[redacted]

Structural heart procedure

Name:	[redacted]	Date of Study:	12/28/22
MRN:		Ordering:	[redacted]
DOB:	[redacted] (69 y.o.)	Indications:	Severe aortic stenosis [I35.0 (ICD-10-CM)]
Gender Identity:	Male		
Height:	1.753 m (5' 9")		
Weight:	107 kg (235 lb)		
BSA:	2.22 m²		
BP:	158/82		
HR:	76		

Performing Physician

Primary:	[redacted]
Assisting:	
Co Surgeon:	

Performing Staff

Biomed RN:	[redacted]
Circulator Primary:	
Scrub Person:	
Perfusionist:	
Team Leader:	
Scrub RN Primary:	
Cath Lab RN:	
Echo Tech:	

Anesthesiology Staff

Anesthesiologist:	[redacted]

Structural heart procedure: Patient Communication

Released

Seen

Physicians

Panel Physicians	Referring Physician	Case Authorizing Physician
[redacted]		[redacted]

Procedures

TAVR with TTE

Pre Procedure Diagnosis

Severe aortic stenosis [I35.0]

Indications

Severe aortic stenosis [I35.0 (ICD-10-CM)]

Conclusion

Transcatheter Aortic Valve Replacement (TAVR)

SUMMARY

Successful Transfemoral Transcatheter Aortic Valve Replacement (TF-TAVR) (percutaneous) using 29mm Evolut Fx transcatheter heart valve with trace paravalvular aortic insufficiency.

DISPOSITION

IMCU

[redacted]

[redacted]

RECOMMENDATIONS:

1. Usual post catheterization care
2. Anti-platelet therapy recommendation: ASA 81 mg daily.

INDICATION AND CLINICAL BRIEF

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) and presents today for this procedure.

PROCEDURES PERFORMED

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)

CO-SURGEONS

[redacted]

ESTIMATED BLOOD LOSS: 25 mL

ACCESS SITES/SHEATH/CLOSURE:

Right Common Femoral Artery Valve Delivery site: 14 Fr Cook sheath. Closure: Perclose

Left Common Femoral Artery Monitoring Pigtail Site: 7 Fr 25 cm sheath. Closure: Angioseal

Left Common Femoral Vein: 7 Fr 25 sheath. Closure: Perclose

Right Internal Jugular Vein- 6F sheath secured in place with indwelling tempo pacemaker.

HEMODYNAMICS

LVEDP (baseline): 18 mm Hg

PROCEDURE

Informed written consent was obtained. The patient was brought to the hybrid OR. The procedure was performed under monitored anesthesia care (MAC)/ conscious sedation.

Antibiotic prophylaxis was administered as per protocol and usual monitoring lines were established by the anesthesia team. A baseline trans-thoracic echocardiogram was performed that confirmed severe aortic stenosis.

Both groins were cleaned and draped in the usual fashion. Lidocaine was used for local anesthesia. Using

[redacted]

[redacted]

direct ultrasound guided puncture, sheaths were placed. A temporary pacemaker was advanced via the vein and positioned in the RV apex. Good pacing and capture thresholds were obtained.

The side port of the non-delivery sheath was connected to pressure monitoring and a 6F pigtail catheter was advanced to the non-coronary aortic cusp. Contrast angiography was performed and an acceptable angle of valve deployment was established.

The sheath in the contra-lateral femoral artery (delivery side) was then removed and 1 perclose device was used to deliver sutures using the "preclose" technique. A stiff wire was advanced and a Gore Dryseal sheath was advanced and positioned with the tip in the abdominal aorta. Heparin was systemically administered, ACT was monitored at regular intervals and additional heparin was dosed as needed. An 035 straight wire was used to advance a 6F AL1 catheter to the left ventricular cavity. Using an exchange length J wire, the AL1 was removed and a pigtail was positioned. Left Ventricular pressures were recorded. A simultaneous LV and Aortic pressure (from the side port of the contralateral long sheath) was recorded.

A 29 mm transcatheter heart valve was prepped on the back table. Correct mounting of the valve on the delivery system was fluoroscopically verified. A preshaped wire was then advanced to the LV cavity and the pigtail catheter was removed.

A balloon aortic valvuloplasty (BAV) was then performed using rapid ventricular burst pacing and 23 mm X 4 cm ZMed balloon. The balloon was deflated and removed from the body.

Leaving the pre-shaped wire in the LV cavity, the femoral sheath was removed and utilizing the in-line sheath of the valve delivery system, the transcatheter heart valve was advanced to the aortic annulus. Correct position was verified using contrast injections from the pigtail catheter in the aortic cusp that had been previously positioned from the contra-lateral femoral artery. The valve was then deployed to 80% using control ventricular pacing. Valve depth was assessed and noted to be appropriate The nose cone of the device was then centralized and the valve was carefully released. The nose cone of the device was pulled back into the thoracic aorta and re-captured.

Echocardiographic assessment was performed that demonstrated no change in the LV function or wall motion, severity of mitral valve regurgitation and no pericardial effusion. There was trace paravalvar aortic insufficiency. We felt that post-dilation of the valve was not indicated. A brief neurological exam was unchanged from baseline. We noticed that the patient had transient complete heart block.

