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| **TAVI Workup Summary for**  **Structural Heart MDT** | | | A close up of a logo  Description automatically generated |
| **Referral Date:** | | | **Structural Physician:** |
| Name: Miss Marian Gaffney | | | Referrer: Usaid Allahwala |
| DOB: 18/07/1943 | | | Contact Details: 02 9877 0498 |
| MRN: ME00143507  RNSH: 042 90 35  Medicare: 21122495291 | | | Email: |
| Age: 81 | | | Weight: 73kg  Height: 155cm |
| **Past Medical History** | | | **Medications** |
| * T2DM * CLL   + KT haematologist Dr. Raymond McKinley * Multinodular gotre with mild hyperthyroidism * Acromegaly – Dr Rory Clifton-Bligh   + Resection pituitary tumour Sep 2023 – Dr Little * HTN * Colonic polyps * Ventricular ectopy   + KT cardiologist Dr. Allahwala, last seen June 24, due f/u June 25   + TTE April 2022, normal ventricular size, EF 65%, mild AS/AR * Hypercholesterolaemia * GORD | | | - Azopt 1% eye drops 1 drop BD b/l  - Metoprolol 50mg BD  - Rosuvastatin 5mg ON  - Metformin XR 1g ON  - Ferrograd C (iron/vitamin C) 325mg:500mg 1 tab 2x/week  - Magnesium 500mg OD  - Clopidogrel 75mg OD  - Poly gel 0.3% eye gel OD PRN  - Pantoprazole 40mg BD |
| Allergies: NKDA |
| **Social History** | | | **Functional Status & Symptom Burden** |
| Lives alone  Retired secretary  Mobilises with stick  Non-smoker  Very occasional alcohol | | | NYHA: III  Worsening SOBOE 6-12 months  ET 100m |
| **Echo:** | | | |
| |  |  | | --- | --- | | LV EF: 65% | AVA: cm2 | | Peak Gradient: 64 | AR: Trivial | | Mean Gradient: 38 | SVI: 38 mL/m2 | | Peak AV: 400 cm/s | MR: Mild | | Comments:   * Trileaflet aortic valve. Markedly thickened and calcified leaflets. Markedly restricted valve opening on 2D (clips 22,23,28). Doppler data as in table above. Findings consistent with severe stenosis. Trivial aortic regurgitation within normal limits. * Marked posterior mitral annular calcification extending onto the posterior leaflet. Moderately thickened anterior mitral leaflet. Mild stenosis on 2D and Doppler evaluation. Mean diastolic pressure gradient 6 mmHg. Pressure half time 77 msec, equivalent to an area of 2.8 cm2. Mild mitral regurgitation. | | | | | |
| **Angio:** | | | **ECG:** |
| Patent stent in LCx, mild disease elsewhere. | | | SR, 1st degree PR, ventricular ectopics |
| **CT TAVI:** | | | |
|  | | | **Access:**  **Valve choice:** |
| **Incidental findings:** 7mm lung nodule. Reviewed by Dr Garrick Don. Has grown very slowly since last imaging few years ago. Life expectancy >12 months. To follow up with Dr Don in rooms. |
| **MOCA / Clinical Frailty Score** | | | **Bloods:** |
| MOCA: 27/30  Frailty score: 4  Aus: 2 |  |  | Hb: 135  Plts: 143  Cre: 49  eGFR: 88  Albumin: 40  WBC Count 11.1 |
| **Aged Care:** | | | **Cardiothoracic Surgeon:** |
| Likely appropriate for TAVI.  May need rehab post-TAVI fiven functional decline related to SOB. | | | N/A |
| **Gastro review:** | | | **Endo review:** |
| Reviewed due to reports of some incontinence and loose bowles. Abdo XRAY showed compaction. Treated with laxatives. | | | Nil barriers to TAVI. |

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| **Structural Heart Multidisciplinary Team Meeting** | |
| **Date:** | |
| **Attendees**: | |
| **Essential criteria** |  |
| **Feasibility** |  |
| **Frailty / comorbidities** | . |
| **Lifetime planning** |  |
| **Special considerations** |  |
| **Outcome:** | |