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| **TAVI Workup Summary for**  **Structural Heart MDT** | | | A close up of a logo  Description automatically generated |
| **Referral Date:** | | | **Structural Physician:**  Dr Bhindi |
| Name: Stephen McGuire  32 McMahon Street, Willoughby NSW 2068 | | | Referrer: Gemma Figtree |
| DOB: 22/07/1953 | | | Contact Details: 0413 382 919 |
| MRN: ME00252119 | | | Email: |
| Age: 71 yrs | | | Weight: 90kg |
| **Past Medical History** | | | **Medications** |
| * STEMI (2012) -> stenting to mid Cx and RCA * Hypertension * Hypercholesterolemia * Asthma | | | Clopidogrel  Candesartan  Rosuvastatin  Ezetimibe |
| Allergies: |
| **Social History** | | | **Functional Status & Symptom Burden** |
| Independent  Live at home with wife | | | SOBOE  1 x Syncopal event  NYHA: II |
| **Echo 31/03/2025:** | | | |
| |  |  | | --- | --- | | LV EF: 60% | AVA: 0.9 | | Peak Gradient: 65 | AR: Nil | | Mean Gradient: 40 | SVI: 34.3 | | Peak AV: 416 | MR: Mild - Moderate | | Comments: Severely calcificed aortic valve with restrictive opening. Severe aortic stenosis.  Stress Echo Conclusions  Moderate exercise capacity (mid Stage III) limited by breathlessness and 6/10 chest tightness.  Negative stress ECG  Resting echocardiogram showing normal LV chamber size with inferolateral and inferior hypokinesis Normal EF.  Severe aortic stenosis. Mildly to moderately dilated aortic root. Details as above.  Positive stress echocardiogram for myocardial ischaemia. | | | | | |
| **Angio: 19/5/25** | | | **ECG:** |
| Mild to Moderate CAD | | | SR |
| **CT TAVI:** | | | |
|  | | | ?Appears to be Sievers Type 0/I bicuspid, with an anomalous aortic arch.  Extensive aortic valve calcification with a calcium score of 3990. No subannular calcification.  **Access:**  **Valve choice:** |
| **Incidental findings:** |
| **MOCA / Clinical Frailty Score** | | | **Bloods:** |
| MOCA: N/A  Frailty score: 3 |  |  | Hb: 151  Plts: 201  Cre: 90  eGFR: 76  Albumin: 44 |
| **Aged Care:** | | | **Cardiothoracic Surgeon:** |
| N/A | | | Dr Manu Mathur  The two options of a surgical valve versus a TAVI have been discussed and he would be low risk for surgical valve.  I have explained that his case will be discussed at the heart team meeting. If the decision was to proceed with a TAVI we would need to assess whether a TAVI would be possible in the future as surgery in the future after TAVI procedure would be higher risk. I await the heart team meeting decision. |

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