\_\_\_\_  ValExp3YrImplantKn (3392) ValExp3ImplantYr (3393) | | | | | | | | | | | | | | | | | | |  |   **K. 1. Aortic Valve without concomitant Aorta Procedure** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If AVAortaProcPerf = No ↓) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Procedure Performed:  VSAVPr (3395) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Replacement: (If Replacement↓) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | Transcatheter Valve Replacement:  Yes  No (If Yes ↓)  VSTCV (3400) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | |  | | | | | | | | Approach:  Transapical  Transaxillary  Transfemoral  Transaortic  Subclavian  VSTCVR (3401)  Transiliac  Transeptal  Transcarotid  Transcaval  Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | Surgical valve Replacement:  Yes  No (If Yes ↓) VSAVSurgRep (3402) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | |  | | | | | | | | | Device type:  Mechanical  Bioprosthetic  Surgeon fashioned pericardium (Ozaki)  Other  VSAVSurgType (3403) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | |  | | | | | | | | | (If Bioprosthetic→) | | | | | | | | | | | | Valve type:  Stented  Stentless sub coronary valve only  Sutureless/rapid deployment   VSAVSurgBioT (3404) | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  Repair/Reconstruction (If Repair/Reconstruction, select all that apply ↓) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | Repair Type (Select all that apply)+  AVProcRepType (3424) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | | | | | | | |  Commissural suture annuloplasty | | | | | | | | | | | | | | | | | | |  Nodular release | | | | | | | | | | | | | |  Leaflet resection suture | | | | | | |
|  |  | |  | | | | | | | | |  Leaflet plication | | | | | | | | | | | | | | | | | | |  Leaflet shaving | | | | | | | | | | | | | |  Leaflet pericardial patch | | | | | | |
|  |  | |  | | | | | | | | |  Leaflet commissural resuspension suture | | | | | | | | | | | | | | | | | | |  Leaflet debridement | | | | | | | | | | | | | |  Division of fused leaflet raphe | | | | | | |
|  |  | |  | | | | | | | | |  Leaflet free edge reinforcement | | | | | | | | | | | | | | | | | | |  Ring annuloplasty external ring | | | | | | | | | | | | | |  Ring annuloplasty internal ring | | | | | | |
|  |  | |  | | | | | | | | |  External suture annuloplasty | | | | | | | | | | | | | | | | | | |  Pannus/Thrombus Removal (Native Valve) | | | | | | | | | | | | | | | | | | | | |
|  | Surgical Prosthetic Valve Intervention (Not Explant of Valve): (Select All That Apply ↓) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | Type of Intervention: Repair of periprosthetic leak  Removal of pannus  Removal of clot Other  AVSurgProsthValInt (3425) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aortic annular enlargement:  Yes  No (If Yes ↓) AnlrEnl (3460) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | Technique:  Nicks-Nunez  Manougian  Konno  Other  Unknown  AnlrEnlTech (3461) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Replacement of non-coronary sinus (Modified Wheat/Modified Yacoub) Yes  No  AVReplNonCorSin (3471) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aortic Valve or Valve Repair Device Implant:  Yes  No (If Yes ↓)  AorticImplant (3472) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | Implant Model Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  VSAoIm (3480) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Implant Size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  VSAoImSz (3485) | | | | | | | | | | |
|  | | | | | | | | Unique Device identifier (UDI): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  VSAoImUDI (3490) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **K. 2. Mitral Valve Procedure** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If Mitral Valve Procedure Performed = Yes ↓) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Procedure Performed:  VSMVPr (3500) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  Repair (If Repair↓) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | Repair Approach:  Surgical  Transcatheter  VSMVRepApp (3501) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | If Surgical (Select all that apply↓)  VSMVRepAppSurg (3502) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | |  | | | | | | | | | | Annuloplasty | | | | | | | | | | | Leaflet resection | | | | | | | | | | | | | | | | Neochords (PTFE) | | | | Chordal transfer | | | | |
|  |  | | | | |  | | | | | | | | | | Annular decalcification/ debridement | | | | | | | | | | | Leaflet extension/replacement patch | | | | | | | | | | | | | | | | Edge to edge repair | | | | Leaflet plication | | | | |
|  |  | | | | |  | | | | | | | | | | Mitral commissurotomy | | | | | | | | | | | Mitral commissuroplasty | | | | | | | | | | | | | | | | Mitral cleft repair: (scallop closure): | | | |  Pannus/Thrombus removal (native valve) | | | | |
|  |  | | | | |  | | | | | | | | | | (If Leaflet Resection →) | | | | | | | | | | | | | | | | | Resection Location(s): Anterior Resection Posterior Resection  Both  VSMVResLoc (3503) | | | | | | | | | | | | | | | | | | |
|  |  | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | Resection Method (select all that apply): VSLeafResTypMult (3510)   Triangular Alone  Quadrangular Alone   Resection with Sliding Valvuloplasty   Resection with Folding Valvuloplasty  Other | | | | | | | | | | | | | | | | | | |
|  |  | | | | |  | | | | | | | | | | (If Neochords (PTFE) →)  VSNeochordLoc (3511) | | | | | | | | | | | | | | | | |  Anterior  Posterior  Both  Not Documented | | | | | | | | | | | | | | | | | | |
|  |  | | | | |  | | | | | | | | | | (If Chordal Transfer) →)  VSChordalTransLoc (3512) | | | | | | | | | | | | | | | | |  Anterior Chordal transfer  Posterior Chordal transfer Not Documented | | | | | | | | | | | | | | | | | | |
|  |  | | | | |  | | | | | | | | | | (If Leaflet extension/replacement patch→)  VSMitRLeafERPLoc (3513) | | | | | | | | | | | | | | | | | Patch Location:  Anterior  Posterior  Both  Not Documented | | | | | | | | | | | | | | | | | | |
|  |  Replacement (If Replacement ↓) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | Mitral repair attempted prior to replacement:  Yes  No  MitralIntent (3600) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | Mitral chords preserved:  Anterior  Posterior  Both  None  VSChorPres (3605) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | Transcatheter replacement:  Yes  No  VSTCVMit (3610) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Surgical Prosthetic Valve Intervention (Not Explant of Valve): (Select All That Apply ↓) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | Type of Intervention:  Repair of periprosthetic leak  Removal of Pannus  Removal of Clot Other  SurgProsValInt (3612) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Implant:  Yes  No (If Yes ↓)  MitralImplant (3615) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Implant type:  MitralImplantTy (3620) | | | | | | | | | | |  Mechanical valve   Bioprosthetic valve   Annuloplasty Ring Surgical   Annuloplasty without ring (pericardial or suture) | | | | | | | | | | | | | | | | | |  Transcatheter device implanted open heart   Transcatheter Replacement Device (Transapical)   Transcatheter Replacement Device (Trans-septal)   Annuloplasty Ring Transcatheter   Mitral Leaflet clip   Other | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | (If Mitral Leaflet Clip→) Number implanted: \_\_\_\_\_\_\_\_\_\_\_\_ (enter 1-3)  MitralLeafletClipNum (3621) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Implant Model Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  VSMiIm (3625) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Implant Size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  VSMiImSz (3630) | | | | | | | | | | | | | | |
|  | Unique Device identifier (UDI): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  VSMiImUDI (3634)  Was the device implanted an Model #5300 – Physio Flex Annuloplasty Ring: Yes  No  TempYN2 (7220) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **K.3. Tricuspid Valve Procedure** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If Tricuspid Valve Procedure Performed Yes ↓) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tricuspid Procedure Performed  VSTrPr (3636) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  Repair : (If Repair, select all that apply↓)  VSTSRepairType (3637)\*\* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | Annuloplasty | | | | | | | | | | | | | | Transcatheter Clip/Device | | | | | | | | | | | Leaflet Resection: | | | | | | | | | | |  Pannus/Thrombus Removal (Native Valve) | | | | | | | | | | | | |
|  |  | | (If Annuloplasty→) | | | | | | | | | | | | | | | Type of Annuloplasty:  Pericardium Suture  Prosthetic Ring  Prosthetic Band  Other  OpTricusAnTy (3638) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  Replacement: (If Yes↓) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | Transcatheter Replacement:  Yes  No  VSTCVTri (3652) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Surgical Prosthetic Valve Intervention (Not Explant of Valve): (Select All That Apply ↓)  VSTVSurgProsthValIntType (3653) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | Type of Intervention:  Repair of periprosthetic leak  Removal of Pannus  Removal of Clot Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Implant:  Yes  No (If Yes ↓)  TricuspidImplant (3660) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Implant Type: TricusImplantTy (3665) | | | | | | | | | | | | | | | | | | |  Mechanical Valve | | | | | | | |  Annuloplasty device | | | | | | | | | | | | | | |  Bioprosthetic Valve | | | | |  Homograft | | |
|  | |  | | | | | | | | | | | | | | | | | | | Transcatheter device implanted open heart | | | | | | | |  Transcatheter Valve | | | | | | | | | | | | | | |  Other | | | | | | | |
|  | | Implant Model Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  VSTrIm (3670) | | | | | | | | | | | | | | | | | | | | | | | | | | | Size: \_\_\_\_\_\_\_\_\_\_\_  VSTrImSz (3675) | | | | | | | | | | | | | | | | | | | | | | |
|  | | Unique Device Identifier (UDI): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  VSTrImUDI (3680) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Valvectomy:  Yes  No  VSTrValvec (3683) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **K. 4. Pulmonic Valve Procedure** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If Pulmonic Valve Procedure Performed = Yes ↓) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Procedure Performed:  OpPulm (3690) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  Repair/Leaflet Reconstruction | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  Pannus or Thrombus removal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  Replacement | | | | | | | | | | | | | | (If Replacement→) | | | | | | | | Transcatheter Replacement:  Yes  No  VSTCVPu (3695) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  Valvectomy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Implant:  Yes  No (If Yes ↓)  PulmonicImplant (3700) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | Implant Type:  VSPuTypeImp (3701) | | | | | | | | | | | | Surgeon Fashioned Commercially Supplied | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | (If Surgeon Fashioned →) | | | | | | | | | | | | | | | | Material:  PTFE (Gore-Tex)  Pericardium  Other  VSPuImpMat (3702) | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | (If Commercially Supplied →) | | | | | | | | | | | | | | | | Device Type: PulmonicImplantTy (3705) | | | | | | | | | | | |  Mechanical Valve | | | | | | | |  Annuloplasty Device | | | | | |
