

Australasian Cardiac Outcomes Registry Ltd

**GENERAL INFORMATION**

**Surname:** \_\_\_\_\_ **Female**  **Male**   
**First Name:** \_\_\_\_\_ **Middle Name(s):** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 \_\_\_\_\_ **Postcode:** \_\_\_\_\_  
**DOB:** \_\_\_\_\_  
**Medicare No.:** \_\_\_\_\_ **DVA No.:** \_\_\_\_\_  
**Hospital Name:** \_\_\_\_\_ **Hospital State:** \_\_\_\_\_  
**Admission date (dd/mm/yyyy) :** \_\_\_\_\_

**Race:**  
 Caucasian..... Aboriginal/Torres Strait Islander.....  
 Asian ..... Maori/Pacific Islander ..... Other .....

**Insurance (check all that apply):**  
 Department of Veterans Affairs ..... Medicare.....  
 Private Health..... Self-Funded.....

**Cardiac History**

**Coronary Artery Disease:**  
 Yes  No

**Prior Acute Myocardial Infarction:**  
 Yes  No  *if yes:* <30 days   
 ≥30 days

**Prior PCI:**  
 Yes  No   
*If yes, Date\** \_\_\_\_\_  
 \*Most Recent PCI (dd/mm/yyyy)

**Prior CABG:**  
 Yes  No   
*If yes, Date\** \_\_\_\_\_  
 \*Most Recent CABG (dd/mm/yyyy)

**Previous Cardiovascular Surgeries:**  
 0  1  2  3  ≥ 4

**Prior Aortic Valve Replacement:**  
 Yes  No   
*If Yes, type of valve* \_\_\_\_\_

**Prior TAVI:**  
 Yes  No

**Prior Balloon Aortic Valvuloplasty:**  
 Yes  No

**Atrial Fibrillation/Flutter:**  
 Yes  No

**Previous AICD or PPM:**  
 Yes  No

**Porcelain Aorta:**  
 Yes  No

**Other Risk Factors**

**Prior Stroke:**  
 Yes  No   
*If yes, Date\** \_\_\_\_\_  
 \*Most Recent Stroke (dd/mm/yyyy)

**Transient Ischaemic Attack:**  
 Yes  No

**Carotid Stenosis (check one only):**  
 None  Left  Right  Both  Unk

**Peripheral Arterial Disease:**  
 Yes  No

**Current/Recent Smoker (< 1 year):**  
 Yes  No

**Chronic Lung Disease (check one only):**  
 None ..... Moderate.....  
 Mild..... Severe.....

**Hostile Chest:**  
 Yes  No

**Hypertension:**  
 Yes  No

**Diabetes Mellitus:**  
 Yes  No   
*If yes, (check one only – most powerful therapy)*

Diet  Oral  Insulin

**Currently on Dialysis:**  
 Yes  No

**Previous Radiotherapy:**  
 Yes  No

**Medications ≤24hrs prior to procedure (check all that apply):**

ACE/ARB  Factor Xa Inhibitor  Aspirin  P2Y12   
 Beta Blocker  Warfarin  Dabigatran  None

**Functional Status *Complete at least one***

**5 metre walk (seconds):** \_\_\_\_\_

**NYHA Status (check one only):** I  II  III  IV

**STS Score:** \_\_\_\_\_

**EuroScore II:** \_\_\_\_\_

*The KCCQ-12 and EQ-5D must be completed prior to the TAVI procedure*

**KCCQ-12 COMPLETED\*:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*\*Please Complete Separate Questionnaire*

**EQ-5D COMPLETED\*:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*\*Please Complete Separate Questionnaire*

**PRE-OPERATIVE INVESTIGATION**

**Clinical Data**

Height (cm): \_\_\_\_\_ Weight (kg): \_\_\_\_\_  
 Date Blood Drawn (dd/mm/yyyy): \_\_\_\_\_  
 Haemoglobin (g/L): \_\_\_\_\_ Platelet Count (µL): \_\_\_\_\_  
 Albumin (g/L): \_\_\_\_\_ Creatinine (µmol/L): \_\_\_\_\_  
 INR: \_\_\_\_\_  
 Pulmonary Function Test (dd/mm/yyyy): \_\_\_\_\_  
 If test done, FEV1 Predicted (%): \_\_\_\_\_ Or, Test not done

