



# The Society of Thoracic Surgeons

## Adult Cardiac Surgery Database

### Data Collection Form Version 2.9

7/2017

A. Administrative		
Participant ID: <span style="color: red;">PartID (25)</span>	Record ID: <span style="color: blue;">(software generated)</span> <span style="color: red;">RecordID (30)</span>	STS Cost Link: <span style="color: red;">CostLink (35)</span>
Patient ID: <span style="color: blue;">(software generated)</span> <span style="color: red;">PatID (40)</span>		
Patient participating in STS-related clinical trial: <span style="color: red;">ClinTrial (45)</span>		
<input type="checkbox"/> None <input type="checkbox"/> Trial 1 <input type="checkbox"/> Trial 2 <input type="checkbox"/> Trial 3 <input type="checkbox"/> Trial 4 <input type="checkbox"/> Trial 5 <input type="checkbox"/> Trial 6   (If not "None" →)		Clinical trial patient ID: _____ <span style="color: red;">ClinTrialPatID (46)</span>

B. Demographics		
Patient Last Name: <span style="color: red;">PatLName (50)</span>	Patient First Name: <span style="color: red;">PatFName (55)</span>	Patient Middle Name: <span style="color: red;">PatMName (60)</span>
Date of Birth: ____/____/____ (mm/dd/yyyy) <span style="color: red;">DOB (65)</span>	Patient Age: _____ <span style="color: red;">Age (70)</span>	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <span style="color: red;">Gender (75)</span>
National Identification (Social Security) Number Known: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused (If Yes →) <span style="color: red;">SSNKnown (76)</span>		National ID Number: _____ <span style="color: red;">SSN (80)</span>
Medical Record Number: <span style="color: red;">MedRecN (85)</span>		
Street Address: <span style="color: red;">PatAddr (90)</span>	City: <span style="color: red;">PatCity (95)</span>	
Region: <span style="color: red;">PatRegion (100)</span>	ZIP Code: <span style="color: red;">PatZIP (105)</span>	Country: <span style="color: red;">PatientCountry (115)</span>
Is This Patient's Permanent Address: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <span style="color: red;">PermAddr (120)</span>		
Is the Patient's Race Documented? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pt. Declined to Disclose <span style="color: red;">RaceDocumented (150)</span>		
(If Yes →)   Race : (Select all that apply→) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;">           White: <input type="checkbox"/> Yes <input type="checkbox"/> No  <span style="color: red;">RaceCaucasian (155)</span>            Black/African American: <input type="checkbox"/> Yes <input type="checkbox"/> No  <span style="color: red;">RaceBlack (160)</span>            Asian: <input type="checkbox"/> Yes <input type="checkbox"/> No  <span style="color: red;">RaceAsian (165)</span> </div> <div style="width: 45%;">           Am Indian/Alaskan: <input type="checkbox"/> Yes <input type="checkbox"/> No  <span style="color: red;">RaceNativeAm (170)</span>            Hawaiian/Pacific Islander: <input type="checkbox"/> Yes <input type="checkbox"/> No  <span style="color: red;">RaceNativePacific (175)</span>            Other: <input type="checkbox"/> Yes <input type="checkbox"/> No  <span style="color: red;">RaceOther (180)</span> </div> </div>		
Hispanic, Latino or Spanish Ethnicity: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Documented <span style="color: red;">Ethnicity (185)</span>		

C. Hospitalization	
Hospital Name: _____ (If Not Missing →) <span style="color: red;">HospName (205)</span>	Hospital ZIP Code: _____ <span style="color: red;">HospZIP (210)</span>
Hospital National Provider Identifier: _____ <span style="color: red;">HospNPI (220)</span>	Hospital CMS Certification Number: _____ <span style="color: red;">HospCMSCert (221)</span>
Primary Payor: (Choose one) <span style="color: red;">PayorPrim (291)</span>	(If Primary Payor <>None/Self ↓) Secondary Payor: (Choose one) <span style="color: red;">PayorSecond (293)</span>
<input type="checkbox"/> None/Self	<input type="checkbox"/> None
<input type="checkbox"/> Medicare (includes commercially managed options)	<input type="checkbox"/> Medicare
<input type="checkbox"/> Medicaid (includes commercially managed options)	<input type="checkbox"/> Medicaid
<input type="checkbox"/> Military Health	<input type="checkbox"/> Military Health
<input type="checkbox"/> Indian Health Service	<input type="checkbox"/> Indian Health Service
<input type="checkbox"/> Correctional Facility	<input type="checkbox"/> Correctional Facility
<input type="checkbox"/> State Specific Plan	<input type="checkbox"/> State Specific Plan
<input type="checkbox"/> Other Government Insurance	<input type="checkbox"/> Other Government Insurance
<input type="checkbox"/> Commercial Health Insurance	<input type="checkbox"/> Commercial Health Insurance
<input type="checkbox"/> Health Maintenance Organization	<input type="checkbox"/> Health Maintenance Organization
<input type="checkbox"/> Non -U.S. Plan	<input type="checkbox"/> Non -U.S. Plan
<input type="checkbox"/> Charitable care/ Foundation Funding	<input type="checkbox"/> Charitable care/ Foundation Funding
(if Medicare →) Primary Payor Medicare Fee for Service: <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="color: red;">PrimMCCareFFS (292)</span>	(if Medicare →) Secondary Payor Medicare Fee for Service: <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="color: red;">SecondMCCareFFS (294)</span>



E. Previous Cardiac Interventions						
Previous Cardiac Interventions: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						
PrCVInt (665)						
(If Yes → )	Previous coronary artery bypass (CAB): <input type="checkbox"/> Yes <input type="checkbox"/> No					
	PrCAB (670)					
	Previous valve procedure: <input type="checkbox"/> Yes <input type="checkbox"/> No If PrValve Yes, Enter at least one previous valve procedure and up to 5 ↓					
	PrValve (675)					
		#1 PrValveProc1 (695)	#2 PrValveProc2 (700)	#3 PrValveProc3 (705)	#4 PrValveProc4 (710)	#5 PrValveProc5 (715)
	No additional valve procedure(s)					
	Aortic valve balloon valvotomy/valvuloplasty					
	Aortic valve repair, surgical					
	Aortic valve replacement, surgical					
	Aortic valve replacement, transcatheter					
Mitral valve balloon valvotomy/valvuloplasty						
Mitral valve commissurotomy, surgical						
Mitral valve repair, percutaneous						
Mitral valve repair, surgical						
Mitral valve replacement, surgical						
Mitral valve replacement, transcatheter						

Tricuspid valve balloon valvotomy/valvuloplasty							
Tricuspid valve repair, percutaneous							
Tricuspid valve repair, surgical							
Tricuspid valve replacement, surgical							
Tricuspid valve replacement, transcatheter							
Tricuspid valvectomy							
Pulmonary valve balloon valvotomy/valvuloplasty							
Pulmonary valve repair, surgical							
Pulmonary valve replacement, surgical							
Pulmonary valve replacement, transcatheter							
Pulmonary valvectomy							
Other valve procedure							
Previous PCI: <input type="checkbox"/> Yes <input type="checkbox"/> No POCPCI (775)							
(If Yes →) PCI Performed Within This Episode Of Care: <input type="checkbox"/> Yes, at this facility <input type="checkbox"/> Yes, at some other acute care facility <input type="checkbox"/> No POCPCIWhen (780)							
(If “Yes, at this facility” or “Yes, at some other acute care facility” ↓)							
Indication for Surgery: <input type="checkbox"/> PCI Complication <input type="checkbox"/> PCI Failure without Clinical Deterioration POCPCIIndSurg (785) <input type="checkbox"/> PCI Failure with Clinical Deterioration <input type="checkbox"/> PCI/Surgery Staged (not STEMI) <input type="checkbox"/> PCI for STEMI, multivessel disease <input type="checkbox"/> Other							
PCI Stent: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes →) Stent Type: <input type="checkbox"/> Bare metal <input type="checkbox"/> Drug-eluting <input type="checkbox"/> Bioresorbable <input type="checkbox"/> Multiple POCPCIst (790) <input type="checkbox"/> Unknown POCPCIstTy (795)							
PCI Interval: <input type="checkbox"/> ≤ 6 Hours <input type="checkbox"/> > 6 Hours POCPCIIn (800)							
Other Previous Cardiac Interventions: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Enter at least one previous other cardiac procedure and up to 7 ↓) POC (805)							
	#1 POCInt1 (810)	#2 POCInt2 (815)	#3 POCInt3 (820)	#4 POCInt4 (825)	#5 POCInt5 (830)	#6 POCInt6 (835)	#7 POCInt7 (840)
No additional interventions							
Ablation, catheter, atrial fibrillation							
Ablation, catheter, other or unknown							
Ablation, catheter, ventricular							
Ablation, surgical, atrial fibrillation							
Ablation, surgical, other or unknown							
Aneurysmectomy, LV							
Aortic procedure, arch							
Aortic procedure, ascending							
Aortic procedure, descending							
Aortic procedure, root							
Aortic procedure, thoracoabdominal							
Aortic Procedure, TEVAR							
Aortic root procedure, valve sparing							
Atrial appendage obliteration, Left, surgical							
Atrial appendage obliteration, Left, transcatheter							
Cardiac Tumor							
Cardioversion(s)							
Closure device, atrial septal defect							
Closure device, ventricular septal defect							
Congenital cardiac repair, surgical							
ECMO							
Implantable Cardioverter Defibrillator (ICD) with or without pacemaker							
Pacemaker							
Pericardial window/Pericardiocentesis							
Pericardiectomy							
Pulmonary Thromboembolectomy							
Total Artificial Heart (TAH)							
Transmyocardial Laser Revascularization (TMR)							
Transplant heart & lung							
Transplant, heart							
Transplant, lung(s)							
Ventricular Assist Device (VAD), BiVAD							
Ventricular Assist Device (VAD), left							
Ventricular Assist Device (VAD), right							

	Other Cardiac Intervention (not listed)						
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F. Preoperative Cardiac Status						
Prior Myocardial Infarction: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If Yes ↓) PrevMI (885)						
MI When: <input type="checkbox"/> ≤6 Hrs. <input type="checkbox"/> >6 Hrs. but <24 Hrs. <input type="checkbox"/> 1 to 7 Days <input type="checkbox"/> 8 to 21 Days <input type="checkbox"/> >21 Days MIWhen (890)						
Cardiac Presentation/Symptoms: (Choose one from the list below for each column↓)						
	At time of this admission: CardSympTimeOfAdm (895)		At time of surgery: CardSympTimeOfSurg (900)			
No Symptoms						
Stable Angina						
Unstable Angina						
Non-ST Elevation MI (Non-STEMI)						
ST Elevation MI (STEMI)						
Angina Equivalent						
Other						
Heart Failure: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If Yes →) HeartFail (911)			Timing: <input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Both HeartFailTmg (912)		Type: <input type="checkbox"/> Systolic <input type="checkbox"/> Diastolic <input type="checkbox"/> Both <input type="checkbox"/> Unavailable HeartFailType (913)	
			Classification-NYHA: <input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III <input type="checkbox"/> Class IV <input type="checkbox"/> Not Documented ClassNYH (915)			
Cardiogenic Shock : <input type="checkbox"/> Yes, at the time of the procedure <input type="checkbox"/> Yes, not at the time of the procedure but within prior 24 hours <input type="checkbox"/> No CarShock (930)						
Resuscitation: <input type="checkbox"/> Yes - Within 1 hour of the start of the procedure <input type="checkbox"/> Yes - More than 1 hour but less than 24 hours of the start of the procedure <input type="checkbox"/> No Resusc (935)						
Arrhythmia: <input type="checkbox"/> Yes <input type="checkbox"/> No Arrhythmia (945)						
Permanently Paced Rhythm: <input type="checkbox"/> Yes <input type="checkbox"/> No ArrhythPPaced (947)						
(If Arrhythmia = Yes →)						
(If Yes, choose one response below for each rhythm →)		VTach/VFib ArrhythVV (950)	Sick Sinus Syndrome ArrhythSSS (955)	AFlutter ArrhythAFlutter (960)	AFibrillation ArrhythAtrFib (961)	Second Degree Heart Block ArrhythSecond (965)
None						
Remote (> 30 days preop)						
Recent (≤ 30 days preop)						
(If AFibrillation not 'None' →)		Atrial Fibrillation Type: <input type="checkbox"/> Paroxysmal <input type="checkbox"/> Persistent <input type="checkbox"/> Longstanding Persistent <input type="checkbox"/> Permanent ArrhythAFib (962)				

G. Preoperative Medications			
Medication		Timeframe	Administration
ACE or ARB MedACEI48 (1020)		Within 48 hours	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contraindicated <input type="checkbox"/> Unknown
Amiodarone MedAmiodarone (1025)		Prior to surgery	<input type="checkbox"/> Yes, on home therapy <input type="checkbox"/> Yes, therapy started this admission <input type="checkbox"/> No <input type="checkbox"/> Unknown
Antianginal	Beta Blocker MedBeta (1030)	Within 24 hours	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contraindicated
	Beta Blocker MedBetaTher (1035)	On therapy for ≥ 2 weeks prior to surgery	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contraindicated <input type="checkbox"/> Unknown
	Calcium Channel Blocker MedCChanTher (1040)	On therapy for ≥ 2 weeks prior to surgery	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contraindicated <input type="checkbox"/> Unknown
	Long-acting Nitrate MedLongActNit (1045)	On therapy for ≥ 2 weeks prior to surgery	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contraindicated <input type="checkbox"/> Unknown
	Nitrates, intravenous MedNitIV (1050)	Within 24 hours	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other Antianginal MedOthAntiang (1055)	On therapy for ≥ 2 weeks prior to surgery	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contraindicated <input type="checkbox"/> Unknown
Antiplatelet	ADP Inhibitor (includes P2Y12) MedADP5Days (1060)	Within 5 days	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contraindicated <input type="checkbox"/> Unknown (If Yes →) ADP Inhibitors Discontinuation: _____ (# days prior to surgery) MedADPIDis (1065)
	Aspirin MedASA (1070)	Within 5 days	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contraindicated <input type="checkbox"/> Unknown Aspirin Discontinuation: _____ (# days prior to surgery) MedASADis (1071) Aspirin one time dose: <input type="checkbox"/> Yes <input type="checkbox"/> No MedASAOnc (1072)
	Glycoprotein IIb/IIIa MedGP (1073)	Within 24 hours	<input type="checkbox"/> Yes <input type="checkbox"/> No

Anticoagulant	Anticoagulants (Intravenous/ SubQ) MedACOag (1075)	Within 48 hours	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes→) Medication: <input type="checkbox"/> Heparin (Unfractionated) MedACMN (1080) <input type="checkbox"/> Heparin (Low Molecular) <input type="checkbox"/> Both <input type="checkbox"/> Other
	Warfarin (Coumadin) MedCoum5Days (1091)	Within 5 days	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If Yes→) Coumadin Discontinuation: _____ (# days prior to surgery) MedCoum5Dis (1092)
	Factor Xa inhibitors MedXa5Days (1101)	Within 5 days	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If Yes→) Factor Xa Discontinuation: _____ (# days prior to surgery) MedXa5DDis (1102)
	Novel Oral Anticoagulant MedNOAC5Days (1111)	Within 5 days	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If Yes→) NOAC Discontinuation: _____ (# days prior to surgery) MedNOACDisc (1112)
	Thrombin Inhibitors MedThromIn5Days (1121)	Within 5 days	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If Yes→) Thrombin Inhibitor Discontinuation: _____ (# days prior to surgery) MedThromInDisc (1122)
	Thrombolytics MedThrom (1125)	Within 48 hours	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inotropic, intravenous MedInotr (1130)		Within 48 hours	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lipid lowering MedLipid (1135)		Within 24 hours	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contraindicated <input type="checkbox"/> Unknown (If Yes→) Medication Type : <input type="checkbox"/> Statin <input type="checkbox"/> Statin + Other <input type="checkbox"/> Non-statin/Other MedLipType (1141)
Steroids MedSter (1143)		Within 24 hours	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contraindicated <input type="checkbox"/> Unknown

H. Hemodynamics/Cath/Echo					
Cardiac Catheterization Performed : <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes→) CarCathPer (1145)			Cardiac Catheterization Date: __/__/____		
Coronary Anatomy/Disease known: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes↓) CorAnatDisKnown (1155)					
Dominance: _____ Dominance (1160) Source(s) used to quantify stenosis : _____ StenSource (1165) Number Diseased Vessels : _____ NumDisV (1170) (If one, two or three vessel disease ↓)			<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Co-dominant <input type="checkbox"/> Not Documented <input type="checkbox"/> Angiogram <input type="checkbox"/> CT <input type="checkbox"/> IVUS <input type="checkbox"/> Progress/OP Note <input type="checkbox"/> Other <input type="checkbox"/> Multiple <input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three		
Each Column with a “yes” response below must have documentation on at least one vessel					
Coronary	Native Artery % Stenosis Known: PctStenKnown (1175) <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes↓)	Graft(s) Graft(s) Present: GraftsPrsnt (1180) <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes↓)	Stent(s) Stent(s) Present: StentPrsnt (1185) <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes↓)	Fractional Flow Reserve (FFR) performed: FFRPerf (1190) <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes↓)	Instantaneous wave-free ratio (iFR) performed: IFRPerf (1191) <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes↓)
Left Main	_____% PctStenLMain (1195)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis >=50% <input type="checkbox"/> 100% occlusion <input type="checkbox"/> Not Documented GrftStenLMain (1200)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis >=50% <input type="checkbox"/> Not Documented StntStenLMain (1205)	_____ FFRLMain (1210)	_____ IFRLMain (1212)
Proximal LAD	_____% PctStenProxLAD (1215)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis >=50% <input type="checkbox"/> 100% occlusion <input type="checkbox"/> Not Documented GrftStenProxLAD (1220)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis >=50% <input type="checkbox"/> Not Documented StntStenProxLAD (1225)	_____ FFRProxLAD (1230)	_____ IFRProxLAD (1232)
Mid LAD	_____% PctStenMidLAD (1235)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis >=50% <input type="checkbox"/> 100% occlusion <input type="checkbox"/> Not Documented GrftStenMidLAD (1240)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis >=50% <input type="checkbox"/> Not Documented StntStenMidLAD (1245)	_____ FFRMidLAD (1250)	_____ IFRMidLAD (1252)
Distal LAD	_____% PctStenDistLAD (1255)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis >=50% <input type="checkbox"/> 100% occlusion <input type="checkbox"/> Not Documented GrftStenDistLAD (1260)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis >=50% <input type="checkbox"/> Not Documented StntStenDistLAD (1265)	_____ FFRDistLAD (1270)	_____ IFRDistLAD (1272)
Diagonal 1	_____% PctStenDiag1 (1275)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis >=50% <input type="checkbox"/> 100% occlusion	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis >=50% <input type="checkbox"/> Not Documented StntStenDiag1 (1285)	_____ FFRDiag1 (1290)	_____ IFRDiag1 (1292)

