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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: Barry Watson | | | Referrer: Rogers | | | | |
| DOB: 9/12/52 | | | Contact Details: 0412 500 375 | | | | |
| MRN: 0106881 | | | Email: sueandbazz@gmail.com | | | | |
| Age: 72YO | | | Weight: 125kg Height: 170 | | | | |
| **Past Medical History** | | | **Medications** | | | | |
| * Severe obesity (125kg, was 140kg) * CKD (creatinine 200) * permanent AF * OSA on CPAP * HTN * GOUT * Back pain, lumbar disc disease * Peripheral neuropathy * Osteopaenia | | | * Apixaban 5mg * Dapagliflozin 10mg * Atorvastatin 10mg * Motilium PRN * Telmisartan 40mg * Amlopidine 5mg * Vitamin D * Pantoprazole 40mg * Xalacom eye drops * Trelegy ellipta * Fish oil * Panadol * Furosemide 40mg mane \*new\* | | | | |
| **Social History** | | | **Functional Status** | | | | |
| * Lives at home with wife with sons  ~ wife has low vision * Uses walking stick due to bad back * Independent with pADLs, share households tasks with wife and sons * Still drives * Previous smoking stopped 34 years ago with 15 pack years * ETOH 1-2 stds mid strength a day bit has cut down | | | * Progressively worsening SOBOE  ~ can manage around the shops at slow pace but having to slow down, worse with hills or stairs  ~ would like to be able to walk dog * Occasional dizziness, denies syncope * Denies chest pain, oedema * Occasional can not tolerate CPAP and will sleep up in recliner chair | | | | |
| **TTE:** | | | | | | | |
| |  |  | | --- | --- | | LV EF: | AVA: AVAi | | Peak Gradient: | AR: | | Mean Gradient: | SVI: | | Peak AV: | MR: | | Comments:. | | | | | | | | | |
| **Angio: 28/5/25 Gosford** | | | **ECG:** | | | | |
| Mild non-obstructive coronary artery disease | | | AF | | | | |
| **CT TAVI:** | | | | | | | |
|  | | | **Access:**  **Valve Choice:**  **Incidentals:**  The HRCT of the chest on the 11th March 2025 showed no evidence of parenchymal dysfunction | | | | |
| **PFT** | | | **Carotid** | | | | |
| Normal pulmonary function with no evidence of either COPD or asthma–puffers cease | | | N/A | | | | |
| **MOCA / Clinical Frailty Score** | | | **Bloods: 30/4/25** | | | | |
| 28/30 |  |  | Hb: 162 | Plts: 142 | Cre: 205 | eGFR: 27 | Albumin: |
| **Respiratory: Dr Erdstein** | | | **Cardiothoracic: Dr Bassin** | | | | |
| Barry’s exertional symptoms related to his cardiac failure, obesity, aortic stenosis, and obstructive sleep apnoea. I am satisfied that he has restarted CPAP therapy although I am yet to retrieve the CPAP download from Pacific sleep. He has been reassured. Clearly, there is no issue with his respiratory system so I am not advising any further in this regard. I discussed with him weight loss strategies including intermittent fasting and keto. | | | I believe that he would be high risk for open surgery and should undergo a TAVI if possible. I will forward his information to our structural heart team for evaluation. | | | | |

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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) | |