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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: Gary Russ  13/15 Edgeworth David A Hornsby, 2077 | Referrer: Dr Helestrand |
| DOB: 10/07/1946 | Contact Details: 04 0419 5268 |
| MRN: ME 00465605 | Email: |
| Age: 78 | Weight: 73.2kg  Height 1.68m |
| **Past Medical History** | **Medications** |
| * AS * Metastatic Melanoma – on immunotherapy – finishes treatment 01.08.25 * Parkinson Disease 2016 – Prof Aggarwal * CVA in Aug 2023 - mild residual right hemiparesis * Prostate Cancer * Hypercholesterolaemia * GORD | Aspirin 100mg od  Metoprolol 25mg bd  Rosuvastatin 20mg od  Maxolon  Melatonin  Stalevo  Sinemet  Zoladex |
| Allergies: NKDA |
| **Social History** | **Functional Status & Symptom Burden** |
| Lives in Hornsby with his daughter Karen who is also his carer  32 steps at home  iADL’s + meal prep  Ex-smoker, stopped smoking 2003  Able to do washing but needs assistance otherwise; have had modifications to house  Does not drive  Mobilises mainly w 4WW and walking stick when up to it | SOBOE  NYHA II |
| **Echo:** | |
| |  |  | | --- | --- | | LV EF: 65% | AVA: 430 | | Peak Gradient: 76 | AR: Mild | | Mean Gradient: 47 | SVI: 51 | | Peak AV: 0.9 | MR: Trivial | | Comments: Markedly calcified aortic-mitral curtain. Trileaflet aortic valve. Moderately thickened and calcified leaflets. Markedly restricted valve opening on 2D eg Clip 21. Doppler data as in table above c/w severe stenosis. Mild aortic regurgitation. Markedly calcified aortic-mitral curtain. | | | |
| **Angio 26/06/25:** | **ECG:** |
| Unobstructed coronary arteries. | NSR |
| **CT TAVI:** | |
| **Highly calcified valve with some annular and LVOT calcification. High R femoral bifurcation.** | **Access:**  **Valve choice:** |
| **Incidental findings: N/A** |
| **MOCA / Clinical Frailty Score** | **Bloods:** |
| **MOCA:** 24/30  **Frailty score:** 4  **Aged care review**: No barrier to TAVI from Geri perspective. Should have clearance from regular neurologist prior to procedure. | Hb: 141  Plts: 212  Cre: 86  eGFR: 74  Albumin: 43 |
| **Oncology** | **Cardiothoracic Surgeon:** |
| Dr Kazi Nahar: I had a phone conversation with Dr Hellestrand last month regarding optimal timing of TAVI for his severe aortic stenosis. From my perspective, he can undergo surgery if absolutely indicated and immunotherapy can be paused/rescheduled. He advised to wait until completion of treatment in July.  A progress CT brain, neck, abdomen showed no evidence of macroscopic local recurrence or metastatic disease. Gary will continue with treatment, and I will see him in three weeks’ time.  **02 9056 1100**  **enquiries@nhog.com.au** | Dr Brereton: Suitable for all forms of surgical salvage. |
| **Prof Aggarwal - Neurology** |  |
| Mr Russ was diagnosed with Parkinson’s disease in August 2016. His Parkinson’s disease has been very well controlled on a combination of Stalevo 200/50/200 1 tablet 6 times per day, every 2 1/2 hours from the time he wakes, Sinemet CR 200/50 1 tablet twice per day and Xadago 100 mg in the morning.  He did have an episode of confusion when trialled on a small dose of Sifrol for restless legs, but this resolved once this medication was ceased. His last MMSE performed through my rooms was in July 2024 when he scored 28/30 scoring 5/5 on attention testing when performing serial 7’s and 2/3 on delayed recall.  Overall, I would feel that from my neuro perspective Mr Russ’s Parkinson’s symptoms are well controlled and I would be happy for him to proceed with a TAVI under conscious sedation. |  |

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