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| **TAVI Workup Summary and Multidisciplinary Structural Heart Team** | | Royal North Shore Hospital Commercial Furniture Project | Commercial Sofa  Bed | | | | |
| **Referral Date: 12/6/25** | | **Structural Physician: Bhindi** | | | | |
| Name: Norman Bogle | | Referrer: Rangasamy | | | | |
| DOB: 1/2/53 | | Contact Details: 0458 648 246 | | | | |
| MRN: 0540233 | | Email: Mark 0419 242 490 (brother) | | | | |
| Age: 72 | | Weight: Height: | | | | |
| **Past Medical History** | | **Medications** | | | | |
| * Aortic stenosis * HTN * Hyperlipid * L carotid occlusion - k/t Dr Bourke * L retinal artery thrombosis * Left oropharyngeal lesion   - biopsied 25/1/24 squamous papilloma with mild atypia favoured to be reactive atypia  - multiple other biopsies in the past by RPA H&N ENT, non-malignant   * Mouth SCC 1989 (rsection and radial neck dissection, chemotherpay and radioathuo  - no rcurrence as of Marchg 2013 * Hepatic flexure adenocarcinoma  - right hemicolectomy 2006,   - resection and radical neck dissection  - chemo/radiation   * NSCLC Stage 4   - k/t Dr Chan  - mets to cerebellar (resected)  - chemo/radiation  - CT 2/4/25: no evidence of recurrence or metestatic disease   * Hepatic flexure adenocarcinoma   - hemicolectomy 2006  - chemo   * PUD surgery including splenectomy 1990 * Bowen’s disease of lip and numerous skin cancers | | * Aspirin 100mg * Colchicine 0.5 mg * Ezetimibe-atorvastatin 10 mg/40 mg * RABEprazole 20 mg * Telmisartan 40 mg | | | | |
| **Social History** | | **Functional Status** | | | | |
| * Lives at home in unit alone (15 stairs) * Supportive brother close by * Mobilises independently, pADLs * Does not drive, uses public transport * Ex-smoker, quit 30 years (1 pack a day) * ETOH 4-5 STD beers on a Monday and Friday | | * Admission Gosford May 2025 with demand ischemia and myopericarditis in the setting of viral illness * Progressive fatigue over last 6 months * Minimal SOBOE, can get upstairs without issue * Occasional PND, minimal orthopnoea (1-2 pillows) * Denies oedema, syncope and chest pain | | | | |
| **TTE:** | | | | | | |
| |  |  | | --- | --- | | LV EF: 55% | AVA: 0.81 AVAi | | Peak Gradient: 140 | AR: Mild-moderate | | Mean Gradient: 72 | SVI: | | Peak AV: | MR: Mild-moderate | | Comments: Severe aortic stenosis with mild to moderate regurgitation | | | | | | | | |
| **Angio:** | | **ECG:** | | | | |
| Mild non-obstructive coronary artery disease | | SR w/ normal QRS complex | | | | |
| **CT TAVI:** | | | | | | |
|  | | **Comments:** ?Sievers Type I bicuspid with R/L Ca Raphe. | | | | |
| **MOCA / Clinical Frailty Score** | | **Bloods: 21/5/25** | | | | |
| Unable to read or write |  | Hb: 141 | Plts: 135 | Cre: 109 | eGFR: 58 | Albumin: 38 |
| **Aged Care:** | | **Cardiothoracic:** | | | | |
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| **Multidisciplinary Structural Heart Team** | |
| **Date:** | |
| **Attendees**: DrRavinay Bhindi, Dr Peter Hansen, Dr Malcom Anastasius, Dr Chris Choong, Dr Peter Brady, Dr Michael Ward, Dr Geoff Tofler, Ingrid Bromhead, Alice Auton, Megan Inglis, Alex Baer | |
| **Essential criteria** | Confirmed severe symptomatic aortic stenosis |
| **TAVI Feasibility** | No concerning features for transfemoral access or TAVI deployment  Valve choice: |
| **Frailty / comorbidities** | Reasonable baseline cognitive function and social supports. No life limiting pathology. |
| **Lifetime planning** | N/A |
| **Special considerations** | N/A |
| **Outcome:** Approved for Transcatheter Aortic Valve Implantation (TAVI) | |