**Electrocardiogram Findings**

<b>Rhythm</b> (check one only):	<b>Conduction Defect</b> (check all that apply):
Sinus ..... <input type="checkbox"/>	None ..... <input type="checkbox"/>
Atrial Fibrillation/flutter ..... <input type="checkbox"/>	RBBB ..... <input type="checkbox"/>
Paced Rhythm ..... <input type="checkbox"/>	LBBB ..... <input type="checkbox"/>
Junctional rhythm ..... <input type="checkbox"/>	1st Degree AV Block ..... <input type="checkbox"/>
	2nd Degree AV Block ..... <input type="checkbox"/>
	Complete Heart Block (CHB) ..... <input type="checkbox"/>
	Other (specify) ..... <input type="checkbox"/>

**Diagnostic Angiogram Findings**

Angiogram Date: \_\_\_\_\_ Proximal LAD >70%: Yes  No

No. of Diseased Vessels: \_\_\_\_\_ Aortic Valve Mean Gradient (mmHg): \_\_\_\_\_

Left Main Stenosis >50%: Yes  No  Aortic Valve Peak Gradient (mmHg): \_\_\_\_\_

**Diagnostic TTE Findings**

TTE Date: \_\_\_\_\_  
 Right Ventricular Systolic Pressure (mmHg)\*: \_\_\_\_\_  
*\*Record the highest measurement*  
 LVEF (%): \_\_\_\_\_ Or, Not Measured   
 Left Vent Internal Systolic Dim (cm): \_\_\_\_\_  
*Or, Not Measured*   
 Left Vent Internal Diastolic Dim (cm): \_\_\_\_\_  
*Or, Not Measured*

Septal Wall Thickness (cm): \_\_\_\_\_  
 Posterior Wall Thickness (cm): \_\_\_\_\_  
 AV Peak Velocity (CW) (m/sec): \_\_\_\_\_  
 AV Annulus Size (mm): \_\_\_\_\_  
 Aortic Insufficiency (check one – highest):  
 None  Trace/Trivial  1+/Mild   
 2+/Moderate  3-4+/Severe

**Valve Morphology** (check one only):  
 Unicuspid  Bicuspid  Tricuspid   
 Quadricuspid  Uncertain

**Annular Calcification** (check one only):  
 None  Mild  Moderate  Severe

**AV Pathology:** Yes  No   
 If yes, AV Area (smallest, cm<sup>2</sup>): \_\_\_\_\_  
 Aortic Incompetence.....   
 Mixed Aortic Valve Disease.....

**AV Disease Etiology** (check one only):  
 Degenerative.....   
 Endocarditis .....   
 Congenital (bicuspid) .....   
 Rheumatic .....   
 Primary Aortic Wall Disease.....   
 LV Outflow Tract Obstruction .....   
 Supraaortic Aortic Stenosis .....   
 Tumour .....   
 Trauma .....   
 Other (specify) .....

**CT Aortogram**

Annulus Max Diameter (mm): \_\_\_\_\_ Aortic Sinus Diameter (mm): \_\_\_\_\_  
 Annulus Min Diameter (mm): \_\_\_\_\_ Ascending Ao (mm): \_\_\_\_\_  
 Perimeter (mm): \_\_\_\_\_ LMCA Height (mm): \_\_\_\_\_  
 AV Area (cm<sup>2</sup>): \_\_\_\_\_ RCA Height (mm): \_\_\_\_\_  
 Valve Calcification: Yes  No

**Peripheral Vascular (measurements)**

Iliac MLD: Left (mm): \_\_\_\_\_ Right (mm): \_\_\_\_\_  
 Femoral MLD: Left(mm): \_\_\_\_\_ Right (mm): \_\_\_\_\_  
 Artery Calcification (check one only): None  Mild  Moderate  Severe   
 Iliofemoral Tortuosity (check one only): None  Mild  Moderate  Severe   
 High CFA Bifurcation: Yes  No  Previous Iliofemoral Intervention: Yes  No

**INTRA-OPERATIVE**
**Procedure Date** (dd/mm/yyyy) : \_\_\_\_\_

*names of both proceduralists should be recorded clearly*
**Primary Operator:** \_\_\_\_\_

**Secondary Operator:** \_\_\_\_\_

**Procedure Indication** (check one only):

 Predominant AS..... 

 Predominant AI ..... 

 Mixed AS/AI..... 
**Failed Bioprosthetic Valve:**

 Yes  No 
**Valve-in-Valve Procedure:**

 Yes  No 
*If yes, status (check one only):*

 Elective ..... 

 Immediate Intraprocedure ..... 
**Type of Anaesthesia** (check one only):

 Moderate sedation..... 

 General anaesthesia..... 