		<input type="checkbox"/> Not Documented GrftStenDiag1 (1280)			
<b>Diagonal 2</b>	_____% PctStenDiag2 (1295)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis >=50% <input type="checkbox"/> 100% occlusion <input type="checkbox"/> Not Documented GrftStenDiag2 (1300)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis >=50% <input type="checkbox"/> Not Documented StntStenDiag2 (1305)	_____ FFRDiag2 (1310)	_____ IFRDiag2 (1312)
<b>Diagonal 3</b>	_____% PctStenDiag3 (1315)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis >=50% <input type="checkbox"/> 100% occlusion <input type="checkbox"/> Not Documented GrftStenDiag3 (1320)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis >=50% <input type="checkbox"/> Not Documented StntStenDiag3 (1325)	_____ FFRDiag3 (1330)	_____ IFRDiag3 (1332)
<b>Circumflex</b>	_____% PctStenCircflx (1335)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis >=50% <input type="checkbox"/> 100% occlusion <input type="checkbox"/> Not Documented GrftStenCircflx (1340)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis >=50% <input type="checkbox"/> Not Documented StntStenCircflx (1345)	_____ FFRCircflx (1350)	_____ IFRCircflx (1352)
<b>Obtuse Marginal 1</b>	_____% PctStenOM1 (1355)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis >=50% <input type="checkbox"/> 100% occlusion <input type="checkbox"/> Not Documented GrftStenOM1 (1360)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis >=50% <input type="checkbox"/> Not Documented StntStenOM1 (1365)	_____ FFROM1 (1370)	_____ IFROM1 (1372)
<b>Obtuse Marginal 2</b>	_____% PctStenOM2 (1375)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis >=50% <input type="checkbox"/> 100% occlusion <input type="checkbox"/> Not Documented GrftStenOM2 (1380)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis >=50% <input type="checkbox"/> Not Documented StntStenOM2 (1385)	_____ FFROM2 (1390)	_____ IFROM2 (1392)
<b>Obtuse Marginal 3</b>	_____% PctStenOM3 (1395)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis >=50% <input type="checkbox"/> 100% occlusion <input type="checkbox"/> Not Documented GrftStenOM3 (1400)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis >=50% <input type="checkbox"/> Not Documented StntStenOM3 (1405)	_____ FFROM3 (1410)	_____ IFROM3 (1412)
<b>Ramus</b>	_____% PctStenRamus (1415)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis >=50% <input type="checkbox"/> 100% occlusion <input type="checkbox"/> Not Documented GrftStenRamus (1420)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis >=50% <input type="checkbox"/> Not Documented StntStenRamus (1425)	_____ FFRRamus (1430)	_____ IFRRamus (1432)
<b>RCA</b>	_____% PctStenRCA (1435)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis >=50% <input type="checkbox"/> 100% occlusion <input type="checkbox"/> Not Documented GrftStenRCA (1440)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis >=50% <input type="checkbox"/> Not Documented StntStenRCA (1445)	_____ FFRRCA (1450)	_____ IFRRCA (1452)
<b>Acute Marginal (AM)</b>	_____% PctStenAM (1455)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis >=50% <input type="checkbox"/> 100% occlusion <input type="checkbox"/> Not Documented GrftStenAM (1460)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis >=50% <input type="checkbox"/> Not Documented StntStenAM (1465)	_____ FFRAM (1470)	_____ IFRAM (1472)
<b>Posterior Descending (PDA)</b>	_____% PctStenPDA (1475)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis >=50% <input type="checkbox"/> 100% occlusion <input type="checkbox"/> Not Documented GrftStenPDA (1480)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis >=50% <input type="checkbox"/> Not Documented StntStenPDA (1485)	_____ FFRPDA (1490)	_____ IFRPDA (1492)
<b>Posterolateral (PLB)</b>	_____% PctStenPLB (1495)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis >=50% <input type="checkbox"/> 100% occlusion <input type="checkbox"/> Not Documented GrftStenPLB (1500)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis >=50% <input type="checkbox"/> Not Documented StntStenPLB (1505)	_____ FFRPLB (1510)	_____ IFRPLB (1512)

Syntax Score Known: ☐ Yes ☐ No (If Yes→) Syntax Score: \_\_\_\_\_  
SyntaxScrKnown (1515) SyntaxScr (1520)

Stress Test: ☐ Yes ☐ No (If Yes →) Result: ☐ Negative (Normal) ☐ Positive (Abnormal) ☐ Not Documented  
StressTst (1525) StrsTstRes (1531)

Ejection Fraction Done: ☐ Yes ☐ No (If Yes→) Ejection Fraction: \_\_\_\_\_ (%)  
HDEFD (1540) HDEF (1545)

Dimensions Available: ☐ Yes ☐ No (If Yes→) LV End-Systolic Dimension: \_\_\_\_\_ (mm) LV End-Diastolic Dimension: \_\_\_\_\_ (mm)  
DimAvail (1555) LVSD (1560) LVEDD (1565)

PA Systolic Pressure Measured: ☐ Yes ☐ No (If Yes→) PA Systolic Pressure: \_\_\_\_\_ mmHg  
PASYSMeas (1570) PASYS (1575)

**Aortic Valve**  
Aortic Insufficiency: ☐ None ☐ Trivial/Trace ☐ Mild ☐ Moderate ☐ Severe ☐ Not Documented  
(If not "None" ↓)  
VDInsufA (1590)



Eccentric Jet: ☐ Yes ☐ No ☐ Not Documented  
**VDAVEccJet (1591)**

Aortic Valve Disease: ☐ Yes ☐ No  
**VDAort (1595)**  
 (If Yes ↓→ ) Aortic Stenosis: ☐ Yes ☐ No (If Yes→) Hemodynamic/Echo data available: ☐ Yes ☐ No (If Yes ↓)  
**VDStenA (1600)** **AoHemoDatAvail (1605)**

Smallest Aortic Valve Area: \_\_\_\_\_ cm<sup>2</sup>  
**VDAoVA (1610)**  
 Highest Mean Gradient: \_\_\_\_\_ mmHg  
**VDGradA (1615)**  
 Maximum Aortic jet velocity ( V<sub>max</sub>): \_\_\_\_\_ m/s  
**VDVMax (1616)**

AV Disease Etiology Choose PRIMARY Etiology (one):  
**VDAoPrimEt (1646)**

<input type="checkbox"/> Bicuspid valve disease	<input type="checkbox"/> Primary Aortic Disease, Hypertensive Aneurysm
<input type="checkbox"/> Congenital (other than bicuspid)	<input type="checkbox"/> Primary Aortic Disease, Idiopathic Root Dilatation
<input type="checkbox"/> Degenerative- Calcified	<input type="checkbox"/> Primary Aortic Disease, Inflammatory
<input type="checkbox"/> Degenerative- Leaflet prolapse with or without annular dilation	<input type="checkbox"/> Primary Aortic Disease, Loeys-Dietz Syndrome
<input type="checkbox"/> Degenerative- Pure annular dilatation without leaflet prolapse	<input type="checkbox"/> Primary Aortic Disease, Marfan Syndrome
<input type="checkbox"/> Degenerative- Commissural rupture	<input type="checkbox"/> Primary Aortic Disease, Other Connective tissue disorder
<input type="checkbox"/> Degenerative- Extensive fenestration	<input type="checkbox"/> Reoperation-Failure of previous AV repair or replacement
<input type="checkbox"/> Degenerative- Leaflet perforation/hole	<input type="checkbox"/> Rheumatic
<input type="checkbox"/> Endocarditis with root abscess	<input type="checkbox"/> Supravalvular Aortic Stenosis
<input type="checkbox"/> Endocarditis without root abscess	<input type="checkbox"/> Trauma
<input type="checkbox"/> LV Outflow Tract Pathology, HOCM	<input type="checkbox"/> Tumor, Carcinoid
<input type="checkbox"/> LV Outflow Tract Pathology, Sub-aortic membrane	<input type="checkbox"/> Tumor, Myxoma
<input type="checkbox"/> LV Outflow Tract Pathology, Sub-aortic Tunnel	<input type="checkbox"/> Tumor, Papillary Fibroelastoma
<input type="checkbox"/> LV Outflow Tract Pathology, Other	<input type="checkbox"/> Tumor, Other
<input type="checkbox"/> Primary Aortic Disease, Aortic Dissection	<input type="checkbox"/> Mixed Etiology
<input type="checkbox"/> Primary Aortic Disease, Atherosclerotic Aneurysm	<input type="checkbox"/> Not Documented
<input type="checkbox"/> Primary Aortic Disease, Ehler-Danlos Syndrome	

(If Bicuspid valve disease→) Sievers Class: ☐ 0 No raphe ☐ 1 one raphe ☐ 2 two raphe ☐ Not Documented  
**VDAoSievers (1647)**

**Mitral Valve**  
 Mitral Insufficiency: ☐ None ☐ Trivial/Trace ☐ Mild ☐ Moderate ☐ Severe ☐ Not Documented  
**VDInsufM (1680)**  
 (If not "None" ↓ )  
 Eccentric Jet: ☐ Yes ☐ No ☐ Not Documented  
**VDMVEccJet (1681)**

Mitral Valve Disease: ☐ Yes ☐ No  
**VDMit (1685)**

(If Yes ↓→) Mitral Stenosis: ☐ Yes ☐ No (If Yes→) Hemodynamic/ Echo data available: ☐ Yes ☐ No (If Yes ↓)  
**VDStenM (1690)** **MiHemoDatAvail (1695)**

Smallest Valve Area: \_\_\_\_\_ cm<sup>2</sup>  
 Highest Mean Gradient: \_\_\_\_\_ mmHg  
**VDMVA (1700)**  
**VDGradM (1705)**

MV Disease Etiology Choose PRIMARY Etiology (one):  
**VDMiPrimEt (1731)**

<input type="checkbox"/> Myxomatous degeneration/prolapse	<input type="checkbox"/> Tumor, Papillary fibroelastoma
<input type="checkbox"/> Rheumatic	<input type="checkbox"/> Tumor, Other
<input type="checkbox"/> Ischemic- acute, post infarction (MI ≤ 21 days)	<input type="checkbox"/> Carcinoid
<input type="checkbox"/> Ischemic- chronic (MI > 21 days)	<input type="checkbox"/> Trauma
<input type="checkbox"/> Non-ischemic Cardiomyopathy	<input type="checkbox"/> Congenital
<input type="checkbox"/> Endocarditis	<input type="checkbox"/> Pure annular dilatation
<input type="checkbox"/> Hypertrophic Obstructive Cardiomyopathy (HOCM)	<input type="checkbox"/> Reoperation-Failure of previous MV repair or replacement
<input type="checkbox"/> Tumor, Carcinoid	<input type="checkbox"/> Mixed Etiology
<input type="checkbox"/> Tumor, Myxoma	<input type="checkbox"/> Not Documented

MV Lesion Choose PRIMARY Lesion (one):  
**VDMiPrimLes (1746)**

<input type="checkbox"/> Leaflet prolapse, posterior	<input type="checkbox"/> Papillary muscle elongation
<input type="checkbox"/> Leaflet prolapse, bileaflet	<input type="checkbox"/> Papillary muscle rupture
<input type="checkbox"/> Leaflet prolapse, anterior	<input type="checkbox"/> Leaflet thickening

<input type="checkbox"/> Leaflet prolapse, unspecified <input type="checkbox"/> Elongated/ruptured chord(s)/Flail <input type="checkbox"/> Annular dilatation <input type="checkbox"/> Leaflet calcification <input type="checkbox"/> Leaflet perforation/hole <input type="checkbox"/> Mitral annular calcification	<input type="checkbox"/> Leaflet retraction <input type="checkbox"/> Chordal tethering <input type="checkbox"/> Chordal thickening/retraction/fusion <input type="checkbox"/> Commissural fusion <input type="checkbox"/> Mixed lesion <input type="checkbox"/> Not Documented
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**Tricuspid Valve**  
 Tricuspid Insufficiency: ☐ None ☐ Trivial/Trace ☐ Mild ☐ Moderate ☐ Severe ☐ Not Documented  
 VDIInsuffT (1775)  
 Tricuspid Annular Echo Measurement Available: ☐ Yes ☐ No (If Yes→) Tricuspid Diameter: \_\_\_\_\_ cm  
 VDIAnnMeas (1777) VDIAnnSize (1778)  
 Tricuspid Valve Disease: ☐ Yes ☐ No (If Yes→) Tricuspid Stenosis: ☐ Yes ☐ No  
 VDITr (1780) VDIStenT (1785)

(If Tricuspid Disease Yes →) TV Etiology: Choose PRIMARY Etiology (one):  
 VDITrPrimEt (1811)

<input type="checkbox"/> Functional/ secondary <input type="checkbox"/> Endocarditis <input type="checkbox"/> Carcinoid <input type="checkbox"/> Congenital <input type="checkbox"/> Degenerative <input type="checkbox"/> Pacing wire/catheter induced dysfunction	<input type="checkbox"/> Rheumatic <input type="checkbox"/> Tumor <input type="checkbox"/> Trauma <input type="checkbox"/> Reoperation-Failure of previous TV repair or replacement <input type="checkbox"/> Mixed etiology <input type="checkbox"/> Not Documented
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**Pulmonic Valve**  
 Pulmonic Insufficiency: ☐ None ☐ Trivial/Trace ☐ Mild ☐ Moderate ☐ Severe ☐ Not Documented  
 VDIInsuffP (1820)  
 Pulmonic Valve Disease: ☐ Yes ☐ No  
 VDI Pulm (1825)  
 (If Yes →) RVEDD Known: ☐ Yes ☐ No (If Yes →) RVEDD Indexed to BSA: \_\_\_\_\_ cm<sup>2</sup>  
 RVEDDKnown (1830) RVEDD (1835)  
 (If Yes →) Pulmonic Stenosis: ☐ Yes ☐ No (If Yes→) Hemodynamic /Echo data available: ☐ Yes ☐ No (If Yes ↓)  
 VDIStenP (1840) PuHemoDatAvail (1845)  
 Highest Mean Gradient : \_\_\_\_\_ mmHg  
 VDI GradP (1850)  
 (If Yes→) Etiology: (choose one)  
 VDI PuEt (1855)  
☐ Acquired ☐ Reoperation-Failure of previous PV repair or replacement  
☐ Congenital, s/p Tetralogy of Fallot (TOF) repair ☐ Mixed etiology  
☐ Congenital, no prior Tetralogy of Fallot (TOF) repair ☐ Not Documented

<b>I. Operative</b>													
Surgeon: _____ Surgeon (1955)		Surgeon NPI: _____ SurgNPI (1960)											
Taxpayer Identification Number: _____ TIN (1965)													
Indicate whether the STS Risk Calculator score was discussed with the patient/family prior to surgery. RiskDiscussed (1966) <input type="checkbox"/> Yes, STS risk calculator score was calculated and discussed with the patient/family prior to surgery as documented in the medical record <input type="checkbox"/> No, STS risk calculator score was available for scheduled procedure but not discussed with the patient/family prior to surgery or the discussion was not documented <input type="checkbox"/> NA, Not applicable (emergent or salvage case, or no risk model available for this procedure)													
Incidence: Incidenc (1970) <table style="width:100%;"> <tr> <td><input type="checkbox"/> First cardiovascular surgery</td> <td><input type="checkbox"/> Third re-op cardiovascular surgery</td> </tr> <tr> <td><input type="checkbox"/> First re-op cardiovascular surgery</td> <td><input type="checkbox"/> Fourth or more re-op cardiovascular surgery</td> </tr> <tr> <td><input type="checkbox"/> Second re-op cardiovascular surgery</td> <td><input type="checkbox"/> NA- not a cardiovascular surgery</td> </tr> </table>				<input type="checkbox"/> First cardiovascular surgery	<input type="checkbox"/> Third re-op cardiovascular surgery	<input type="checkbox"/> First re-op cardiovascular surgery	<input type="checkbox"/> Fourth or more re-op cardiovascular surgery	<input type="checkbox"/> Second re-op cardiovascular surgery	<input type="checkbox"/> NA- not a cardiovascular surgery				
<input type="checkbox"/> First cardiovascular surgery	<input type="checkbox"/> Third re-op cardiovascular surgery												
<input type="checkbox"/> First re-op cardiovascular surgery	<input type="checkbox"/> Fourth or more re-op cardiovascular surgery												
<input type="checkbox"/> Second re-op cardiovascular surgery	<input type="checkbox"/> NA- not a cardiovascular surgery												
Status: <input type="checkbox"/> Elective <input type="checkbox"/> Urgent <input type="checkbox"/> Emergent <input type="checkbox"/> Emergent Salvage Status (1975) (If Urgent or Emergent choose the most pressing reason↓) Urgent / Emergent reason: UrgEmergRsn (1990) <table style="width:100%;"> <tr> <td><input type="checkbox"/> AMI</td> <td><input type="checkbox"/> PCI Incomplete without clinical deterioration</td> </tr> <tr> <td><input type="checkbox"/> Anatomy</td> <td><input type="checkbox"/> PCI or attempted PCI with Clinical Deterioration</td> </tr> <tr> <td><input type="checkbox"/> Aortic Aneurysm</td> <td><input type="checkbox"/> Pulmonary Edema</td> </tr> <tr> <td><input type="checkbox"/> Aortic Dissection</td> <td><input type="checkbox"/> Pulmonary Embolus</td> </tr> <tr> <td><input type="checkbox"/> CHF</td> <td><input type="checkbox"/> Rest Angina</td> </tr> </table>				<input type="checkbox"/> AMI	<input type="checkbox"/> PCI Incomplete without clinical deterioration	<input type="checkbox"/> Anatomy	<input type="checkbox"/> PCI or attempted PCI with Clinical Deterioration	<input type="checkbox"/> Aortic Aneurysm	<input type="checkbox"/> Pulmonary Edema	<input type="checkbox"/> Aortic Dissection	<input type="checkbox"/> Pulmonary Embolus	<input type="checkbox"/> CHF	<input type="checkbox"/> Rest Angina
<input type="checkbox"/> AMI	<input type="checkbox"/> PCI Incomplete without clinical deterioration												
<input type="checkbox"/> Anatomy	<input type="checkbox"/> PCI or attempted PCI with Clinical Deterioration												
<input type="checkbox"/> Aortic Aneurysm	<input type="checkbox"/> Pulmonary Edema												
<input type="checkbox"/> Aortic Dissection	<input type="checkbox"/> Pulmonary Embolus												
<input type="checkbox"/> CHF	<input type="checkbox"/> Rest Angina												

<input type="checkbox"/> Device Failure <input type="checkbox"/> Diagnostic/Interventional Procedure Complication <input type="checkbox"/> Endocarditis <input type="checkbox"/> Failed Transcatheter Valve Therapy , acute annular disruption <input type="checkbox"/> Failed Transcatheter Valve Therapy , acute device malposition <input type="checkbox"/> Failed Transcatheter Valve Therapy , subacute device dysfunction <input type="checkbox"/> IABP <input type="checkbox"/> Infected Device <input type="checkbox"/> Intracardiac mass or thrombus <input type="checkbox"/> Ongoing Ischemia	<input type="checkbox"/> Shock, Circulatory Support <input type="checkbox"/> Shock, No Circulatory Support <input type="checkbox"/> Syncope <input type="checkbox"/> Transplant <input type="checkbox"/> Trauma <input type="checkbox"/> USA <input type="checkbox"/> Valve Dysfunction <input type="checkbox"/> Worsening CP <input type="checkbox"/> Other
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Was case previously attempted during this admission, but canceled: ☐ Yes ☐ No  
**PCancCase (1995)**  
 (If Yes→) Date of previous case: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)  
**PCancCaseDt (2000)**

Timing of previous case: ☐ Prior to induction of anesthesia ☐ After induction, prior to incision ☐ After incision made  
**PCancCaseTmg (2005)**

Reason previous case was canceled: ☐ Anesthesiology event ☐ Cardiac arrest ☐ Equipment/supply issue ☐ Access Issue  
**PCancCaseRsn (2010)** ☐ Unanticipated tumor ☐ Donor Organ Unacceptable ☐ Abnormal Labs ☐ Other

Planned previous procedure: CABG ☐ Yes ☐ No Valve, Surgical ☐ Yes ☐ No  
**PCancCaseCAB (2015)** **PCancCaseValSur (2030)**

Mechanical Assist Device ☐ Yes ☐ No Valve, Transcatheter ☐ Yes ☐ No  
**PCancCaseMech (2020)** **PCancCaseValTrans (2035)**

Other Non-cardiac ☐ Yes ☐ No Other Cardiac ☐ Yes ☐ No  
**PCancCaseONC (2025)** **PCancCaseOC (2040)**