The delivery system was removed and the perclose sutures were tied down for and an additional Angioseal device was deployed for good hemostasis.

After monitoring for several minutes, we noticed persistent conduction delay. We therefore decided to place a RIJ pacemaker. The right neck was cleaned and draped in the usual fashion. Lidocaine was used for local anesthesia. Using direct ultrasound guidance a 6F sheath was placed. A tempo pacemaker was advanced and positioned in the RV with good capture thresholds. The pigtail catheter and temporary pacemaker (in the left groin) were removed followed by the sheath and vessel closure method as noted above. By the end of the procedure, the patient's conduction abnormalities had resolved. The patient was transported to his room in stable condition.

ATTESTATION

Pursuant to Medicare requirement, I certify that both [redacted] were co-surgeons for this procedure and participated jointly in all aspects of the procedure and the generation

[redacted]

[redacted]

of this report.

Phase: Baseline

Data	Systolic (mmHg)	Diastolic (mmHg)	Mean (mmHg)	A Wave (mmHg)	V Wave (mmHg)
LV Pressures	142	19			
AO Pressures	119	67	90		

Implants

CATH LAB IMPLANT

System Perclose Proglide Suture 12673-03 Abbott Vascular - Log978560 - Implanted

Inventory item:	SYSTEM PERCLOSE PROGLIDE SUTURE 12673-03 ABBOTT VASCULAR	Model/Cat number:	12673-03
Manufacturer:	ABBOTT_VASCULAR	Lot number:	2091642?914479
Device identifier:	08717648013089	Device identifier type:	GS1

GUDID Information

Request status	**Successful**		
Brand name:	Perclose ProGlide™	Version/Model:	12673-03
Company name:	ABBOTT VASCULAR INC.	MRI safety info as of 12/28/22:	Labeling does not contain MRI Safety Information
Contains dry or latex rubber:	No		
GMDN P.T. name:	Femoral vessel suture implantation set		

As of 12/28/2022

Status:	**Implanted**

Device Vasc Closure Angioseal Vip 8fr - Log978560 - Implanted

Inventory item:	DEVICE VASC CLOSURE ANGIOSEAL VIP 8FR	Model/Cat number:	610131
Manufacturer:	ST_JUDE	Lot number:	0000256927
Device identifier:	00389701011813	Device identifier type:	GS1

GUDID Information

Request status	**Successful**		
Brand name:	ANGIO-SEAL	Version/Model:	610131
Company name:	TERUMO MEDICAL CORPORATION	MRI safety info as of 12/28/22:	MR Safe
Contains dry or latex rubber:	No		
GMDN P.T. name:	Femoral artery closure plug/patch, collagen		

As of 12/28/2022

Status:	**Implanted**

Device Vasc Closure Angioseal Vip 8fr - Log978560 - Implanted

Inventory item:	DEVICE VASC CLOSURE ANGIOSEAL VIP 8FR	Model/Cat number:	610131
Manufacturer:	ST_JUDE	Lot number:	0000256927
Device identifier:	00389701011813	Device identifier type:	GS1

GUDID Information

Request status	**Successful**

[redacted]

[redacted]

Brand name:	ANGIO-SEAL	Version/Model:	610131
Company name:	TERUMO MEDICAL CORPORATION	MRI safety info as of 12/28/22:	MR Safe
Contains dry or latex rubber:	No		
GMDN P.T. name:	Femoral artery closure plug/patch, collagen		

As of 12/28/2022

Status: **Implanted**

System Perclose Proglide Suture 12673-03 Abbott Vascular - Log978560 - Implanted

Inventory item:	SYSTEM PERCLOSE PROGLIDE SUTURE 12673-03 ABBOTT VASCULAR	Model/Cat number:	12673-03
Manufacturer:	ABBOTT_VASCULAR	Lot number:	2111141?917579
Device identifier:	08717648013089	Device identifier type:	GS1

GUDID Information

Request status	**Successful**		
Brand name:	Perclose ProGlide™	Version/Model:	12673-03
Company name:	ABBOTT VASCULAR INC.	MRI safety info as of 12/28/22:	Labeling does not contain MRI Safety Information
Contains dry or latex rubber:	No		
GMDN P.T. name:	Femoral vessel suture implantation set		

As of 12/28/2022

Status: **Implanted**

Type Not Specified

Evolut Fx Transcatheter Aortic Valve 29mm Evolutfx-29 Medtronic Usa Inc - Sd680646 - Log978560 - Implanted

Inventory item:	EVOLUT FX TRANSCATHETER AORTIC VALVE 29MM EVOLUTFX-29 MEDTRONIC USA INC	Model/Cat number:	EVOLUTFX-29
Serial number:	D680646	Manufacturer:	MEDTRONIC

As of 12/28/2022

Status: **Implanted**

PACS Images

(Link Unavailable) Show images for Structural heart procedure

Signed

Electronically signed by [redacted] on 12/28/22 at 1600 PST

Link to Procedure Log

Procedure Log

Printable Result Report

Result Report

Encounter

View Encounter

[redacted]