 Combination..... 
**Risk of surgical AVR (STS-PROM)**
*(check one only):*

 Inoperable/Extreme Risk..... 
*(technically inoperable, co-morbid/deconditioned patient)*

 High Risk..... 
*(estimated risk of 30 day mortality ≥8%)*

 Intermediate risk..... 
*(estimated risk of 30 day mortality 4-7%)*

 Low risk ..... 
*(estimated risk of 30 day mortality <4%)*
**Procedure Aborted:**

 Yes  No 
*If yes, provide reason:*

 Access related..... 

 Navigation issue after successful access ... 

 Device/delivery system malfunction ..... 

 New clinical findings..... 

 Patient status ..... 

 Consent issue..... 

 System issue ..... 

 Other (specify) ..... 
**Conversion to Open Heart Surgery:**

 Yes  No 
*If yes, provide reason:*

 Valve dislodged to aorta..... 

 Valve dislodged to ventricle ..... 

 Ventricular rupture..... 

 Annulus rupture ..... 

 Aortic dissection ..... 

 Coronary occlusion ..... 

 Other (specify) ..... 
**Valve Sheath Access Site:** (check one only)

 Femoral ..... 

 Axillary..... 

 Transapical ..... 

 Transaortic ..... 

 Subclavian ..... 

 Transiliac ..... 

 Transseptal..... 

 Transcaval ..... 

 Other (specify) ..... 
**Valve Sheath Access Method:** (check one only)

 Percutaneous..... 

 Cut down ..... 

 Mini Thoracotomy ..... 

 Mini Sternotomy..... 

 Other (specify)..... 
**Valve Sheath Delivery Size** (French):

\_\_\_\_\_

**Rapid RV Pacing User:** Yes  No 
**Initial BAV:** Yes  No 
**Final Assessment**
**Peak Aortic Gradient** (mmHg): \_\_\_\_\_

**Severity of Aortic Regurgitation** (check one only):

 None  Mild  Moderate  Severe 
**Rhythm** (check one only):

 Sinus  Atrial Fibrillation  Atrial Flutter  Paced Rhythm 
**New conduction disturbance**
*(check all that apply):*

 RBBB  LBBB  CHB 
**Temporary Pacing Required?**

 Yes  No 
**Device 1**
**Manufacturer:** \_\_\_\_\_

**Model:** \_\_\_\_\_

**Reference No.:** \_\_\_\_\_

**Lot No.:** \_\_\_\_\_ **Serial No.:** \_\_\_\_\_

**Device 2**
**Manufacturer:** \_\_\_\_\_

**Model:** \_\_\_\_\_

**Reference No.:** \_\_\_\_\_

**Lot No.:** \_\_\_\_\_ **Serial No.:** \_\_\_\_\_

**Device 3**
**Manufacturer:** \_\_\_\_\_

**Model:** \_\_\_\_\_

**Reference No.:** \_\_\_\_\_

**Lot No.:** \_\_\_\_\_ **Serial No.:** \_\_\_\_\_

**ADVERSE EVENTS, INTERVENTIONS, SURGICAL PROCEDURES**

Specify if the event occurred peri/intra-op or post procedure. NOTE: A date is **not** required if the event occurs **during** the procedure. (check all that apply)

	Peri	Post		Post procedure date dd/mm/yyyy
<b><u>Cardiac Complication</u></b>				
Myocardial Infarction	<input type="checkbox"/>	<input type="checkbox"/>		
Coronary Compression <i>Coronary Stent Placed?</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Endocarditis	<input type="checkbox"/>	<input type="checkbox"/>		
Arrhythmia requiring Permanent Pacemaker	<input type="checkbox"/>	<input type="checkbox"/>		
Arrhythmia Requiring ICD	<input type="checkbox"/>	<input type="checkbox"/>		
Cardiac Arrest	<input type="checkbox"/>	<input type="checkbox"/>		
Atrial Fibrillation	<input type="checkbox"/>	<input type="checkbox"/>		
Annular injury/rupture	<input type="checkbox"/>	<input type="checkbox"/>		
Perforation with Tamponade	<input type="checkbox"/>	<input type="checkbox"/>		
Transapical Related Event	<input type="checkbox"/>	<input type="checkbox"/>		
Transaortic Related Event	<input type="checkbox"/>	<input type="checkbox"/>		
Coronary Obstruction	<input type="checkbox"/>	<input type="checkbox"/>		
Aortic Dissection	<input type="checkbox"/>	<input type="checkbox"/>		
Perforation without Tamponade	<input type="checkbox"/>	<input type="checkbox"/>		
<b><u>Cerebral Complication</u></b>				
Transient Ischaemic Attack <i>Neuro Confirmation of Diagnosis?</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Haemorrhagic Stroke <i>Neuro Confirmation of Diagnosis?</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Ischaemic Stroke <i>Neuro Confirmation of Diagnosis?</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Undetermined Stroke <i>Neuro Confirmation of Diagnosis?</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

