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| **TAVI Workup Summary and Multidisciplinary Structural Heart Team** | | | Royal North Shore Hospital Commercial Furniture Project | Commercial Sofa  Bed | | | | |
| **Referral Date: 17/4/25** | | | **Structural Physician: Bhindi** | | | | |
| Name: Maggie Lingard | | | Referrer: Wong | | | | |
| DOB: 24/09/1958 | | | Contact Details: 0458 476 412 | | | | |
| MRN: 0520968 | | | Email: | | | | |
| Age: 66YO | | | Special Comments: Spinal cord injury NDIS | | | | |
| **Past Medical History** | | | **Medications** | | | | |
| * Hypertension * Hypercholesterolaema * Depression * Bladder incontinence * Spinal stenosis MVA with L1 compression + tumor - Dr Mark Coglan NSx * OSA on CPAP * CKD stage 3 ~ known to Dr Kumar  - suitable for HD should it be needed | | | * Apixaban 5mg BD * Endep 10mg nocte * Fruismide 20mg daily * Ivabradine 5mg * Lipitor 20mg * Mirtanza 30mg mane * Zan-extra 10/10mg * Zolofot 100mg nocte | | | | |
| **Social History** | | | **Functional Status** | | | | |
| * Lives at home with dog * Son that lives close in Syndey and central coast * Mobilises with 4WW short distances, wheelchair for outside the home * Independent with personal ADLs, NDIS for other services  ~ physio and OT * Non-smoker, no ETOH * Services: NDIAS – spinal cord injury | | | * Increasing SOBOE and fatigue in last 12 months * Occasional chest discomfort and dizziness * Sleeps in hospital bed ~ sleeps at 45degree due to orthopnoea * Occasional oedema, improve from * Denies syncope | | | | |
| **TTE: 27/3/25** | | | | | | | |
| |  |  | | --- | --- | | LV EF: 55% | AVA: 0.6 AVAi 0.3 | | Peak Gradient: 73 | AR: | | Mean Gradient: 42 | SVI: | | Peak AV: 4.2 | MR: Normal | | Comments: Sever aortic valve stenosis. The valve is thickened with restricted mobility | | | | | | | | | |
| **Angio:** | | | **ECG:** | | | | |
| Minor coronary artery disease | | | AF | | | | |
| **CT TAVI:** | | | | | | | |
|  | | | **Access:**  **Valve Choice:**  **Incidentals:** Nil | | | | |
| **MOCA / Clinical Frailty Score** | | | **Bloods: 21/1/25** | | | | |
| MMSE: 30/30 |  |  | Hb: 118 | Plts: | Cre: 110 | eGFR: 45 | Albumin: |
| **Aged Care:** | | | **Cardiothoracic Surgeon: Dr Bassin** | | | | |
| N/A | | | I had a good discussion with Maggie and her son and my advice would be that she undergo a TAVI if technically suitable. However if there are anatomical constraints to a TAVI I would be happy to consider open surgery | | | | |

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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) | |