Was the current procedure canceled: ☐ Yes ☐ No  
**CCancCase (2050)**  
 (If Yes→) Canceled Timing: ☐ Prior to induction of anesthesia ☐ After induction, prior to incision ☐ After incision made  
**CCancCaseTmg (2055)**

Canceled Reason: ☐ Anesthesiology event ☐ Cardiac arrest ☐ Equipment/supply issue ☐ Access Issue  
**CCancCaseRsn (2060)** ☐ Unanticipated tumor ☐ Donor Organ Unacceptable ☐ Abnormal Labs ☐ Other

Planned procedure: CABG ☐ Yes ☐ No Valve, Surgical ☐ Yes ☐ No  
**CCancCaseCAB (2065)** **CCancCaseValSur (2085)**

Mechanical Assist Device ☐ Yes ☐ No Valve, Transcatheter ☐ Yes ☐ No  
**CCancCaseMech (2075)** **CCancCaseValTrans (2090)**

Other Non-cardiac ☐ Yes ☐ No Other Cardiac ☐ Yes ☐ No  
**CCancCaseONC (2080)** **CCancCaseOC (2095)**

Initial Operative Approach: ☐ Full conventional sternotomy ☐ Left Thoracotomy ☐ Thoracoabdominal Incision  
**OPApp (2100)** ☐ Partial sternotomy ☐ Right Thoracotomy ☐ Percutaneous  
☐ Transverse sternotomy ☐ Bilateral Thoracotomy ☐ Port Access  
☐ Right or left parasternal incision ☐ Limited (mini) Thoracotomy , right ☐ Other  
☐ Sub-xiphoid ☐ Limited (mini) Thoracotomy , left ☐ None (canceled case)  
☐ Sub-Costal ☐ Limited (mini) Thoracotomy , bilateral

Approach converted during procedure: ☐ Yes, planned ☐ Yes, unplanned ☐ No  
**ApproachCon (2105)**

Robot Used: ☐ Yes ☐ No (If Yes →) ☐ Used for entire operation ☐ Used for part of the operation  
**Robotic (2110)** **RobotTim (2115)**

Coronary Artery Bypass: ☐ Yes, planned ☐ Yes, unplanned due to surgical complication  
**OpCAB (2120)** ☐ Yes, unplanned due to unsuspected disease or anatomy ☐ No (If “Yes” complete Section J)

Valve Surgery: ☐ Yes ☐ No (If “Yes” complete Section K)  
 (If Yes →) Did the surgeon provide input for valve surgery data abstraction? ☐ Yes ☐ No  
**OpValve (2125)** **OpValSurgInput (2126)**

Aorta procedure Performed: ☐ Yes, planned ☐ Yes, unplanned due to surgical complication  
**AortProc (2128)** ☐ Yes, unplanned due to unsuspected disease or anatomy ☐ No (If “Yes” complete Section M 2)  
 (If Yes →) Did the surgeon provide input for aortic surgery data abstraction? ☐ Yes ☐ No  
**AortProcSurgInput (2129)**

Other Cardiac Procedure: ☐ Yes, planned ☐ Yes, unplanned due to surgical complication  
**OpOCard (2140)** ☐ Yes, unplanned due to unsuspected disease or anatomy ☐ No (If “Yes” complete Section M)



	Lt. Atrial <input type="checkbox"/> Yes <input type="checkbox"/> No CanVenStLfA (2380) Cardiopulmonary Bypass Time (minutes): _____ PerfusTm (2400)
Circulatory Arrest: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes ↓) CircArr (2405)	Circulatory Arrest Without Cerebral Perfusion Time: _____ (min) DHCATm (2410)  Circulatory Arrest With Cerebral Perfusion: <input type="checkbox"/> Yes <input type="checkbox"/> No CPerfUtil (2415)  (If Yes →) Cerebral Perfusion Time: _____ (min) CPerfTime (2420) Cerebral Perfusion Type: <input type="checkbox"/> Antegrade <input type="checkbox"/> Retrograde <input type="checkbox"/> Both antegrade and retrograde CPerfTyp (2425) Total Circulatory Arrest Time: _____ (System Calculation) TotCircArrTm (2426)
Aortic Occlusion: AortOccl (2430)	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None – beating heart  <input type="checkbox"/> None – fibrillating heart          (If “Aortic cross clamp” or “Balloon occlusion” →):       </div> <div> <input type="checkbox"/> Aortic Cross clamp  <input type="checkbox"/> Balloon Occlusion          Cross Clamp Time: _____ (min)          XClampTm (2435)       </div> </div>
Cardioplegia Delivery: CplegiaDeliv (2440)	<input type="checkbox"/> None <input type="checkbox"/> Antegrade <input type="checkbox"/> Retrograde <input type="checkbox"/> Both  (If “Antegrade”, “Retrograde” or “Both” →) Type of cardioplegia used: <input type="checkbox"/> Blood <input type="checkbox"/> Crystalloid <input type="checkbox"/> Both <input type="checkbox"/> Other CplegiaType (2445)
Cerebral Oximetry Used: <input type="checkbox"/> Yes <input type="checkbox"/> No CerOxUsed (2450)	
Diffuse Aortic Calcification (Porcelain Aorta) : <input type="checkbox"/> Yes <input type="checkbox"/> No ConCalc (2490)	
Assessment of Ascending Aorta/Arch for atheroma/plaque: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Reported (If Yes ↓) AsmtAscAA (2495) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>           Assessment method:            AsmtAoDxMeth (2497)         </div> <div> <input type="checkbox"/> TEE <input type="checkbox"/> Epiaortic ultrasound <input type="checkbox"/> CT scan <input type="checkbox"/> Other diagnostic modality         </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>           Assessment of Aorta Plaque:            AsmtAoDx (2500)         </div> <div> <input type="checkbox"/> Normal Aorta/No or minimal plaque  <input type="checkbox"/> Protruding Atheroma &lt; 5 mm  <input type="checkbox"/> Mobile plaques         </div> <div> <input type="checkbox"/> Extensive intimal thickening  <input type="checkbox"/> Protruding Atheroma ≥ 5 mm  <input type="checkbox"/> Not documented         </div> </div>	
Aortic Condition Altered Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No AsmtAPIn (2505)	
Intraop Blood Products Refused: <input type="checkbox"/> Yes <input type="checkbox"/> No IBldProdRef (2510)	
(If No →)	Intraop Blood Products: <input type="checkbox"/> Yes <input type="checkbox"/> No IBldProd (2515)
(If Yes →)	<div style="display: flex; justify-content: space-between;"> <div>           Red Blood Cell Units: _____            IBdRBCU (2520)         </div> <div>           Platelet Units: _____            IBdPlatU (2530)         </div> </div>
	<div style="display: flex; justify-content: space-between;"> <div>           Fresh Frozen Plasma Units: _____            IBdFFPU (2525)         </div> <div>           Cryoprecipitate Units: _____            IBdCryoU (2535)         </div> </div>
Intraop Clotting Factors : <input type="checkbox"/> Yes, Factor VIIa <input type="checkbox"/> Yes, FEIBA <input type="checkbox"/> Yes, Composite <input type="checkbox"/> No IntraClotFact (2545)	
Intraop Prothrombin Complex concentrate: <input type="checkbox"/> Yes <input type="checkbox"/> No IntraopProComCon (2546)	
Intraop Antifibrinolytic Medications:	Epsilon Amino-Caproic Acid: <input type="checkbox"/> Yes <input type="checkbox"/> No IMedEACA (2550)
	Tranexamic Acid: <input type="checkbox"/> Yes <input type="checkbox"/> No IMedTran (2555)
Intraoperative TEE Performed post procedure: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes ↓) InOpTEE (2560)	
Highest level aortic insufficiency found: PRepAR (2565) <input type="checkbox"/> None <input type="checkbox"/> Trivial/Trace <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Not Documented Mean Aortic Gradient: _____ PRepAGradM (2566) Aortic Paravalvular leak: PRepAPVL (2567) <input type="checkbox"/> None <input type="checkbox"/> Trivial/Trace <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Not Documented Highest level Mitral insufficiency found: PRepMR (2570) <input type="checkbox"/> None <input type="checkbox"/> Trivial/Trace <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Not Documented	

Mean Mitral Gradient: \_\_\_\_\_

PRepMGradM (2571)

Mitral Paravalvular leak:

PRepMPVL (2572)

☐ None ☐ Trivial/Trace ☐ Mild ☐ Moderate ☐ Severe ☐ Not Documented

Highest level Tricuspid insufficiency found:

PRepTR (2575)

☐ None ☐ Trivial/Trace ☐ Mild ☐ Moderate ☐ Severe ☐ Not Documented

Mean Tricuspid Gradient: \_\_\_\_\_

PRepTGradM (2576)

Tricuspid Paravalvular leak:

PRepTPVL (2577)

☐ None ☐ Trivial/Trace ☐ Mild ☐ Moderate ☐ Severe ☐ Not Documented

Ejection Fraction Measured post procedure: ☐ Yes ☐ No (If Yes →)

Ejection Fraction: \_\_\_\_\_

PPEFMeas (2581)

PPEF (2582)

Surgery followed by a planned PCI: ☐ Yes ☐ No

PPPlannedPCI (2606)

## J. Coronary Bypass

(If Coronary Artery Bypass = Yes ↓)

Internal Mammary Artery (arteries) used: ☐ Yes ☐ No (If yes→) Total Number of Distal Anastomoses with IMA conduits: \_\_\_\_\_

IMAUsed (2626)

NumIMADA (2628)

(If no→) Reason for no IMA: ☐ Subclavian stenosis ☐ Previous mediastinal radiation ☐ No (bypassable) LAD disease

NoIMARsn (2627)

☐ Previous cardiac or thoracic surgery ☐ Emergent or salvage procedure ☐ Other

(If yes→) Left IMA: ☐ Yes, pedicle ☐ Yes, skeletonized ☐ No

LeftIMA (2629)

(If not no→) LIMA Harvest technique: ☐ Direct Vision (open) ☐ Thoracoscopy ☐ Combination ☐ Robotic Assist

LIMAHarvTech (2630)

Right IMA: ☐ Yes, pedicle ☐ Yes, skeletonized ☐ No

RightIMA (2631)

(If not no→) RIMA Harvest technique: ☐ Direct Vision (open) ☐ Thoracoscopy ☐ Combination ☐ Robotic Assist

RIMAHarvTech (2632)

Radial Artery (arteries) used: ☐ Yes ☐ No (If yes→) Total Number of Distal Anastomoses with radial artery conduits: \_\_\_\_\_

RadialArtUsed (2633)

NumRadDA (2634)

(If yes→) Radial Artery Harvest Technique: ☐ Endoscopic ☐ Direct Vision (open) ☐ Both

RadHTech (2635)

Radial Artery Harvest and Prep Time: \_\_\_\_\_ (minutes)

RadHarvPrepTm (2636)

Venous Conduit(s) used: ☐ Yes ☐ No (If yes→) Total Number of Distal Anastomoses with venous conduits: \_\_\_\_\_

VenousCondUsed (2637)

DistVein (2638)

(If yes→) Vein Harvest Technique: ☐ Endoscopic ☐ Direct Vision (open) ☐ Both ☐ Cryopreserved

DistVeinHTech (2639)

Vein Harvest and Prep Time: \_\_\_\_\_ (minutes)

SaphHarvPrepTm (2640)

Number of Distal Anastomoses : with other arterial conduits: \_\_\_\_\_

NumOArtD (2641)

with arterial- venous composite conduits: \_\_\_\_\_

NumArtVenComp (2650)

with venous -arterial composite conduits: \_\_\_\_\_

with arterial- arterial composite conduits: \_\_\_\_\_

NumVenArtComp (2651)

NumArtArtComp (2652)

(Note: the total number of distals above should equal the number of columns in the CABG Grid)

Proximal Technique: ☐ Single Cross Clamp ☐ Partial Occlusion Clamp ☐ Anastomotic Assist Device ☐ None (isolated in situ mammary)

ProxTech (2710)

CABG NUMBER (one column per distal insertion)		1	2	3	4	5	6	7	8	9	10
GRAFT	Yes CAB (02-10)	NA	2770	2830	2890	2950	3010	3070	3130	3190	3250
	No										
DISTAL INSERTION SITE	Left Main CABDistSite (01-10)	2730	2790	2850	2910	2970	3030	3090	3150	3210	3270
	Proximal LAD										
	Mid LAD										
	Distal LAD										
	Diagonal 1										
	Diagonal 2										
	Diagonal 3										
	Circumflex										
	Obtuse Marginal 1										
	Obtuse Marginal 2										
	Obtuse Marginal 3										
	Ramus										

	RCA										
	Acute Marginal (AM)										
	Posterior Descending (PDA)										
	Posterolateral (PLB)										
	Other										
PROXIMAL SITE	In Situ Mammary CABProximalSite (01-10)	2740	2800	2860	2920	2980	3040	3100	3160	3220	3280
	Ascending aorta										
	Descending aorta										
	Subclavian artery										
	Innominate artery										
	T-graft off SVG										
	T-graft off Radial										
	T-graft off LIMA										
	T-graft off RIMA										
	Natural Y vein graft										
	Other										
CONDUIT	Vein graft CABConduit (01-10)	2750	2810	2870	2930	2990	3050	3110	3170	3230	3290
	In Situ LIMA										
	In Situ RIMA										
	Free IMA										
	Composite artery-vein										
	Radial artery										
	Other arteries, homograft										
	Synthetic graft										
DISTAL POSITION	End to Side CABDistPos (01-10)	2755	2815	2875	2935	2995	3055	3115	3175	3235	3295
	Sequential (side to side)										
ENDARTERECTOMY	Yes CABEndArt(01-10)	2760	2820	2880	2940	3000	3060	3120	3180	3240	3300
	No										
VEIN PATCH ANGIOPLASTY	Yes CABVeinPatAng (01-10)	2765	2825	2885	2945	3005	3065	3125	3185	3245	3305
	No										

#### K. Valve Surgery (If Valve Surgery=Yes ↓)

Valve Prosthesis Explant: ☐ Yes ☐ No (If Yes ↓) ValExp (3310)

Explant Position: ☐ Aortic ☐ Mitral ☐ Tricuspid ☐ Pulmonic ValExpPos (3315)

Explant Type: ☐ Mechanical Valve ☐ Bioprosthetic Valve ☐ Homograft ☐ Annuloplasty Device  
ValExpTyp (3320) ☐ Leaflet Clip ☐ Transcatheter Device ☐ Other ☐ Unknown

Explant Etiology: ☐ Endocarditis ☐ Incompetence ☐ Prosthetic Deterioration ☐ Thrombosis  
ValExpEt (3325) ☐ Failed Repair ☐ Pannus ☐ Sizing/Positioning issue ☐ Other  
☐ Hemolysis ☐ Paravalvular leak ☐ Stenosis ☐ Unknown

Explant Device known: ☐ Yes ☐ No (If Yes →) Explant model#: \_\_\_\_\_ Unique Device Identifier (UDI): \_\_\_\_\_

ValExpDevKnown (3330) ValExpDev (3335) ValExpUDI (3340)

Second Valve Prosthesis Explant: ☐ Yes ☐ No (If Yes ↓)

ValExp2 (3350)

Explant Position: ☐ Aortic ☐ Mitral ☐ Tricuspid ☐ Pulmonic

ValExpPos2 (3355)

Explant Type: ☐ Mechanical Valve ☐ Bioprosthetic Valve ☐ Homograft ☐ Annuloplasty Device  
ValExpTyp2 (3360) ☐ Leaflet Clip ☐ Transcatheter Device ☐ Other ☐ Unknown

Explant Etiology: ☐ Endocarditis ☐ Incompetence ☐ Prosthetic Deterioration ☐ Thrombosis  
ValExpEt2 (3365) ☐ Failed Repair ☐ Pannus Formation ☐ Sizing/Positioning issue ☐ Other  
☐ Hemolysis ☐ Paravalvular leak ☐ Stenosis ☐ Unknown

Explant Device known: ☐ Yes ☐ No (If Yes →) Explant model#: \_\_\_\_\_ Unique Device Identifier (UDI): \_\_\_\_\_

ValExpDevKnown2 (3370)

ValExpDev2 (3375)

ValExpDevUDI (3380)

Aortic Valve Procedure Performed: ☐ Yes, planned ☐ Yes, unplanned due to surgical complication  
VSAV (3390) ☐ Yes, unplanned due to unsuspected disease or anatomy ☐ No (If Yes ↓)

Procedure Performed:

VSAVPr (3395)

☐ Replacement (If Replacement ↓)

Transcatheter Valve Replacement: ☐ Yes ☐ No (If Yes ↓)

VSTCV (3400)

Approach: ☐ Transapical ☐ Transaxillary ☐ Transfemoral ☐ Transaortic ☐ Subclavian ☐ Other

VSTCVR (3405)

Surgical valve Replacement: ☐ Yes ☐ No

VSAVSurgRep (3407)



(If Yes →) Device type: ☐ Mechanical ☐ Bioprosthetic ☐ Surgeon fashioned pericardium (Ozaki) ☐ Other  
**VSAVSurgType (3408)**  
 (If Bioprosthetic→) Valve type: ☐ Stented ☐ Stentless subcoronary valve only ☐ Sutureless/rapid deployment  
**VSAVSurgBioT (3409)**

☐ Repair/Reconstruction (If Repair/Reconstruction ↓)

Repair Type (Select all that apply)

Commissural suture annuloplasty <b>VSAVRComA (3410)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ring annuloplasty <b>VSAVRRingA (3435)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
External Suture Annuloplasty <b>VSAVRExSutAn (3411)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	(If Yes →) Type: <b>VSAVRRingATy (3436)</b>	<input type="checkbox"/> External Ring <input type="checkbox"/> Internal Ring
Leaflet plication <b>VSAVRLPlic (3415)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Leaflet resection suture <b>VSAVRLResect (3440)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nodular Release <b>VSAVRNodRel (3416)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Leaflet Shaving <b>VSAVRLeafShav (3441)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Leaflet free edge reinforcement (PTFE) <b>VSAVRPTFE (3420)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Leaflet pericardial patch <b>VSAVRLPPatch (3445)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Leaflet commissural resuspension suture <b>VSAVRComRS (3425)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Leaflet debridement <b>VSAVRDeb (3450)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Division of fused leaflet raphe <b>VSAVRRaphe (3430)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Repair of periprosthetic leak <b>VSAVRPeriLeak (3455)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Aortic annular enlargement with patch ☐ Yes ☐ No

**AnlRnEnl (3460)**

(If Yes →) Technique: ☐ Nicks-Nunez ☐ Manouagian ☐ Konno ☐ Other ☐ Unknown  
**AnlRnEnlTech (3461)**

Root Procedure ☐ Yes ☐ No (If Yes ↓) (For AV surgery involving the aortic root→ also complete section M-2)

**VSAVRoot (3462)**

Root Replacement with coronary Ostial Reimplantation (Bentall) ☐ Yes ☐ No

**VSAVRootOREimp (3463)**

Type: **VSAVRootOREimpTy (3464)**

(If Yes →)

☐ Mechanical ☐ Bioprosthetic

☐ Autograft with native pulmonary valve (Ross procedure) ☐ Homograft root replacement

(If Bioprosthetic→) ☐ Stented valve composite graft ☐ Stentless biologic full root

**VSAVRepBioTy (3465)**

Valve Sparing root operation: ☐ Yes ☐ No (If Yes ↓)

**VSAVSparRt (3466)**

**VSAVSparRtOp (3467)**

☐ Resuspension AV without replacement of ascending aorta

☐ Resuspension AV with replacement of ascending aorta

☐ Valve sparing root reimplantation (David)

☐ Valve sparing root remodeling (Yacoub)

☐ Valve sparing root reconstruction (Florida Sleeve)

Major root reconstruction/ debridement with or without pericardial patch ☐ Yes ☐ No

