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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: Janet Telfer | | | Referrer: Vernon | | | | |
| DOB: 19/9/40 | | | Contact Details: | | | | |
| MRN: 0722105 | | | Email: 0421 826 573 | | | | |
| Age: 84YO | | | Weight: 66kg Height:162cm | | | | |
| **Past Medical History** | | | **Medications** | | | | |
| * Severe AS * Hypertension * hypothyroidism | | | * Lercanidipine 10 mg * Levothyroxine sodium 50 mcg | | | | |
| **Social History** | | | **Functional Status** | | | | |
| * Lives at home with son * Independent with ADLs and mobility * Never smoked * 2-3 std EtOH/week some weeks, then may go for several month without drinking * Has recently taken her caravan up the north coast | | | * Admission 18/7 RNSH with vertigo  - had an episode of dizziness around 6 months go thought to be similar, denies syncope  - new finding severe AS * Had noted some reduced exercise tolerance in past few months   - previous able to walk 30 min on flat, now 15 min  Occasional lower limb oedema noted   * Denies chest pain, PND or orthopnoea | | | | |
| **TTE: 21/7/25 RNSH** | | | | | | | |
| |  |  | | --- | --- | | LV EF: 61% | AVA: 0.7 AVAi 0.4 | | Peak Gradient: 113 | AR: Mild | | Mean Gradient: 75 | SVI: | | Peak AV: 5.3 | MR: Trivial | | Comments: Heavily calcified probably trileaflet aortic valve with restriction of opening on 2D imaging. Doppler data as above consistent with severe aortic stenosis. At least mild aortic regurgitation. | | | | | | | | | |
| **Angio: 21/7/25** | | | **ECG:** | | | | |
| Mild coronary artery disease. | | | SR | | | | |
| **CT TAVI:** | | | | | | | |
|  | | | **Access:**  **Valve Choice:**  **Incidentals:  #11 mm segment 7 hypodense liver lesion**  - CT Liver Multiphase: Segment 7 hypodense lesion is probably a hepatic cyst. Segment 8 ill-defined subcapsular lesion likely represents a region of scarring/prior insult.  - No suspicious liver lesions.  **#5mm solid nodule**  - Respiratory advice, lifelong non-smoker no high risk favours | | | | |
| **PFT** | | | **Carotid** | | | | |
| FVE1: 64%, FVC: 83%, FEV1/FVC: 83% | | | N/A | | | | |
| **MOCA / Clinical Frailty Score** | | | **Bloods:** | | | | |
| MOCA: 29/30 |  |  | Hb: 134 | Plts: 192 | Cre: 52 | eGFR: 84 | Albumin: 35 |
| **Aged Care: Dr Liu** | | | **Cardiothoracic: Dr Brereton** | | | | |
| There is not a contraindication for Janet to proceed to having a TAVI from an Aged Care perspective. | | | On balance of risk excellent candidate for TAVI provided nil anatomical preclusions to proceed. CTSU happy to be contacted as required | | | | |

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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) | |