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Encounter info: Royal North Shore, Inpatient, 09/06/2025 - 20/06/2025

Document Has Been Revised

Orthogeris

Patient: **KNEIPP, Mr John William** **MRN: 202-97-41**

Age: **74 years** Sex: **Male** DOB: **07/12/1950**

Associated Diagnoses: **None**

Author: **Sanossian, Avedis (JMO)**

Progress Note

Orthogeris consult - Dr Ogle (SS), Sanossian (AT)

Consult for suitability for outpatient TAVI

74M with L shoulder pain, elevated troponin and ECG changes on HD

Background

Intellectual disability (from RACF, under public guardianship)

ESKD secondary to hypertension - on calcitriol 0.25mcg daily, calcium carbonate 600mg TDS, hydralazine 50mg BD, methyldopa 250mg TDS, sevelamer 800mg TDS)

- IHD MWF

Schizoaffective disorder (escitalopram 10mg daily, olanzapine 15mg nocte)

Issues

Left shoulder pain with associated trop leak in the context severe AS

- Trop peak 226

- TTE: EF 55-60%. Speckled myocardial appearance. Grade I diastolic dysfunction. Echodensity in LA chamber near anterior mitral leaflet. Severe AS.

- Cardiology suggesting workup for TAVI

- CT TAVI : No contraindication for transfemoral delivery of a TAVI device. Bilateral small pleural effusions.

Unwitnessed fall 11/6/25

- CTB NAD

OT input noted
- Pt from an RACF with (A) for ADL's.
- Not an appropriate OT referral - cognitive ax not appropriate due to b/g of intellectual disability and schizoaffective disorder which OT anticipates will impact on results - already under public guardian for same.
- OT noted pt has been behavioural at times on the ward - noted from Physio handover - pt baseline at times can be aggressive and physical agitation.
- OT noted Physio note with thanks - discussion with pt's ACF and baseline function.
- OT to await Physio functional r/v re: appropriateness for OT involvement if function has changed.
- Not appropriate for formal cognitive ax.
//Noted OPMHS input on 6/11/24 due to agitation at dialysis.
//Noted Enduring guardian documented in pt's file 25/9/24 - for health care and medical/dental consent.
//Kidney Supportive Care noted - His previous tests have shown cognitive impairment

Structural cardiology input noted:

CT TAVI for TAVI feasibility - if anatomically feasible, then tentative plan to perform combined TAVI + coronary angiogram +/- PCI in the same procedure under GA (as an elective outpatient procedure).

- Noted to be anatomically feasible.

- Given age of 74, should have a cardiac surgical review for AVR

Functional baseline

- Mobilises independently

- Eating and drinking independently

- Toilets independently usually, but at times requires assistance with wiping following bowel motion

- Showers independently after shower items prepared by NS - but requires assistance with towelling dry

- Usually can dress independently but sometimes requires assistance more so in Winter

- Requires assistance with shaving

- NS organises and administers patient medications

- Cleaning by RACF staff

On review

Sleeping in bed

Easily rousable

Reports that he has transport to get to dialysis

Unsure why he is in hospital

Explained that his aortic valve needs replacing - patient reports that he was not aware of this

PC to brother David

- Pt used to live with mum

- Not sure on cause of disability - from birth

- Under guardianship since mother died

- Reports long term memory relatively intact

- Informed of altercation with nursing staff today

- Reports that he would be happy for John to proceed with TAVI if is was to help his health outcomes. David reports he is aware of the risks associated with the procedure.

- Explained to David that John is at high risk of post-operative delirium

    - David understanding of this

Examination

- Observations are within the normal range, afebrile

- Sleeping

- Easily rousable

Anticoagulation: Nil

Ix

TTE 11/6 - LVEF 55-60%, moderate LVH, possible amyloid appearance. Grade I diastolic dysfunction. ?echodensity medially in left atrial chamber which moves with the AMVL - this appears to be present in prior TTEs dating back to 2023). moderate TR, mild MR. ePASP 51 mmHg. Severe AS, peak vel 4.5 m/s, PG/MG 81/47, AVA 0.9, trivial AR.

TTE in July 2024 - mod-severe LVH, LVEF 65%, grade 2 diastolic dysfunction, moderate AS (1.2 cm2, PG/MG 67/38, DVI 0.34), trivial AR), mild TR.

ECG - SR, LVH.

Impression

74M with symptoms of severe aortic stenosis - namely angina

TAVI is likely to be complicated by delirium due to his cognition, limited understanding of his condition and reasons for intervention. However nil absolute contraindications for TAVI from Aged Care perspective

Avedis Sanossian

Orthogeris AT

via switch