**VSAVRootRecon (3468)**

Patch used: ☐ Yes ☐ No (If Yes →) Patch type: ☐ Synthetic ☐ Bioprosthetic ☐ Autologous

**VSAVPat (3469)**

**VSAVPatTy (3470)**

Aortic Valve Implant: ☐ Yes ☐ No (If Yes ↓)

**AorticImplant (3472)**

Aortic valves/valve repair devices only, use section M 2 for root devices

Implant Model Number: \_\_\_\_\_

**VSAoIm (3480)**

Implant Size: \_\_\_\_\_

**VSAoImSz (3485)**

Unique Device identifier (UDI): \_\_\_\_\_

**VSAoImUDI (3490)**

Mitral Valve Procedure Performed: ☐ Yes, planned ☐ Yes, unplanned due to surgical complication

**VSMV (3495)**

☐ Yes, unplanned due to unsuspected disease or anatomy ☐ No (If Yes ↓)

Procedure Performed:

**VSMVPr (3500)**

☐ Repair (If Repair ↓)

Repair Approach: ☐ Transcatheter ☐ Surgical

**VSMVRepApp (3501)**

If Surgical (Select all that apply ↓)

Annuloplasty: ☐ Yes ☐ No

**VSMitRAnnulo (3505)**

Leaflet resection: ☐ Yes ☐ No (If Yes ↓)

**VSMitRLeafRes (3510)**



Resection Type: ☐ Triangular ☐ Quadrangular ☐ Other  
**VSLeafResTyp (3515)**

Anterior resection: ☐ Yes ☐ No  
**VSLeafAntRes (3517)**

(If Yes→) Location documented: ☐ Yes ☐ No (If Yes↓)  
**VSLeafAntResLocD (3518)**

Anterior leaflet resection location: A1 ☐ Yes ☐ No A2 ☐ Yes ☐ No A3 ☐ Yes ☐ No  
**VSLeafAntResA1 (3519) VSLeafAntResA2 (3520) VSLeafAntResA3 (3521)**

Posterior Resection: ☐ Yes ☐ No  
**VSLeafPostRes (3522)**

(If Yes→) Location documented: ☐ Yes ☐ No (If Yes↓)  
**VSLeafPostResLocD (3523)**

Posterior leaflet resection location: P1 ☐ Yes ☐ No P2 ☐ Yes ☐ No P3 ☐ Yes ☐ No  
**VSLeafPostResP1 (3524) VSLeafPostResP2 (3525) VSLeafPostResP3 (3526)**

Commissure Resection: ☐ Yes ☐ No (If Yes↓)  
**VSLeafComRes (3527)**

Commissural resection location: ☐ Medial (C2) ☐ Lateral (C1) ☐ Both ☐ Not Documented  
**VSLeafComResLoc (3528)**

Neochords (PTFE): ☐ Yes ☐ No (If Yes↓)  
**VSMitRPTFE (3532)**

Anterior Neochords: ☐ Yes ☐ No  
**VSNeoAnt (3534)**

(If Yes→) Location documented: ☐ Yes ☐ No (If Yes↓)  
**VSNeoAntLocD (3535)**

Anterior neochord location: A1 ☐ Yes ☐ No A2 ☐ Yes ☐ No A3 ☐ Yes ☐ No  
**VSNeoAntA1 (3536) VSNeoAntA2 (3537) VSNeoAntA3 (3538)**

Posterior Neochords: ☐ Yes ☐ No  
**VSNeoPost (3539)**

(If Yes→) Location documented: ☐ Yes ☐ No (If Yes↓)  
**VSNeoPostLocD (3540)**

Posterior Neochord location: P1 ☐ Yes ☐ No P2 ☐ Yes ☐ No P3 ☐ Yes ☐ No  
**VSNeoPostP1 (3541) VSNeoPostP2 (3542) VSNeoPostP3 (3543)**

☐ Commissure Neochords: ☐ Yes ☐ No (If Yes↓)  
**VSNeoCom (3544)**

Commissure Neochord location: ☐ Medial (C2) ☐ Lateral (C1) ☐ Both ☐ Not Documented  
**VSNeoComLoc (3545)**

Chordal/ Leaflet transfer: ☐ Yes ☐ No (If Yes↓)  
**VSMitRChord (3550)**

☐ Anterior Chordal/Leaflet transfer: ☐ Yes ☐ No  
**VSChorLfAnt (3551)**

(If Yes→) Location documented: ☐ Yes ☐ No (If Yes↓)  
**VSChorLfAntLocD (3552)**

Anterior chordal/leaflet transfer location: A1 ☐ Yes ☐ No A2 ☐ Yes ☐ No A3 ☐ Yes ☐ No  
**VSChorLfAntA1 (3553) VSChorLfAntA2 (3554) VSChorLfAntA3 (3555)**

☐ Posterior Chordal/Leaflet transfer: ☐ Yes ☐ No  
**VSChorLfPost (3556)**

(If Yes→) Location documented: ☐ Yes ☐ No (If Yes↓)  
**VSChorLfPostLocD (3557)**

Posterior chordal/leaflet transfer location: P1 ☐ Yes ☐ No P2 ☐ Yes ☐ No P3 ☐ Yes ☐ No  
**VSChorLfPostP1 (3558) VSChorLfPostP2 (3559) VSChorLfPostP3 (3560)**

☐ Commissure Chordal/Leaflet transfer: ☐ Yes ☐ No (If Yes↓)  
**VSChorLfCom (3561)**

Commissural chordal/leaflet transfer location: ☐ Medial (C2) ☐ Lateral (C1) ☐ Both ☐ Not Documented  
**VSChorLfComLoc (3562)**

Folding Plasty: ☐ Yes ☐ No  
**VSMitRFold (3565)**

Sliding Plasty: ☐ Yes ☐ No  
**VSMitRSlidP (3566)**

Annular decalcification/ debridement: ☐ Yes ☐ No  
**VSMitRADecalc (3567)**

Leaflet extension/replacement patch: ☐ Yes ☐ No  
**VSMitRLeafERP (3568)**

(If Yes→) Patch Location: ☐ Anterior ☐ Posterior ☐ Both ☐ Not Documented  
**VSMitRLeafERPLoc (3569)**

Edge to edge repair: ☐ Yes ☐ No  
**VSMitREdge (3570)**

Mitral commissurotomy: ☐ Yes ☐ No  
**VSMitRMitComm (3580)**

Mitral commissuroplasty: ☐ Yes ☐ No  
**VSMitRMitCplasty (3585)**

Mitral cleft repair: (scallop closure): ☐ Yes ☐ No  
**VSMitRMitCleft (3590)**

Mitral paraprothetic leak repair: ☐ Yes ☐ No  
**VSMitParaprosLeak (3591)**

- ☐ Replacement (If Replacement ↓)  
 Mitral repair attempted prior to replacement: ☐ Yes ☐ No  
 MitralIntent (3600)  
 Mitral chords preserved: ☐ Anterior ☐ Posterior ☐ Both ☐ None  
 VSCorPres (3605)  
 Transcatheter replacement: ☐ Yes ☐ No  
 VSTCVMit (3610)

Implant: ☐ Yes ☐ No (If Yes

MitralImplant (3615)

Implant type: ☐ Mechanical valve ☐ Bioprosthetic valve ☐ Annuloplasty device ☐ Mitral Leaflet clip ☐ Transcatheter device  
 MitralImplantTy (3620) ☐ Surgically implanted transcatheter device ☐ Other

Implant Model Number: \_\_\_\_\_

VSMilM (3625)

Implant Size: \_\_\_\_\_

VSMilMSz (3630)

Unique Device identifier (UDI): \_\_\_\_\_

VSMilMUDI (3635)

Tricuspid Valve Procedure Performed: ☐ Yes, planned ☐ Yes, unplanned due to surgical complication

VSTV (3640)

☐ Yes, unplanned due to unsuspected disease or anatomy ☐ No (If Yes ↓)

Repair: ☐ Yes ☐ No (If Yes ↓)

VSTrRepair (3646)

Annuloplasty ☐ Yes ☐ No (If Yes ↓)

VSTrRepAnnulo (3647)

Type of Annuloplasty: ☐ Pericardium ☐ Suture ☐ Prosthetic Ring ☐ Prosthetic Band ☐ Other

OpTricusAnTy (3648)

Leaflet Resection: ☐ Yes ☐ No

VSTrLeafRes (3649)

Replacement: ☐ Yes ☐ No

(If Yes →)

Transcatheter Replacement: ☐ Yes ☐ No

VSTrReplace (3650)

VSTCVTri (3652)

Valvectomy: ☐ Yes ☐ No

VSTrValvec (3653)

Implant: ☐ Yes ☐ No (If Yes ↓)

TricuspidImplant (3660)

Implant Type:

☐ Mechanical Valve

☐ Bioprosthetic Valve

☐ Homograft

TricusImplantTy (3665)

☐ Annuloplasty

☐ Transcatheter Device

☐ Other

Device

Implant Model Number: \_\_\_\_\_

Size: \_\_\_\_\_

VSTrIm (3670)

VSTrImSz (3675)

Unique Device Identifier (UDI): \_\_\_\_\_

VSTrImUDI (3680)

Pulmonic Valve Procedure Performed: ☐ Yes, planned ☐ Yes, unplanned due to surgical complication

VSPV (3685)

☐ Yes, unplanned due to unsuspected disease or anatomy ☐ No (If Yes ↓)

Procedure Performed:

OpPulm (3690)

☐ Repair/Leaflet Reconstruction

☐ Replacement (If Replacement →)

Transcatheter Replacement: ☐ Yes ☐ No

☐ Valvectomy

VSTCVPu (3695)

Implant: ☐ Yes ☐ No (If Yes ↓)

PulmonicImplant (3700)

Implant Type:

☐ Surgeon Fashioned

☐ Commercially Supplied

VSPuTypeImp (3701)

(If Surgeon Fashioned →)

Material: ☐ PTFE (Gore-Tex) ☐ Pericardium ☐ Other

VSPulmMat (3702)

(If Commercially Supplied →)

Device Type:

☐ Mechanical Valve

☐ Annuloplasty Device

PulmonicImplantTy (3705)

☐ Bioprosthetic Valve

☐ Homograft

☐ Transcatheter Device

☐ Other

Implant Model Number: \_\_\_\_\_

Size: \_\_\_\_\_

VSPulm (3710)

VSPulmSz (3715)

Unique Device Identifier (UDI): \_\_\_\_\_

VSPulmUDI (3720)

## L. Mechanical Cardiac Assist Devices

Intra-Aortic Balloon Pump (IABP): ☐ Yes ☐ No (If Yes ↓)

IABP (3725)

IABP Insertion: ☐ Preop ☐ Intraop ☐ Postop

IABPWhen (3730)

Primary Reason for Insertion: ☐ Hemodynamic Instability ☐ Procedural Support ☐ Unstable Angina

IABPInd (3735)

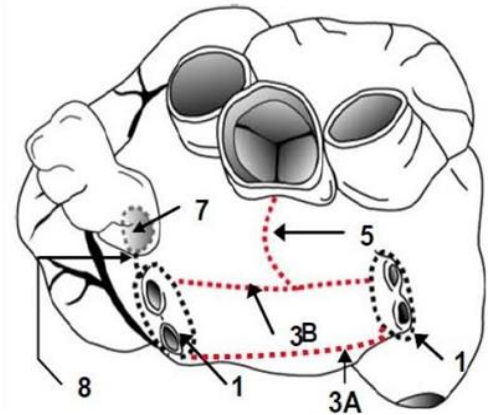
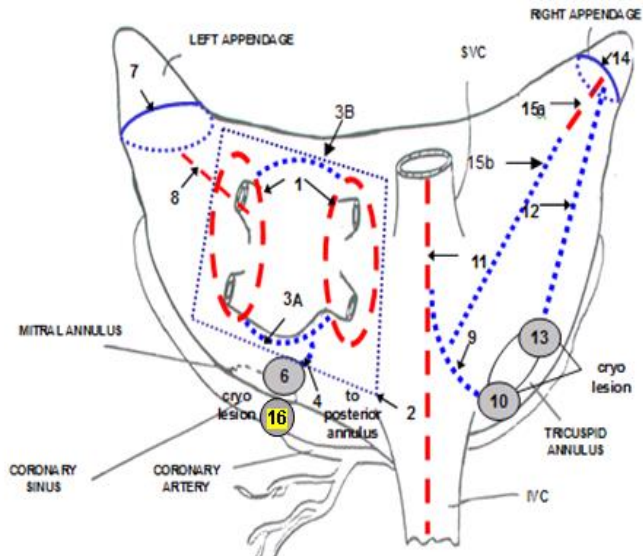
☐ CPB Weaning Failure ☐ Prophylactic ☐ Other

Catheter Based Assist Device Used: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes ↓) CathBasAssist (3745)			
Type: <input type="checkbox"/> RV <input type="checkbox"/> LV <input type="checkbox"/> BiV CathBasAssistTy (3755)			
When Inserted: <input type="checkbox"/> Preop <input type="checkbox"/> Intraop <input type="checkbox"/> Postop CathBasAssistWhen (3760)			
Primary Reason for Insertion: <input type="checkbox"/> Hemodynamic instability <input type="checkbox"/> CPB weaning failure <input type="checkbox"/> PCI failure <input type="checkbox"/> Procedural support <input type="checkbox"/> Other CathBasAssistInd (3765)			
ECMO: <input type="checkbox"/> Veno-venous <input type="checkbox"/> Veno-arterial <input type="checkbox"/> Veno-venous converted to Veno-arterial <input type="checkbox"/> No (If Yes ↓) ECMO (3775)			
ECMO Initiated: <input type="checkbox"/> Preop <input type="checkbox"/> Intraop <input type="checkbox"/> Postop <input type="checkbox"/> Non-operative ECMOWhen (3780)			
Clinical Indication for ECMO: <input type="checkbox"/> Cardiac Failure <input type="checkbox"/> Respiratory Failure <input type="checkbox"/> Hypothermia <input type="checkbox"/> Rescue/salvage <input type="checkbox"/> Other ECMOInd (3785)			
<b>L.2 Ventricular Assist Devices</b>			
(Use Key to complete table below -will be dropdown lists in software)			
<b>Timing:</b>	1. Pre-Operative (during same hospitalization but not same OR trip as CV surgical procedure) 2. Stand-alone VAD procedure 3. In conjunction with CV surgical procedure (same trip to the OR)- planned 4. In conjunction with CV surgical procedure (same trip to the OR)- unplanned 5. Post-Operative (after surgical procedure during reoperation)		
<b>Indication:</b>	<b>Type:</b>	<b>Reason:</b>	1. Cardiac Transplant 2. Recovery 3. Device Transfer 4. Device-Related Infection 5. Device Malfunction 6. End of (device) Life
	1. Bridge to Transplantation 2. Bridge to Recovery 3. Destination 4. Post cardiectomy Ventricular Failure 5. Device Malfunction 6. End of (device) Life 7. Salvage	1. Right VAD (RVAD) 2. Left VAD (LVAD) 3. Biventricular VAD (BiVAD) 4. Total Artificial Heart (TAH)	
<b>Device:</b>	See VAD list		
Was patient admitted with VAD <input type="checkbox"/> Yes <input type="checkbox"/> No PrevVAD (3790)			
(If Yes →)	Previous VAD implanted at another facility <input type="checkbox"/> Yes <input type="checkbox"/> No PrevVADF (3795) Insertion date: __/__/____ PrevVADD (3800) Indication: PrevVADIn (3805) Type: PrevVADTy (3810)		
	Device Model Number: _____ PrevVADDevice (3815)	UDI: _____ PrevVADUDI (3820)	
	Previous VAD Explanted During This Admission: PrevVADExp (3825)	<input type="checkbox"/> Yes, not during this procedure <input type="checkbox"/> Yes, during this procedure <input type="checkbox"/> No	
	(If “Yes, not during this procedure” or “Yes, during this procedure” →)	Reason: PrevVADExpRsn (3830)	
	(If “Yes, not during this procedure” →)	Date: __/__/____ PrevVADExpDt (3835)	
Ventricular Assist Device Implanted during this hospitalization <input type="checkbox"/> Yes <input type="checkbox"/> No VADImp (3840)			
(If Yes, provide data on up to 3 separate devices implanted ↓)			
<b>VAD IMPLANT(s)</b>	<b>Initial implant</b>	<b>2nd device implanted?</b> VImp2 (3895) <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes ↓)	<b>3rd Device implanted?</b> VImp3 (3950) <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes ↓)
Timing	VADImpTmg (3845)	VADImpTmg2 (3900)	VADImpTmg3 (3955)
Indication	VADInd (3850)	VADInd2 (3905)	VADInd3 (3960)
Type	VImpTy (3855)	VImpTy2 (3910)	VImpTy3 (3965)
Device	VProdTy (3860)	VProdTy2 (3915)	VProdTy3 (3970)

Implant Date	___/___/___ VImpDt (3865)	___/___/___ VImpDt2 (3920)	___/___/___ VImpDt3 (3975)
UDI	_____ VImpUDI (3870)	_____ VImpUDI2 (3925)	_____ VImpUDI3 (3980)
VAD was explanted	<input type="checkbox"/> Yes, not during this procedure <input type="checkbox"/> Yes, during this procedure <input type="checkbox"/> No VExp (3875)	<input type="checkbox"/> Yes, not during this procedure <input type="checkbox"/> Yes, during this procedure <input type="checkbox"/> No VExp2 (3930)	<input type="checkbox"/> Yes, not during this procedure <input type="checkbox"/> Yes, during this procedure <input type="checkbox"/> No VExp3 (3985)
Reason (If “Yes, not during this procedure” or “Yes, during this procedure” →)	VExpRsn (3880)	VExpRsn2 (3935)	VExpRsn3 (3990)
Date (If “Yes, not during this procedure” →)	___/___/___ VExpDt (3885)	___/___/___ VExpDt2 (3940)	___/___/___ VExpDt3 (3995)

