



The Society of Thoracic Surgeons
Adult Cardiac Surgery Database
Annotated Data Collection Form
Version 2.52.1

A. Administrative

Participant ID: |_|_|_|_|_|_|_|

Record ID _____

ParticID (40)

RecordID (50)

Cost Link Field: _____

STS Trial Link Number: |_|_|_|_|_|_|_|

Patient ID _____

CostLink (60)

STSTLink (70)

PatID (80)

B. Demographics

Last Name: _____

First Name: _____

Patient M.I.: ____ **Name Fields Not Harvested**

PatLName (100)

PatFName (110)

PatMInit (120)

Date of Birth (mm/dd/yyyy): ___/___/_____

Patient Age: _____ **System Calculation**

DOB (130)

Age (140)

Gender: Male Female

Gender (150)

Social Security (or National Patient ID) Number: _____ **Not Harvested**

Medical Record Number: _____ **Not Harvested**

SSN (160)

MedRecN (170)

Patient ZIP or Postal Code: _____

Race: Caucasian Black Hispanic Asian Native American Other

PatZIP (180)

Race (190)

Referring Cardiologist's Name: _____ **Not Harvested**

Referring Physician's Name: _____ **Not Harvested**

RefCard (200)

RefPhys (210)

C. Hospitalization

Hospital Name: _____

Hospital ZIP Code |_____|

Hospital State |_|_|

HospName (220)

HospZIP (230)

HospStat (240)

Payor: _____ **Not Harvested**

Payor (250)

Date of Admission: ___/___/_____

Date of Surgery: ___/___/_____

Date of Discharge: ___/___/_____

AdmitDt (260)

SurgDt (270)

DischDt (280)

ICU Visit: Yes No **If yes, →** Initial ICU Hours: _____

ICUVisit (300)

ICUInHrs (310)

Readm to ICU: Yes No **If yes, →** Additional ICU Hours _____

ICUReadm (320)

ICUAdHrs (330)

Total Hours in ICU: _____

TotHrICU (340)

D. Risk Factors

Weight (kg): _____ Height (cm): _____

WeightKg (350)

HeightCm (360)

Smoker: Yes No **If yes →** Current Smoker: Yes No

Smoker (370)

SmokCurr (380)

Family History of Coronary Artery Disease: Yes No

FHCAD (390)

Diabetes: Yes No **If yes, select one: →** Diabetes Control: None Diet Oral Insulin

Diabetes (400)

DiabCtrl (410)

Dyslipidemia: Yes No

Hypchol (420)

Last Creatinine Level Preop: _____

CreatLst (430)

Renal Failure: Yes No **If yes, →** Dialysis: Yes No

RenFail (440) Dialysis (450)

Hypertension: Yes No

Hypertn (460)

Cerebrovascular Accident: Yes No **If yes, →** When: Recent <= 2 weeks Remote > 2 weeks

CVA (470) CVAWhen (480)

Infectious Endocarditis: Yes No **If yes, →** Infectious Endocarditis Type: Treated Active

InfEndo (490) InfEndTy (500)

Chronic Lung Disease: No Mild Moderate Severe

ChrLungD (510)

Immunosuppressive Therapy: Yes No

ImmSupp (520)

Peripheral Vascular Disease: Yes No

PVD (530)

Cerebrovascular Disease: Yes No **If yes, →** CVD Type: Coma CVA RIND TIA Non Invasive > 75% Prior Carotid Surgery

CVD (540) CVType (550)

E. Previous CV Interventions

Incidence: First CV Surgery First Re-op CV Surgery Second Re-op CV Surgery Third Re-op CV Surgery Fourth or More Re-op Surgery

Incident (560)

Previous CV Interventions: Yes No **If yes, complete the rest of this section ↓**

PrCVInt (570)

Previous Coronary Artery Bypass: Yes No

PrCAB (600)

Previous Valve: Yes No

PrValve (610)

Previous Other Cardiac – Intrapericardial or Great Vessel: Yes No

PrOthCar (620)

Previous Other Cardiac – AICD: Yes No

ProCAICD (630)

Previous Other Cardiac – Pacemaker: Yes No **If yes, →** Previous Other Cardiac – Pacemaker Type: Biventricular Univentricular

POCPace (640) POCPaceT (650)

Previous Other Cardiac – PCI: Yes No **If yes, →** Previous Other Cardiac – PCI Interval: <= 6 Hours > 6 Hours

POPCPI (660) POPCPIIn (670)

F. Preoperative Cardiac Status

Myocardial Infarction: Yes No **If yes, →** When: <= 6 hours > 6 hours but <24 hours 1 - 7 days 8 - 21 days > 21 days

MI (750) MIWhen (760)

Congestive Heart Failure: Yes No

CHF (770)

Angina: Yes No **If yes, →** Angina Type: Stable Unstable

Angina (780) AngType (790)

Cardiogenic Shock: Yes No **If yes, →** Cardiogenic Shock Type: Refractory Shock Hemodynamic Instability