|  Bioprosthetic Valve | | | | | | | |  Homograft | | | | | |
|  Transcatheter Valve | | | | | | | |  Other | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | Transcatheter device implanted open heart | | | | | | | | | | | | | |
|  | | | | | | | | | | Implant Model Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  VSPuIm (3710) | | | | | | | | | | | | | | | | | | | | | | | | | | Size: \_\_\_\_\_\_\_\_\_\_\_  VSPuImSz (3715) | | | | | | | | | | | | | | | |
|  | | | | | | | | | | Unique Device Identifier (UDI): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  VSPuImUDI (3720) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **L. Mechanical Cardiac Assist Devices** | | | | | |
| Planned and consented **insertion of a device that can deliver a minimum of 5.0 L of flow** using an open surgical approach (transaxillary or transaortic) during the index cardiac procedure.  Yes  No  TempYN1 | | | | | |
| Intra-Aortic Balloon Pump (IABP):  Yes  No (If Yes ↓)  IABP (3725) | | | | | |
|  | IABP Insertion: \*\*  Preop  Intraop  Postop  IABPWhen (3730) | | | | |
| ECMO:  Yes  No (If Yes ↓)  MCADECMO (3766) | | | | | |
|  | ECMO Mode:  Veno-venous  Veno-arterial  Veno-Arterial Venous (VAV)  Veno-venous arterial (VVA)  ECMO (3776) | | | | |
|  | ECMO Initiated: \*\*  Preop  Intraop  Postop  Non-operative  ECMOWhen (3780) | | | | |
| Temporary Assist Device Used:  Yes  No (If Yes ↓)  CathBasAssist (3786) | | | | | |
|  | Position:  Open Catheter Based  TempAssistDevPos (3787) | | | | |
|  | Type:  RV  LV  BiV  CathBasAssistTy (3788) | | | | |
|  | When Inserted: \*\*  Preop  Intraop  Postop  CathBasAssistWhen (3789) | | | | |
| Was patient admitted with VAD  Yes  No (If Yes ↓) PrevVAD (3790) | | | | | |
|  | Insertion date: \_\_/\_\_/\_\_\_\_  PrevVADD (3800) | | | | |
| Device Model Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PrevVADDevice (3815) | | | UDI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PrevVADUDI (3820) | |
| Previous VAD Explanted During This Admission:  PrevVADExp (3825) | | |  Yes, not during this procedure   Yes, during this procedure   No | |
| Ventricular Assist Device Implanted during this hospitalization  Yes  No  VADImp (3840) | | | | | |
| (Use Key to complete table below -will be dropdown lists in software) | | | | | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Timing:** | | 1. Pre-Operative (during same hospitalization and prior to OR trip for CV surgical procedure)  2. Stand-alone VAD procedure (Not in conjunction with a CV Procedure)  3. In conjunction with CV surgical procedure (same trip to the OR)- planned  4. In conjunction with CV surgical procedure (same trip to the OR)- unplanned  5. Post-Operative (after surgical procedure during reoperation) | | | | | | | **VAD Implant Indication:** | 1. Bridge to Transplantation   2. Bridge to Recovery  3. Destination  4. Post cardiotomy Ventricular Failure  5. Device Malfunction  6. End of (device) Life | | **Type:** | 1. Right VAD (RVAD)  2. Left VAD (LVAD)  3. Biventricular VAD (BiVAD)  4. Total Artificial Heart (TAH) | **VAD Explant Reason:** | 1. Cardiac Transplant  2. Recovery  3. Device Transfer  4. Device-Related Infection  5. Device Malfunction  6. End of (device) Life | |  | 7. Salvage | |  |  |  |  | | **Device:** | See VAD list | |  |  |  |  |   (If Yes, provide data on up to 3 separate devices implanted ↓) | | | | | |
| **VAD IMPLANT(s)** | | **Initial implant** | **2nd device implanted?**  VImp2 (3895)   Yes  No (If Yes ↓) | | **3rd Device implanted?**  VImp3 (3950)   Yes  No (If Yes ↓) |
| Timing | | VADImpTmg (3845) | VADImpTmg2 (3900) | | VADImpTmg3 (3955) |
| Indication | | VADInd (3850) | VADInd2 (3905) | | VADInd3 (3960) |
| Type | | VImpTy (3855) | VImpTy2 (3910) | | VImpTy3 (3965) |
| Device | | VProdTy (3860) | VProdTy2 (3915) | | VProdTy3 (3970) |
| Implant Date | | \_\_/\_\_/\_\_\_\_  VImpDt (3865) | \_\_/\_\_/\_\_\_\_  VImpDt2 (3920) | | \_\_/\_\_/\_\_\_\_  VImpDt3 (3975) |
| UDI | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ VImpUDI (3870) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  VImpUDI2 (3925) | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  VImpUDI3 (3980) |
|  | | **Initial explant** | **2nd device explanted?** | | **3rd Device explanted** |
| **VAD Explant(s)** | |  Yes, not during this procedure   Yes, during this procedure   No  VExp (3875) |  Yes, not during this procedure   Yes, during this procedure   No  VExp2 (3930) | |  Yes, not during this procedure   Yes, during this procedure   No  VExp3 (3985) |
| (If Yes, not during this procedure or Yes, during this procedure →) Reason | | VExpRsn (3880) | VExpRsn2 (3935) | | VExpRsn3 (3990) |
| (If Yes, not during this procedure →) Date | | \_\_/\_\_/\_\_\_\_  VExpDt (3885) | \_\_/\_\_/\_\_\_\_  VExpDt2 (3940) | | \_\_/\_\_/\_\_\_\_  VExpDt3 (3995) |

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| --- | --- | --- |
| **M. Other Cardiac Procedures** | | |
| (If Other Cardiac Procedure, Except Afib = Yes ↓) See Proc ID Table to determine whether these procedures impact isolate procedure categories | | |
| Subaortic Stenosis Resection:  Muscle  Membrane  Other  Not Documented  No  OCarSubaStenResTy (4051) | | |
| Pulmonary Thromboembolectomy  Acute  Chronic  No  OCPulThromDis (4052) | | |
| Myocardial Stem Cell Therapy:  Yes  No  OCarStemCell (4053) | | LV Aneurysm Repair:  Yes  No OCarLVA (4054) |
| Arrhythmia Device: Pacemaker  Pacemaker with CRT  ICD  ICD with CRT  Implantable Recorder  None OCarACD (4055) | | |
| Lead Insertion:  Yes  No  OCarLeadInsert (4060) | | |
| Lead Extraction:  Yes, planned  Yes, unplanned due to surgical complication  Yes, unplanned due to unsuspected disease or anatomy  No  OCarACDLE (4065) | | |
| Transmyocardial revascularization (TMR):  Yes  No OCarLasr (4110) | | |
| Tumor: Myxoma  Fibroelastoma  Other  No OCTumor (4115) | | |
| Transplant, Cardiac :  Yes  No  OCarCrTx (4120) | | |
| Trauma, Cardiac :  Yes  No  OCarTrma (4125) | | |
| Acquired VSD Repair:  Yes  No  OCarAcqVSD (4131) | | |
| Other Cardiac Procedure:  Yes  No OCarOthr (4135) | | |
| ASD Repair  Yes  No (If Yes →)  OCardASDRep (4136) | ASD Repair Type:  Congenital (secundum)  Acquired  OCardASDRepTyp (4137) | |
| PFO Repair :  Yes  No  OCardPFORep (4138) | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **M.1. Atrial Fibrillation Procedures** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If If Afib Procedure = Yes ↓) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Left Atrial Appendage Obliteration  Epicardially applied occlusion device  Epicardial Staple  Epicardial Suture  Endocardial Suture  OCarAAMeth (4139) Prior Transcatheter Device In Existence  Other No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | (If Epicardial applied occlusion device →) | | | | | | | | | | | | | | | | | UDI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  OCarAAUDI (4141) | | | | | | | |
| Left Atrial Appendage Amputation:  Yes  No  OCarAAppAmp (4142) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lesion location:  Epicardial  Intracardiac  Both  None  OCarAFibLesLoc (4191) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | (if not None, select all that apply) →  AFibLesMeth (4201) | | | | | | | | | | | | |  Radiofrequency  Cut-and-sew  Cryo | | | | | | | | | | | | | | | | | | | |
|  | (If Radiofrequency→) | | | | | | | | | | | | | | | | | | | OCarAFibMethRadBi (4205) | | | | | | | | | Bipolar:  Yes  No Not Documented | | | | |
| Lesions Documented:  Yes  No (If Yes ↓)  OCarLesDoc (4240) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Left Atrial  AFibLeftAtrialLes (4242) | | | | | | | | | | | | | |  Yes  No  (If Yes, select all that apply →)  AFibLeftAtrialLesMeth (4244) | | | | | | | | | | | | |  Pulmonary Vein Isolation  Posterior Box Lesion   Mitral Line  Left atrial appendage line   Epicardial Coronary Sinus Lesion   Epicardial Posterior Wall Other (i.e. Convergent procedure)  Other | | | | | | |
| Right Atrial  AFibRtAtrialLes (4246) | | | | | | | | | | | | | |  Yes  No  (If Yes, select all that apply →)  AFibRtAtrialLesMeth (4248) | | | | | | | | | | | | |  SVC Line  IVC Line  Tricuspid Completion Line   Verticle Right Atrial Line  Right Atrial Appendage Line  Other | | | | | | |
| **M.2. Aorta And Aortic Root Procedures** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If AortProc = Yes ↓) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Family history of disease of aorta:  FamHistAorta (4500) | | | | | | | | | | | |  Aneurysm  Dissection  Both Aneurysm and Dissection  Sudden Death  Unknown  None | | | | | | | | | | | | | | | | | | | | | |
| Patient’s genetic history:  PatGenHist (4505) | | | | | | | | | | | |  Marfan  Ehlers-Danlos  Loeys-Dietz  Non-Specific familial thoracic aortic syndrome   Aortic Valve Morphology  Turner syndrome  Other  Unknown  None | | | | | | | | | | | | | | | | | | | | | |
| Prior aortic intervention:  PriorAorta (4510) | | | | | |  Yes  No  Unknown (If Yes ↓) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Location | | | | | | Previous repair location(s) | | | | | | | | | | Repair Type | | | | | | | | | | | | | | Repair failure  (If Yes ↓) | | | Disease progression  (If Yes ↓) |
|  | | | | | | Select all that apply | | | | | | | | | | Select all that apply | | | | | | | | | | | | | | Select all that apply | | | Select all that apply |
| Root (Zone 0 –A) | | | | | |  Yes  No PriorRepRoot (4520) | | | | | | | | | |  Open  Endovascular  Hybrid  PriorRepTyRoot (4521) | | | | | | | | | | | | | |  Yes  No  PriorFailRoot (4522) | | |  Yes  No  PriorProgRoot (4523) |
| Ascending (Zone 0 – B&C) | | | | | |  Yes  No  PriorRepAsc (4525) | | | | | | | | | |  Open  Endovascular  Hybrid  PriorRepTyAsc (4526) | | | | | | | | | | | | | |  Yes  No  PriorFailAsc (4527) | | |  Yes  No  PriorProgAsc (4528) |
| Arch (Zones 1,2,3) | | | | | |  Yes  No  PriorRepArch (4530) | | | | | | | | | |  Open  Endovascular  Hybrid  PriorRepTyArch (4531) | | | | | | | | | | | | | |  Yes  No  PriorFailArch (4532) | | |  Yes  No  PriorProgArch (4533) |
| Descending (Zones 4,5) | | | | | |  Yes  No  PriorRepDesc (4535) | | | | | | | | | |  Open  Endovascular  Hybrid  PriorRepTyDesc (4536) | | | | | | | | | | | | | |  Yes  No  PriorFailDesc (4537) | | |  Yes  No  PriorProgDesc (4538) |