M. Other Cardiac Procedures	
(If Other Cardiac Procedure = Yes ↓) See Proc ID Table to determine whether these procedures impact isolate procedure categories	
ASD repair- PFO type <input type="checkbox"/> Yes <input type="checkbox"/> No OCarASDPFO (4030)	Myocardial Stem Cell Therapy: <input type="checkbox"/> Yes <input type="checkbox"/> No OCarStemCell (4080)
ASD Repair- secundum or sinus venosus <input type="checkbox"/> Yes <input type="checkbox"/> No OCarASDSec (4035)	Pulmonary <input type="checkbox"/> Yes, Acute <input type="checkbox"/> Yes, Chronic <input type="checkbox"/> No Thromboembolism: <input type="checkbox"/> Yes <input type="checkbox"/> No OCarPulThromDis (4085)
AFib Intracardiac lesions (If yes, complete M-1) <input type="checkbox"/> Yes <input type="checkbox"/> No OCarAFibIntraLes (4040)	Subaortic Stenosis Resection: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes ↓) OCarSubaStenRes (4090)
AFib Epicardial lesions (If yes, complete M-1) <input type="checkbox"/> Yes <input type="checkbox"/> No OCarAFibEpLes (4045)	Type : <input type="checkbox"/> Muscle <input type="checkbox"/> Ring <input type="checkbox"/> Membrane <input type="checkbox"/> Web <input type="checkbox"/> Not Reported OCarSubaStenResTy (4100)
Atrial Appendage procedure: <input type="checkbox"/> RAA <input type="checkbox"/> LAA <input type="checkbox"/> Both <input type="checkbox"/> No (If not No ↓) OCarAAProc (4050)	Surgical Ventricular Restoration: <input type="checkbox"/> Yes <input type="checkbox"/> No OCarSVR (4105)
Indicate method for atrial appendage ligation/exclusion: <input type="checkbox"/> Intra-atrial oversewing <input type="checkbox"/> Epicardial Suture Ligation <input type="checkbox"/> Amputation with oversewing <input type="checkbox"/> Stapler (cutting) <input type="checkbox"/> Stapler (noncutting) <input type="checkbox"/> Epicardially applied occlusion device If epicardially applied occlusion device → Model: <input type="checkbox"/> AtriClip <input type="checkbox"/> Lariat <input type="checkbox"/> Other OCarAAModel (4052) UDI: _____ OCarAAUDI (4053)	
Arrhythmia Device: <input type="checkbox"/> Pacemaker <input type="checkbox"/> Pacemaker with CRT <input type="checkbox"/> ICD <input type="checkbox"/> ICD with CRT <input type="checkbox"/> Implantable Recorder <input type="checkbox"/> None OCarACD (4055)	Transmyocardial revascularization (TMR): <input type="checkbox"/> Yes <input type="checkbox"/> No OCarLasr (4110) Tumor: <input type="checkbox"/> Myxoma <input type="checkbox"/> Fibroelastoma <input type="checkbox"/> Hypernephroma <input type="checkbox"/> Sarcoma <input type="checkbox"/> Other <input type="checkbox"/> No OCTumor (4115)
Lead Insertion: <input type="checkbox"/> Yes <input type="checkbox"/> No OCarLeadInsert (4060)	Transplant, Cardiac : <input type="checkbox"/> Yes <input type="checkbox"/> No OCarCrTx (4120)
Lead Extraction : <input type="checkbox"/> Yes, planned <input type="checkbox"/> Yes, unplanned due to surgical complication <input type="checkbox"/> Yes, unplanned due to unsuspected disease or anatomy <input type="checkbox"/> No OCarACDLE (4065)	Trauma, Cardiac : <input type="checkbox"/> Yes <input type="checkbox"/> No OCarTrma (4125)
Congenital Defect Repair: (If yes, complete M-3) <input type="checkbox"/> Yes <input type="checkbox"/> No OCarCong (4070)	VSD Repair: <input type="checkbox"/> Yes-congenital <input type="checkbox"/> Yes-acquired <input type="checkbox"/> No OCarVSD (4130)
LV Aneurysm Repair: <input type="checkbox"/> Yes <input type="checkbox"/> No OCarLVA (4075)	Other Cardiac Procedure: <input type="checkbox"/> Yes <input type="checkbox"/> No OCarOthr (4135)

M.1. Atrial Fibrillation Procedures	
(If Other Cardiac Procedure, AFib = Yes ↓)	
Lesion location: <input type="checkbox"/> Primarily epicardial <input type="checkbox"/> Primarily Intracardiac OCarAFibLesLoc (4191)	
Method of Lesion Creation: (Select all that apply ↓) Radiofrequency OCarAFibMethRad (4200) <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes →) Bipolar <input type="checkbox"/> Yes <input type="checkbox"/> No OCarAFibMethRadBi (4205) Cut-and-sew OCarAFibMethCAS (4210) <input type="checkbox"/> Yes <input type="checkbox"/> No Cryo OCarAFibMethCryo (4215) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Lesions Documented: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes ↓) OCarLesDoc (4240)	



Epicardial Left Sided Lesions

Lesions: (check all that apply ↓)

- |                             |  |                              |  |
|-----------------------------|--|------------------------------|--|
| <input type="checkbox"/> 1  | Bilateral Pulmonary Vein Isolation<br>AFibLes1 (4250)                          | <input type="checkbox"/> 9   | Intercaval Line to Tricuspid Annulus ("T" lesion)<br>AFibLes9 (4295) |
| <input type="checkbox"/> 2  | Box Lesion Only<br>AFibLes2 (4255)   | <input type="checkbox"/> 10  | Tricuspid Cryo Lesion, Medial<br>AFibLes10 (4300)                    |
| <input type="checkbox"/> 3a | Inferior Pulmonary Vein Connecting Lesion<br>AFibLes3a (4260)                  | <input type="checkbox"/> 11  | Intercaval Line (SVC and IVC)<br>AFibLes11 (4305)                    |
| <input type="checkbox"/> 3b | Superior Pulmonary Vein Connecting Lesion<br>AFibLes3b (4265)                  | <input type="checkbox"/> 12  | Tricuspid Annular Line to RAA<br>AFibLes12 (4310)                    |
| <input type="checkbox"/> 4  | Posterior Mitral Annular Line Lesion<br>AFibLes4 (4270)                        | <input type="checkbox"/> 13  | Tricuspid Cryo Lesion<br>AFibLes13 (4315)                            |
| <input type="checkbox"/> 5  | Pulmonary Vein Connecting Lesion to Anterior Mitral Annulus<br>AFibLes5 (4275) | <input type="checkbox"/> 14  | RAA Ligation/Removal/Obliteration<br>AFibLes14 (4320)                |
| <input type="checkbox"/> 6  | Mitral Valve Annular Lesion<br>AFibLes6 (4280)                                 | <input type="checkbox"/> 15a | RAA Lateral Wall (Short)<br>AFibLes15a (4325)                        |
| <input type="checkbox"/> 7  | LAA /Removal/Obliteration<br>AFibLes7 (4285)                                   | <input type="checkbox"/> 15b | RAA Lateral Wall to "T" Lesion<br>AFibLes15b (4330)                  |
| <input type="checkbox"/> 8  | Pulmonary Vein to LAA Lesion<br>AFibLes8 (4290)                                | <input type="checkbox"/> 16  | Coronary Sinus Lesion<br>AFibLesCSL (4336)                           |

M.2. Aorta And Aortic Root Procedures				
Family history of disease of aorta: <input type="checkbox"/> Aneurysm <input type="checkbox"/> Dissection <input type="checkbox"/> Both Aneurysm and Dissection <input type="checkbox"/> Sudden Death <input type="checkbox"/> None <input type="checkbox"/> Unknown FamHistAorta (4500)				
Patient's genetic history: <input type="checkbox"/> Marfan <input type="checkbox"/> Ehlers-Danlos <input type="checkbox"/> Loeys-Dietz <input type="checkbox"/> Non-Specific familial thoracic aortic syndrome PatGenHist (4505) <input type="checkbox"/> Bicuspid AV <input type="checkbox"/> Turner syndrome <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Unknown				
Prior aortic intervention: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If Yes ↓) PriorAorta (4510)				
Location	Previous repair location(s)	Repair Type	Repair failure (If Yes ↓)	Disease progression (If Yes ↓)
	Select all that apply	Select all that apply	Select all that apply	Select all that apply
Root	<input type="checkbox"/> Yes <input type="checkbox"/> No PriorRepRoot (4520)	<input type="checkbox"/> Open <input type="checkbox"/> Endovascular <input type="checkbox"/> Hybrid PriorRepTyRoot (4521)	<input type="checkbox"/> Yes <input type="checkbox"/> No PriorFailRoot (4522)	<input type="checkbox"/> Yes <input type="checkbox"/> No PriorProgRoot (4523)
Ascending	<input type="checkbox"/> Yes <input type="checkbox"/> No PriorRepAsc (4525)	<input type="checkbox"/> Open <input type="checkbox"/> Endovascular <input type="checkbox"/> Hybrid PriorRepTyAsc (4526)	<input type="checkbox"/> Yes <input type="checkbox"/> No PriorFailAsc (4527)	<input type="checkbox"/> Yes <input type="checkbox"/> No PriorProgAsc (4528)
Arch	<input type="checkbox"/> Yes <input type="checkbox"/> No PriorRepArch (4530)	<input type="checkbox"/> Open <input type="checkbox"/> Endovascular <input type="checkbox"/> Hybrid PriorRepTyArch (4531)	<input type="checkbox"/> Yes <input type="checkbox"/> No PriorFailArch (4532)	<input type="checkbox"/> Yes <input type="checkbox"/> No PriorProgArch (4533)
Descending	<input type="checkbox"/> Yes <input type="checkbox"/> No PriorRepDesc (4535)	<input type="checkbox"/> Open <input type="checkbox"/> Endovascular <input type="checkbox"/> Hybrid PriorRepTyDesc (4536)	<input type="checkbox"/> Yes <input type="checkbox"/> No PriorFailDesc (4537)	<input type="checkbox"/> Yes <input type="checkbox"/> No PriorProgDesc (4538)
Suprarenal abdominal	<input type="checkbox"/> Yes <input type="checkbox"/> No PriorRepSupraAb (4540)	<input type="checkbox"/> Open <input type="checkbox"/> Endovascular <input type="checkbox"/> Hybrid PriorRepTySupraAb (4541)	<input type="checkbox"/> Yes <input type="checkbox"/> No PriorFailSupraAb (4542)	<input type="checkbox"/> Yes <input type="checkbox"/> No PriorProgSupraAb (4543)
Infrarenal abdominal	<input type="checkbox"/> Yes <input type="checkbox"/> No PriorRepInfraAb (4545)	<input type="checkbox"/> Open <input type="checkbox"/> Endovascular <input type="checkbox"/> Hybrid PriorRepTyInfraAb (4546)	<input type="checkbox"/> Yes <input type="checkbox"/> No PriorFailInfraAb (4547)	<input type="checkbox"/> Yes <input type="checkbox"/> No PriorProgInfraAb (4548)
Endoleak: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If Yes, select all ↓) Endoleak (4620)				
<input type="checkbox"/> Type I: leak at graft attachment site: <input type="checkbox"/> Yes <input type="checkbox"/> No EndoleakTypeI (4625) (If Yes →) Type I location: <input type="checkbox"/> Ia-proximal <input type="checkbox"/> Ib -distal <input type="checkbox"/> Ic- iliac occluder EndoleakTyILoc (4630)				
<input type="checkbox"/> Type II: aneurysm sac filling via branch vessel: <input type="checkbox"/> Yes <input type="checkbox"/> No EndoleakTypeII (4635) (If Yes →) Number of vessels: <input type="checkbox"/> IIa: single vessel <input type="checkbox"/> IIb: two vessels or more EndoleakVessNum (4640)				
<input type="checkbox"/> Type III: leak through defect in graft: <input type="checkbox"/> Yes <input type="checkbox"/> No EndoleakTypeIII (4645) (If Yes →) Graft defect type: <input type="checkbox"/> IIIa: junctional separation of modular components <input type="checkbox"/> IIIb: endograft fractures or holes EndoleakType (4650)				
<input type="checkbox"/> Type IV: leak through graft fabric – porosity: <input type="checkbox"/> Yes <input type="checkbox"/> No EndoleakTypeIV (4655)				
<input type="checkbox"/> Type V: endotension - expansion aneurysm sac without leak: <input type="checkbox"/> Yes <input type="checkbox"/> No EndoleakTypeV (4660)				
Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If Yes →) Aorta Infection Type: <input type="checkbox"/> Graft infection <input type="checkbox"/> Valvular endocarditis <input type="checkbox"/> Nonvalvular endocarditis Infection (4665) InfecType (4670) <input type="checkbox"/> Native aorta <input type="checkbox"/> Multiple infection types				
Trauma: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If Yes →) Location: Select all that apply Trauma (4675)				
<div> <div>Root TraumaRoot (4680)</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div>Descending TraumaDesc (4695)</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> </div> <div> <div>Ascending TraumaAsc (4685)</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div>Thoracoabdominal TraumaThorac (4700)</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> </div> <div> <div>Arch TraumaArch (4690)</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div>Abdominal TraumaAbdom (4705)</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> </div>				
Presentation: <input type="checkbox"/> Pain <input type="checkbox"/> CHF <input type="checkbox"/> Cardiac Arrest <input type="checkbox"/> Syncope <input type="checkbox"/> Stroke <input type="checkbox"/> Limb numbness <input type="checkbox"/> Paralysis <input type="checkbox"/> Fatigue <input type="checkbox"/> Infection Presentation (4710) <input type="checkbox"/> Weakness <input type="checkbox"/> Hoarseness (vocal cord dysfunction) <input type="checkbox"/> Asymptomatic				
Primary Indication: <input type="checkbox"/> Aneurysm <input type="checkbox"/> Dissection <input type="checkbox"/> Valvular Dysfunction <input type="checkbox"/> Obstruction <input type="checkbox"/> Intramural Hematoma PrimIndic (4715) <input type="checkbox"/> Infection <input type="checkbox"/> Stenosis <input type="checkbox"/> Coarctation				
(if Aneurysm→)	Etiology: <input type="checkbox"/> Atherosclerosis <input type="checkbox"/> Infection <input type="checkbox"/> Inflammatory <input type="checkbox"/> Connective Tissue Disorder <input type="checkbox"/> Penetrating Ulcer AnEtiology (4720) <input type="checkbox"/> Pseudoaneurysm <input type="checkbox"/> Mycotic <input type="checkbox"/> Traumatic transection <input type="checkbox"/> Intercoastal visceral patch <input type="checkbox"/> Anastomotic site <input type="checkbox"/> Unknown			
	Type: <input type="checkbox"/> Fusiform <input type="checkbox"/> Saccular <input type="checkbox"/> Unknown AnType (4725)			
	Rupture: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes →) Contained rupture: <input type="checkbox"/> Yes <input type="checkbox"/> No AnRupt (4730) AnRuptCon (4735)			
	Location: <input type="checkbox"/> Below STJ <input type="checkbox"/> STJ-midascending <input type="checkbox"/> Midascending to distal ascending AnLoc (4740) <input type="checkbox"/> Zone 1 <input type="checkbox"/> Zone 2 <input type="checkbox"/> Zone 3 <input type="checkbox"/> Zone 4 <input type="checkbox"/> Zone 5 <input type="checkbox"/> Zone 6 <input type="checkbox"/> Zone 7 <input type="checkbox"/> Zone 8 <input type="checkbox"/> Zone 9 <input type="checkbox"/> Zone 10 <input type="checkbox"/> Zone 11			
(if Dissection→)	Timing: <input type="checkbox"/> Hyperacute (<48 hrs) <input type="checkbox"/> Acute (48hrs-2weeks) <input type="checkbox"/> Subacute (>2weeks -90 days) <input type="checkbox"/> Chronic (>90 days) DisTiming (4745) <input type="checkbox"/> Acute on Chronic <input type="checkbox"/> Unknown			
	Dissection onset date known <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes →) Date of onset: _/_/_/_/_/_ DisOnsetDtKnown (4746) DisOnsetDt (4747)			
	Primary tear location: <input type="checkbox"/> Below STJ <input type="checkbox"/> STJ-midascending <input type="checkbox"/> Midascending to distal ascending DisTearLoc (4750) <input type="checkbox"/> Zone 1 <input type="checkbox"/> Zone 2 <input type="checkbox"/> Zone 3 <input type="checkbox"/> Zone 4 <input type="checkbox"/> Zone 5 <input type="checkbox"/> Zone 6 <input type="checkbox"/> Zone 7 <input type="checkbox"/> Zone 8 <input type="checkbox"/> Zone 9 <input type="checkbox"/> Zone 10 <input type="checkbox"/> Zone 11			

Secondary tear location: <input type="checkbox"/> Below STJ <input type="checkbox"/> STJ-midascending <input type="checkbox"/> Midascending to distal ascending <input type="checkbox"/> Zone 1 <input type="checkbox"/> Zone 2 <input type="checkbox"/> Zone 3 <input type="checkbox"/> Zone 4 <input type="checkbox"/> Zone 5 <input type="checkbox"/> Zone 6 <input type="checkbox"/> Zone 7 <input type="checkbox"/> Zone 8 <input type="checkbox"/> Zone 9 <input type="checkbox"/> Zone 10 <input type="checkbox"/> Zone 11 DisSecLoc (4755)			
Retrograde extension: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If Yes ↓) DisRetExt (4760)			
Retrograde Location: DisRetLoc (4765)		<input type="checkbox"/> Below STJ <input type="checkbox"/> STJ-midascending <input type="checkbox"/> Midascending to distal ascending <input type="checkbox"/> Zone 1 <input type="checkbox"/> Zone 2 <input type="checkbox"/> Zone 3 <input type="checkbox"/> Zone 4	
Post TEVAR: DisPosTEVAR (4770)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Distal extension: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If Yes ↓) DistalExt (4775)			
Distal Extension Location: DistalExtLoc (4780)		<input type="checkbox"/> Below STJ <input type="checkbox"/> STJ-midascending <input type="checkbox"/> Midascending to distal ascending <input type="checkbox"/> Zone 1 <input type="checkbox"/> Zone 2 <input type="checkbox"/> Zone 3 <input type="checkbox"/> Zone 4 <input type="checkbox"/> Zone 5 <input type="checkbox"/> Zone 6 <input type="checkbox"/> Zone 7 <input type="checkbox"/> Zone 8 <input type="checkbox"/> Zone 9 <input type="checkbox"/> Zone 10 <input type="checkbox"/> Zone 11	
Malperfusion: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If Yes ↓ select all that apply) DisMal (4785)			
Coronary DisMalCor (4790)		<input type="checkbox"/> Yes <input type="checkbox"/> No	Superior Mesenteric DisMalSup (4815)
Right Subclavian DisMalRtSubclav (4791)		<input type="checkbox"/> Yes <input type="checkbox"/> No	Renal, left DisMalRenL (4820)
Right Common Carotid DisMalRtComCar (4792)		<input type="checkbox"/> Yes <input type="checkbox"/> No	Renal, right DisMalRenR (4825)
Left Common Carotid DisMalComL (4800)		<input type="checkbox"/> Yes <input type="checkbox"/> No	Iliofemoral DisMalIlio (4830)
Left Subclavian DisMalSubL (4805)		<input type="checkbox"/> Yes <input type="checkbox"/> No	Spinal DisMalSpin (4835)
Celiac DisMalCel (4810)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Lower Extremity Motor Function: <input type="checkbox"/> No deficit <input type="checkbox"/> Weakness <input type="checkbox"/> Paralysis <input type="checkbox"/> Unknown DisLowMotFun (4836)			
Lower Extremity Sensory Deficit: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown DisLowSenDef (4837)			
Rupture: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes ↓) DisRupt (4840)			
Contained rupture: DisRuptCon (4845)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Rupture Location: DisRuptLoc (4850)		<input type="checkbox"/> Below STJ <input type="checkbox"/> STJ-midascending <input type="checkbox"/> Midascending to distal ascending <input type="checkbox"/> Zone 1 <input type="checkbox"/> Zone 2 <input type="checkbox"/> Zone 3 <input type="checkbox"/> Zone 4 <input type="checkbox"/> Zone 5 <input type="checkbox"/> Zone 6 <input type="checkbox"/> Zone 7 <input type="checkbox"/> Zone 8 <input type="checkbox"/> Zone 9 <input type="checkbox"/> Zone 10 <input type="checkbox"/> Zone 11	
Root	Aorto-annular ectasia: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown RootAAnnEctasia (4855)		
	Asymmetric Root Dilation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If Yes →)		Dilation Location <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Non-coronary RootDilaAsym (4870)
	Sinus of Valsalva aneurysm: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If Yes →)		SV Aneurysm Location: <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Non-coronary RootSinusLoc (4881)
Arch	Arch Type : ArchType (4882)	<input type="checkbox"/> Left <input type="checkbox"/> Right	Aberrant Left Subclavian: ArchAbLtSub (4885)
	Aberrant Right Subclavian : ArchAbRtSub (4884)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bovine: ArchBovine (4887)
	Kommerell : ArchKom (4886)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Patent internal mammary artery bypass graft: ArchPatIMA (4889)
	Variant vertebral origin: ArchVarVertOr (4888)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ascending	Asymmetric Dilatation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown AscAsymDil (4891)		
	Proximal coronary bypass grafts: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown AscProxGr (4892)		
3-D reconstruction aortic diameter measurements available: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes ↓ indicate maximal diameter for each zone in mm) Diamter3DMeas (4895)			
Annulus Diam3DAnnulus (4900)		Zone 2 Diam3DZone2 (4930)	Zone 8 Diam3DZone8 (4944)
Sinus segment Diam3DSinus (4905)		Zone 3 Diam3DZone3 (4935)	Zone 9 Diam3DZone9 (4945)
Sinotubular junction Diam3DSinotubular (4910)		Zone 4 Diam3DZone4 (4940)	Zone 10 Diam3DZone10 (4946)
Mid-ascending Diam3DMidAsc (4915)		Zone 5 Diam3DZone5 (4941)	Zone 11 Diam3DZone11 (4947)