	Peri	Post		Post procedure date dd/mm/yyyy
<b><u>Vascular Complication</u></b>				
Major Vascular Complication	<input type="checkbox"/>	<input type="checkbox"/>		
Minor Vascular Complication	<input type="checkbox"/>	<input type="checkbox"/>		
Vascular surgery required	<input type="checkbox"/>	<input type="checkbox"/>		
<b><u>Bleeding Complication</u></b>				
Bleeding at Access Site	<input type="checkbox"/>	<input type="checkbox"/>		
Hematoma at Access Site	<input type="checkbox"/>	<input type="checkbox"/>		
Retroperitoneal Bleeding	<input type="checkbox"/>	<input type="checkbox"/>		
GI Bleed	<input type="checkbox"/>	<input type="checkbox"/>		
GU Bleed	<input type="checkbox"/>	<input type="checkbox"/>		
Other Bleed	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Peri procedure Transfusion required? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, no. of units _____</b>				
<b><u>Device Related Complication</u></b>				
Device Migration	<input type="checkbox"/>	<input type="checkbox"/>		
Device Embolization Left Ventricle	<input type="checkbox"/>	<input type="checkbox"/>		
Device Embolization Aorta	<input type="checkbox"/>	<input type="checkbox"/>		
Device Recapture or Retrieval	<input type="checkbox"/>	<input type="checkbox"/>		
Device Thrombosis	<input type="checkbox"/>	<input type="checkbox"/>		
Other Device Related Event	<input type="checkbox"/>	<input type="checkbox"/>		
<b><u>Requirement for Unplanned Intervention</u></b>				
Aortic Valve RE-intervention	<input type="checkbox"/>	<input type="checkbox"/>		
Unplanned Vascular Surgery or Intervention	<input type="checkbox"/>	<input type="checkbox"/>		
Unplanned Other Cardiac Surgery	<input type="checkbox"/>	<input type="checkbox"/>		
PCI	<input type="checkbox"/>	<input type="checkbox"/>		
<b><u>Other</u></b>				
Acute Kidney Injury <i>Temporary Dialysis Required?</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
New Permanent Dialysis	<input type="checkbox"/>	<input type="checkbox"/>		

**POST-PROCEDURE**

**Post Procedure Labs and Tests**

Echocardiogram: Yes  No  *If yes, answer the following:*

Date of Echocardiogram (dd/mm/yyyy): \_\_\_\_\_

Aortic Stenosis: Yes  No

AV Peak Doppler Velocity (m/sec): \_\_\_\_\_

AV Area (smallest) (cm<sup>2</sup>): \_\_\_\_\_

Mean Gradient (highest) (mmHg): \_\_\_\_\_

**Mitral Regurgitation** (check one - highest):

- None .....
- Trace/Trivial .....
- 1+/Mild .....
- 2+/Mod .....
- 3+/Mod/Severe .....
- 4+/Severe .....

**Aortic Insufficiency** (check one - highest):

- None .....
- Trace/Trivial .....
- 1+/Mild .....
- 2+/Mod .....
- 3-4+/Severe .....

**Post Procedure Discharge Location**

ICU: planned  unplanned  N/A

ICU LOS (hours) \_\_\_\_\_

CCU: planned  unplanned  N/A

**DISCHARGE**

RBC/Whole Blood Transfusion: Yes  No

*if yes, record the no. of units between start of procedure and discharge:* \_\_\_\_\_

Discharge Date (dd/mm/yyyy): \_\_\_\_\_

Discharge Status: Alive

Deceased

**Discharge Location** (check one only)

- Home .....
- Extended care/TCU/Rehab .....
- Other Acute Care Hospital .....
- Nursing Home .....
- Hospice .....
- Left Against Medical Advice .....
- Other (specify) .....

**Death in Lab/OR?** Yes  No

**Primary Cause of Death** (check one only):

- Cardiac .....
- Valvular .....
- Infection .....
- Neurological .....
- Renal .....
- Vascular .....
- Unknown .....
- Other (specify) .....

**Discharge Medications:** (check all that apply)

- ACE/ARB .....
- Aspirin .....
- Beta Blocker .....
- Dabigatran .....
- Factor Xa Inhibitor .....
- P2Y12 .....
- Warfarin .....
- None .....