| Suprarenal abdominal  (Zones 6,7) | | | | | |  Yes  No  PriorRepSupraAb (4540) | | | | | | | | | |  Open  Endovascular  Hybrid  PriorRepTySupraAb (4541) | | | | | | | | | | | | | |  Yes  No  PriorFailSupraAb (4542) | | |  Yes  No  PriorProgSupraAb (4543) |
| Infrarenal abdominal  (Zone 8,9,10,11) | | | | | |  Yes  No  PriorRepInfraAb (4545) | | | | | | | | | |  Open  Endovascular  Hybrid  PriorRepTyInfraAb (4546) | | | | | | | | | | | | | |  Yes  No  PriorFailInfraAb (4547) | | |  Yes  No  PriorProgInfraAb (4548) |
| Current Procedure with Endoleak involvement: Endoleak (4620) | | | | | | | | | | | | | | |  Yes  No | | | | | | | | | | | | | | | | | | |
| (If Yes →) | | | | | | | | | | | | | | | | | |  |  |  | | --- | --- | --- | | Type I: leak at graft attachment site:  Yes  No  EndoleakTypeI (4625) | | | |  | (If Yes →) | Type I location:  Ia-proximal  Ib -distal  Ic- iliac occluder  EndoleakTyILoc (4630) | | Type II: aneurysm sac filling via branch vessel:  Yes  No  EndoleakTypeII (4635) | | | |  | (If Yes →) | Number of vessels:  IIa: single vessel  IIb: two vessels or more  EndoleakVessNum (4640) | | Type III: leak through defect in graft:  Yes  No  EndoleakTypeIII (4645) | | | |  | (If Yes →) | Graft defect type:  IIIa: junctional separation of modular components   IIIb: endograft fractures or holes  EndoleakType (4650) | | Type IV: leak through graft fabric – porosity:  Yes  No  EndoleakTypeIV (4655) | | | | Type V: endotension - expansion aneurysm sac without leak:  Yes  No  EndoleakTypeV (4660) | | | | | | | | | | | | | | | | | | | |
| Current Procedure with Aorta Infection:  Infection (4665) | | | | | | | | | | | | | | |  Yes  No | | | | | | | | | | | | | | | | | | |
| (If Yes →) | | | | | | | | | | | | | | | | | | | Aorta Infection Type:  InfecType (4670)   Graft infection  Valvular endocarditis  Nonvalvular endocarditis  Native aorta Multiple infection types | | | | | | | | | | | | | | |
| Current Procedure with Trauma:  Trauma (4675) | | | | | | | | | | | | | | |  Yes  No | | | | | | | | | | | | | | | | | | |
| (If Yes, select all that apply →)  AorticTraumaLoc (4676) | | | | | | | | | | | | | | | | | | |  Root   Ascending   Arch   Descending   Thoracoabdominal   Abdominal | | | | | | | | | | | | | | |
| Presenting Symptom:  Presentation (4710) | | | |  Pain  CHF  Cardiac Arrest  Syncope  Infection  Asymptomatic   Injury related to Surgical Complication Neuro Deficit   Other  Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If Neuro Deficit→)  AortPresNeuroDef (4711) | | | | | | | | | | | | | | |  Stroke  Limb numbness  Paralysis  Hoarseness (acute vocal cord dysfunction) | | | | | | | | | | | | | | |
| Primary Indication:  PrimIndic (4712) | | | |  Aneurysm  Dissection  Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (if Aneurysm →) | | | Etiology:  AnEtilogy (4720) | | | | | | |  Atherosclerosis  Infection  Inflammatory  Connective Tissue/Syndromic Dissorder   Ulcerative Plaque/Penetrating Ulcer  Pseudoaneurysm  Mycotic  Traumatic transection   Intercostal visceral patch  Anastomotic site  Aortic Valve Morphology Chronic Dissection  Unknown | | | | | | | | | | | | | | | | | | | | | | | |
| Type:  AnType (4725) | | | | | | |  Fusiform  Saccular  Unknown | | | | | | | | | | | | | | | | | | | | | | | |
| Rupture:  AnRupt (4730) | | | | | | |  Yes  No (If Yes →) Contained rupture:  Yes  No   AnRuptCon (4735) | | | | | | | | | | | | | | | | | | | | | | | |
| Location of Maximum Diameter:  AnLoc (4740) | | | | | | |  Below STJ  STJ-midascending  Midascending to distal ascending   Zone 1  Zone 2  Zone 3  Zone 4  Zone 5  Zone 6  Zone 7  Zone 8  Zone 9  Zone 10  Zone 11 | | | | | | | | | | | | | | | | | | | | | | | |
| (if Dissection →) | | | Timing:  DisTiming (4745) | | | | | | |  Hyperacute (<24 hrs)  Acute (24hrs-<2weeks)  Subacute (2weeks -<90 days)  Chronic (90 days or more)  Acute on Chronic  Unknown | | | | | | | | | | | | | | | | | | | | | | | |
| Dissection onset date known  Yes  No (If Yes →)  DisOnsetDtKnown (4746) | | | | | | | | | | | | | | | | | | | | | | Date of onset:\_ \_/\_ \_/\_ \_ \_ \_  DisOnsetDt (4747) | | | | | | | | |
| Primary tear location:  DisTearLoc (4750) | | | | | | | |  Below STJ  STJ-midascending  Midascending to distal ascending   Zone 1  Zone 2  Zone 3  Zone 4  Zone 5  Zone 6  Zone 7  Zone 8  Zone 9  Zone 10  Zone 11 | | | | | | | | | | | | | | | | | | | | | | |
| Proximal Dissection Extent Known:  Yes  No  Unknown  DisRetExt (4760) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If Yes →) | | | | | | | Most Proximal Dissection Location:  DisRetLoc (4765) | | | | | | | | | | | |  Below STJ  STJ-midascending  Midascending to distal ascending   Zone 1  Zone 2  Zone 3  Zone 4 | | | | | | | | | | | |
| Distal Dissection Extent Known:  Yes  No  Unknown  DistalExt (4775) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If Yes →) | | Distal Dissection Extension Location:  DistalExtLoc (4780) | | | | | | | | | | | | | | |  Below STJ  STJ-midascending  Midascending to distal ascending   Zone 1  Zone 2  Zone 3  Zone 4  Zone 5  Zone 6  Zone 7  Zone 8   Zone 9  Zone 10  Zone 11 | | | | | | | | | | | | | |
| Stanford Classification:  Type A  Type B  Unknown  Other  StanfordClass (4781) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Retrograde dissection caused by Aortic Stent Graft (Post TEVAR): Yes  No  DisPosTEVAR (4782) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient within 30 days post TAVR Yes  No  Unknown  PtLess30PostTAVR (4783) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient within 30 days Post Other Cath Procedure Yes  No  Unknown  PtLess30PostOthCath (4784) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Malperfusion:  Yes  No  Unknown  DisMal (4785) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If Yes →) | | | | | Malperfusion Type: (select all that apply):  DisMalType (4786) | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Coronary | | | | | | | | | | | | | Superior Mesenteric | | | | | | | Right Subclavia | | | | Renal, left | |
|  | | | | | Right Common Carotid | | | | | | | | | | | | | Renal. right | | | | | | | Left Common Carotid | | | | Iliofemoral | |
|  | | | | | Left Subclavian | | | | | | | | | | | | | Spinal | | | | | | | Celiac | | | |  | |
| Lower Extremity Motor Function:  No deficit  Weakness  Paralysis  Unknown  DisLowMotFun (4836) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lower Extremity Sensory Deficit:  Yes  No  Unknown  DisLowSenDef (4837) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rupture:  Yes  No  DisRupt (4840) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If Yes →) | | | | Contained rupture:  DisRuptCon (4845) | | | | | | | | | | |  Yes  No | | | | | | | | | | | | | | | |
|  | | | | Rupture Location:  DisRuptLoc (4850) | | | | | | | | | | |  Below STJ  STJ-midascending  Midascending to distal ascending   Zone 1  Zone 2  Zone 3  Zone 4  Zone 5  Zone 6  Zone 7   Zone 8  Zone 9  Zone 10  Zone 11 | | | | | | | | | | | | | | | |
| (If Other →)  PrimIndicOther (4851) | | |  Valvular Dysfunction  Stenosis/Obstruction  Intramural Hematoma Coarctation  Endoleak Infection   Injury related to Surgical Complication/Perforation  Trauma | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Additional Anatomical Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Root | | Aorto-annular ectasia:  Yes  No  Unknown  RootAAnnEctasia (4855) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Asymmetric Root Dilation:  Yes  No  Unknown (If Yes →) Dilation Location:  Right  Left  Non-coronary  RootDilaAsym (4870) RoottDilaAsym (4875) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sinus of Valsalva aneurysm:  RootSinus (4878) | | | | | | | | | | |  Yes  No  Unknown (If Yes →) | | | | | | | | | | SV Aneurysm Location (select all that apply) :  Right  Left  Non-coronary  RootSinusLocMult (4880) | | | | | | | | | | |
| Arch Anomalies YesNo ( If Yes ↓)  ArchAnom (4881) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Arch Anomalies Type(s): select all that apply  ArchAnomTy (4882) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Arch Type Right | | | | | | | | | | | | | | Aberrant Right Subclavian | | | | | | | | | | | | | Kommerell/Ductus Bulge | | | | |
|  | | Variant vertebral origin | | | | | | | | | | | | | | Aberrant Left Subclavian: | | | | | | | | | | | | | Bovine: | | | | |
| Patent internal mammary artery bypass graft:  ArchPatIMA (4889) | | | | | | | | | | | | | | | | | | |  Yes  No  N/A | | | | | | | | | | | | | | |
| Ascending | | Asymmetric Dilatation:  Yes  No  Unknown  AscAsymDil (4891) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Proximal coronary bypass grafts:  Yes  No  Unknown  AscProxGr (4892) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Measurements (Largest Diameter)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Treated Zone with the Largest Diameter:  TrtZnLrgDiam (4926) | | | | | | | | | | | | | | |  Below STJ  STJ-midascending  Midascending-distal ascending   Zone 1  Zone 2  Zone 3  Zone 4  Zone 5  Zone 6   Zone 7  Zone 8  Zone 9  Zone 10  Zone 11 | | | | | | | | | | | | | | | | | | |
| Measurement:  TrtZnLrgDiamMeas (4927) | | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_mm | | | | | | | | | | | | | | | | | | |
| Method Obtained:  TrtZnLrgDiamMeasMeth (4928) | | | | | | | | | | | | | | |  3D or 4D Reconstruction  PreOp CT  PreOp MRI  PreOp Echo  Intra Operatively | | | | | | | | | | | | | | | | | | |
| Proximal to Treated Zone(s) (Largest Diameter) Available: Yes No  ProxTreatZoneAvail (4929)  (If Yes →) | | | | | | | | | | | | | | | | | | | | | | | | Location:  ProxTreatZoneAvailLoc (4930)   Below STJ  STJ-midascending  Midascending-distal ascending   Zone 1  Zone 2  Zone 3  Zone 4  Zone 5  Zone 6   Zone 7  Zone 8  Zone 9  Zone 10  Zone 11 | | | | | | | | | |
| Measurement:  ProxTreatZoneAvailMeas (4931) | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_mm | | |
| Method Obtained:  ProxTreatZoneAvailMeth (4932) | | | | | | |  3D or 4D Reconstruction  PreOp CT  PreOp MRI  PreOp Echo  Intra Operatively | | |
| Distal to Treated Zone(s) (Largest Diameter) Available: Yes No  DistTreatZoneAvail (4933)  (If Yes →) | | | | | | | | | | | | | | | | | | | | | | | | Location:  DistTreatZoneAvailLoc (4934)   Below STJ  STJ-midascending  Midascending-distal ascending   Zone 1  Zone 2  Zone 3  Zone 4  Zone 5  Zone 6   Zone 7  Zone 8  Zone 9  Zone 10  Zone 11 | | | | | | | | | |
| Measurement:  DistTreatZoneAvailMeas (4935) | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_mm | | |
| Method Obtained:  DistTreatZoneAvailMeth (4936) | | | | | | |  3D or 4D Reconstruction  PreOp CT  PreOp MRI  PreOp Echo  Intra Operatively | | |

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| --- |
| **Intervention** |
| (If Aorta Procedure Performed = Yes ↓) |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Aortic Valve or Root Procedure Performed:  VSAVAo (4951) | | | | | | | | | |  Yes, planned  Yes, unplanned due to surgical complication   Yes, unplanned due to unsuspected disease or anatomy  No  (If Yes ↓) | | | | | | |