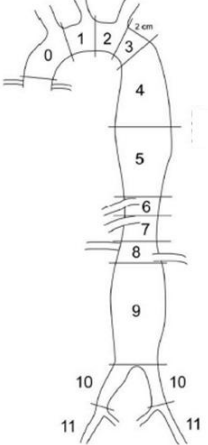


Distal Ascending _____ mm Diam3DDistalAsc (4920)	Zone 6 _____ mm Diam3DZone6 (4942)	Zone 7 _____ mm Diam3DZone7 (4943)
Largest (pre-operative) diameter of treated segment(s)		
Annulus _____ mm DiamLgstAnnulus (4948) Sinus segment _____ mm DiamLgstSinus (4949) Sinotubular junction _____ mm DiamLgstSinotubular (4950) Mid-ascending _____ mm DiamLgstMidAsc (4951) Distal Ascending _____ mm DiamLgstDistalAsc (4952) Zone 1 _____ mm DiamLgstZone1 (4953)	Zone 2 _____ mm DiamLgstZone2 (4954) Zone 3 _____ mm DiamLgstZone3 (4955) Zone 4 _____ mm DiamLgstZone4 (4956) Zone 5 _____ mm DiamLgstZone5 (4957) Zone 6 _____ mm DiamLgstZone6 (4958) Zone 7 _____ mm DiamLgstZone7 (4959)	Zone 8 _____ mm DiamLgstZone8 (4960) Zone 9 _____ mm DiamLgstZone9 (4961) Zone 10 _____ mm DiamLgstZone10 (4962) Zone 11 _____ mm DiamLgstZone11 (4963)
<b>Intervention</b> Planned Staged Hybrid: <input type="checkbox"/> Yes <input type="checkbox"/> No PlanStagHybrid (4970) Open Arch Procedure: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes ↓) ArchProc (4975) <div style="margin-left: 40px;">           Distal Technique: <input type="checkbox"/> Open <input type="checkbox"/> Clamped            ArchDisTech (4980)            Distal Site: <input type="checkbox"/> Ascending Aorta <input type="checkbox"/> Hemiarth <input type="checkbox"/> Zone 1 <input type="checkbox"/> Zone 2 <input type="checkbox"/> Zone 3 <input type="checkbox"/> Zone 4            ArchDisSite (4985)            Distal Extention: <input type="checkbox"/> Elephant trunk <input type="checkbox"/> Frozen Elephant trunk <input type="checkbox"/> No            ArchDisExt (4990)            Arch Branch Reimplantation: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes ↓)            ArchBranReimp (4995)  <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>               Innominate: <input type="checkbox"/> Yes <input type="checkbox"/> No                ArchBranInnom (5000)                Left Common Carotid: <input type="checkbox"/> Yes <input type="checkbox"/> No                ArchBranLComm (5005)             </div> <div>               Right Subclavian: <input type="checkbox"/> Yes <input type="checkbox"/> No                ArchBranRSub (5001)                Left Subclavian: <input type="checkbox"/> Yes <input type="checkbox"/> No                ArchBranLSub (5010)             </div> <div>               Right Common Carotid: <input type="checkbox"/> Yes <input type="checkbox"/> No                ArchBranRComm (5002)                Left Vertebral: <input type="checkbox"/> Yes <input type="checkbox"/> No                ArchBranLVert (5011)                Other: <input type="checkbox"/> Yes <input type="checkbox"/> No                ArchBranOth (5012)             </div> </div> </div>		
Open Descending Thoracic Aorta or Thoracoabdominal Procedure: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes ↓) DescAortaProc (5015) Proximal Location: <input type="checkbox"/> Reverse Hemiarth <input type="checkbox"/> Zone 0 <input type="checkbox"/> Zone 1 <input type="checkbox"/> Zone 2 <input type="checkbox"/> Zone 3 <input type="checkbox"/> Zone 4 <input type="checkbox"/> Zone 5 <input type="checkbox"/> Zone 6 <input type="checkbox"/> Zone 7 <input type="checkbox"/> Zone 8 <input type="checkbox"/> Zone 9 DescAortaLoc (5020) Intercoastal Reimplantation: <input type="checkbox"/> Yes <input type="checkbox"/> No AortaInterReimp (5030) Distal Location: <input type="checkbox"/> Zone 3 <input type="checkbox"/> Zone 4 <input type="checkbox"/> Zone 5 <input type="checkbox"/> Zone 6 <input type="checkbox"/> Zone 7 <input type="checkbox"/> Zone 8 <input type="checkbox"/> Zone 9 <input type="checkbox"/> Zone 10 <input type="checkbox"/> Zone 11 AortaDisZone (5035) Visceral vessel intervention: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes ↓) AortaVisceral (5045) <div style="margin-left: 40px; margin-top: 10px;">           Celiac: <input type="checkbox"/> Reimplantation <input type="checkbox"/> Branch Graft <input type="checkbox"/> None            AortaViscCel (5050)            Superior mesenteric: <input type="checkbox"/> Reimplantation <input type="checkbox"/> Branch Graft <input type="checkbox"/> None            AortaViscSup (5055)            Right Renal: <input type="checkbox"/> Reimplantation <input type="checkbox"/> Branch Graft <input type="checkbox"/> None            AortaViscRenR (5060)            Left Renal: <input type="checkbox"/> Reimplantation <input type="checkbox"/> Branch Graft <input type="checkbox"/> None            AortaViscRenL (5065)         </div>		
Endovascular Procedure(s) : <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes ↓) EndovasProc (5066) Access: <input type="checkbox"/> Femoral <input type="checkbox"/> Iliac <input type="checkbox"/> Abdominal Aorta <input type="checkbox"/> Lt. Subclavian <input type="checkbox"/> Rt. Subclavian <input type="checkbox"/> Ascending Aorta <input type="checkbox"/> LV Apex EndovasAccess (5067) Percutaneous Access: <input type="checkbox"/> Yes <input type="checkbox"/> No EndovasPercAcc (5068) Proximal landing zone: <input type="checkbox"/> Below STJ <input type="checkbox"/> STJ-midascending <input type="checkbox"/> Midascending to distal ascending EndoProxZone (5070) <input type="checkbox"/> Zone 1 <input type="checkbox"/> Zone 2 <input type="checkbox"/> Zone 3 <input type="checkbox"/> Zone 4 <input type="checkbox"/> Zone 5 <input type="checkbox"/> Zone 6 <input type="checkbox"/> Zone 7 <input type="checkbox"/> Zone 8 <input type="checkbox"/> Zone 9 <input type="checkbox"/> Zone 10 <input type="checkbox"/> Zone 11 Distal landing zone: <input type="checkbox"/> Below STJ <input type="checkbox"/> STJ-midascending <input type="checkbox"/> Midascending to distal ascending EndoDistalZone (5080) <input type="checkbox"/> Zone 1 <input type="checkbox"/> Zone 2 <input type="checkbox"/> Zone 3 <input type="checkbox"/> Zone 4 <input type="checkbox"/> Zone 5 <input type="checkbox"/> Zone 6 <input type="checkbox"/> Zone 7 <input type="checkbox"/> Zone 8 <input type="checkbox"/> Zone 9 <input type="checkbox"/> Zone 10 <input type="checkbox"/> Zone 11 TAVR (for combination procedures): <input type="checkbox"/> Yes <input type="checkbox"/> No EndovasTAVR (5090) Ascending TEVAR : <input type="checkbox"/> Dedicated IDE <input type="checkbox"/> Off Label Stent <input type="checkbox"/> No EndovasTEVAR (5095)		
<b>Arch Vessel management</b>		
Innominate: <input type="checkbox"/> Native Flow <input type="checkbox"/> Endovascular Branch Graft <input type="checkbox"/> Endovascular Parallel Graft <input type="checkbox"/> Extra-anatomic Bypass <input type="checkbox"/> Fenestrated Innominate (5100)		



(If Extra-anatomic bypass→)	Aorta-Innominate <input type="checkbox"/> Yes <input type="checkbox"/> No InAortaInnom (5105)	Aorta-right carotid <input type="checkbox"/> Yes <input type="checkbox"/> No InAortaCarotid (5110)	Aorta- right subclavian <input type="checkbox"/> Yes <input type="checkbox"/> No InAortaSubclav (5115)
	Right Carotid- Right subclavian <input type="checkbox"/> Yes <input type="checkbox"/> No InCaroSubclav (5125)	Other <input type="checkbox"/> Yes <input type="checkbox"/> No InOther (5135)	
Left Carotid: LeftCarotid (5140)	<input type="checkbox"/> Native Flow <input type="checkbox"/> Endovascular Branch Graft <input type="checkbox"/> Endovascular Parallel Graft <input type="checkbox"/> Extra-anatomic Bypass <input type="checkbox"/> Fenestrated (If Extra-anatomic bypass→) Aorta- left carotid <input type="checkbox"/> Yes <input type="checkbox"/> No LTCaroAortaCaro (5150)		
	Right carotid- Left carotid <input type="checkbox"/> Yes <input type="checkbox"/> No LTCaroCarotid (5170)	Innominate- left carotid <input type="checkbox"/> Yes <input type="checkbox"/> No LTCaroInnomCaro (5160) Other <input type="checkbox"/> Yes <input type="checkbox"/> No LTCaroOther (5175)	
Left Subclavian: LeftSubclavian (5180)	<input type="checkbox"/> Native Flow <input type="checkbox"/> Endovascular Branch Graft <input type="checkbox"/> Endovascular Parallel Graft <input type="checkbox"/> Extra-anatomic Bypass <input type="checkbox"/> Fenestrated (If Extra-anatomic bypass→) Aorta- left subclavian <input type="checkbox"/> Yes <input type="checkbox"/> No LTSubAortaSub (5195)		
	Left carotid- left subclavian <input type="checkbox"/> Yes <input type="checkbox"/> No LTSubCarotidSub (5205)	Other <input type="checkbox"/> Yes <input type="checkbox"/> No LTSubOther (5213)	
Other Arch Vessel(s) Extra-anatomic bypass: OthArchVes (5214)	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes ↓) Innominate – carotid <input type="checkbox"/> Yes <input type="checkbox"/> No OthInnomCaro (5215) Subclavian-subclavian <input type="checkbox"/> Yes <input type="checkbox"/> No OthSubSub (5217)		
	Innominate- subclavian <input type="checkbox"/> Yes <input type="checkbox"/> No OthInnomSub (5216) Other <input type="checkbox"/> Yes <input type="checkbox"/> No OthOther (5218)		
<b>Visceral Vessel management</b>			
Celiac: Celiac (5220)	<input type="checkbox"/> Native Flow <input type="checkbox"/> Endovascular Branch Graft <input type="checkbox"/> Endovascular Parallel Graft <input type="checkbox"/> Extra-anatomic Bypass <input type="checkbox"/> Fenestrated (If Extra-anatomic bypass→) Aorta- celiac <input type="checkbox"/> Yes <input type="checkbox"/> No CeliacAortaCeli (5225)		
	Iliac-celiac <input type="checkbox"/> Yes <input type="checkbox"/> No CeliacIliacCeliac (5245)	Other <input type="checkbox"/> Yes <input type="checkbox"/> No CeliacOther (5265)	
Superior mesenteric: SupMesenteric (5270)	<input type="checkbox"/> Native Flow <input type="checkbox"/> Endovascular Branch Graft <input type="checkbox"/> Endovascular Parallel Graft <input type="checkbox"/> Extra-anatomic Bypass <input type="checkbox"/> Fenestrated (If Extra-anatomic bypass→) Aorta- superior mesenteric <input type="checkbox"/> Yes <input type="checkbox"/> No SupMesAortaSuMe (5280)		
	Iliac- superior mesenteric <input type="checkbox"/> Yes <input type="checkbox"/> No SupMesIliacSupMe (5300)	Other <input type="checkbox"/> Yes <input type="checkbox"/> No SupMesOther (5315)	
Right renal: RightRenal (5320)	<input type="checkbox"/> Native Flow <input type="checkbox"/> Endovascular Branch Graft <input type="checkbox"/> Endovascular Parallel Graft <input type="checkbox"/> Extra-anatomic Bypass <input type="checkbox"/> Fenestrated (If Extra-anatomic bypass→) Aorta- right renal <input type="checkbox"/> Yes <input type="checkbox"/> No RtRenAortaRtRe (5335)		
	Iliac- right renal <input type="checkbox"/> Yes <input type="checkbox"/> No RtRenIliacRtRen (5355)	Other <input type="checkbox"/> Yes <input type="checkbox"/> No RtRenOther (5365)	
Left renal: LeftRenal (5370)	<input type="checkbox"/> Native Flow <input type="checkbox"/> Endovascular Branch Graft <input type="checkbox"/> Endovascular Parallel Graft <input type="checkbox"/> Extra-anatomic Bypass <input type="checkbox"/> Fenestrated (If Extra-anatomic bypass→) Aorta- left renal <input type="checkbox"/> Yes <input type="checkbox"/> No LtRenAortaLtRe (5375)		
	Iliac – left renal <input type="checkbox"/> Yes <input type="checkbox"/> No LtRenIliacLtRen (5380)	Other <input type="checkbox"/> Yes <input type="checkbox"/> No LtRenOther (5385)	
Right Iliac: RightIliac (5390)	<input type="checkbox"/> Native Flow <input type="checkbox"/> Bifurcated Graft <input type="checkbox"/> Extra-anatomic Bypass (If Extra-anatomic bypass→) Femoral- Femoral <input type="checkbox"/> Yes <input type="checkbox"/> No RtIliacFemFem (5391)		
	Other <input type="checkbox"/> Yes <input type="checkbox"/> No RtIliacOther (5392)		
Left Iliac: LeftIliac (5393)	<input type="checkbox"/> Native Flow <input type="checkbox"/> Bifurcated Graft <input type="checkbox"/> Extra-anatomic Bypass (If Extra-anatomic bypass→) Femoral- Femoral <input type="checkbox"/> Yes <input type="checkbox"/> No LtIliacFemFem (5394)		
	Other <input type="checkbox"/> Yes <input type="checkbox"/> No LtIliacOther (5395)		
Internal Iliac Preserved: <input type="checkbox"/> Right Iliac only <input type="checkbox"/> Left Iliac only <input type="checkbox"/> Both <input type="checkbox"/> No IntIliacPres (5396)			
Other Visceral Vessel(s) Extra-anatomic Bypass: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes ↓) OthVisVes (5397)			
Aorta-other <input type="checkbox"/> Yes <input type="checkbox"/> No OthVisAortOth (5398)		Iliac-other <input type="checkbox"/> Yes <input type="checkbox"/> No OthVisIliacOth (5399)	
Other <input type="checkbox"/> Yes <input type="checkbox"/> No OthVisOther (5400)			
Dissection proximal entry tear covered: <input type="checkbox"/> Yes <input type="checkbox"/> No DisProxTearCov (5401)		Endoleak at end of procedure: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes ↓) EndoEndProc (5402) Type: <input type="checkbox"/> Ia <input type="checkbox"/> Ib <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V EndoEndProcTy (5403)	
Conversion to open: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes →) Conversion reason: <input type="checkbox"/> Deployment failure <input type="checkbox"/> Endoleak <input type="checkbox"/> Rupture <input type="checkbox"/> Occlusion/loss of branch ConvToOpen (5404) ConvToOpenRes (5405)			
Intraop Dissection Extension: <input type="checkbox"/> None <input type="checkbox"/> Antegrade <input type="checkbox"/> Retrograde <input type="checkbox"/> Both IntDisExten (5406)			
Unintentional rupture of dissection septum: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes →) UnintRup (5407)		<input type="checkbox"/> Below STJ <input type="checkbox"/> STJ-midascending <input type="checkbox"/> Midascending-distal ascending <input type="checkbox"/> Zone 1 <input type="checkbox"/> Zone 2 <input type="checkbox"/> Zone 3 <input type="checkbox"/> Zone 4 <input type="checkbox"/> Zone 5 <input type="checkbox"/> Zone 6 <input type="checkbox"/> Zone 7 <input type="checkbox"/> Zone 8 <input type="checkbox"/> Zone 9 <input type="checkbox"/> Zone 10 <input type="checkbox"/> Zone 11 UnintRupLoc (5408)	
Spinal Drain Placement: <input type="checkbox"/> Pre- aortic procedure <input type="checkbox"/> Post- aortic procedure <input type="checkbox"/> None SpinalDrain (5420)			

IntraOp Motor Evoked Potential: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>MotorEvoke (5425)</b>	(If Yes →) Documented MEP abnormality <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <b>MotorEvokeAb (5426)</b>	
IntraOp Somatosensory Evoked Potential: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>SomatEvoke (5430)</b>	(If Yes →) Documented SEP abnormality <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <b>SomatEvokeAb (5431)</b>	
IntraOp EEG: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>IntraOpEEG (5432)</b>	(If Yes →) Documented EEG abnormality <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <b>IntraOpEEGAb (5433)</b>	
IntraOp Intravascular Ultrasound(IVUS): <input type="checkbox"/> Yes <input type="checkbox"/> No <b>IntraOpIVUS (5434)</b>	IntraOp Transcutaneous Doppler: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>TransDoppler (5435)</b>	
Intraoperative Angiogram: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes →) <b>IntraOpAng (5436)</b>	Volume of contrast: _____ ml <b>IntraOpAngVol (5437)</b>	Fluoroscopy time: _____ min <b>IntraOpAngFITm (5438)</b>

<b>Devices</b>																															
Device(s) Inserted: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, list proximal to distal using device key ↓) <b>ADevIns (5440)</b>																															
<b>Location :</b>	 <table border="0"> <tr><td>X.</td><td>No additional devices inserted (only for locations 2 – 15)</td></tr> <tr><td>A.</td><td>Below sinotubular junction</td></tr> <tr><td>B.</td><td>Sinotubular junction to mid ascending</td></tr> <tr><td>C.</td><td>Mid ascending to distal ascending</td></tr> <tr><td>D.</td><td>Zone 1 (between innominate and left carotid)</td></tr> <tr><td>E.</td><td>Zone 2 (between left carotid and left subclavian)</td></tr> <tr><td>F.</td><td>Zone 3 (first 2 cm. distal to left subclavian)</td></tr> <tr><td>G.</td><td>Zone 4 (end of zone 3 to mid descending aorta ~ T6)</td></tr> <tr><td>H.</td><td>Zone 5 (mid descending aorta to celiac)</td></tr> <tr><td>I.</td><td>Zone 6 (celiac to superior mesenteric)</td></tr> <tr><td>J.</td><td>Zone 7 (superior mesenteric to renals)</td></tr> <tr><td>K.</td><td>Zone 8 (renal to infra-renal abdominal aorta)</td></tr> <tr><td>L.</td><td>Zone 9 (infra-renal abdominal aorta)</td></tr> <tr><td>M.</td><td>Zone 10 (common iliac)</td></tr> <tr><td>N.</td><td>Zone 11 (external iliacs)</td></tr> </table>	X.	No additional devices inserted (only for locations 2 – 15)	A.	Below sinotubular junction	B.	Sinotubular junction to mid ascending	C.	Mid ascending to distal ascending	D.	Zone 1 (between innominate and left carotid)	E.	Zone 2 (between left carotid and left subclavian)	F.	Zone 3 (first 2 cm. distal to left subclavian)	G.	Zone 4 (end of zone 3 to mid descending aorta ~ T6)	H.	Zone 5 (mid descending aorta to celiac)	I.	Zone 6 (celiac to superior mesenteric)	J.	Zone 7 (superior mesenteric to renals)	K.	Zone 8 (renal to infra-renal abdominal aorta)	L.	Zone 9 (infra-renal abdominal aorta)	M.	Zone 10 (common iliac)	N.	Zone 11 (external iliacs)
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N.	Zone 11 (external iliacs)																														

