





Physician Assistant
Cardiothoracic Surgery

Discharge Summary  
Attested

Date of Service: 12/29/2022 8:38 AM

Attestation signed by [REDACTED] at 12/29/2022 3:42 PM

ATTENDING ATTESTATION

I interviewed and examined [REDACTED] saw the patient on the day of discharge (12/29/22) and agree with the discharge plans and disposition. I agree with the findings and plan as documented in the attached note with exceptions (if any) noted below. I personally reviewed the relevant imaging and diagnostic data.

Briefly, the patient is a 69 y.o. with a history of severe aortic stenosis and underwent TF-TAVR with 29mm Medtronic Evolut Fx transcatheter heart valve. His post operative course has been uncomplicated. He had transient heart block after valve deployment that resolved by the end of the procedure and did not recur during the duration of his hospital stay. We also reviewed his ECG with Dr [REDACTED] from EP and all of us concur that a PPM is not indicated. He is being discharged with plans for close outpatient follow-up. He should continue infective endocarditis prophylaxis, ASA 81 mg QD. I have recommended close op follow-up with his established team of providers and follow-up as directed with the structural team.

Structural Heart Clinic

Discharge summary Aortic Valve replacement via transcatheter

Date of Service: 12/29/2022



Patient ID: [REDACTED]

Name: [REDACTED]

DOB: [REDACTED]

Primary Care Provider: [REDACTED]

Surgeons: [REDACTED]

Cardiologist: [REDACTED]

Procedure performed on 12/28/2022:

1. Transfemoral Transcatheter Aortic Valve Replacement (TAVR) utilizing 29mm Medtronic Fx transcatheter heart valve
2. Temporary Transvenous pacing
3. Femoral artery sheath placement and pigtail advancement to aorta for hemodynamic monitoring
4. Left Heart Catheterization
5. ProGlide Perclose Device Placement
6. Intra-operative trans-thoracic echocardiogram (see separate dictation)

Admitting Diagnosis:

Pre-op Diagnosis:

Severe aortic stenosis

Discharge Diagnosis:

Pre-op Diagnosis:

Severe aortic stenosis

Present on Admission:

- Severe symptomatic aortic stenosis
- Mild pulmonary HTN
- Inflammatory polyarthropathy on chronic immunosuppression (Humira, methotrexate, prednisone)
- Spinal stenosis s/p cervical spinal decompression 2018 and lumbar spinal decompression 02/2022
- Essential HTN
- HLD
- Syncope (summer 2022)

Indications for procedure:

Mr. [REDACTED] is a 69 y.o. male with progressive shortness of breath (FC II) and severe aortic stenosis. The patient has chronic diastolic heart failure. He was assessed by the multi-disciplinary structural cardiology team and due to his comorbidities, felt to be at intermediate risk for surgical aortic valve replacement. He was deemed suitable for transcatheter aortic valve replacement (TAVR)

TAVR Procedure:

Mr. [REDACTED] is a 69 y.o. who has a history of severe aortic stenosis. After evaluation by the Structural Cardiology team, the patient underwent transcatheter aortic valve replacement using 29mm Medtronic EvolutR Pro.

Hospital Course:

Mr. [REDACTED] is a 69 y.o. who has a history of severe aortic stenosis. After evaluation by the Structural Cardiology team, the patient underwent transcatheter Aortic valve repair using a transcatheter aortic valve on 12/28/2022. The patient had a relatively routine postoperative course with a 1 night stay in the IMCU. He did have some moments of heart block during the procedure and a temporary pacemaker lead was placed via the right internal jugular vein. This pacemaker lead was a precautionary measure if the heart block returned, which we did not see evidence of in his postoperative recovery. Pacemaker lead was removed postoperative day 1 without complication. Blocking medications have also been held.

Otherwise, the patient did very well and ambulated early performing all ADLs without issue following his procedure. He immediately noticed an improvement in his breathing and energy levels and overall has been very happy with his results. The patient even noted that his arthritis appears to have improved particularly with the leg discomfort and pain that he previously had immediately following the TAVR procedure.

We will continue to monitor his blood pressure and make adjustments as necessary.
No new medications were given to the patient on discharge.

Hypertensive control:

- Hydrochlorothiazide 20 mg daily, lisinopril 40 mg daily, metoprolol XL 50 mg daily (patient is holding beta-blockers until 1 week EKG has been reviewed)
- The patient is trending slightly higher with his blood pressures and may require an additional agent, will review at the 1 week visit

Anticoagulation/Antiplatelet:

- ASA 81 mg PO indefinitely

Heart failure:

- Currently functional class II.
- Last Ejection fraction: 60-65%
- Daily weights, heart healthy diet, sodium restriction
- Continue present medications -hydrochlorothiazide 20 mg daily, lisinopril 40 mg daily
- Weight at Discharge 101 kg (223 lb 12.3 oz)

Transient heart block:

- Patient was demonstrating third-degree block in the OR and this quickly resolved while in the PACU. Pacing wire was placed in the OR as a safety precaution and removed postoperative day 1, it was never used to pace the patient. Electrophysiology consulted on the patient and deemed that this was a transient block and the patient did not have any indication for permanent pacer. Currently holding all blocking agents until the patient is reviewed at postoperative week 1 visit.

