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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: Hansen** | | | | |
| Name: John Kneipp | Referrer: Chung (Renal) | | | | |
| DOB: 7/12/50 | Contact Details: 9346 1300 | | | | |
| MRN: 2029741 | Comments: intellectual disability + public Guardian | | | | |
| Age: 74YO | Weight: 65kg Height: 160cm | | | | |
| **Past Medical History** | **Medications** | | | | |
| * Intellectual disability  - from RACF, under public guardianship * ESKD secondary to hypertension * - HD MWF * Schizoaffective disorder | * Calcitriol 0.25 mcg * Calcium carbonate 600 mg TDS * Aranesp * Docusate-senna * Escitalopram 10 mg mane * HydrALAZINe 50 mg TDS on Tues, Thurs, Sat, Sun * HydrALAZINe 50 mg Mon, Wed & Fri) * Lercanidipine 10 mg BD * Lidocaine-prilocaine topical * Methyldopa 250 mg TDS * Olanzapine 15 mg nocte * Paracetamol * Sevelamer 800 mg TDS * Aspirin 100mg \*new\* | | | | |
| **Social History** | **Functional Status** | | | | |
| * Lives in RACF (Cooinda Court) * 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 * Public guardian + brother | * Admission RNSH 9/6 following shoulder/chest discomfort in dialysis - trop 187 - ECG: SR with LVH- some associated STE ~1mm in V1-V2 (stable from last ECG 2024 on system). Lateral TW flattening. * Prior syncope on dialysis in March/July 2024 in documentation * Denies dyspnoea or palpitations * Minimal peripheral oedema. | | | | |
| **TTE: 12/6/25** | | | | | |
| |  |  | | --- | --- | | LV EF: 55-60% | AVA: 0.9 AVAi 0.5 | | Peak Gradient: 80.6 | AR: Trivial | | Mean Gradient: 47 | SVI: | | Peak AV: 4.5 | MR: | | Comments: Trileaflet aortic valve. Severely thickened and calcified leaflets with severely reduced systolic opening, consistent with severe aortic stenosis  Echodensirty seen medially in the left atrial chamber near the anterior mitral leaflet. However, visible only in the apical 4 and 2 chamber views and is not seen in other views. Artefact from the mitral valve? Flail mitral leaflet unlikely has there is no corresponding mitral regurgitation attributable to it. Old vegetation? Depending on clinical circumstances, consider TOE. | | | | | | | |
| **Angio:** | **ECG:** | | | | |
| Not completed – will be done at time of TAVI. From CT: Coronary arteries (from CT TAVI) reviewed by Dr Hansen - codominant system. calcium seen in prox LAD however likely <50% and non-obstructive, some evidence of calcium blooming. | SR, LVH. | | | | |
| **CT TAVI:** | | | | | |
|  | **Access:**  **Valve Choice:**  **Incidentals:** Nil | | | | |
| **MOCA / Clinical Frailty Score** | **Bloods: 24/6/25** | | | | |
| Not able to perform | Hb: 120 | Plts: 120 | Cre: 395 | eGFR: 12 | Albumin: 33 |
| **Aged Care: Dr Ogle** | **Cardiothoracic: Dr Sherrah** | | | | |
| 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 | Discussed w and seen by Dr Sherrah. Poor surgical candidate. Not for sAVR nor salvage. | | | | |

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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) | |