|  | Procedure Performed:  VSAVPrAo (4952) | | | | | | | | | | | | | | | |
|  |  Replacement (If Replacement↓) | | | | | | | | | | | | | | | |
|  | | | | | | Transcatheter Valve Replacement:  Yes  No  VSTCVAo (4953) | | | | | | | | | | |
|  | | | | | | (If Yes →) | Approach:  VSTCVRAo (4954)   Transapical  Transaxillary  Transfemoral  Transaortic  Subclavian   Other  Transiliac  Transeptal  Transcarotid.  Transcaval | | | | | | | | | |
|  | | | | | | Surgical valve Replacement:  Yes  No  VSAVSurgRepAo (4955) | | | | | | | | | | |
|  | | | | | | (If Yes →) | Device type:  Mechanical  Bioprosthetic  Surgeon fashioned pericardium (Ozaki)  Other  VSAVSurgTypeAo (4956) | | | | | | | | | |
|  | | | | | |  | (If Bioprosthetic→) | | | | Valve type:  Stented  Stentless sub coronary valve only  Sutureless/rapid deployment   VSAVSurgBioTAo (4957) | | | | | |
|  | |  Repair/Reconstruction (If Repair/Reconstruction ↓) | | | | | | | | | | | | | | |
|  | | |  | | | Repair Type (Select all that apply)  AVProcRepTypeAo (4958) | | | | | | | | | | |
|  | | |  |  | |  Commissural suture annuloplasty | | | | | | | Nodular Release | | Leaflet resection suture | |
|  | | |  |  | | Leaflet plication | | | | | | | Leaflet Shaving | | | Leaflet pericardial patch |
|  | | |  |  | | Leaflet commissural resuspension suture | | | | | | | Leaflet debridement | | | Division of fused leaflet raphe |
|  | | |  |  | | Leaflet free edge reinforcement (PTFE) | | | | | | | Ring annuloplasty external ring | | | Ring annuloplasty internal ring |
|  | | |  |  | | External Suture Annuloplasty | | | | | | | Pannus/Thrombus removal (native valve) | | | |
|  | | Surgical Prosthetic Valve Intervention: (Not Explant of Valve) : (If Surgical Prosthetic Valve Intervention,.Select All That Apply↓)  AVSurgProsthValIntAo (4959) | | | | | | | | | | | | | | |
|  | |  | | | | Type of Intervention: Repair of periprosthetic leak  Removal of pannus  Removal of clot Other | | | | | | | | | | |
|  | | Aortic annular enlargement  Yes  No  AnlrEnlAo (4960) | | | | | | | | | | | | | | |
|  | | (If Yes →) | | | | Technique:  Nicks-Nunez  Manougian  Konno  Other  Unknown  AnlrEnlTechAo (4961) | | | | | | | | | | |
|  | | Replacement of non-coronary sinus (Modified Wheat/Modified Yacoub) Yes  No  AVReplNonCorSinAo (4962) | | | | | | | | | | | | | | |
|  | | Root Procedure:  Yes  No (If Yes↓) VSAVRoot (4963) | | | | | | | | | | | | | | |
|  | |  | | | Root Replacement with coronary Ostial Reimplantation  Yes  No  VSAVRootOReimp (4964) | | | | | | | | | | | |
|  | | | (If Yes →)  VSAVRootOReimpType (4965) | | |  Composite Valve Conduit  Valve Sparing Root | | | | | | | | |
|  | | |  | | | (If Composite Valve Conduit →)  VSAVRootOReimpTy (4966) | | | |  Mechanical  Bioprosthetic  Homograft Root Replacement   Autograft with Native Pulmonary Valve (Ross) | | | | |
|  | | |  | | |  | | | | (If Bioprosthetic →)  VSAVRepBioTy (4967) | | Stented Valve Conduit Stentless Valve Conduit  Stentless Biologic Full Root | | |
|  | | |  | | | (If Valve Sparing Root →)  VSAVSparRtOp (4968) | | | |  Valve sparing root reimplantation (David) | | | | |
|  | | |  Valve sparing root remodeling (Yacoub) | | | | |
|  | | |  Valve sparing root reconstruction (Florida Sleeve) | | | | |
|  | | | | | Coronary Reimplantation: VSAVCorReimp (4969) | | | | No  Direct to Root Prosthesis (Button)  With Vein Graft Extension (SVG Cabrol)  With Dacron Graft Extension (Classic Cabrol) | | | | | | | |
|  | | | | | Major root reconstruction/ debridement without coronary ostial reimplantation  VSAVRootRecon (4970)  Yes  No | | | | | | | | | | | |

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| (If AortProc = Yes ↓) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surgical Ascending/Arch Procedure  Yes  No (If Yes ↓)  ArchProc (4975) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Proximal Location:  STJ-midascending  Midascending to distal ascending  Zone 1  Zone 2  Zone 3  ArchProxLoc (4976) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Distal Technique:  Open/Unclamped  Clamped  ArchDisTech (4980) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Distal Site:  Ascending Aorta  Hemiarch  Zone 1  Zone 2  Zone 3  Zone 4  ArchDiscSite (4985) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Distal Extention:  Elephant trunk  Frozen Elephant trunk  No  ArchDisExt (4990) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Arch Branch Reimplantation:  Yes  No (If Yes ↓ - select all that apply)  ArchBranReimp (4995) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | Arch Branch Location:  ArchBranReimpLoc (4996) | | | | | | | | | | Innominate | | | | Right Subclavian | | | | | | | | Right Common Carotid | | | | | | | | | | | | | | Left Common Carotid | | | |
| Left Subclavian | | | | Left Vertebral | | | | | | | | Other | | | | | | | | | | | | | |  | | | |
| Open Surgical Descending Thoracic Aorta or Thoracoabdominal Procedure (If Yes ↓):  Yes  No  DescAortaProc (5015) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Proximal Location:  Reverse Hemiarch  Zone 0  Zone 1  Zone 2  Zone 3  Zone 4  Zone 5  DescAortaLoc (5020)  Zone 6  Zone 7  Zone 8  Zone 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Intercostal Reimplantation: AortaInterReimp (5030)  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Distal Location:  AortaDisZone (5035) | | | | | | | | | | | | |  Zone 3  Zone 4  Zone 5  Zone 6  Zone 7  Zone 8  Zone 9  Zone 10  Zone 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Visceral vessel intervention:  Yes  No (If Yes ↓)  AortaVisceral (5045) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | Celiac:  Reimplantation  Branch Graft  None  AortaViscCel (5050) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | Superior mesenteric:  Reimplantation  Branch Graft  None  AortaViscSup (5055) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | Right Renal:  Reimplantation  Branch Graft  None  AortaViscRenR (5060) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | Left Renal:  Reimplantation  Branch Graft  None  AortaViscRenL (5065) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Endovascular Procedure(s) :  Yes  No (If Yes ↓)  EndovasProc (5066) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Access:  Femoral  Iliac  Abdominal Aorta  Lt. Subclavian/Axila  Rt. Subclavian/Axila  Ascending Aorta  EndovasAccess (5067) Carotid LV Apex | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Percutaneous Access:  Yes  No  EndovasPercAcc (5068) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Proximal landing zone:  EndoProxZone (5070) | | | | | | | | | | | |  Below STJ  STJ-midascending  Midascending to distal ascending   Zone 1  Zone 2  Zone 3  Zone 4  Zone 5  Zone 6  Zone 7   Zone 8  Zone 9  Zone 10  Zone 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Distal landing zone:  EndoDistalZone (5080) | | | | | | | | | | | |  Below STJ  STJ-midascending  Midascending to distal ascending   Zone 1  Zone 2  Zone 3  Zone 4  Zone 5  Zone 6  Zone 7   Zone 8  Zone 9  Zone 10  Zone 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Ascending TEVAR :  Dedicated IDE  Off Label Stent  No  EndovasTEVAR (5095) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Arch Vessel management** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Innominate:  Innominate (5100) | | | | | | | | | |  Native Flow  Endovascular Branch Graft  Endovascular Parallel Graft   Extra-anatomic Bypass  Fenestrated  No Flow Restored | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | (If Extra-anatomic bypass (select all that apply)→) | | | | | | | | | | | | | Location:InExtraAnatBypLoc (5101) | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | Aorta-Innominate | | | | | | | Aorta-right carotid | | | | | | | | | | | | | Aorta- right subclavian | | |
|  | | | | | | | | | | |  | | | | | | | | | | | | | Right Carotid- Right subclavian | | | | | | | | | | | | | | | Other | | | | | | | |
|  | | Left Carotid:  LeftCarotid (5140) | | | | | | | | | |  Native Flow  Endovascular Branch Graft  Endovascular Parallel Graft   Extra-anatomic Bypass  Fenestrated  No Flow Restored | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | (If Extra-anatomic bypass (select all that apply)→) | | | | | | | | | | | | | Location:LeftCarotidExtraAnatByp (5141) | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | Aorta- left carotid | | | | | | | | | | | | |  Innominate- left carotid | | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | | | | | | Right carotid- Left carotid | | | | | | | | | | | | | Other | | | | | | | | | |
|  | | Left Subclavian:  LeftSubclavian (5180) | | | | | | | | | |  Native Flow  Endovascular Branch Graft  Endovascular Parallel Graft   Extra-anatomic Bypass  Fenestrated  No Flow Restored | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | (If Extra-anatomic bypass (select all that apply)→) | | | | | | | | | | | | Location:LeftSubclavExtraAnatByp (5181) | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | Aorta- left subclavian | | | | | | | | | | | Left carotid- left subclavian | | | | | | | | | | Other | |
| **Visceral Vessel management** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Celiac:  Celiac (5220) | | | | | | | | | |  Native Flow  Endovascular Branch Graft  Endovascular Parallel Graft  Extra-anatomic Bypass  Fenestrated   No Flow Restored | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | (If Extra-anatomic bypass (select all that apply)→) | | | | | | | | | | | | Location:CeliacExtraAnatByp (5221) | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | Aorta- celiac | | | | | | | | Iliac-celiac | | | | | | | | | Other | | | | | |
|  | | Superior mesenteric:  SupMesenteric (5270) | | | | | | | | | |  Native Flow  Endovascular Branch Graft  Endovascular Parallel Graft  Extra-anatomic Bypass  Fenestrated   No Flow Restored | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | (If Extra-anatomic bypass (select all that apply)→) | | | | | | | | | | | | Location:SupMesExtraAnatByp (5271) | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | Aorta- superior mesenteric | | | | | | | | | | | | Iliac- superior mesenteric | | | | | | | | | | Other |
|  | | Right renal:  RightRenal (5320) | | | | | | | | | |  Native Flow  Endovascular Branch Graft  Endovascular Parallel Graft  Extra-anatomic Bypass  Fenestrated   No Flow Restored | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | (If Extra-anatomic bypass (select all that apply)→) | | | | | | | | | | | | Location:RightRenalExtraAnatByp (5321) | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  Aorta- right renal | | | | | | | | | Iliac- right renal | | | | | | | | Other | | | | | |