Physical and Occupational therapy assessment prior to discharge showed:

██████████ is a 69 y.o. male with a diagnosis of: severe aortic stenosis s/p TAVR 12/28/22. Patient was previously independent with ADLs/iADLs, works full time, and did not use any assistive device for functional mobility. Patient is currently near their functional baseline with impairments in Decreased activity tolerance. Patient is mobilizing with modified independence with bed mobility tasks, sit to stand transfers, gait on level surfaces without assistive device, and up/down steps with railing for upper extremity. No complaint of lightheadedness or dizziness during treatment. Mild dyspnea with ambulation in IMCU hallways. Educated patient on TAVR precautions and to be mindful of groin incision sites. Patient is pulling 750-1000 mL on incentive spirometer. Patient's HR and O2 sats stable on room air at end of treatment. Patient's BP 153/81 at end of treatment. RN aware. Patient is PT evaluation only with no further acute PT needs at this time. Anticipate patient will discharge home independently when medically stable to discharge from hospital. Patient has good support at home from spouse. Please re-consult if patient's status changes.

Equipment Recommendation: None

Discharge Recommendation: Home independently

Heart rhythm on discharge:

Sinus rhythm with occasional PVCs.

Their groin sites was examined and showed mild ecchymosis, with no induration or fluctuance, no noted bleeding with distal pulses intact 2+.

Physical Exam

Constitutional:

Appearance: He is obese.

HENT:

Head: Normocephalic.

Eyes:

Pupils: Pupils are equal, round, and reactive to light.

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Pulses: Normal pulses.

Dorsalis pedis pulses are 2+ on the right side and 2+ on the left side.

Heart sounds: No murmur heard.

No friction rub. No gallop.

Pulmonary:

Effort: Pulmonary effort is normal. No respiratory distress.

Breath sounds: Normal breath sounds. No wheezing or rales.

Abdominal:

Palpations: Abdomen is soft.

Musculoskeletal:

General: Normal range of motion.

Cervical back: Normal range of motion.

Right lower leg: No edema.

Left lower leg: No edema.

Skin:

General: Skin is warm and dry.

Neurological:

General: No focal deficit present.

Mental Status: He is alert and oriented to person, place, and time.

Psychiatric:

Mood and Affect: Mood normal.

Behavior: Behavior normal.

Home Medications at time of discharge:

Your medication list

START taking these medications

	Instructions	Last Dose Given	Next Dose Due
acetaminophen 325 mg tablet Commonly known as: Tylenol	Take 2 (two) tablets (650 mg total) by mouth every 4 (four) hours as needed for moderate pain for up to 10 days.		

CHANGE how you take these medications

	Instructions	Last Dose Given	Next Dose Due
metoprolol succinate XL 50 mg 24 hr tablet Commonly known as: Toprol-XL What changed: additional instructions	Take 1 (one) tablet (50 mg total) by mouth daily. Hold until after you are seen at your one week follow up appointment with Structural Heart clinic		

CONTINUE taking these medications

	Instructions	Last Dose Given	Next Dose Due
aspirin 81 mg tablet			
atorvastatin 40 mg tablet Commonly known as: Lipitor			
escitalopram 10 mg tablet Commonly known as: Lexapro			
fluticasone propionate 50 mcg/actuation nasal spray Commonly known as: Flonase			
folic acid 1 mg tablet Commonly known as: Folvite			
Humira(CF) Pen 40 mg/0.4 mL pen injector kit Generic drug: adalimumab			

	Instructions	Last Dose Given	Next Dose Due
hydroCHLORothiazide 25 mg tablet Commonly known as: Hydrodiuril			
lisinopriL 40 mg tablet Commonly known as: Zestril			
methotrexate 25 mg/mL injection Commonly known as: Rheumatrex			
montelukast 10 mg tablet Commonly known as: Singulair			
naproxen sodium 220 mg tablet Commonly known as: Aleve			
nitroglycerin 0.4 mg SL tablet Commonly known as: Nitrostat	Place 1 (one) tablet (0.4 mg total) under the tongue every 5 (five) minutes as needed for chest pain.		
predniSONE 1 mg tablet Commonly known as: Deltasone			
tadalafil 5 mg tablet Commonly known as: Cialis			

STOP taking these medications

mupirocin 2 % ointment
Commonly known as: Bactroban

Where to Get Your Medications

Information about where to get these medications is not yet available

Ask your nurse or doctor about these medications

- acetaminophen 325 mg tablet
- metoprolol succinate XL 50 mg 24 hr tablet

Vitals:

Visit Vitals

BP 142/78 (BP Location: Right arm,
Patient Position: Sitting)
Pulse 88
Temp 36.2 °C (97.2 °F) (Temporal)
Resp 16

Labs:

