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| **TAVI Workup Summary and Multidisciplinary Structural Heart Team** | | | Royal North Shore Hospital Commercial Furniture Project | Commercial Sofa  Bed | | | | |
| **Referral Date: 16/6/25** | | | **Structural Physician: Bhindi** | | | | |
| Name: John McMullen | | | Referrer: Armit Michael | | | | |
| DOB: 5/4/38 | | | Contact Details: Julie 0433 213 626 | | | | |
| MRN: 2359358 | | | Email: juliemcmullen022@gmail.com | | | | |
| Age: 87YO | | | Weight: Height: | | | | |
| **Past Medical History** | | | **Medications** | | | | |
| * CABG 2003 * COPD * Mild congitive impairment * Previous CVA * Awaiting cataract surgery, 4/7/25 * Some difficulty swallowing, low appetite + weight loss (7kg) - awaiting gastro Dr Jeremy Humphries Wollongong review 11/7/25 | | | * Clopidogrel 75mg * Frusimdie 40mg * Perindopril 2.5mg * Atorvastatin 40mg * Metoprolol 25mg daily * Oxybutynin daily | | | | |
| **Social History** | | | **Functional Status** | | | | |
| * Lives with son at home  ~ son is carer, supportive daughter close by * Independent with pADLs, son does heavy household tasks * Independent around the house, 4WW for outside the house, has had some mechanical falls in last 12 months * x1 glass or port at night, occasional ETOH at the club * Ex-smoker, quit 30 years ago | | | * Progressively worsening SOBOE and fatigue  - can walk to the club 500m away but having to slow down * Denies chest pain, oedema, syncope, PND, oedema | | | | |
| **TTE: 17/7/25 – Dr Anastasius** | | | | | | | |
| |  |  | | --- | --- | | LV EF: 25-30% | AVA: 0.7 AVAi 0.4 | | Peak Gradient: 45 | AR: Trivial | | Mean Gradient: 33 | SVI: 29.DVI 0.25 | | Peak AV: 3.4 | MR: Mild-Moderate | | Comments:.: Probable bicuspid aortic valve (raphe between the left and right coronary cusps); severe low flow low gradient aortic valve stenosis | | | | | | | | | |
| **Angio:** | | | **ECG:** | | | | |
| CTO of the native RCA and LCx. LCx supplied via patent via SVG, and RCA supplied via collaterals. LAD iFR 0.55, deemed haemodynamically significant. | | | Sinus brady | | | | |
| **CT TAVI:** | | | | | | | |
|  | | | **Access:**  **Valve Choice:**  **Incidentals:** | | | | |
| **PFT** | | | **Carotid** | | | | |
|  | | | N/A | | | | |
| **MOCA / Clinical Frailty Score** | | | **Bloods: 24/6/25** | | | | |
| MOCA: |  |  | Hb: 112 | Plts: 260 | Cre: 83 | eGFR: 73 | Albumin: |
| **Aged Care:** | | | **Cardiothoracic:** | | | | |
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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) | |