|  | | Left renal:  LeftRenal (5360) | | | | | | | | | |  Native Flow  Endovascular Branch Graft  Endovascular Parallel Graft  Extra-anatomic Bypass  Fenestrated   No Flow Restored | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | (If Extra-anatomic bypass (select all that apply) →) | | | | | | | | | | | | | Location:LeftRenalExtraAnatByp (5361) | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | Aorta- left renal | | | | | | | | Iliac – left renal | | | | | | | Other | | | | | | |
|  | | Right Iliac:  RightIliac (5378) | | | | | | | | | |  Native Flow  Bifurcated Graft  Extra-anatomic Bypass  No Flow Restored | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | (If Extra-anatomic bypass (select all that apply)→) | | | | | | | | | | | | | | Location:RightIliacExtraAnatByp (5379) | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | Femoral- Femoral | | | | | | | | | | Other | | | | | | | | | | | | |
|  | | Left Iliac:  LeftIliac (5382) | | | | | | | | | |  Native Flow  Bifurcated Graft  Extra-anatomic Bypass  No Flow Restored | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | (If Extra-anatomic bypass (select all that apply) →) | | | | | | | | | | | | | Location:LeftIliacExtraAnatByp (5383) | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | Femoral- Femoral | | | | | | | | | Other | | | | | | | | | | | | |
|  | | Internal Iliac Preserved:  Right Iliac only  Left Iliac only  Both  No  IntIliacPres (5386) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Other Visceral Vessel(s) Extra-anatomic Bypass:  Yes  No  OthVisVes (5387) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | (If Yes (select all that apply) →) | | | | | | | | | | Location:OthVisVesExtraAnatBypLoc (5388) | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | Aorta-other | | | | | | | | Iliac-other | | | | | | | | Other | | | | | | | | |
|  | | Planned Staged Hybrid:  Yes  No  PlanStagHybrid (5400) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Other Endovascular Procedural Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | Dissection proximal entry tear covered:  Yes  No  DisProxTearCov (5401) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | Endoleak at end of procedure:  Yes  No (If Yes →)  EndoEndProc (5402) | | | | | | | | | | | | | | | | | | | | Type:  Ia  Ib  II  III  IV  V  EndoEndProcTy (5403) | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | Conversion to open:  Yes  No (If Yes →)  ConvToOpen (5404) | | | | | | | | | | | | | | | | | | | | Conversion reason:  ConvToOpenRes (5405)   Deployment failure  Endoleak  Rupture  Occlusion/loss of branch | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | Intraop Dissection Extension:  None  Antegrade  Retrograde  Both  IntDisExten (5406) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | Unintentional rupture of dissection septum:Yes No (If Yes →)  UnintRup (5407) | | | | | | | | | | | | | | | | | | | | | Location:  UnintRupLoc (5408)   Below STJ  STJ-midascending   Midascending-distal ascending   Zone 1  Zone 2  Zone 3  Zone 4  Zone 5   Zone 6  Zone 7  Zone 8  Zone 9  Zone 10  Zone 11 | | | | | | | | | | | | | | | | | | | |
| **Additional Procedural Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Spinal Drain Placement:  Pre- aortic procedure  Post- aortic procedure  None  SpinalDrain (5420) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IntraOp Motor Evoked Potential:  Yes  No  MotorEvoke (5425) | | | | | | | | | | | | | | | | | | (If Yes →) Documented MEP abnormality  Yes  No  Unknown   MotorEvokeAb (5426) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IntraOp Somatosensory Evoked Potential:  Yes  No  SomatEvoke (5430) | | | | | | | | | | | | | | | | | | (If Yes →) Documented SEP abnormality  Yes  No  Unknown   SomatEvokeAb (5431) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IntraOp EEG:  Yes  No  IntraOpEEG (5432) | | | | | | | | | | | | | | | | | | (If Yes →) Documented EEG abnormality  Yes  No  Unknown   IntraOpEEGAb (5433) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IntraOp Intravascular Ultrasound(IVUS):  Yes  No  IntraOpIVUS (5434) | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IntraOp Transcutaneous Doppler:  Yes  No  TransDoppler (5435) | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Intraoperative Angiogram:  Yes  No (If Yes →)  IntraOpAng (5436) | | | | | | | | | | | | | | | | | | Volume of contrast: \_\_\_\_\_ml  IntraOpAngVol (5437) | | | | | | | | | | | | | | | | | Fluoroscopy time:\_\_\_\_\_ min  IntraOpAngFlTm (5438) | | | | | | | | | | | |
| Endovascular Balloon Fenestration of the Dissection Flap: PreOp IntraOp PostOp  N/A  EndoBalFenDisFlap (5439) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Devices** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Device(s) Inserted:  Yes  No (If Yes, list aorta proximal to distal using device key ↓) ADevIns (5440) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Aortic Valve or Aortic Valve Composite Graft Implanted  Yes  No (If Yes↓)  AVAVCompGraftImplAo (5441) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | Implant Model Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  AVAVCompGrImplModelAo (5442)  Implant Size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  AVAVCompGrImplSizeAo (5443)  Unique Device identifier (UDI): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  AVAVCompGrImplUDIAo (5444) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Aorta Devices** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Location :**  C.  B.  A. | | | | | | | | | | | | | | |  | | | | | X.  A.  B.  C.  D.  E.  F.  G.  H.  I.  J.  K.  L.  M.  N. | | | No additional devices inserted (only for locations 2 – 15)  Below sinotubular junction  Sinotubular junction to mid ascending  Mid ascending to distal ascending  Zone 1 (between innominate and left carotid)  Zone 2 (between left carotid and left subclavian)  Zone 3 (first 2 cm. distal to left subclavian)  Zone 4 (end of zone 3 to mid descending aorta ~ T6)  Zone 5 (mid descending aorta to celiac)  Zone 6 (celiac to superior mesenteric)  Zone 7 (superior mesenteric to renals)  Zone 8 (renal to infra-renal abdominal aorta)  Zone 9 (infrarenal abdominal aorta)  Zone 10 (common iliac)  Zone 11 (external iliacs)  (Refer to Data Specifications for Harvest Codes) | | | | | | | | | | | | | | | | | | | | | | | |
| **For devices other than aortic valves and aortic valve composite grafts:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Implant Method:** | | | | | | | | | | | | | | | 1=Open Surgical 2= Endovascular | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Outcome:** | | | | | | | | | | | | | | | 1= Unsucessfully implanted/maldeployed 2= Implanted/deployed and removed 3= Successfully implanted/deployed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Model Number:** | | | | | | | | | | | | | | | Enter device model number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **UDI:** | | | | | | | | | | | | | | | Enter unique device identifier (not serial number) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Location (Letter)** | | | | | | | | | | | | | | | **Implant Method** | | | | **Outcome** | | | | | | | | | **Model Number** | | | | | | | | | | | | | | **UDI** | | | | |
| ADevLoc01 (5450) | | | | | | | | | | | | | | | ADevDelMeth01 (5455) | | | | ADevOut01 (5460) | | | | | | | | | ADevModel01 (5465) | | | | | | | | | | | | | | ADevUDI01 (5470) | | | | |
| ADevLoc02 (5475) | | | | | | | | | | | | | | | ADevDelMeth02 (5480) | | | | ADevOut02 (5485) | | | | | | | | | ADevModel02 (5490) | | | | | | | | | | | | | | ADevUDI02 (5495) | | | | |
| ADevLoc03 (5500) | | | | | | | | | | | | | | | ADevDelMeth03 (5505) | | | | ADevOut03 (5510) | | | | | | | | | ADevModel03 (5515) | | | | | | | | | | | | | | ADevUDI03 (5520) | | | | |
| ADevLoc04 (5525) | | | | | | | | | | | | | | | ADevDelMeth04 (5530) | | | | ADevOut04 (5535) | | | | | | | | | ADevModel04 (5540) | | | | | | | | | | | | | | ADevUDI04 (5545) | | | | |
| ADevLoc05 (5550) | | | | | | | | | | | | | | | ADevDelMeth05 (5555) | | | | ADevOut05 (5560) | | | | | | | | | ADevModel05 (5565) | | | | | | | | | | | | | | ADevUDI05 (5570) | | | | |
| ADevLoc06 (5575) | | | | | | | | | | | | | | | ADevDelMeth06 (5580) | | | | ADevOut06 (5585) | | | | | | | | | ADevModel06 (5590) | | | | | | | | | | | | | | ADevUDI06 (5595) | | | | |
| ADevLoc07 (5600) | | | | | | | | | | | | | | | ADevDelMeth07 (5605) | | | | ADevOut07 (5610) | | | | | | | | | ADevModel07 (5615) | | | | | | | | | | | | | | ADevUDI07 (5620) | | | | |
| ADevLoc08 (5625) | | | | | | | | | | | | | | | ADevDelMeth08 (5630) | | | | ADevOut08 (5635) | | | | | | | | | ADevModel08 (5640) | | | | | | | | | | | | | | ADevUDI08 (5645) | | | | |
| ADevLoc09 (5650) | | | | | | | | | | | | | | | ADevDelMeth09 (5655) | | | | ADevOut09 (5660) | | | | | | | | | ADevModel09 (5665) | | | | | | | | | | | | | | ADevUDI09 (5670) | | | | |
| ADevLoc10 (5675) | | | | | | | | | | | | | | | ADevDelMeth10 (5680) | | | | ADevOut10 (5685) | | | | | | | | | ADevModel10 (5690) | | | | | | | | | | | | | | ADevUDI10 (5695) | | | | |
| ADevLoc11 (5700) | | | | | | | | | | | | | | | ADevDelMeth11 (5705) | | | | ADevOut11 (5710) | | | | | | | | | ADevModel11 (5715) | | | | | | | | | | | | | | ADevUDI11 (5720) | | | | |
| ADevLoc12 (5725) | | | | | | | | | | | | | | | ADevDelMeth12 (5730) | | | | ADevOut12 (5735) | | | | | | | | | ADevModel12 (5740) | | | | | | | | | | | | | | ADevUDI12 (5745) | | | | |
| ADevLoc13 (5750) | | | | | | | | | | | | | | | ADevDelMeth13 (5755) | | | | ADevOut13 (5760) | | | | | | | | | ADevModel13 (5765) | | | | | | | | | | | | | | ADevUDI13 (5770) | | | | |
| ADevLoc14 (5775) | | | | | | | | | | | | | | | ADevDelMeth14 (5780) | | | | ADevOut14 (5785) | | | | | | | | | ADevModel14 (5790) | | | | | | | | | | | | | | ADevUDI14 (5795) | | | | |
| ADevLoc15 (5800) | | | | | | | | | | | | | | | ADevDelMeth15 (5805) | | | | ADevOut15 (5810) | | | | | | | | | ADevModel15 (5815) | | | | | | | | | | | | | | ADevUDI15 (5820) | | | | |

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| **M.3. Congenital Defect Repair (other thanASD – Secundum, PFO, or Unicuspid, Bicuspid or Quadricuspid valve)** |
| Congenital Diagnoses: Select up to three most significant diagnoses: (refer to “Congenital Diagnoses/Procedures List” document)  Diagnosis 1: \_\_\_\_\_\_ Diagnosis 2: \_\_\_\_\_\_ (If not No Other Congenital→) Diagnosis 3: \_\_\_\_\_\_\_\_\_  OCarCongDiag1 (6500) OCarCongDiag2 (6505) OCarCongDiag3 (6510) |
| Congenital Procedures: Select up to three most significant: (refer to “Congenital Diagnoses/Procedures List” document)  Procedure 1: \_\_\_\_\_\_ Procedure 2: \_\_\_\_\_\_ (If not No Other Congenital→) Procedure 3: \_\_\_\_\_\_\_\_  OCarCongProc1 (6515) OCarCongProc2 (6520) OCarCongProc3 (6525) |

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| **N. Other Non-Cardiac Procedures** (If Other Non-Cardiac Procedure = Yes ↓) |
| Carotid Endarterectomy: ONCCarEn (6530)  Yes, planned  Yes, unplanned due to surgical complication   Yes, unplanned due to unsuspected disease or anatomy  No |
| Other Vascular: ONCOVasc (6535)  Yes, planned  Yes, unplanned due to surgical complication   Yes, unplanned due to unsuspected disease or anatomy  No |
