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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: Bhindi** |
| Name: Robin Stevenson | Referrer: Govindan |
| DOB: 17/10/63 | Contact Details: 0432024989 |
| MRN: 1126816 | Email: robinstevenson@icloud.com |
| Age: 61YO | Weight: 180 Height: 66kg |
| **Past Medical History** | **Medications** |
| * Alcohol addiction * Aortic stenosis  - Bicuspid aortic valve * Aortic aneurysm Infra-renal 3.2cm * Fibular fracture Fall down stairs, intoxicated * Peri-orbital hematoma 2025 * Coronary artery disease RCA stenosis on angiogram | * Aspirin 100mg * Naltrexone 50mg * Ostelin * Rosuvastatin 10mg * Thiamine 100mg TDS * Vitamin B12 100mcg * Zoloft 50mg Tablet |
| **Social History** | **Functional Status** |
| * Lives at home alone  ~ supportive ex- partner * Moved from Scotland 15 years ago * Independent with ADLs and mobility * Was working in bush regeneration  ~ hasn’t been working since March * Still train * Smoker 10-40 years, will continue * ETOH 15-20 std a day, has increased since stopping work | * Noticing having to slow down with some associated SOB * Chest tightness on exertion |
| **TTE: Dr Govindan rooms** | |
| |  |  | | --- | --- | | LV EF: 43% | AVA: 0.9 AVAi | | Peak Gradient: 92 | AR: Moderate | | Mean Gradient: 61 | SVI: | | Peak AV: 4.8 | MR: Mild | | Comments: Bicuspid aortic valve with severe aortic stenosis. | | | |
| **Angio:** | **ECG:** |
| Mid RCA 80% stenosis. Tortuous anatomy | SR |
| **CT TAVI:** | |
|  | **Access:** High left CFA bifurcation  **Valve Choice:**  **Incidentals:** No significant incidental findings |
| **PFT** | **Carotid** |
|  | N/A |
| **PFT** | **Bloods: 14/7/25** |
| FEV1: 59%, FVC: 71%, FEV1/FVC: 83%  This pattern is in keeping with COPD. | Hb: 153, Plts: 222, Cre: 60, eGFR: 90, Albumin: 72 GGT: 325 (471) LDH 223 (276), AST 140 (249), ALT 93 (159) |
| **Aged Care:** | **Cardiothoracic: Dr Bassin** |
| N/A | I believe that a surgical AVR (bioprosthetic) and coronary bypass with a saphenous vein to the RCA is the best option for him, given his age and bicuspid valve. I explained the risks and benefits, including the risk of mortality, stroke, infection, bleeding, permanent pacemaker, AMI, and a higher risk of pneumonia given his current smoking. He is quite hesitant about the idea of open surgery, but is open to it. |

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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) | |