HCT

Date	Value	Ref Range	Status
12/29/2022	38.8	38.0 - 51.0 %	Final

Platelets

Date	Value	Ref Range	Status
12/29/2022	156	140 - 450 k/mcL	Final

Creatinine

Date	Value	Ref Range	Status
12/29/2022	0.9	0.7 - 1.2 mg/dL	Final

Potassium

Date	Value	Ref Range	Status
12/29/2022	4.6	3.5 - 5.0 mmol/L	Final

Follow up appointments:

Your appointments

Date & Time	Appointment	Department (Center)
Jan 05, 2023 1:30 PM PST (Arrive by 1:15 PM)		
Feb 28, 2023 8:00 AM PST (Arrive by 7:45 AM)		



We have recommended that the patient continue ongoing care with regular team of healthcare providers (including PCP and cardiology), and to follow up as instructed periodically with our structural team. You will need to antibiotic prophylaxis prior to all dental procedures for life.

Patient is being discharged to: Home
Patient's condition on discharge was: Good

Encourage IS and ambulation, along with twice daily blood pressure checks.

I spent 45 minutes of a total visit of 60 minutes in counseling/ direct management/discussion/coordination of the patient's care.

Physician Assistant
Structural Heart and Cardiothoracic Surgery

Admission (Discharged) on 12/28/2022 *Note shared with patient*


Hospital Problem List

Principal: Severe aortic stenosis

Care Timeline

12/28 1303 ● Admitted 1303
12/28 1417 ● TAVR with TTE
12/29 1251 ● Discharged 1251

Discharge

 Home or Self Care
IP AVS - Discharge to Home (Printed 12/29/2022)
Follow-Ups: Follow up with [redacted]

Medication List at Discharge

As of 12/29/2022 12:51 PM

	Refills	Start Date	End Date
acetaminophen (Tylenol) 325 mg tablet	0	12/29/2022	1/8/2023
Take 2 (two) tablets (650 mg total) by mouth every 4 (four) hours as needed for moderate pain for up to 10 days.			
- oral			
Humira,CF, Pen 40 mg/0.4 mL pen injector kit	—	8/24/2021	3/13/2023
1 Dose once a week. Sundays			

	Refills	Start Date	End Date
No prior authorization was found for this prescription.			
Found prior authorization for another prescription for the same medication: Canceled - Other (The medication order is discontinued.)			
Patient-reported medication			
aspirin 81 mg tablet	—		8/4/2023
Take 1 (one) tablet (81 mg total) by mouth daily. - oral			
Patient-reported medication			
atorvastatin (Lipitor) 40 mg tablet	—		—
Take 1 (one) tablet (40 mg total) by mouth daily. - oral			
Patient-reported medication			
escitalopram (Lexapro) 10 mg tablet	—	4/28/2021	—
Take 1 (one) tablet (10 mg total) by mouth daily. - oral			
Patient-reported medication			
fluticasone propionate (Flonase) 50 mcg/actuation nasal spray	—	3/23/2020	—
Administer 2 (two) sprays into each nostril 2 (two) times a day as needed for rhinitis or allergies. - Each Nostril			
Patient-reported medication			
folic acid (Folvite) 1 mg tablet	—	6/9/2021	3/13/2023
Take 1 (one) tablet (1 mg total) by mouth daily. - oral			
Patient-reported medication			
hydroCHLORothiazide (Hydrodiuril) 25 mg tablet	—	7/5/2021	8/4/2023
Take 1 (one) tablet (25 mg total) by mouth daily. - oral			
Patient-reported medication			
lisinopril (Zestril) 40 mg tablet	—	7/10/2021	8/4/2023
Take 1 (one) tablet (40 mg total) by mouth daily. - oral			
Patient-reported medication			
methotrexate (Rheumatrex) 25 mg/mL injection	—	8/20/2021	3/13/2023
once a week. Sunday.			
Patient-reported medication			
metoprolol succinate XL (Toprol-XL) 50 mg 24 hr tablet	0	12/29/2022	1/2/2023
Take 1 (one) tablet (50 mg total) by mouth daily. Hold until after you are seen at your one week follow up appointment with Structural Heart clinic - oral			
montelukast (Singulair) 10 mg tablet	—	7/5/2021	—
Take 1 (one) tablet (10 mg total) by mouth daily. - oral			
Patient-reported medication			
naproxen sodium (Aleve) 220 mg tablet	—		2/28/2023
Take 1 (one) tablet (220 mg total) by mouth every 12 (twelve) hours as needed for mild pain. - oral			
Patient-reported medication			
nitroglycerin (Nitrostat) 0.4 mg SL tablet	11	8/31/2021	6/4/2024
Place 1 (one) tablet (0.4 mg total) under the tongue every 5 (five) minutes as needed for chest pain. - sublingual			
Patient not taking: Reported on 5/23/2024			
predniSONE (Deltasone) 1 mg tablet	—	8/20/2021	3/13/2023
Take 3 (three) tablets (3 mg total) by mouth daily. - oral			
Patient-reported medication			
tadalafil (Cialis) 5 mg tablet	—	7/1/2021	8/3/2023
Take 1 (one) tablet (5 mg total) by mouth daily as needed for erectile dysfunction. - oral			
Patient-reported medication			