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| **TAVI Workup Summary and Multidisciplinary Structural Heart Team** | Royal North Shore Hospital Commercial Furniture Project | Commercial Sofa  Bed | | | | |
| **Referral Date:** | **Structural Physician: Hansen** | | | | |
| Name: Marilyn Smith | Referrer: Tony Kull | | | | |
| DOB: 13/05/1948 | Contact Details: 0484 871 858 | | | | |
| MRN: 0554971 | Email: | | | | |
| Age: 77YO | Weight: 75kg Height:154cm | | | | |
| **Past Medical History** | **Medications** | | | | |
| * ESRF - haemodialysis via L arm fistula (Mon/Wed/Fri)   - known to Prof Roger  - 800ml fluid restriction, still makes some urine   * Valvular heart disease:   - known to Dr Kull   * T2DM * Hypercholesterolaemia * HTN * OSA * Previous type 2 NSTEMI * Visual aura without headache * Hysteroscopy + D&C * Chronic cough and runny nose   - Known to resp physician Dr Lee  - Under investigation, but was told not emphysema | * Carvidilol 3.125mg * Sevelamer * Pariet * Aspirin * Vytorin 10/20mg * Rocaltrol * Sifrol * Progout | | | | |
| **Social History** | **Functional Status** | | | | |
| * Lives at home alone with cat * Son near Byron bay, granddaughter Sydney (visit often) * Independent with ALDs * Mobilises independently, 4WW long distance * Services: HCP level 2 (2 hours a week with cleaning and shopping) * Community nurses for lower leg (healed 19/6/25) * Ex-smoker – 15py history, quit 30 history * Occasional ETOH | * Heaviness in the chest on exertion, occasionally during dialysis * Occasional fatigue and breathlessness * Dizziness when bending over, | | | | |
| **TTE: 11/7/25 – Dr Choong review (Dr Nasser report)** | | | | | |
| |  |  | | --- | --- | | LV EF: 55-60% | AVA: 0.9 AVAi 0.5 | | Peak Gradient: 60 | AR: Moderate | | Mean Gradient: 33 | SVI: 51.4 | | Peak AV: 3.9 | MR: Mild | | Comments: Trileaflet aortic valve. Moderate calcification of the aortic cusps with moderately restricted excursion. Moderate - severe aortic stenosis | | | | | | | |
| **Angio:** | **ECG:** | | | | |
| Awaiting formal report – ?normal CAD | SR, normal PR interval and QRS | | | | |
| **CT TAVI:** | | | | | |
|  | **Comment:** L coronary slightly low and R SOV just undersized  **Valve Choice:**  **Incidentals:** | | | | |
| **MOCA / Clinical Frailty Score** | **Bloods: 2/7/25** | | | | |
| MOCA: 30/30 with GP | Hb: 115 | Plts: 227 | Cre: 717 | eGFR: 4 | Albumin: 37 |
| **Aged Care:** | **Cardiothoracic: Dr Bassin 2023** | | | | |
| N/A | The CT chest showed an essentially porcelain aorta that would make surgery possible by prohibitive risk. Given her symptoms are very well managed I think it would be better to manage her medically at the moment. If she became more symptomatic, we could consider very high risk surgery or TAVI. | | | | |

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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) | |