| Other Thoracic: ONCOThor (6540)  Yes, planned  Yes, unplanned due to surgical complication   Yes, unplanned due to unsuspected disease or anatomy  No |
| Other: ONCOther (6545)  Yes, planned  Yes, unplanned due to surgical complication   Yes, unplanned due to unsuspected disease or anatomy  No |

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| **O. Post-Operative** | | | | | | | | | | |
| Patient expired in OR.  Yes  No (If No ↓)  ExpiredInOR (6546) | | | | | | | | | | |
| Peak Postoperative Creatinine Level within 48 hours of OR Exit:  PeakPostCreat48Hrs (6550)\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Peak Postoperative Creatinine Level prior to discharge: \_\_\_\_\_\_\_\_\_\_\_\_  PostCreat (6555) | | | Discharge Hemoglobin: \_\_\_\_\_\_\_\_\_\_\_  PostopHemoglobin (6556) | | Discharge Hematocrit: \_\_\_\_\_\_\_\_\_\_\_\_  PostopHct (6557) | |
| Blood Products Used Postoperatively:  Yes  No (If Yes ↓)  BldProd (6560) | | | | | | | | | | |
|  | Red Blood Cell Units: \_\_\_\_\_\_  BdRBCU (6565) | | | | Fresh Frozen Plasma/Plasma Units: \_\_\_\_\_\_  BdFFPU (6570) | | | Cryoprecipitate Units: \_\_\_\_\_\_  BdCryoU (6575) | | Platelet Dose Pack: \_\_\_\_\_\_  BdPlatDosePk (6581) |
| Extubated in OR:  Yes  No  N/A (not intubated)  ExtubOR (6585) | | | | | | | | | | |
| (If “No” or “N/A”→) | | | Initial Extubation Date and Time: \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_ \_\_ \_\_: \_\_ \_\_ (mm/dd/yyyy hh:mm - 24 hr clock)  (for N/A leave this field blank) ExtubateDT (6586)++ | | | | | | | |
|  | | | Total post-op initial vent hour \_\_\_\_\_\_\_\_ (system calculation)  TotalPOInitVentHr (6587) | | | | | | | |
| Re-intubated /or intubated Post Op During Hospital Stay:  Yes  No (If yes →) Additional Hours Ventilated: ++ \_\_\_\_\_\_\_\_\_\_\_\_  PostopIntub (6591) VentHrsA (6595) | | | | | | | | | | |
| Total post-operative ventilation hours: ++\_\_\_\_\_ (System Calculation)  VentHrsTot (6600) | | | | | | | | | | |
| ICU Visit:  Yes  No (If Yes →) Initial ICU Hours: \_\_\_\_\_\_\_\_  ICUVisit (6605) ICUInHrs (6610) | | | | | | | | | | |
| Readmission to ICU:  Yes  No (If Yes →) Additional ICU Hours: \_\_\_\_\_\_\_\_\_\_  ICUReadm (6615) ICUAdHrs (6620) | | | | | | | | | | |
| Post Op Echo Performed to evaluate valve(s):  Yes  No (If Yes ↓)  POpTTEch (6625) | | | | | | | | | | |
|  | | Level aortic insufficiency found:  POpTTAR (6630)   None  Trivial/Trace  Mild  Moderate  Severe  Not Documented | | | | | | | | |
|  | | Aortic Paravalvular leak:  POpAortParaLk (6631) | | | | | | | | |
|  | |  None  Trivial/Trace  Mild  Moderate  Severe  Not Documented  N/A | | | | | | | | |
|  | | Level mitral insufficiency found:  POpTTMR (6635)   None  Trivial/Trace  Mild  Moderate  Severe  Not Documented | | | | | | | | |
|  | | Mitral Paravalvular leak:  POpMitParaLk (6636) | | | | | | | | |
|  | |  None  Trivial/Trace  Mild  Moderate  Severe  Not Documented  N/A | | | | | | | | |
|  | | Level tricuspid insufficiency found:  POpTTTR (6640)   None  Trivial/Trace  Mild  Moderate  Severe  Not Documented | | | | | | | | |
|  | | Level pulmonic insufficiency found:  POpTTPu (6645)   None  Trivial/Trace  Mild  Moderate  Severe  Not Documented | | | | | | | | |
| Post Op Ejection Fraction:  Yes  No (If Yes →)  POpEFD (6650) | | | | | | Post Op Ejection Fraction: \_\_\_\_\_\_\_\_\_ (%)  POpEF (6655) | | | | |

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| **P. Postoperative Events** | | | | | | | | | | | |
| (If Expired in OR = No↓) | | | | | | | | | | | |
| Surgical Site Complications during postoperative period up to 30 days or during initial hospitalization:  SurSInf (6690)   Yes, Infectious  Yes, Non-Infectious  Yes, Both  No | | | | | | | | | | | |
| (If Yes, Infectious or  Yes, Both →) | | Superficial Sternal Wound:  CSternalSupInf (6695) | | | | |  Yes, within 30 days of procedure   Yes, >30 days after procedure but during hospitalization for surgery   No | | | | |
| Deep Sternal: ~~++~~  DeepSternInf (6700) | | | | | Yes, within 30 days of procedure  Yes, greater than 30 days but during initial hospitalization  No | | | | |
|  | | | | | (If either Yes value →) Diagnosis Date: \_\_ \_\_/ \_\_ \_\_/ \_\_ \_\_ \_\_ \_\_ (mm/dd/yyyy)   DeepSternInfDt (6705) | | | | |
| Thoracotomy (within 30 days or initial hospitalization):  Yes No  CIThor30 (6711) | | | | | | | | | |
| Conduit Harvest (within 30 days or initial hospitalization):  Yes No ConduitHarv (6715) | | | | | | | | | |
| Cannulation Site (within 30 days or initial hospitalization):  Yes  No  CanSite (6720) | | | | | | | | | |
| (If Yes, Non-Infectious or  Yes, Both→) | | Non-Infective Surgical Wound Dehiscence (includes non-infective sterile wound):  Sternal Superficial  Deep Sternal  NonInfSurgWndDeh (6748) | | | | | | | | | |
| Is there evidence that the patient had a deep sternal wound infection within 90 days of the procedure: □ Yes □ No □ Unknown  DeepSternalInf90 (6749) | | | | | | | | | | | |
| Other In Hospital Postoperative Event Occurred:  Yes  No (If Yes ↓)  Complics (6750) | | | | | | | | | | | |
| **Operative** | | | | | | | | | | | |
| ReOp for Bleeding /Tamponade: ++  Yes  No  COpReBld (6755) | | | | | | | | | | (If Yes →) Bleed Timing:  Acute  Late  COpReBldTim (6760) | |
| ReOp for Valvular Dysfunction: ++  Yes, surgical  Yes, transcatheter  No  COpReVlv (6765) | | | | | | | | | | | |
| Unplanned Coronary Artery Intervention: ++  Yes  No  CReintMI (6771) | | | | | | | | | | | |
|  | (If Yes →) Vessel:  Native coronary  Graft  Both Intervention Type:  Surgery  PCI  Both   CReintMIVes (6772) CReintMIIntTy (6773) | | | | | | | | | | |
| Aortic Reintervention: ++  Yes  No CAortReint (6774) | | | | | | (If yes→)Type:  Open  Endovascular  CAortReintTy (6775) | | | | | |
| ReOp for Other Cardiac Reasons: ++  Yes  No  COpReOth (6778) | | | | | | | | | | | |
| Returned to the OR for Other Non-Cardiac Reasons:  Yes  No  COpReNon (6780) | | | | | | | | | | | |
| Open chest with planned delayed sternal closure:  Yes  No  COpPlndDelay (6785) | | | | | | | | | | | |
| **Infection** | | | | | | | | | | | |
| Sepsis:  Yes  No  CSepsis (6800) | | | | | | | | | | | |
| **Neurologic, Central** | | | | | | | | | | | |
| Postoperative Stroke: ++  Yes  No  CNStrokP (6810) | | | | | | | | | | | |
| Encephalopathy:  Yes  No  CNEnceph (6821) | | | | | | | | | | | |
| **Neurologic, Peripheral** | | | | | | | | | | | |
| Lower Extremity Paralysis >24 Hours: Yes  No CNParal (6825) | | | | | | | | | | | |
| Paresis >24 hours:  Yes  No  CNParesis (6829) | | | | | | | | | | | |
| Recurrent Laryngeal Nerve Injury:  Yes  No  RecLarynNrvInj (6833) | | | | | | | | | | | |
| **Pulmonary** | | | | | | | | | | | |
| Prolonged Ventilation:  Yes  No (OR exit time until initial extubation, plus any additional reintubation hours)  CPVntLng (6835) | | | | | | | | | | | |
| (If Yes →) | | Tracheostomy Required after OR Exit  Yes  No  CPVntLngTrachReq (6838) | | | | | | | | | |
| Pneumonia:  Yes  No  CPPneum (6840) | | | | | | | | | | | |
| Pulmonary Thromboembolism:  Yes  No  PulmEmb (6850) | | | | | | | | | | | |
| Pleural Effusion Requiring Drainage:  Yes  No  CPlEff (6860) | | | | | | | | | | | |
| Pneumothorax Requiring Intervention:  Yes  No  PostOpPneumo (6865) | | | | | | | | | | | |
| **Renal** | | | | | | | | | | | |
| Renal Failure: ++  Yes  No  CRenFail (6870) | | | | | | | | | | | |
| (If Yes →) | | | | Dialysis (Newly Required):  Yes  No CRenDial (6875) | | | | | (If Yes →) Required after Hospital Discharge:  Yes  No   DialDur (6880) | | |
| **Vascular** | | | | | | | | | | | |
| Iliac/Femoral Dissection:  Yes  No  CVaIlFem (6888) | | | | | | | | | | | |
| Acute Limb Ischemia:  Yes  No  CVaLbIsc (6889) | | | | | | | | | | | |
| Deep Venous Thrombosis:  Yes  No  DVT (6891) | | | | | | | | | | | |
| **Mechanical assist device related complication** :  Yes  No (If Yes ↓)  CMAD (6892) | | | | | | | | | | | |
|  | | Type of Complication: (select all that apply)  CMADEvents (6893)   Cannula/Insertion site issue   Hemorrhagic   Thrombotic/Embolic   Hemolytic   Infection   Other mechanical assist device related complication | | | | | | | | | |
| **Other** | | | | | | | | | | | |
| Rhythm Disturbance Requiring Permanent Pacemaker:  Yes  No  NewRhythmDis (6901) | | | | | | | | | | | |
| Cardiac Arrest:  Yes  No  COtArrst (6905) | | | | | | | | | | | |
| **Aortic Complication**  Yes  No (If Yes ↓)  AorticComp (6907) | | | | | | | | | | | |
|  | | | Aortic Dissection:  Yes  No  CVaAoDis (6909) | | | | | | | | |
| Post Op Aortic Endoleak:  Yes  No  COtAortEndo (6921) | | | | | | | | (If Yes→) Type: Ia  Ib  II  III  IV  V  COtAortEndoTy (6922) |
| Aortic Side Branch malperfusion:  Yes  No  COtAortSide (6926) | | | | | | | | |
| Aortic stent graft induced entry tear:  Yes  No  COtAortTear (6927) | | | | | | | | |
| Anticoagulant Bleeding Event:  Yes  No  COtCoag (6929) | | | | | | | | | | | |
| (If Yes→)  AnticoagBleedEvntType (6930) | | |  Intracerebral  Subdural  Gastrointestinal | | | | | | | | |
| Heparin Induced Thrombocytopenia (HIT)  Yes  No  HIT (6931) | | | | | | | | (If Yes→) Heparin Induced Thrombocytopenia Thrombosis (HITT) Yes  No  HITT (6932) | | | |
| Pericardiocentesis::  Yes  No  COtTamp (6933) | | | | | | | | | | | |
| Gastro-Intestinal Event:  Yes  No  COtGI (6935)  (If Yes, select all that apply→) | | | | | Ischemic Bowel  Gastrointestinal Bleed Pancreatitis Cholecystitis  Liver Dysfunction/Liver Failure Ileus Other  GIEventType (6936) | | | | | | |
| Atrial Fibrillation:  Yes  No  COtAFib (6945) | | | | | | | | | | | |

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| **Q. Discharge / Mortality** | | | | | | | | | |
| Status at 30 days After Surgery (either discharged or in-hospital): ++  Alive  Dead  Unknown  Mt30Stat (7001) | | | | | | | | | |
| Did the patient transfer to another acute care hospital after this procedure during same stay:  Yes  No (If Yes →) Date Transferred: \_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  DischMtPtTrnfAcuteHosp (7003) DischMtPtTrnfAcuteHospDt (7004) | | | | | | | | | |
| Is the patient still in the Acute Care Hospital Setting:  Yes  No (If No ↓)  DischMtPtAcuteHospStill (7005) | | | | | | | | | |
|  | Hospital Discharge Date \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_ (mm/dd/yyyy)  DischDt (7006) | | | | | | | | |
|  | Status at Hospital Discharge++  DischMortStat (7007) | | |  Discharged Alive, last known status alive (other than Hospice)   Discharged Alive, died after discharge   Discharged to Hospice   Died in hospital | | | | | |
|  | (If Discharge Alive, last known status alive OR Discharged Alive, died after discharge →) | | Discharge Location:  Home Extended Care/Transitional Care Unit/Rehab   Nursing Home  Left AMA  Other  DisLoctn (7010) | | | | | | |
|  |  | (If Discharge Location = Extended Care/Transitional Care Unit/Rehab→)  DisLExtCareTCURehabTy (7011) | | Acute/Short-term Rehab Long-term Rehab Unknown | | | | | |