<b>Delivery Method:</b>	1=Open 2= Endovascular			
<b>Outcome:</b>	1= Maldeployed 2= Deployed and removed 3= Successfully deployed			
<b>Model Number:</b>	Enter device model number			
<b>UDI:</b>	Enter unique device identifier (not serial number)			
Location (Letter)	Delivery Method	Outcome	Model #	UDI
ADevLoc01 (5450)	ADevDelMeth01 (5455)	ADevOut01 (5460)	ADevModel01 (5465)	ADevUDI01 (5470)
ADevLoc02 (5475)	ADevDelMeth02 (5480)	ADevOut02 (5485)	ADevModel02 (5490)	ADevUDI02 (5495)
ADevLoc03 (5500)	ADevDelMeth03 (5505)	ADevOut03 (5510)	ADevModel03 (5515)	ADevUDI03 (5520)
ADevLoc04 (5525)	ADevDelMeth04 (5530)	ADevOut04 (5535)	ADevModel04 (5540)	ADevUDI04 (5545)
ADevLoc05 (5550)	ADevDelMeth05 (5555)	ADevOut05 (5560)	ADevModel05 (5565)	ADevUDI05 (5570)
ADevLoc06 (5575)	ADevDelMeth06 (5580)	ADevOut06 (5585)	ADevModel06 (5590)	ADevUDI06 (5595)
ADevLoc07 (5600)	ADevDelMeth07 (5605)	ADevOut07 (5610)	ADevModel07 (5615)	ADevUDI07 (5620)
ADevLoc08 (5625)	ADevDelMeth08 (5630)	ADevOut08 (5635)	ADevModel08 (5640)	ADevUDI08 (5645)
ADevLoc09 (5650)	ADevDelMeth09 (5655)	ADevOut09 (5660)	ADevModel09 (5665)	ADevUDI09 (5670)
ADevLoc10 (5675)	ADevDelMeth10 (5680)	ADevOut10 (5685)	ADevModel10 (5690)	ADevUDI10 (5695)
ADevLoc11 (5700)	ADevDelMeth11 (5705)	ADevOut11 (5710)	ADevModel11 (5715)	ADevUDI11 (5720)
ADevLoc12 (5725)	ADevDelMeth12 (5730)	ADevOut12 (5735)	ADevModel12 (5740)	ADevUDI12 (5745)
ADevLoc13 (5750)	ADevDelMeth13 (5755)	ADevOut13 (5760)	ADevModel13 (5765)	ADevUDI13 (5770)
ADevLoc14 (5775)	ADevDelMeth14 (5780)	ADevOut14 (5785)	ADevModel14 (5790)	ADevUDI14 (5795)
ADevLoc15 (5800)	ADevDelMeth15 (5805)	ADevOut15 (5810)	ADevModel15 (5815)	ADevUDI15 (5820)

<b>M.3. Congenital Defect Repair (other than ASD, VSD or Bicuspid valve)</b>
Congenital Diagnoses: Select up to three most significant diagnoses: (refer to “Congenital Diagnoses/Procedures List” document) Diagnosis 1: _____ <b>OCarCongDiag1 (6500)</b> (If not “No additional congenital diagnoses”→) Diagnosis 2: _____ <b>OCarCongDiag2 (6505)</b> (If not “No additional congenital diagnoses”→) Diagnosis 3: _____ <b>OCarCongDiag3 (6510)</b>
Congenital Procedures: Select up to three most significant: (refer to “Congenital Diagnoses/Procedures List” document) Procedure 1: _____ <b>OCarCongProc1 (6515)</b> (If not “No additional congenital procedures”→) Procedure 2: _____ <b>OCarCongProc1 (6515)</b> (If not “No additional congenital procedures”→) Procedure 3: _____ <b>OCarCongProc3 (6525)</b>

<b>N. Other Non-Cardiac Procedures</b> (If Other Non-Cardiac Procedure = Yes ↓)			
Carotid Endarterectomy: <input type="checkbox"/> Yes, planned <input type="checkbox"/> Yes, unplanned due to surgical complication ONCCarEn (6530) <input type="checkbox"/> Yes, unplanned due to unsuspected disease or anatomy <input type="checkbox"/> No			
Other Vascular: <input type="checkbox"/> Yes, planned <input type="checkbox"/> Yes, unplanned due to surgical complication ONCOVasc (6535) <input type="checkbox"/> Yes, unplanned due to unsuspected disease or anatomy <input type="checkbox"/> No			
Other Thoracic: <input type="checkbox"/> Yes, planned <input type="checkbox"/> Yes, unplanned due to surgical complication ONCOThor (6540) <input type="checkbox"/> Yes, unplanned due to unsuspected disease or anatomy <input type="checkbox"/> No			
Other: <input type="checkbox"/> Yes, planned <input type="checkbox"/> Yes, unplanned due to surgical complication ONCOther (6545) <input type="checkbox"/> Yes, unplanned due to unsuspected disease or anatomy <input type="checkbox"/> No			

<b>O. Post-Operative</b>			
Peak Glucose within 18-24 hours of anesthesia end time: _____ PostOpPeakGlu (6550)			
Postoperative Creatinine Level: _____ PostCreat (6555)		Discharge Hemoglobin: _____ PostopHemoglobin (6556)	
Discharge Hematocrit: _____ PostopHct (6557)			
Blood Products Used Postoperatively: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes ↓) BldProd (6560)			
Red Blood Cell Units: _____ BdRBCU (6565)		Fresh Frozen Plasma Units: _____ BdFFPU (6570)	
Cryoprecipitate Units: _____ BdCryoU (6575)		Platelet Units: _____ BdPlatU (6580)	
Extubated in OR: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA ExtubOR (6585)			
Re-intubated /or intubated Post Op During Hospital Stay: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes →) Additional Hours Ventilated: _____ PostopIntub (6591)    VentHrsA (6595)			
Total post-operative ventilation hours _____ (System Calculation) VentHrsTot (6600)			
ICU Visit: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes →) Initial ICU Hours: _____ ICUVisit (6605)    ICUInHrs (6610)			
Readmission to ICU: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes →) Additional ICU Hours: _____ ICUReadm (6615)    ICUAdHrs (6620)			
Post Op Echo Performed to evaluate valve(s): <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes ↓) POpTTEch (6625)			
Level aortic insufficiency found: POpTTAR (6630) <input type="checkbox"/> None <input type="checkbox"/> Trivial/Trace <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Not Documented			
Aortic Paravalvular leak: POpAortParaLk (6631) <input type="checkbox"/> None <input type="checkbox"/> Trivial/Trace <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Not Documented			
Level mitral insufficiency found: POpTTMR (6635) <input type="checkbox"/> None <input type="checkbox"/> Trivial/Trace <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Not Documented			
Mitral Paravalvular leak: POpMitParaLk (6636) <input type="checkbox"/> None <input type="checkbox"/> Trivial/Trace <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Not Documented			
Level tricuspid insufficiency found: POpTTTR (6640) <input type="checkbox"/> None <input type="checkbox"/> Trivial/Trace <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Not Documented			
Level pulmonic insufficiency found: POpTPPu (6645) <input type="checkbox"/> None <input type="checkbox"/> Trivial/Trace <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Not Documented			
Post Op Ejection Fraction: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes →		Post Op Ejection Fraction: _____ (%)	
POpEFD (6650)		POpEF (6655)	
Cardiac Enzymes (biomarkers) Drawn: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes →) POpEnzDrawn (6660)		Peak CKMB: _____ POpPCKMB (6665)	Peak Troponin I _____ POpPkTrI (6670)
		Peak Troponin T _____ POpPkTrT (6675)	
12-Lead EKG Findings: POpEKG (6680) <input type="checkbox"/> Not performed <input type="checkbox"/> No ischemic changes <input type="checkbox"/> New ST changes <input type="checkbox"/> New Pathological Q-wave or LBBB <input type="checkbox"/> New RBBB <input type="checkbox"/> New AV Conduction Block <input type="checkbox"/> New STEMI <input type="checkbox"/> Other <input type="checkbox"/> NA (no pre-op EKG for comparison, transplant)			

<b>P. Postoperative Events</b>	
Surgical Site Infection within 30 days of operation: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes ↓) SurSInf (6690)	
Sternal Superficial Wound Infection: <input type="checkbox"/> Yes, within 30 days of procedure <input type="checkbox"/> Yes, >30 days after procedure but during hosp. for surgery <input type="checkbox"/> No CSternalSuplInf (6695)	
Deep Sternal Infection/ Mediastinitis: DeepSternInf (6700) <input type="checkbox"/> Yes, within 30 days of procedure <input type="checkbox"/> Yes, >30 days after procedure but during hosp. for surgery <input type="checkbox"/> No (If either Yes value →) Diagnosis Date: ____/____/____ (mm/dd/yyyy) DeepSternInfDt (6705)	
Thoracotomy: <input type="checkbox"/> Yes, within 30 days of procedure <input type="checkbox"/> Yes, >30 days after procedure but during hosp. for surgery <input type="checkbox"/> No CIThor (6710)	

<p>Conduit Harvest : <input type="checkbox"/> Yes, within 30 days of procedure <input type="checkbox"/> Yes, &gt;30 days after procedure but during hosp. for surgery <input type="checkbox"/> No  <b>ConduitHarv (6715)</b></p> <p>Cannulation Site: <input type="checkbox"/> Yes, within 30 days of procedure <input type="checkbox"/> Yes, &gt;30 days after procedure but during hosp. for surgery <input type="checkbox"/> No  <b>CanSite (6720)</b></p> <p>Wound Intervention/Procedure: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes ↓)  <b>WoundInter (6725)</b></p> <p style="margin-left: 20px;">Wound Intervention – Open with Packing/Irrigation: <input type="checkbox"/> Yes, primary incision <input type="checkbox"/> Yes, secondary incision <input type="checkbox"/> Both <input type="checkbox"/> No  <b>WoundIntOpen (6730)</b></p> <p style="margin-left: 20px;">Wound Intervention – Wound Vac: <input type="checkbox"/> Yes, primary incision <input type="checkbox"/> Yes, secondary incision <input type="checkbox"/> Both <input type="checkbox"/> No  <b>WoundIntVac (6735)</b></p> <p style="margin-left: 20px;">Secondary Procedure Muscle Flap: <input type="checkbox"/> Yes, primary incision <input type="checkbox"/> Yes, secondary incision <input type="checkbox"/> Both <input type="checkbox"/> No  <b>WoundIntMuscle (6740)</b></p> <p style="margin-left: 20px;">Secondary Procedure Omental Flap: <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>WoundIntOmental (6745)</b></p>
<p>Other <b>In Hospital</b> Postoperative Event Occurred: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes ↓)  <b>Complics (6750)</b></p> <p><b><u>Operative</u></b></p> <p>ReOp for Bleeding /Tamponade: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes →) Bleed Timing: <input type="checkbox"/> Acute <input type="checkbox"/> Late  <b>COpReBld (6755)</b> <span style="float: right;"><b>COpReBldTim (6760)</b></span></p> <p>ReOp for Valvular Dysfunction: <input type="checkbox"/> Yes, surgical <input type="checkbox"/> Yes, transcatheter <input type="checkbox"/> No  <b>COpReVlv (6765)</b></p> <p>Reintervention for Myocardial Ischemia: <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>CRaintMI (6771)</b></p> <p style="margin-left: 40px;">(If Yes →) Vessel: <input type="checkbox"/> Native coronary <input type="checkbox"/> Graft <input type="checkbox"/> Both Intervention Type: <input type="checkbox"/> Surgery <input type="checkbox"/> PCI <input type="checkbox"/> Both  <span style="margin-left: 40px;"><b>CRaintMIVes (6772)</b></span> <span style="float: right;"><b>CRaintMIIntTy (6773)</b></span></p> <p>Aortic Reintervention: <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes→) Type: <input type="checkbox"/> Open <input type="checkbox"/> Endovascular  <b>CAortReint (6774)</b> <span style="float: right;"><b>CAortReintTy (6775)</b></span></p> <p>ReOp for Other Cardiac Reasons: <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>COpReOth (6778)</b></p> <p>Returned to the OR for Other Non-Cardiac Reasons: <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>COpReNon (6780)</b></p> <p>Open chest with planned delayed sternal closure: <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>COpPlndDelay (6785)</b></p> <p>Sternotomy Issue: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes →) Sternal instability/dehiscence (sterile): <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>CSternal (6790)</b> <span style="float: right;"><b>CSternalDehis (6795)</b></span></p>
<p><b><u>Infection</u></b></p> <p>Sepsis: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes →) Positive Blood Cultures: <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>CSepsis (6800)</b> <span style="float: right;"><b>CSepsisPBC (6805)</b></span></p>
<p><b><u>Neurologic, Central</u></b></p> <p>Postoperative Stroke: <input type="checkbox"/> Yes, hemorrhagic <input type="checkbox"/> Yes, ischemic <input type="checkbox"/> Yes, undetermined type <input type="checkbox"/> No  <b>CNStrokP (6810)</b></p> <p>Transient Ischemic Attack (TIA): <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>CNStrokTTIA (6815)</b></p> <p>Encephalopathy: <input type="checkbox"/> None <input type="checkbox"/> Anoxic <input type="checkbox"/> Drug <input type="checkbox"/> Metabolic <input type="checkbox"/> Mixed <input type="checkbox"/> Unknown  <b>CNEnceph (6821)</b></p> <p>Coma/unresponsive state (not stroke): <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>CNComa (6822)</b></p> <p><b><u>Neurologic, Peripheral</u></b></p> <p>Lower Extremity Paralysis: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes →) Paralysis Type: <input type="checkbox"/> Transient <input type="checkbox"/> Permanent  <b>CNParal (6825)</b> <span style="float: right;"><b>CNParalTy (6826)</b></span></p> <p>Paresis: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes →) Paresis Type: <input type="checkbox"/> Transient <input type="checkbox"/> Permanent  <b>CNParesis (6829)</b> <span style="float: right;"><b>CNParesisTy (6830)</b></span></p> <p>Phrenic Nerve Injury: <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>PhrenNrvInj (6832)</b></p> <p>Recurrent Laryngeal Nerve Injury: <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>ReclLarynNrvInj (6833)</b></p>
<p><b><u>Pulmonary</u></b></p> <p>Prolonged Ventilation: <input type="checkbox"/> Yes <input type="checkbox"/> No (OR exit time until initial extubation, plus any additional reintubation hours)  <b>CPVntLng (6835)</b></p> <p>Pneumonia: <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>CPPneum (6840)</b></p> <p>Venous Thromboembolism – VTE: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes ↓)  <b>CVTE (6845)</b></p> <p style="margin-left: 20px;">Pulmonary Thromboembolism: <input type="checkbox"/> Yes <input type="checkbox"/> No  <span style="margin-left: 20px;"><b>PulmEmb (6850)</b></span></p> <p style="margin-left: 20px;">Deep Venous Thrombosis: <input type="checkbox"/> Yes <input type="checkbox"/> No  <span style="margin-left: 20px;"><b>DVT (6855)</b></span></p> <p>Pleural Effusion Requiring Drainage: <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>CPIEff (6860)</b></p> <p>Pneumothorax Requiring Intervention: <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>PostOpPneumo (6865)</b></p>
<p><b><u>Renal</u></b></p>

Renal Failure: <input type="checkbox"/> Yes <input type="checkbox"/> No CRenFail (6870)	Dialysis (Newly Required): <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes →) Required after Hospital Discharge: <input type="checkbox"/> Yes <input type="checkbox"/> No DialDur (6880) Duration: <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent <input type="checkbox"/> Unknown DialStat (6881)
Ultra-Filtration Required: <input type="checkbox"/> Yes <input type="checkbox"/> No CUltraFil (6885)	
<b>Vascular</b>	
Iliac/Femoral Dissection: <input type="checkbox"/> Yes <input type="checkbox"/> No CVallFem (6890)	
Acute Limb Ischemia: <input type="checkbox"/> Yes <input type="checkbox"/> No CValblsc (6891)	
<b>Mechanical assist device related complication</b> : <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes ↓) CMAD (6892)	
Cannula/Insertion site issue <input type="checkbox"/> Yes <input type="checkbox"/> No CMADCanIns (6893)	
Hemorrhagic: <input type="checkbox"/> Yes <input type="checkbox"/> No CMADHem (6894)	
Thrombotic/Embolic: <input type="checkbox"/> Yes <input type="checkbox"/> No CMADThromEm (6895)	
Hemolytic: <input type="checkbox"/> Yes <input type="checkbox"/> No CMADHemolytic (6896)	
Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No CMADInf (6897)	
Other mechanical assist device related complication: <input type="checkbox"/> Yes <input type="checkbox"/> No CMADOther (6898)	
<b>Other</b>	
Rhythm Disturbance Requiring Permanent Device: <input type="checkbox"/> Pacemaker <input type="checkbox"/> ICD <input type="checkbox"/> Pacemaker/ICD <input type="checkbox"/> Other <input type="checkbox"/> None CRhythmDis (6900)	
Cardiac Arrest: <input type="checkbox"/> Yes <input type="checkbox"/> No COTArrst (6905)	
Post Op Aortic Endoleak: <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes→) Type: <input type="checkbox"/> Ia <input type="checkbox"/> Ib <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V COTaortEndo (6906) COTaortEndoTy (6907)	
Aortic Rupture: <input type="checkbox"/> Yes <input type="checkbox"/> No COTaortRupt (6908)	
Aortic Dissection: <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes→) Type: <input type="checkbox"/> Antegrade <input type="checkbox"/> Retrograde <input type="checkbox"/> Both CVaAoDis (6909) CVaAoDisTy (6910)	
Aortic Side Branch malperfusion: <input type="checkbox"/> Yes <input type="checkbox"/> No COTaortSide (6911)	
Aortic stent graft induced entry tear: <input type="checkbox"/> Yes <input type="checkbox"/> No COTaortTear (6912)	
Anticoagulant Event: <input type="checkbox"/> Yes <input type="checkbox"/> No COTCoag (6914)	
Pericardiocentesis: <input type="checkbox"/> Yes <input type="checkbox"/> No COTamp (6915)	
Gastro-Intestinal Event: <input type="checkbox"/> Yes <input type="checkbox"/> No COTGI (6920)	
Liver Dysfunction/ Failure: <input type="checkbox"/> Yes <input type="checkbox"/> No COTLiver (6921)	
Multi-System Failure: <input type="checkbox"/> Yes <input type="checkbox"/> No COTMSF (6925)	
Atrial Fibrillation: <input type="checkbox"/> Yes <input type="checkbox"/> No COTAFib (6930)	
Other: <input type="checkbox"/> Yes <input type="checkbox"/> No COTOther (6950)	

### Q. Discharge / Mortality

Date of Last Follow-up: __/__/____ (mm/dd/yyyy) LFUDate (7000)		
Status at 30 days After Surgery: <input type="checkbox"/> Alive <input type="checkbox"/> Dead <input type="checkbox"/> Unknown Mt30Stat (7001)		
Primary method used to verify 30-day status:	<input type="checkbox"/> Phone call to patient or family <input type="checkbox"/> Letter from medical provider <input type="checkbox"/> Medical record (evidence of life or death)	<input type="checkbox"/> Office visit >= 30 days after procedure <input type="checkbox"/> Social Security Death Master File /NDI <input type="checkbox"/> Other
Discharge/Mortality status: <input type="checkbox"/> In hospital, alive <input type="checkbox"/> Discharged alive, last known status = alive DischMortStat (7005) <input type="checkbox"/> Died in hospital <input type="checkbox"/> Discharged alive, died after discharge		
If Discharge/Mortality Status = "Discharged alive, last know status=alive" or "Discharged alive, died after discharge" ↓ ) Discharge Date __/__/____ (mm/dd/yyyy) DischDt (7008)		

