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| **TAVI Workup Summary for**  **Structural Heart MDT** | | | A close up of a logo  Description automatically generated |
| **Referral Date: 17/6/25** | | | **Structural Physician:**  Dr Bhindi |
| Name: Patricia Newlands  22/20/ Gerard Street, Cremorne, 2090 | | | Referrer: Chrishan Nalliah |
| DOB: 08/11/1940 | | | Contact Details: 0424 955 140 |
| MRN: ME00038341  RNSH: 049-68-08 | | | Email: |
| Age: 84 | | | Weight: 70kg  Height: 172cm |
| **Past Medical History** | | | **Medications** |
| * AF (new 2025) * PE * HFrEF   + LVEF 30% on TTE   + severe aortic stenosis * AF   - initially commenced on digoxin, GP ceased  - rate controlled with bisoprolol  - anticoagulated with 5mg apixaban BD   * UTI   - K. pneumoniae  - completed Keflex 500mg BD for 5 days   * GORD * Hypothyroidism * Breast cancer   - L breast cancer 2006 -> lumpectomy + lymph node biopsy + chemoradiation  - R breast cancer 2011 -> double mastectomy + lymph node biopsy + chemotherapy   * 1964 severe car accident requiring multiple plastic surgery operations | | | Bisoprolol 1.25mg daily  Apixaban 10mg BD  Digoxin 125mcg daily  Frusemide 40mg BD  Atorvastatin 20mg mane  Cholecalciferol 1 capsule daily  Levothyroxine 100mcg mane  Macuvision  Magnesium 1g BD  Ocular lubricant  Pantoprazole 40mg daily  Panadol osteo 1 tab TDS  Spironolactone 12.5mg mane |
| Allergies: NKDA |
| **Social History** | | | **Functional Status & Symptom Burden** |
| Non smoker  3-4 gin and tonics/week  Lives alone, has carers a couple of times/week and meals on wheels  Mobilises with 4WW | | | Recent admission to RNSH with decompensated heart failure  Baseline symptoms:  SOBOE  Significantly reduced ET  Fatigue  Mild pitting oedema bilaterally to mid shins |
| **Echo: 14/5/25** | | | |
| |  |  | | --- | --- | | LV EF: 30% | AVA: 0.7 | | Peak Gradient: 51 mmHg | AR: trivial | | Mean Gradient: 32 mmHg | SVI: 26.5 | | Peak AV: 3.6 | MR: severe | | Comments: Trileaflet aortic valve. Severely calcified aortic valve; severely reduced excursion on 2D. Low stroke volume index and gradients suggestive of low flow, low gradient, severe aortic stenosis. Severely reduced calculated aortic valve area. Based on the 2D appearance, pseudostenosis is very unlikely. Trivial aortic regurgitation. | | | | | |
| **Angio:** | | | **ECG:** |
| Unobstructed coronary arteries | | | AF |
| **CT TAVI:** | | | |
| **Severely calcified valve with annular and LVOT Ca** | | | **Access:**  **Valve choice:** |
| **Incidental findings:** |
| **MOCA / Clinical Frailty Score** | | | **Bloods:** |
| MOCA: 26/10  Frailty score: 4 |  |  | Hb: 112  Plts: 263  Cre: 105  eGFR: 42  Albumin: 34 |
| **Aged Care:** | | | **Cardiothoracic Surgeon:** |
| Nil barrier to TAVI from Geris POV. | | | N/A |

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

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| 06/06/25 | Would like to see ravi in rooms first, Marianne emailed |
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