|  | (If Discharge Location is NOT Left AMA→) | | | Cardiac Rehabilitation Referral:  CardRef (7015) | | | |  Yes  No  Not Applicable | |
| Substance Use Screening and Counseling Performed (NQF 2597):  SubsUseScrnCounPerf (7016) | | | |  Yes  No  Not Applicable | |
| **Medications Prescribed at Discharge** | | | | | |
| Antiplatelet++ | | Aspirin  DCASA (7060) | | |  Yes  No  Contraindicated |
| ADP Inhibitor  DCADP (7070) | | |  Yes  No  Contraindicated |
| Other Antiplatelet  DCOthAntiplat (7075) | | |  Yes  No  Contraindicated |
| Anticoagulant | | Direct Oral Anticoagulant  DCDirOralAnticoag (7081) | | |  Yes  No  Contraindicated |
| Warfarin (Coumadin)  DCCoum (7085) | | |  Yes  No  Contraindicated |
| Other Anticoagulant  DCOthAnticoag (7095) | | |  Yes  No  Contraindicated |
| ACE or ARB   DCACE (7100) | | |  Yes  No  Contraindicated   Not Indicated (see Training Manual) | | |
| Amiodarone   DCAmiodarone (7103) | | |  Yes  No  Contraindicated | | |
| Beta Blocker ++  DCBeta (7105) | | |  Yes  No  Contraindicated | | |
| Lipid Lowering - Statin ++  DCLipLowStat (7115) | | |  Yes  No  Contraindicated | | |
| Lipid Lowering - Other   DCLipLowNonStat (7120) | | |  Yes  No  Contraindicated | | |
|  | (If Status at Hospital Discharge is ‘Discharged Alive, Died after discharge’ OR ‘Discharged to Hospice’→ ) | | Mortality - Date++ \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_ (mm/dd/yyyy)  MtDate (7121) | | | | | | |
|  | (If Status at Hospital Discharge is ‘discharged alive, died after discharge’ OR ‘Discharged to Hospice’→ ) | | Operative Mortality: ++  Yes  No  MtOpD (7124) | | | | | | |
|  | (If Status at Hospital Discharge is ‘Discharged to Hospice’ OR ‘Discharged Alive, died after discharge’→ ) | | Post Discharge death location:  PostDisDthLoc (7125) | |  Home  Extended Care Facility  Hospice   Acute Rehabilitation  Hospital during readmission   Other  Unknown | | | | |
|  | (If Died in Hospital→) → | | Primary Cause of Death (select only one)  MtCause (7126)   Cardiac  Neurologic  Renal  Vascular  Infection  Pulmonary  Unknown  Other | | | | | | |

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| **R. Readmission** | | | | | |
| (If Status at Hospital Discharge = Discharged alive, last know status = alive or Discharged alive, died after discharge ↓) | | | | | |
| Readmit : ++  Yes  No  Unknown (If Yes ↓)  Readmit (7140) | | | | | |
|  | Readmit Date: \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_ (mm/dd/yyyy)  ReadmitDt (7145) | | | | |
|  | Readmit Primary Reason:  ReadmRsn (7160) | | | | |
|  | | |  Angina   Anticoagulation Complication - Pharmacological   Anticoagulation Complication – Valvular   Aortic Complication   Arrhythmia or Heart Block   Blood Pressure (hyper or hypotension)   Chest pain, noncardiac   Congestive Heart Failure   Coronary Artery/Graft Dysfunction   Depression/psychiatric issue   DVT   Electrolyte imbalance   Endocarditis   Failure to thrive   GI issue   Infection, Conduit Harvest Site   Infection, Deep Sternum / Mediastinitis   Mental status changes   Myocardial Infarction   PE | |  Pericardial Effusion and/or Tamponade   Pericarditis/Post Cardiotomy Syndrome   Pleural effusion requiring intervention   Pneumonia   Renal Failure   Renal Insufficiency   Respiratory complication, Other   Sepsis   Stroke   TIA   Transfusion   Transplant Rejection   VAD Complication   Valve Dysfunction   Vascular Complication, acute   Wound , other (drainage, cellulitis, )   Wound, Sternal dehiscence not related to infection   Other – Related Readmission   Other – Nonrelated Readmission   Other – Planned Readmission   Unknown |
|  | Readmit Primary Procedure:  ReadmPro (7165) | | | |  |
|  |  No Procedure Performed   Cath lab for Valve Intervention   Cath lab for Coronary Intervention (PCI)   Dialysis   OR for Bleeding   OR for Coronary Artery Intervention   OR for Sternal Debridement / Muscle Flap   OR for Valve Intervention | | | |  OR for Vascular Procedure   OR for Aorta Intervention   Pacemaker Insertion / AICD   Pericardiotomy / Pericardiocentesis   Planned noncardiac procedure   Thoracentesis/ Chest tube insertion   Wound vac   Other Procedure   Unknown |
|  | | (If OR for Aorta intervention→) | | Type:  Open  Endovascular  ReadmAortIntTy (7166) | |
|  | |  | | Indication:  Rupture  Endoleak  Infection  Dissection  Expansion  Loss of side branch patency  Other  ReadmAortIntInd (7167) | |

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| **Adult Cardiac Anesthesiology**  (for sites participating in the optional anesthesiology component) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Organization participates in the Adult Anesthesia Section:  Yes  No  OrgPartAdAnesthSect (7300) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Primary Anesthesiologist Name:   PrimAnesName (7310) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Primary Anesthesiologist National Provider Number:   PrimAnesNPI (7315) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Anesthesiology Care Team Model:   AnesCareTeamMod (7320) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  |  Anesthesiologist working alone | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  Attending anesthesiologist teaching/medically directing fellow | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  Attending anesthesiologist teaching/medically directing house staff | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  Attending anesthesiologist medically directing CRNA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | (If Attending anesthesiologist medically directing CRNA ↓)  Ratio:  1:1  1:2.  1:3  1:4.  1:5  N/A  AnesCareTeamModCRNARatio (7321) | | | | | | | | | | | | | | | | | | | | | | |
|  Attending anesthesiologist medically directing AA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | (If Attending anesthesiologist medically directing AA ↓)  Ratio:  1:1  1:2.  1:3  1:4.  1:5  N/A AnesCareTeamModAARatio (7322) | | | | | | | | | | | | | | | | | | | | | | |
|  Surgeon medically directing CRNA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  CRNA practicing independently | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Pain Score Baseline:  0  1  2  3  4  5  6  7  8  9  10  Not Recorded PainScorePre (7325) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pre Induction Systolic BP:\_\_\_\_\_\_\_\_\_ PreAnesthBPSys (7326) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Pre Induction Diastolic BP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ PreAnesthBPDia (7327) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pre Induction Heart Rate: \_\_\_\_\_\_\_\_\_  PreAnesthHR (7328) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Pulmonary Artery Catheter Used:  PACIntra (7329) | | | | | | | | | | | | | | | | | | | | | | | | |  Yes  No | | | | | |
| Algorithm used to Guide Transfusion:  Yes  No  TransfAlg (7330) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Anticoagulation Prior to CPB** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Heparin prior to CPB  Yes No  HepPriorCPB (7335)  (If Yes ) | | | | | | | | | Heparin Dose: \_\_\_\_\_\_\_\_units   TotHep (7340) | | | | | | | | | | | | | | | | | Heparin Management:  HepMgmt (7345) | | | | | | | | | | | | | | |  Heparin titration based on activated clotting time (ACT)   Heparin titration based on heparin concentration (Hepcon)   Other method | | | | | | | | | | | | | | | | | | | |
| Fresh Frozen Plasma prior to CPB  Yes  No (If yes →)  FFPPriorCPB (7346) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Total Dose: \_\_\_\_\_\_\_\_\_\_\_\_units  FFPPriorCPBUnits (7347) | | | | | | | | | |
| Antithrombin III prior to CBP  Yes  No (If yes )  AntithromPriorCPB (7348) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Total Dose: \_\_\_\_\_\_\_\_\_\_\_\_International Unit/mL  AntithromDose (7351) | | | | | | | | | |
| Bivalirudin  Yes  No  AnticoagPriorCPBBival (7352) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Argatroban Yes  No  AnticoagPriorCPBArg (7353) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Viscoelastic Testing Used Intraop:  Yes  No  IntraViscoTest (7360) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Volatile Agent Used:  Yes  No   VolAgentUsed (7365) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If Yes →) | | Volatile Agent(s) used:  VolatileAgentUsedTy (7370)  (select all that apply→) | | | | | | | | | |  Isoflurane  Desflurane  Sevoflurane  Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Volatile Agent(s) timing  VolAgentTiming (7377)  (select all that apply→) | | | | | | | | | |  Pre CPB  During CPB  Post CPB  Maintenance (if no CPB) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Intraop Midazolam:  Yes  No  IntraopMidaz (7398) | | | | | | | | (If Yes→) Dose\_\_\_\_\_\_\_\_\_\_mgs  MidazIntra (7400) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Intraop Fentanyl Yes  No  IntraFent (7402) | | | | | | | | | | | | | | | | | | | | (If Yes→)Dose \_\_\_\_\_\_\_\_\_mcgs  IntraFentDose (7404) | |
| Intraop Sufentanil  Yes  No  IntraopSufent (7406) | | | | | | | | (If Yes→) Dose \_\_\_\_\_\_\_\_\_mcgs  IntraopSufentDose (7408) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Intraop Remifentanil Yes  No  IntraopRemifent (7410) | | | | | | | | | | | | | | | | | | | | (If Yes→) Dose \_\_\_\_\_\_\_\_ mcgs  IntraopRemifentDose (7412) | |
| Multimodal Analgesics (OR Entry to 24h post OR Exit)  Yes  No  (If Yes, select all that apply→)  MultimodAnalgesGiven (7413) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  Ketamine (IV)  Local/Regional Anesthesia  Lidocaine Infusion (not bolus)   Acetaminophen (IV or PO)  Cox-2 inhibitor/non-steroidal anti-inflammatory (PO)   Dexmedetomidine (IV) MultimodAnalges (7414) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Core Temperature Source in OR:   CoreTempSrc (7435) | | | | | |  Esophageal   Bladder   Nasopharyngeal   PA Catheter  Thermistor | | | | | | | | | | | | |  Tympanic   Rectal   CPB venous return   Jugular-Venous | | | | | | | | | | | | | | |  Oxygenator arterial outlet  blood (CPB Arterial Blood)   Other   Unknown | | | | | | | | | | | | | | | | | | | | | | | Core Temp Max during rewarming: \_\_\_\_\_\_\_°C  CoreTempMax (7440) | | | |
| Crystalloid given by Anesthesia  CrystGivenAnesth (7448) | | | | | | |  Yes  No  (If Yes) | | | | | | | | | | | | | Anesth. Total Crystalloid: \_\_\_\_\_\_\_\_mL  TotCrystAnesth (7450) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type: 0.9 Sodium Chloride  Normosol  Ringer’s Lactate  Plasmalyte  CrystGivenAnesthTy (7451) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Was 5% Albumin given by Anesthesia  AlbAnesth5Pct (7452) | | | | | | | | | |  Yes  No (If Yes) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Anesthesiology Total 5% Albumin \_\_\_\_\_\_\_\_\_\_mL  AnesthTot5PctAlb (7453) | | | | | | | | | | | | | | | | | | |
| Was 25% Albumin give by Anesthesia  AlbAnesth25Pct (7454) | | | | | | | | | |  Yes  No (If Yes) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Anesthesiology Total 25% Albumin \_\_\_\_\_\_\_\_\_mL  AnesthTot25PctAlb (7455) | | | | | | | | | | | | | | | | | | |
