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| **TAVI Workup Summary and Multidisciplinary Structural Heart Team** | Royal North Shore Hospital Commercial Furniture Project | Commercial Sofa  Bed | | | | |
| **Referral Date: 18/6/25** | **Structural Physician: Hansen** | | | | |
| Name: Wendy Ross | Referrer: Wang | | | | |
| DOB: 11/06/42 | Contact Details: 0435 023 246 | | | | |
| MRN: 0068643 | Email: | | | | |
| Age: 83YO | Weight: 58kg Height: 147cm | | | | |
| **Past Medical History** | **Medications** | | | | |
| * Reports MI >20yrs ago (no stents)   - k/t Dr Wang   * Aortic root dilatation * HTN * Hypercholesterolaemia * OA * Bilateral TKR * Osteopenia | * Catapress 100mcg nocte * Lipitor 40mg OD * Telmisartan 80mg OD * Dothiepin 75mg OD | | | | |
| **Social History** | **Functional Status** | | | | |
| * Lives at home in unit * Supportive children close by * iADLS and mobility * Non-smoker, ETOH 2-3 champagne on Fridays at the club * Does not drive, public transport * Retired seamstress | * Occasional dizziness and chest discomfort at night  - uses GTN once a month  - denies syncope * Minimal SOBOE, can walk unrestricted on the flat (3 blocks, mainly limited by pain * Main complaint is high blood pressure * Denies oedema, chest pain, PND, orthopnoea | | | | |
| **TTE:** | | | | | |
| |  |  | | --- | --- | | LV EF: 55% | AVA: 0.9 AVAi | | Peak Gradient: 74 | AR: Mild | | Mean Gradient: 51 | SVI: | | Peak AV: 4.29 | MR: None | | Comments: Severe aortic stenosis with mild regurgitation | | | | | | | |
| **Angio: 10/7/25** | **ECG:** | | | | |
| Mild to moderate coronary artery disease in the main vessels (40% pro LAD, 90% stenosis of OM4 small calibre vessel, 90% stenosis, well collateralised, 40-50% prox RCA) | SR | | | | |
| **CT TAVI:** | | | | | |
|  | **Access:** High bifurcation bilaterally **Comments:** ? Sievers Type I bicuspid with R/L Ca raphe.  **Incidentals:** # Dilated ascending thoracic aortic and proximal aortic arch  # subpleural nodule left lower lobe  - should be followed up on CT in 12 months  #Thickening of endometrial complex in the uterus  - could be further assessment with a dedicated pelvic ultrasound- pelvic ultrasound TBA | | | | |
| **MOCA / Clinical Frailty Score** | **Bloods: 30/5/25** | | | | |
| MOCA: 27/30 (with GP) | Hb: 136 | Plts: 234 | Cre: 72 | eGFR: 67 | Albumin: 43 |
| **Aged Care:** | **Cardiothoracic:** | | | | |
| N/A | N/A | | | | |

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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) | |