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| **TAVI Workup Summary and Multidisciplinary Structural Heart Team** | | | Royal North Shore Hospital Commercial Furniture Project | Commercial Sofa  Bed | | | | |
| **Referral Date: 16/4/25** | | | **Structural Physician: Hansen** | | | | |
| Name: Peter Smith | | | Referrer: Kull | | | | |
| DOB: 07/01/1951 | | | Contact Details: 0418 225 187 | | | | |
| MRN: 0446530 | | | Email: Dean SIL 0410 703 720, deano121185@hotmail | | | | |
| Age: 74YO | | | Special Comments: | | | | |
| **Past Medical History** | | | **Medications** | | | | |
| * HFrEF + new AF * Incidental finding pulmonary nodule   - CTPA: 13mm pulmonary nodule. No PE  - Repeat CT chest in 6 months  - F/U Resp physician   * Hyperlipidaemia * Gout * Multiple MVAs and digit amputations | | | * Apixaban 5mg BD * Atorvastatin 40mg daily * Bisoprolol 2.5mg morning * Dapagliflozin 10mg morning * Spironolactone 12.5mg night | | | | |
| **Social History** | | | **Functional Status** | | | | |
| * Lives at home alone (steps x3) * Supportive children close by * Retired tiler * Independent in ADLs, using walking stick long distance * Ex-smoker - 10/day till age 40s * Stopped drinking beginning of the year * Drives short distance | | | * Admission Gosford Feb 2025 with worsening SOB, orthopnea and palpitations 3/12 months prior  - new HFrEF (BNP 8000) + AF  - IV diuresis with good effect  - started on bisoprolol, spiro and dapa (Entresto ceased as BP low) * Symptoms improved since starting medication, remains SOBOE with hills and stairs * Occasional chest tightness * Sleeps with 2-3 pillows * Denies oedema, PND, orthopnea | | | | |
| **TTE: need to repeat at RNSH** | | | | | | | |
| |  |  | | --- | --- | | LV EF: | AVA: AVAi | | Peak Gradient: | AR: | | Mean Gradient: | SVI: | | Peak AV: | MR: | | Comments: | | | | | | | | | |
| **Angio: 11/3/25** | | | **ECG:** | | | | |
| Mild coronary artery disease. | | | AF | | | | |
| **CT TAVI:** | | | | | | | |
|  | | | **Access:**  **Valve Choice:**  **Incidentals:** Irregular centrally cavitated lesion in the right upper lung lobe suspicious of a primary neoplasm - no obvious nodal or haematogenous spread | | | | |
| **PFT** | | | **Carotid** | | | | |
|  | | | N/A | | | | |
| **MOCA / Clinical Frailty Score** | | | **Bloods:** | | | | |
| MOCA: |  |  | Hb:163 | Plts: 221 | Cre: 107 | eGFR: 59 | Albumin: |
| **Aged Care:** | | | **Cardiothoracic Surgeon:** | | | | |
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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 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) | |