Discharge Location: <b>DisLoctn (7009)</b>	<input type="checkbox"/> Home <input type="checkbox"/> Extended Care/Transitional Care Unit/Rehab <input type="checkbox"/> Other Acute Care Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Hospice <input type="checkbox"/> Left AMA <input type="checkbox"/> Other
Cardiac Rehabilitation Referral: <b>CardRef (7010)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Smoking Cessation Counseling: <b>SmokCoun (7011)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<b>Medications Prescribed at Discharge</b>	
Antiplatelet	Aspirin <b>DCASA (7060)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contraindicated
	ADP Inhibitor <b>DCADP (7070)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contraindicated
	Other Antiplatelet <b>DCOthAntiplat (7075)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contraindicated
Anticoagulant	Thrombin Inhibitors <b>DCDirThromIn (7080)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contraindicated
	Warfarin (Coumadin) <b>DCCoum (7085)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contraindicated
	Factor Xa inhibitors <b>DCFactorXa (7090)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contraindicated
	Novel Oral Anticoagulant <b>DCNovOrAnti (7091)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contraindicated
	Other Anticoagulant <b>DCOthAnticoag (7095)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contraindicated
ACE or ARB <b>DCACE (7100)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contraindicated <input type="checkbox"/> Not Indicated (no CHF or EF > 40%)
Amiodarone <b>DCAmiodarone (7103)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contraindicated
Beta Blocker <b>DCBeta (7105)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contraindicated
Lipid Lowering - Statin <b>DCLipLowStat (7115)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contraindicated
Lipid Lowering - Other <b>DCLipLowNonStat (7120)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contraindicated
If Discharge/Mortality Status = "Died in hospital" or "Discharged alive, died after discharge" ↓ Mortality - Date ____/____/____ (mm/dd/yyyy) <b>MtDate (7121)</b> Primary Cause of Death (select only one) <b>MtCause (7122)</b> <input type="checkbox"/> Cardiac <input type="checkbox"/> Neurologic <input type="checkbox"/> Renal <input type="checkbox"/> Vascular <input type="checkbox"/> Infection <input type="checkbox"/> Pulmonary <input type="checkbox"/> Unknown <input type="checkbox"/> Other	
(If Discharge/Mortality Status = "Died in hospital") In-Hospital death location: <input type="checkbox"/> OR During Initial Surgery <input type="checkbox"/> OR during reoperation <input type="checkbox"/> In Hospital (Other than OR) <b>InHospDthLoc (7123)</b>	
(If Discharge/Mortality Status = "Discharged alive, died after discharge") Operative Death: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>MtOpD (7124)</b> Post Discharge death location: <b>PostDisDthLoc (7125)</b> <input type="checkbox"/> Home <input type="checkbox"/> Extended Care Facility <input type="checkbox"/> Hospice <input type="checkbox"/> Acute Rehabilitation <input type="checkbox"/> Hospital during readmission <input type="checkbox"/> Other <input type="checkbox"/> Unknown	

## R. Readmission

(If Discharge/Mortality Status = "Discharged alive, last know status=alive" or "Discharged alive, died after discharge" ↓)

Readmit : ☐ Yes   ☐ No   ☐ Unknown (If Yes ↓)

**Readmit (7140)**

Readmit Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

**ReadmitDt (7145)**

Readmit Primary Reason:

**ReadmRsn (7160)**

- |   |  |
|---|--|
| <input type="checkbox"/> Angina   | <input type="checkbox"/> Pericardial Effusion and/or Tamponade   |
| <input type="checkbox"/> Anticoagulation Complication - Pharmacological | <input type="checkbox"/> Pericarditis/Post Cardiotomy Syndrome   |
| <input type="checkbox"/> Anticoagulation Complication – Valvular        | <input type="checkbox"/> Pleural effusion requiring intervention |
| <input type="checkbox"/> Aortic Complication                            | <input type="checkbox"/> Pneumonia                               |
| <input type="checkbox"/> Arrhythmia or Heart Block                      | <input type="checkbox"/> Renal Failure                           |
| <input type="checkbox"/> Blood Pressure (hyper or hypotension)          | <input type="checkbox"/> Renal Insufficiency                     |
| <input type="checkbox"/> Chest pain, noncardiac                         | <input type="checkbox"/> Respiratory complication, Other         |
| <input type="checkbox"/> Congestive Heart Failure                       | <input type="checkbox"/> Sepsis                                  |
| <input type="checkbox"/> Coronary Artery/Graft Dysfunction              | <input type="checkbox"/> Stroke                                  |
| <input type="checkbox"/> Depression/psychiatric issue                   | <input type="checkbox"/> TIA                                     |
| <input type="checkbox"/> DVT  | <input type="checkbox"/> Transfusion                             |
| <input type="checkbox"/> Electrolyte imbalance                          | <input type="checkbox"/> Transplant Rejection                    |
| <input type="checkbox"/> Endocarditis                                   | <input type="checkbox"/> VAD Complication                        |
| <input type="checkbox"/> Failure to thrive                              | <input type="checkbox"/> Valve Dysfunction                       |

<input type="checkbox"/> GI issue <input type="checkbox"/> Infection, Conduit Harvest Site <input type="checkbox"/> Infection, Deep Sternum / Mediastinitis <input type="checkbox"/> Mental status changes <input type="checkbox"/> Myocardial Infarction <input type="checkbox"/> PE	<input type="checkbox"/> Vascular Complication, acute <input type="checkbox"/> Wound , other (drainage, cellulitis) <input type="checkbox"/> Other – Related Readmission <input type="checkbox"/> Other – Nonrelated Readmission <input type="checkbox"/> Other – Planned Readmission <input type="checkbox"/> Unknown
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Readmit Primary Procedure:  
ReadmPro (7165)

<input type="checkbox"/> No Procedure Performed <input type="checkbox"/> Cath lab for Valve Intervention <input type="checkbox"/> Cath lab for Coronary Intervention (PCI) <input type="checkbox"/> Dialysis <input type="checkbox"/> OR for Bleeding <input type="checkbox"/> OR for Coronary Artery Intervention <input type="checkbox"/> OR for Sternal Debridement / Muscle Flap <input type="checkbox"/> OR for Valve Intervention	<input type="checkbox"/> OR for Vascular Procedure <input type="checkbox"/> OR for Aorta Intervention <input type="checkbox"/> Pacemaker Insertion / AICD <input type="checkbox"/> Pericardiotomy / Pericardiocentesis <input type="checkbox"/> Planned noncardiac procedure <input type="checkbox"/> Thoracentesis/ Chest tube insertion <input type="checkbox"/> Wound vac <input type="checkbox"/> Other Procedure <input type="checkbox"/> Unknown
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(if OR for Aorta intervention→)

Type: ☐ Open ☐ Endovascular  
ReadmAortIntTy (7166)

Indication: ☐ Rupture ☐ Endoleak ☐ Infection ☐ Dissection ☐ Expansion ☐ Loss of side branch patency ☐ Other  
ReadmAortIntInd (7167)



<b>Adult Cardiac Anesthesiology</b> (for sites participating in the optional anesthesiology component)				
Primary Anesthesiologist Name: <span style="color: red;">PrimAnesName (7310)</span>		Primary Anesthesiologist National Provider Number: <span style="color: red;">PrimAnesNPI (7315)</span>		
Anesthesiology Care Team Model: <span style="color: red;">AnesCareTeamMod (7320)</span> <div style="margin-left: 20px;"> <input type="checkbox"/> Anesthesiologist working alone  <input type="checkbox"/> Attending anesthesiologist teaching/medically directing fellow  <input type="checkbox"/> Attending anesthesiologist teaching/medically directing house staff  <input type="checkbox"/> Attending anesthesiologist medically directing CRNA (1:4 ratio or less)  <input type="checkbox"/> Attending anesthesiologist medically directing CRNA (1:5 ratio or greater)  <input type="checkbox"/> Surgeon medically directing CRNA  <input type="checkbox"/> CRNA practicing independently                     </div>				
Pain Score Baseline: <span style="color: red;">PainScorePre (7325)</span> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><input type="checkbox"/> 0</span> <span><input type="checkbox"/> 1</span> <span><input type="checkbox"/> 2</span> <span><input type="checkbox"/> 3</span> <span><input type="checkbox"/> 4</span> <span><input type="checkbox"/> 5</span> <span><input type="checkbox"/> 6</span> <span><input type="checkbox"/> 7</span> <span><input type="checkbox"/> 8</span> <span><input type="checkbox"/> 9</span> <span><input type="checkbox"/> 10</span> <span><input type="checkbox"/> Not Recorded</span> </div>				
Algorithm to Guide Transfusion: <span style="color: red;">TransfAlg (7330)</span>		<input type="checkbox"/> Yes, SCA/STS algorithm used <input type="checkbox"/> Yes, other algorithm used <input type="checkbox"/> No Algorithm used		Cell Saver Volume: <span style="color: red;">CellSavVol (7335)</span>
Heparin Total Dose: <span style="color: red;">TotHep (7340)</span>		(If TotHep > 0 →) Heparin Management: <span style="color: red;">HepMgmt (7345)</span> <div style="margin-left: 20px;"> <input type="checkbox"/> Heparin titration based on activated clotting time (ACT)  <input type="checkbox"/> Heparin titration based on heparin concentration (e.g. Hepcon system)  <input type="checkbox"/> Other method                     </div>		
Protamine Total Dose: <span style="color: red;">TotProt (7350)</span>		Antithrombin III Total Dose: <span style="color: red;">AntithromDose (7351)</span>		Viscoelastic Testing Used Intraop: <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="color: red;">IntraViscoTest (7360)</span>
Volatile Agent Used: <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="color: red;">VolAgentUsed (7365)</span> <div style="margin-left: 20px;">                         (If Yes →) Volatile Agent(s) used:                         <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;">                             Isoflurane  <span style="color: red;">VolAgentIso (7366)</span> </div> <div style="width: 45%;"> <input type="checkbox"/> Yes <input type="checkbox"/> No                             </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;">                                 Sevoflurane  <span style="color: red;">VolAgentSevo (7367)</span> </div> <div style="width: 45%;"> <input type="checkbox"/> Yes <input type="checkbox"/> No                             </div> </div> </div> <div style="margin-left: 20px; margin-top: 10px;">                         Volatile Agent(s) timing:                         <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;">                             Pre CPB  <span style="color: red;">VolAgentTimPre (7370)</span> </div> <div style="width: 45%;"> <input type="checkbox"/> Yes <input type="checkbox"/> No                             </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;">                                 Post CPB  <span style="color: red;">VolAgentTimPost (7380)</span> </div> <div style="width: 45%;"> <input type="checkbox"/> Yes <input type="checkbox"/> No                             </div> </div> </div> <div style="margin-left: 20px; margin-top: 10px;">                         Desflurane  <span style="color: red;">VolAgentDes (7368)</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;">                             Other  <span style="color: red;">VolAgentOth (7369)</span> </div> <div style="width: 45%;"> <input type="checkbox"/> Yes <input type="checkbox"/> No                             </div> </div>				
Intraop Infusion Dexmedetomidine: <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="color: red;">DexIntra (7390)</span>		Intraop Infusion Propofol: <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="color: red;">PropIntra (7395)</span>		Intraop Mgs Midazolam: _____ <span style="color: red;">MidazIntra (7400)</span>
Pre Induction Systolic BP: <span style="color: red;">PreAnesthBPSys (7410)</span>		Pre Induction Diastolic BP: <span style="color: red;">PreAnesthBPDia (7415)</span>		Intraop Insulin Total Dose: _____ <span style="color: red;">TotInsulintra (7405)</span>
Pre Induction Mean BP: <span style="color: red;">PreAnesthBPMean (7420)</span>		Pre Induction Heart Rate: <span style="color: red;">PreAnesthHR (7425)</span>		
Core Temperature Source: <span style="color: red;">CoreTempSrc (7435)</span>		<input type="checkbox"/> Esophageal <input type="checkbox"/> Nasopharyngeal <input type="checkbox"/> Tympanic <input type="checkbox"/> Bladder <input type="checkbox"/> PA Catheter Thermistor <input type="checkbox"/> Rectal		Core Temp Max: <span style="color: red;">CoreTempMax (7440)</span>
Intra Op Nitric Oxide: <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="color: red;">NitricOxIntraop (7445)</span>		Anesth. Total Crystalloid: <span style="color: red;">TotCrystAnesth (7450)</span>		Anesth. Synthetic Colloid: _____ <span style="color: red;">TotColloidAnesth (7455)</span>
Anesthesiology Total Albumin: <span style="color: red;">TotAlbumAnesth (7460)</span>		Intraop Glucose Trough: <span style="color: red;">GlucTroughIntraop (7470)</span>		
Intraop Vasodilators Used: <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="color: red;">VasodilIntraop (7475)</span>				
Intraoperative Processed EEG (BIS): <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="color: red;">IntraProcEEG (7476)</span>				



<b>Intraop Transesophageal Echo (TEE):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>IntraOpPreTEE (7480)</b>			
(If Pre Proc TEE is Yes→)	<b>Pre-procedure LVEF Measured:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (if Yes→) <b>LVEF:</b> _____ <b>PreLVEFMeas (7485)</b> <b>PreLVEF (7490)</b>		
	<b>Pre-procedure RV Function:</b> <input type="checkbox"/> Normal <input type="checkbox"/> Moderate Dysfunction <input type="checkbox"/> Not Assessed <b>PreRVFx (7495)</b> <input type="checkbox"/> Mild Dysfunction <input type="checkbox"/> Severe Dysfunction		
	<b>Mitral Regurgitation:</b> <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Severe <b>PreMR (7500)</b> <input type="checkbox"/> Trace/trivial <input type="checkbox"/> Moderate <input type="checkbox"/> Not assessed		
	<b>Mitral Stenosis:</b> <input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Not Assessed <b>PreMS (7505)</b> <input type="checkbox"/> Mild <input type="checkbox"/> Severe		
	<b>Aortic Regurgitation:</b> <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Severe <b>PreAR (7510)</b> <input type="checkbox"/> Trace/trivial <input type="checkbox"/> Moderate <input type="checkbox"/> Not assessed		
	<b>Aortic Stenosis:</b> <input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Not Assessed <b>PreAS (7515)</b> <input type="checkbox"/> Mild <input type="checkbox"/> Severe		
	<b>Aortic Valve Area Assessed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes→) <b>Aortic Valve Area:</b> _____ <b>PreAVAAssessed (7520)</b> <b>PreAVA (7525)</b>		
	<b>Tricuspid Regurgitation:</b> <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Severe <b>PreTR (7530)</b> <input type="checkbox"/> Trace/trivial <input type="checkbox"/> Moderate <input type="checkbox"/> Not assessed		
	<b>Patent Foramen Ovale:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not assessed <b>PrePFO (7535)</b>		
	<b>Ascending Aorta Assessed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>AscAoAssessed (7540)</b>		
	(If Yes→) <b>Maximal Ascending Aorta Diameter:</b> _____ <b>MxAscAo (7545)</b> <b>Maximal Ascending Aorta Atheroma Thickness:</b> _____ <b>MxAscAoThick (7550)</b> <b>Ascending Aorta Atheroma Mobility:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>AsAthMo (7555)</b>		
	<b>Aortic Arch Visualized:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>AoArcVis (7560)</b>		
	(If Yes→) <b>Maximal Aortic Arch Atheroma Thickness:</b> _____ <b>MxArcAth (7565)</b>		
	<b>Aortic Arch Atheroma Mobility:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>ArcAthMo (7570)</b>		
<b>Cardiopulmonary Bypass Used:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>CPBUsed (7575)</b>			
(If CPB Use is Yes→)	<b>Retrograde Autologous Priming of CPB Circuit:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>RetrAutolPrim (7580)</b>		
	<b>Total Crystalloid Administered by Perfusion Team:</b> _____ <b>TotCrystPerf (7585)</b>		
	<b>Total Synthetic Colloid Administered by Perfusion Team:</b> _____ <b>TotColloidPerf (7590)</b>		
	<b>Total Albumin Administered by Perfusion Team:</b> _____ <b>TotAlbumPerf (7595)</b>		
	<b>Hemofiltration Volume Removed by Perfusion Team:</b> _____ <b>HemofilPerf (7600)</b>		
	<b>Inotropes used to wean from CPB:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>InotropWeanCPB (7605)</b>		
	<b>Vasopressors used to wean from CPB:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>VasopWeanCPB (7610)</b>		
<b>Post-Procedure Use Of Intraoperative TEE:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>IntraOpPostTEE (7615)</b>			

(If Post Proc TEE is Yes→)	Systolic Anterior Motion of Mitral Valve:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not assessed									
	Return to CPB for Echo Related Diagnosis:		<input type="checkbox"/> Yes <input type="checkbox"/> No									
	Post-Procedure LVEF Measured:		<input type="checkbox"/> Yes <input type="checkbox"/> No									
	(If Yes→) Post-Procedure LVEF: _____ PostLVEF (7635)											
	Post-Procedure RV Function:		<input type="checkbox"/> Normal <input type="checkbox"/> Mild Dysfunction	<input type="checkbox"/> Moderate Dysfunction <input type="checkbox"/> Severe Dysfunction	<input type="checkbox"/> Not Assessed							
Intraoperative cardiac arrest related to anesthesia care: <input type="checkbox"/> Yes <input type="checkbox"/> No IntraCardArr (7641)												
Patient Died in the OR: <input type="checkbox"/> Yes <input type="checkbox"/> No ORDeath (7645)												
(If OR Death is No→)	Core Temp Measured upon Entry to ICU/PACU:		<input type="checkbox"/> Yes <input type="checkbox"/> No									
	(If Yes→) Post Op Core Temp: _____ PostCoreTemp (7655)											
	Post-Op INR Measured upon admission to post op care location (PACU, ICU):		<input type="checkbox"/> Yes <input type="checkbox"/> No									
	(If Yes→) INR: _____ PostINR (7665)											
	WBC Measured upon admission to post op care location (PACU, ICU):		<input type="checkbox"/> Yes <input type="checkbox"/> No									
	(If Yes→) WBC : _____ PostWBC (7675)											
	Platelets Measured upon admission to post op care location (PACU, ICU):		<input type="checkbox"/> Yes <input type="checkbox"/> No									
	(If Yes→) Platelet Count: _____ PostPlt (7685)											
	Hematocrit Measured upon admission to post op care location (PACU, ICU):		<input type="checkbox"/> Yes <input type="checkbox"/> No									
	(If Yes→) Hematocrit: _____ PostHCT (7695)											
	Fibrinogen Measured upon admission to post op care location (PACU, ICU):		<input type="checkbox"/> Yes <input type="checkbox"/> No									
	(If Yes→) Fibrinogen _____ PostFibrin (7697)											
	Lactate Measured upon admission to post op care location (PACU, ICU):		<input type="checkbox"/> Yes <input type="checkbox"/> No									
	(If Yes→) Lactate: _____ PostLact (7705)											
Post Op Dexmedetomidine:		<input type="checkbox"/> Yes <input type="checkbox"/> No										
DexPost (7710)												
Post Op Propofol:		<input type="checkbox"/> Yes <input type="checkbox"/> No										
PropPost (7715)												
Post Op Delirium:		<input type="checkbox"/> Yes <input type="checkbox"/> No										
PostopDel (7720)												
Post Op Heparin Induced Thrombocytopenia:		<input type="checkbox"/> Yes <input type="checkbox"/> No										
PostHITAnti (7725)												
Pain Score POD #3:												
PainScorePOD3 (7730)												
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> Not recorded	<input type="checkbox"/> NA
Pain Score Discharge:												
PainScoreDisch (7735)												
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> Not recorded	<input type="checkbox"/> NA