| Autologous Normovolemic Hemodilution (ANH)  ANH (7456) | | | |  Yes  No (If Yes →) | | | | | | | | | | | | | | ANH Volume: \_\_\_\_\_\_\_\_\_\_\_\_\_mL  ANHVol (7457) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Intraop Inhaled Vasodilator:  InhalVaso (7462) | | | | |  Yes  No | | | | | | | | | | | | | Intraop IV Vasodilators Used:  Yes  No VasodilIntraop (7463) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Intraop Glucose Trough:  Yes  No (If Yes →)  IntraopGlucTrough (7464) | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_ mg/dL  GlucTroughIntraop (7465) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Intraop Insulin Given:  Yes  No (If Yes →)  IntraInsul (7473) | | | | | | | | | | | | | | | | | | Intraop Insulin Total Dose \_\_\_\_\_\_\_ units  TotInsuIntra (7474) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Intraoperative Processed EEG (BIS):  Yes  No  IntraProcEEG (7476) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Intraop Post-Induction/Pre-Incision Transesophageal Echo (TEE):  Yes  No  IntraOpPreTEE (7480) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (IfPost-Induction/Pre-Incision  TEE is Yes) | | LVEF Measured or Estimated:   PreLVEFMeas (7485) | | | | | | | | | | | | | | |  Yes  No (If Yes) | | | | | | | | | | | | | | | | | | | LVEF:  PreLVEF (7490) | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_% | | | | | | | | | | | | | |
|  | | Left Atrial Size  Yes  No (If Yes)  LtAtrSz (7491) | | | | | | | | | | | | | | | | | | | | | | | | Left Atrial Superior-Inferior \_\_\_\_\_\_\_cm  LtAtrSupInfSz (7492)  Left Atrial Medial-Lateral \_\_\_\_\_\_\_\_cm  LtAtrMedLatSz (7493) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | RV Function:  PreRVFx (7495) | | | | | | | | | | | | |  Normal   Mild Dysfunction | | | | | | | | | | | | | | | | | |  Moderate Dysfunction   Severe Dysfunction | | | | | | | | | | | | | | | | | | | | | | | | |  Not Assessed | | |
|  | | Mitral Regurgitation:  PreMR (7500) | | | | | | | | | | | | |  None   Trace/trivial   Mild   Moderate   Severe   Not assessed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Patent Foramen Ovale:  PrePFO (7535) | | | | | | | | | | | | |  Yes  No  Not assessed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Ascending Aorta Assessed  AscAoAssessed (7540) | | | | | | | | | | |  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | (If Yes) | | | | | | | | | | | | Maximal Ascending Aorta Diameter:   MxAscAo (7545) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_cm | | | | | | | | |
|  | | Maximal Ascending Aorta Atheroma Thickness:   MxAscAoThick (7550) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_mm | | | | | | | | |
|  | | Ascending Aorta Atheroma Mobility:   AsAthMo (7555) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  Yes  No | | | | | | | | |
|  | | Aortic Arch Visualized:  AoArcVis (7560) | | | | | | | | |  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | (If Yes) | | | | | | | | | | | | Maximal Aortic Arch Atheroma Thickness:   MxArcAth (7565) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_mm | | | | | | | | |
|  | | Aortic Arch Atheroma Mobility:   ArcAthMo (7570) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  Yes  No | | | | | | | | |
| Cardiopulmonary Bypass Used:  Yes  No   CPBUsed (7575) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If CPB  Use is Yes) | | ABG Management during cooling  ABGMgmtDurCool (7576) | | | | | | | | | | | | | | | | | | | |  Alpha-Stat | | | | | | | | | |  pH-Stat | | | | | | | | | | | | | | | | |  Unknown | | | | | | | | | | | |
| ABG Management during rewarming  ABGMgmtDurRewarm (7577) | | | | | | | | | | | | | | | | | | | | Alpha-Stat | | | | | | | | | |  pH-Stat | | | | | | | | | | | | | | | | | |  Unknown | | | | | | | | | | |
| Arterial Outflow Temperature Measured  ArtOutTempMeas (7578) | | | | | | | | | | | | | | | | | | | | | | |  Yes  No | | | | | | | | | | | | (If Yes) | | | | | | | | | | | Highest Arterial Outflow Temperature: \_\_\_\_\_\_\_°C  HighArtOutTemp (7579) | | | | | | | | | | | | |
| Retrograde Autologous Priming of CPB Circuit:  Yes  No RetrAutolPrim (7580) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Crystalloid Administered by Perfusion Team: \_\_\_\_\_\_\_\_\_\_\_\_\_mL  TotCrystPerf (7585) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | (If mL >0 select all that apply)  CrystPerfTy (7586) | | | | | | | | | | | | | | | | | | | | | |  0.9 Sodium Chloride  Normosol  Ringer’s Lactate  Plasmalyte | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total 5% Albumin Administered by Perfusion Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_mL  TotAlbumPerf (7595) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total 25% Albumin Administered by Perfusion Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_mL  Tot25AlbumPerf (7596) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hemofiltration Volume Removed by Perfusion Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_mL  HemofilPerf (7600) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inotropes used to wean from CPB:  Yes  No   InotropWeanCPB (7605) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Vasopressors used to wean from CPB:  Yes  No   VasopWeanCPB (7610) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cell Saver Volume: \_\_\_\_\_\_\_\_\_\_\_\_\_\_mL  CellSavVol (7612) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Protamine Total Dose : \_\_\_\_\_\_\_\_\_\_mgs  TotProt (7614) | | | | | | | | | | | | | | | | | | | | |
| Post-Procedure Use Of Intraoperative TEE:  Yes  No IntraOpPostTEE (7615) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If Post Proc  TEE is Yes) | | | Systolic Anterior Motion of Mitral Valve:   PostSAM (7620) | | | | | | | | | | | | | | | | | | | | | | | | |  Yes  No  Not assessed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Return to CPB for Echo Related Diagnosis:   RetCPBEch (7625) | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | (If Yes →) | | | | | | | | | | | | | Reason for return to CPB:  RetCPBRsn (7626) | | | | | | | | | | | | | | | | | | |  New Wall Motion Abnormality  Residual Valvular Leak   Systolic Anterior Motion (SAM)  Paravalvular Leak   Ventricular Failure   Other   Unknown | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | (If Ventricular Failure →)  RetCPBRsnVentFailTy (7627) | | | | | | | | | | | | | | | | | | | | | | | | | | | |  Left Ventricular Failure   Right Ventricular Failure   Bi-Ventricular Failure   Unknown | | | | | | | | | | | | | | | | |
|  | | | Post-Procedure LVEF Measured:   PostLVEFMeas (7630) | | | | | | | | | | | | | | | | | | | | | | | |  Yes  No | | | | | | | | | | | | | | | | | | (If Yes) | | | | | | | | | Post-Procedure LVEF:   PostLVEF (7635) | | | | | | % |
|  | | | Post-Procedure RV Function:   PostRVFx (7640) | | | | | | | | | | | | | | | | | |  Normal   Mild Dysfunction | | | | | | | | | | | | | | |  Moderate Dysfunction   Severe Dysfunction | | | | | | | | | | | | | | | | | | | |  Not Assessed | | | | |
| Patient Died in the OR:  Yes  No   ORDeath (7645) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If Died in OR  is No) | | Core Temp Measured upon Entry to ICU/PACU:  Yes  No   PostTempMeas (7650) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | (If Yes) | | | | | | | | | | | | | | | | | | | | | Post Op Core Temp:   PostCoreTemp (7655) | | | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_°C | | | | | | | | | | | | | | | | | |
|  | | Post-Op INR Measured upon admission to post op care location (PACU, ICU):   PostINRMeas (7660) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  Yes  No | | | | | | | |
|  | | (If Yes) | | | | | | | | | | | | | | | | | | | | | INR: \_\_\_\_\_\_\_\_\_\_\_\_\_   PostINR (7665) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | WBC Measured upon admission to post op care location (PACU, ICU):   PostWBCMeas (7670) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  Yes  No | | | | | | | |
|  | | (If Yes) | | | | | | | | | | | | | | | | | | | | | WBC : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /µL   PostWBC (7675) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
|  | | Platelets Measured upon admission to post op care location (PACU, ICU):   PostPltMeas (7680) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  Yes  No | | | | | | | |
|  | | (If Yes) | | | | | | | | | | | | | | | | | | | | | Platelet Count: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/µL  PostPlt (7685) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
|  | | Hemoglobin Measured upon admission to post op care location (PACU, ICU):  PostHemMeas (7686) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  Yes  No | | | | | | | |
|  | | (If Yes) | | | | | | | | | | | | | | | | | | | | | Hemoglobin:\_\_\_\_\_\_\_\_\_\_\_/gm/dL  PostHem (7687) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
|  | | Hematocrit Measured upon admission to post op care location (PACU, ICU):   PostHCTMeas (7690) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  Yes  No | | | | | | | |
|  | | (If Yes) | | | | | | | | | | | | | | | | | | | | | Hematocrit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%  PostHCT (7695) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
|  | | Fibrinogen Measured upon admission to post op care location (PACU, ICU):   PostFibrinMeas (7696) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  Yes  No | | | | | | | |
|  | | (If Yes) | | | | | | | | | | | | | | | | | | | | | Fibrinogen \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_mg/dL  PostFibrin (7697) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
|  | | Lactate Measured upon admission to post op care location (PACU, ICU):   PostLactMeas (7700) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  Yes  No | | | | | | | |
|  | | (If Yes) | | | | | | | | | | | | | | | | | | | | | Lactate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ mg/dL  PostLact (7705) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | Peak Glucose between within18-24 hours after OR Exit Time:\_\_\_\_\_\_\_\_\_  PostOpPeakGlu (7708) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Post Op Propofol:  Yes  No  PropPost (7715) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Post Op Other Sedation:  Yes  No  PostOthSed (7716) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Post Op Delirium:  Yes  No  PostopDel (7720) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Pain Score POD #3:  PainScorePOD3 (7730) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
|  | |  0  1  2  3  4  5  6  7  8  9  10  Not recorded  NA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Pain Score Discharge:  PainScoreDisch (7735) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  0  1  2  3  4  5  6  7  8  9  10  Not recorded  NA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |