

Progress Notes
Signed



Encounter Date: 2/6/2023

Structural Heart Clinic: Post Procedure Visit

Date of Service: 2/6/2023

Reason for Visit:

Post TAVR 30-day follow-up

Assessment and Plan:

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. The patient presents today for a 30 day follow-up visit. Since the TAVR procedure, the patient has done well from a valvular perspective and has generally been functional class II. A follow-up echocardiogram from today demonstrates a well functioning aortic prosthesis with, no para-valvular regurgitation.

Severe Aortic Stenosis s/p TAVR

- Antibiotic prophylaxis when undergoing procedures at risk of bacteremia; good oral hygiene
- Thrombosis prevention:
 - ASA 81 mg daily indefinitely
- Cardiac rehab

- Follow up in 1 yr with a Trans Thoracic Echocardiogram (TTE) at that time to evaluate valve performance.

Heart failure

- Currently functional class II.
- Current weight - Weight: 108 kg (238 lb 4.8 oz)
- Last ejection fraction - 62%
- Continue with daily weights, heart healthy diet, sodium restriction
- Continue present medications.

Hypertension:

- Hydrochlorothiazide 25 mg daily, lisinopril 40 mg daily, metoprolol XL 50 mg daily, amlodipine 5 mg nightly

Echo at 30 days post TAVR procedure:

Left Ventricle Appears normal in size, thickness, motion, and function with an ejection fraction of 60-65%. $E/e' = 15$

Wall Motion The left ventricular wall motion is normal.

Right Ventricle Cavity appears normal. Systolic function is normal. Normal tricuspid annular plane systolic excursion (TAPSE) >1.7 cm.

Left Atrium Left atrial volume index is normal.

Right Atrium Cavity is normal.

IAS Color Doppler indicates no evidence of shunting.

IVS There is no visible ventricular septal defect.

IVC/SVC The inferior vena cava demonstrates a diameter of ≤ 21 mm and collapses >50%.

Mitral Valve Mitral valve structure is normal. The leaflets appear mildly thickened. There is trace regurgitation. There is no evidence of mitral valve stenosis.

Tricuspid Valve Tricuspid valve structure is normal. There is trace regurgitation. There is no evidence of tricuspid valve stenosis. The right ventricular systolic pressure is upper limit of normal (30-35 mmHg).

Aortic Valve There is a TAVR bioprosthetic valve. The prosthetic valve appears well-seated and appears to be functioning normally. There is no regurgitation. The gradient recorded across the prosthetic aortic valve is within the expected range.

Pulmonic Valve Pulmonic valve structure is normal. There is no regurgitation or stenosis.

Aorta Appears normal in size.

Pericardium There is no pericardial effusion.

We have recommended that the patient continue ongoing care with regular team of healthcare providers (including PCP and cardiology), and to follow up in 1 year with our structural team.

I spent 25 minutes, greater than 50% of this time was spent counseling and coordinating care.

HPI: Mr. [REDACTED] is a 69 y.o. male who is seen in the structural cardiology clinic for a 30 day visit post transcatheter aortic valve replacement (TAVR) using 29mm Medtronic EvolutR Pro. Since his

procedure the patient has generally felt great. Patient states that he is already been out playing rounds of golf. He was hoping that the TAVR procedure would help in his further however he has been feeling great. He is able to walk on level ground as far as he would like. He had almost complete resolution of all of the shortness of breath. He does note that his been eating quite well and attributes that to the slight increase in weight. He does not note any new swelling particularly in the lower extremities. Patient does note that he lives at [REDACTED] and has other neighbors and friends that had recent open heart surgery, and everyone has been very pleased with the care that they have received.

The patient has been taking his blood pressure and pulse at home. He had the addition of amlodipine at his 1 week visit which appears to have been working very well for him. His blood pressure is slightly elevated in the early morning before he takes his medications otherwise has been maintaining in the 120s over 70s. He is taking his amlodipine at night. His pulse is generally running in the 80s with 50 mg of metoprolol succinate. Again he is very happy with the care that he received and feels great from golf course.

All the patient's questions and concerns were answered at today's visit and he was encouraged to call our office if any new questions or concerns arise

He reports no access site related problems.

Current Outpatient Medications:

- amLODIPine (Norvasc) 5 mg tablet, Take 1 (one) tablet (5 mg total) by mouth every evening., Disp: 30 tablet, Rfl: 2
- aspirin 81 mg tablet, Take 1 (one) tablet (81 mg total) by mouth daily., Disp: , Rfl:
- atorvastatin (Lipitor) 40 mg tablet, Take 1 (one) tablet (40 mg total) by mouth daily., Disp: , Rfl:
- escitalopram (Lexapro) 10 mg tablet, Take 1 (one) tablet (10 mg total) by mouth daily., Disp: , Rfl:
- fluticasone propionate (Flonase) 50 mcg/actuation nasal spray, Administer 2 (two) sprays into each nostril 2 (two) times a day as needed for rhinitis or allergies., Disp: , Rfl:
- folic acid (Folvite) 1 mg tablet, Take 1 (one) tablet (1 mg total) by mouth daily., Disp: , Rfl:
- Humira,CF, Pen 40 mg/0.4 mL pen injector kit, 1 Dose once a week. Sundays , Disp: , Rfl:
- hydroCHLOROthiazide (Hydrodiuril) 25 mg tablet, Take 1 (one) tablet (25 mg total) by mouth daily., Disp: , Rfl:
- lisinopriL (Zestril) 40 mg tablet, Take 1 (one) tablet (40 mg total) by mouth daily., Disp: , Rfl:
- methotrexate (Rheumatrex) 25 mg/mL injection, once a week. Sunday., Disp: , Rfl:
- metoprolol succinate XL (Toprol-XL) 50 mg 24 hr tablet, 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, Disp: 30 tablet, Rfl: 0
- montelukast (Singulair) 10 mg tablet, Take 1 (one) tablet (10 mg total) by mouth daily., Disp: , Rfl:
- naproxen sodium (Aleve) 220 mg tablet, Take 1 (one) tablet (220 mg total) by mouth every 12 (twelve) hours as needed for mild pain., Disp: , Rfl:
- nitroglycerin (Nitrostat) 0.4 mg SL tablet, Place 1 (one) tablet (0.4 mg total) under the tongue every 5 (five) minutes as needed for chest pain., Disp: 25 tablet, Rfl: 11
- predniSONE (Deltasone) 1 mg tablet, Take 3 (three) tablets (3 mg total) by mouth daily., Disp: , Rfl:
- tadalafil (Cialis) 5 mg tablet, Take 1 (one) tablet (5 mg total) by mouth daily as needed for erectile dysfunction., Disp: , Rfl:

Past Surgical History:

Procedure	Laterality	Date
• ANGIOGRAM CORONARY ARTERY WITH LV & RIGHT HEART	N/A	9/2/2021

Performed by [REDACTED] at [REDACTED]

- APPENDECTOMY
- CATARACT EXTRACTION
- CORONARY ANGIOGRAPHY W LEFT HEART CATH

Performed by [REDACTED]

- FORAMINOTOMY MINIMALLY INVASIVE OF CERVICAL SPINE W/ C-ARM
- NECK SURGERY

growth removed

- REPLACEMENT TRANSCATHETER AORTIC VALVE ENDOVASCULAR (TAVR) WITH TEE

Performed by [REDACTED]

- SOFT TISSUE TUMOR RESECTION

benign tumor

- TONSILLECTOMY

Bilateral
N/A
11/25/2022

11/2020

N/A
12/28/2022

Family History

Problem	Relation	Age of Onset
• Rectal cancer	Mother	
• Other	Father's Brother	
valve surgery, ?BAV		

Social History

Socioeconomic History

- Marital status: Married
- Spouse name: Not on file
- Number of children: Not on file
- Years of education: Not on file
- Highest education level: Not on file

Occupational History

- Not on file

Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Never

Vaping Use

- Vaping Use: Never used

Substance and Sexual Activity

- Alcohol use: Yes
- Alcohol/week: 5.0 standard drinks
- Types: 5 Standard drinks or equivalent per week
- Drug use: Never
- Sexual activity: Yes
- Partners: Female
- Birth control/protection: Male Sterilization

Other Topics

- Not on file

Social History Narrative

- Not on file

Social Determinants of Health

Financial Resource Strain: Not on file
 Food Insecurity: Not on file
 Transportation Needs: Not on file
 Physical Activity: Not on file
 Stress: Not on file
 Social Connections: Not on file
 Intimate Partner Violence: Not on file
 Housing Stability: Not on file

Allergies

Allergen

- Penicillins

Tolerated Ancef 12/28/22

Reactions

Hives and Rash

height is 1.753 m (5' 9") and weight is 108 kg (238 lb 4.8 oz). His blood pressure is 124/70 and his pulse is 80. His oxygen saturation is 97%.

Physical Exam

Constitutional:

Appearance: Normal appearance. He is well-developed. 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.

Heart sounds: Murmur heard.

Comments: **Mild grade 2 systolic ejection murmur noted, as expected for new prosthetic valve.**

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: No tenderness. 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.

Comments: **Groin sites appear to be healing well. No induration, erythema, or swelling. Mild to no tenderness on palpation**

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.

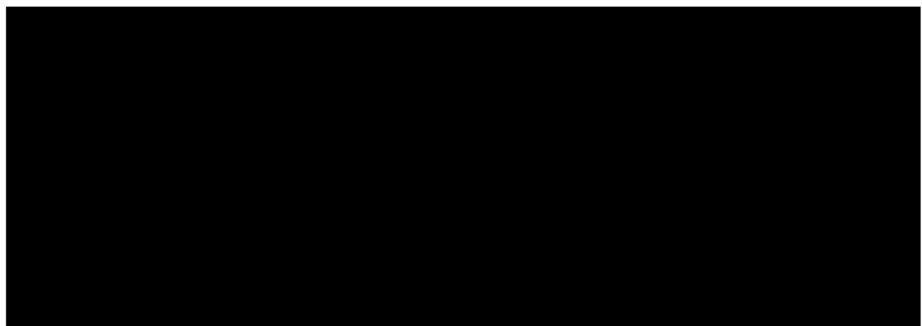
Lab Review:

Chemistry					
Component	Value	Date/Time	Component	Value	Date/Time
NA	136	12/29/2022 0228	CALCIUM	8.8	12/29/2022 0228
K	4.6	12/29/2022 0228			

CL	101	12/29/2022 0228	
CO2	27	12/29/2022 0228	
BUN	22 (H)	12/29/2022 0228	
CREATININE	0.9	12/29/2022 0228	

Lab Results

Component	Value	Date
WBC	9.3	12/29/2022
HGB	13.0	12/29/2022
HCT	38.8	12/29/2022
MCV	103.5 (H)	12/29/2022
PLT	156	12/29/2022



Office Visit on 2/6/2023 *Note viewed by patient*

Additional Documentation

Vitals: BP 124/70 (BP Location: Right arm, Patient Position: Sitting, BP Cuff Size: Adult) Pulse 80 Ht 1.753 m (5' 9")
Wt 108 kg (238 lb 4.8 oz) SpO2 97% BMI 35.19 kg/m² BSA 2.22 m²

Orders Placed

None

Medication Changes

As of 2/6/2023 9:42 AM

None

Visit Diagnoses

Primary: S/p TAVR (transcatheter aortic valve replacement), bioprosthetic Z95.3
Essential hypertension I10
Nonrheumatic aortic valve stenosis I35.0