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| **TAVI Workup Summary and Multidisciplinary Structural Heart Team** | | | Royal North Shore Hospital Commercial Furniture Project | Commercial Sofa  Bed | | | | |
| **Referral Date: 16/5/25** | | | **Structural Physician: Bhindi** | | | | |
| Name: Brian English | | | Referrer: Bhatia | | | | |
| DOB: 16/12/1940 | | | Contact Details: Annie daughter 0405780 048 | | | | |
| MRN: 0689362 | | | Email: [annierobertson61@yahoo.com.au](mailto:annierobertson61@yahoo.com.au) | | | | |
| Age: 84YO | | | Special Comments: | | | | |
| **Past Medical History** | | | **Medications** | | | | |
| * Overweight * Dyslipidaemia * Hypertension * Alzheimer's (diagnosed 2023) - known to Dr Farrugia | | | * Candesartan 32 mg daily * Clopidogrel 75 mg daily * Donepezil 10 mg daily * Rabeprazole 10 mg daily * Amlodipine 5 mg daily (new) | | | | |
| **Social History** | | | **Functional Status** | | | | |
| * Lives alone at home * Supportive daughters close by and visit often * iADLs, mobilises independently * Usually very active around the house eg mowing / yard work * Services: due for ACAT assessment June | | | * Increasing SOBOE and fatigue  ~ finding hills / mowing lawns difficult * Had occasional episodes of dizziness, no syncope * Occasional lower leg oedema * Denies chest pain, oedema, PND or orthopnea | | | | |
| **TTE: 16/5/25** | | | | | | | |
| |  |  | | --- | --- | | LV EF: 60% | AVA: 0.7 AVAi: 0.3 | | Peak Gradient: 70 | AR: | | Mean Gradient: 48 | SVI: | | Peak AV: 4.2 | MR: trivial | | Comments: Calcific and restricted valve | | | | | | | | | |
| **Angio:** | | | **ECG:** | | | | |
| Severe proximal LAD disease (90%). Moderate RCA (50-60%) and LCx disease (40% ostial). | | | SR | | | | |
| **CT TAVI:** | | | | | | | |
|  | | | **Access:**  **Valve Choice:**  **Incidentals:** Nil | | | | |
| **MOCA / Clinical Frailty Score** | | | **Bloods: with GP 4/6** | | | | |
| MOCA: 22/30 |  |  | Hb: 163 | Plts: 353 | Cre: 114 | eGFR: 51 | Albumin: 37 |
| **Aged Care: Dr Farrugia** | | | **Cardiothoracic Surgeon:** | | | | |
| He passed the occupational therapy driving test and he now has a 20 km radius restriction with daylight hours only. He continues to live independently and he seems to be doing very well. There are no red flags or issues of concern in the community. Brian is coping well in the community under the careful surveillance of his daughter. His bradycardia is likely secondary to the combination of metoprolol and Aricept.  I would not hesitate to recommend that Brian gets a TAVI. He remains quite independent in the community and his dementia is in its early-moderate stages. There might be some post-operative delirium which should resolve without any issues even though that is hard to predict. | | | N/A | | | | |

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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 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) | |