|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TAVI Workup Summary and Multidisciplinary Structural Heart Team** | Royal North Shore Hospital Commercial Furniture Project | Commercial Sofa  Bed | | | | |
| **Referral Date:** | **Structural Physician: Hansen** | | | | |
| Name: Ian Green | Referrer: Vernon | | | | |
| DOB: 27/10/46 | Contact Details: | | | | |
| MRN: 0198323 | Email: | | | | |
| Age: 78YO | Height: 1.82, Weight: 97kg | | | | |
| **Past Medical History** | **Medications** | | | | |
| * Perimount 25mm Tissue Aortic Valve replacement + LAA closure (stapled) 2018. (Dr Marshman) - Moderate-to-severe bioprosthesis aortic valve-patient mismatch * Hereditary haemorrhagic telangiectasia - AVMs causing epistaxis - previous sclerotherapy Dr Jacobson, St Vincent's - No evidence of pulmonary or cerebral AVMs on previous screening. * Gout. * Recurrent CLL (stable) - known Dr Luke Coyle * Hypogammaglobulinaemia * Mediastinal lymphadenopathy. * Prostate cancer.  Prostatectomy 2008. * left septic shoulderJanuary 2018. * Oesophageal/pharyngeal perforation with TOE, treated conservatively * Paroxysmal atrial flutter   - Not on longterm anticoagulated due to HHT * Atrial flutter ablation 2022 (Dr Chia) * Left apical lung lesion - Dr Lam/Dr Timmins. * **Streptococcal endocarditis plus L1, L2 osteomyelitis and discitis July 2023** - Recommended for indefinite Amoxicillin (Dr Figtree) - ticroplanin 800mg on induction + cephazolin 2mg then ampicillin on induction then every 6hr for 48 hours, then back to PO amocicillin  - blood culture 1 week prior * Fractured hip requiring ORIF (post falling over skiing) | * Tranexamic Acid 1 g tds * Coloxyl * Valaciclovir 500 mg daily * Allopurinol 300 mg * Iron * Folate * Bisoprolol 2.5 mg bd * Amoxicillin 500 mg qid | | | | |
| **Social History** | **Functional Status** | | | | |
| * Lives at home alone * Supportive son close by * Mobilises independently, iADLS * Retired builder * Still driving * Non smoker, no ETOH | * SOBOE, now difficult to do hills or stairs  ~ noticed symptoms post hip # in July 2024 * Occasional dizziness but no syncope * Denies chest pain, PND or orthopnea | | | | |
| **TTE: 13/3/25 – Dr Vernon rooms** | | | | | |
| |  |  | | --- | --- | | LV EF: 55-60% | AVA: 0.7 AVAi | | Peak Gradient: | AR: Mild-to-moderate transvalvular regurgitation | | Mean Gradient: 45 | SVI: | | Peak AV: 4.26 | MR: Mild | | Comments: Well seated bioprosthesis.  Leaflets appeared mildly thickened with mild restriction of motion.  Increased flow parameters suggestive of patient-prosthesis mismatch plus degree of prosthetic valve stenosis.Mild-to-moderate transvalvular regurgitation. | | | | | | | |
| **Angio: 5.6.25** | **ECG:** | | | | |
| Minor coronary artery disease. | SR w/ prolonged PR interval | | | | |
| **CT TAVI:** | | | | | |
|  | **Access:** Longstanding fusiform aneurysm of the left iliofemoral funoff, with more ectasia on the left  **Valve Choice:**  **Incidentals:** Changes in keeping with patients known HHT, with stable saccular aneurysm arising from the SMA | | | | |
| **MOCA / Clinical Frailty Score** | **Bloods: 13/5/25** | | | | |
| MOCA: 30/30 (with GP) | Hb: 122 | Plts: 113 | Cre: 106 | eGFR: 57 | Albumin: 41 |
| **Aged Care:** | **Cardiothoracic Surgeon:** | | | | |
| N/A | N/A | | | | |

|  |  |
| --- | --- |
| **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) | |