CarShock (810) CarShTyp (820)

Resuscitation: Yes No

Resusc (830)

Arrhythmia: Yes No **If yes, →** Arrhythmia Type: Sust VT/VF Heart Block AFib/Flutter None

Arrhyth (840) ArrhyTyp (850)

Classification - NYHA: I II III IV

ClassNYH (870)

G. Preoperative Medications

Beta Blockers: Yes No

MedBeta (890)

ACE Inhibitors: Yes No

MedACEI (900)

Nitrates I.V.: Yes No

MedNitIV (910)

Anticoagulants: Yes No **If yes, →** Anticoagulants Medication Name: Heparin (Unfractionated) Heparin (Low Molecular) Thrombin Inhibitors

MedACoag (930)

MedACMN (940)

Coumadin: Yes No

MedCoum (950)

Inotropes: Yes No

MedInotr (970)

Steroids: Yes No

MedSter (980)

Aspirin: Yes No

MedASA (990)

Lipid-Lowering: Yes No **If yes, →** Lipid Lowering Medication Name: Statin Non statin

MedLipid (1000)

MedLipMN (1010)

ADP Inhibitors: Yes No

MedADPI (1020)

Glycoprotein IIb/IIIa Inhibitor: Yes No **If yes, →** Glycoprotein IIb/IIIa Inhibitor Medication Name:

Abciximab (ReoPro)

MedGP (1030)

MedGPMN (1040)

Eptifibatid (Integrilin)

Tirofiban (Aggrastat)

H. Hemodynamics and Cath

Number of Diseased Coronary Vessels: None One Two Three

NumDisV (1050)

Left Main Disease >= 50%: Yes No

LMainDis (1060)

Ejection Fraction Done? Yes No **If yes, →** Ejection Fraction: _____

HDEFD (1070)

HDEF (1080)

Method: LV gram Radionucleotide Estimate ECHO

HDEFMeth (1090)

Pulmonary Artery Mean Pressure Done? Yes No **If yes, →** Pulmonary Artery Mean Pressure: _____

HDPAD (1100)

HDPAMean (1110)

Aortic Stenosis: Yes No **If yes, →** Gradient: _____

VDStenA (1120)

VDGradA (1130)

Mitral Stenosis: Yes No

VDStenM (1140)

Tricuspid Stenosis: Yes No

VDStenT (1150)

Pulmonic Stenosis: Yes No

VDStenP (1160)

Aortic Insufficiency: 0=None 1=Trivial 2=Mild 3= Moderate 4= Severe

VDInsufA (1170)

Mitral Insufficiency: 0=None 1=Trivial 2=Mild 3= Moderate 4= Severe

VDInsufM (1180)

Tricuspid Insufficiency: 0=None 1=Trivial 2=Mild 3= Moderate 4= Severe

VDInsufT (1190)

Pulmonic Insufficiency: 0=None 1=Trivial 2=Mild 3= Moderate 4= Severe

VDInsufP (1200)

I. Operative

Surgeon's Name: _____
Surgeon (1210)

Surgeon ID: _____
SurgID (1220)

Status of the procedure: ↓
Status (1240)

Elective

Urgent → Reason: AMI IABP Worsening CP CHF Anatomy USA Rest Angina
Valve Dysfunction Aortic Dissection Angiographic Accident

UrgntRsn (1250)

Emergent → Reason: Shock Circ Support Shock No Circ Support Pulmonary Edema AEMI
Ongoing Ischemia Valve Dysfunction Aortic Dissection Angiographic Accident

EmergRsn (1260)

Emergent Salvage

Robotic Technology Assisted: Yes No

Robotic (1270)

Coronary Artery Bypass: Yes No → If yes, also complete Section J
OpCAB (1280)

Valve Surgery : Yes No → If yes, also complete Section K
OpValve (1290)

Ventricular Assist Device: Yes No → If yes, also complete Section L

VAD (1300)

Other Cardiac Procedure: Yes No → If yes, also complete Section M
OpOCard (1310)

Other Non-Cardiac Procedure: Yes No → If yes, also complete Section N
OpONCard (1320)

Skin Incision Start Time: _____ 24 hour clock Skin Incision Stop Time: _____ 24 hour clock

SISStartT (1330)

SISStopT (1340)

CPB Utilization: None Combination Full ↓

CPBUtil (1350)

If Combination → Combination Plan: Planned Unplanned → If Unplanned, Unplanned Combination Reason: Exposure/visualization
CPBCmb (1360) **CPBCmbR (1370)** Bleeding
Inadequate size and/or diffuse disease of distal vessel
Hemodynamic instability
Conduit quality and/or trauma
Other

If Combination or Full → Perfusion Time (min): _____

PerfusTm (1380)

Cannulation Method: → Aorta and Fem/Jug Vein
Cannulat (1390) Fem Art and Fem/Jug Vein
Aorta and Atrial/Caval
Fem Art and Atrial/Caval
Other

Aortic Occlusion: → None

AortOccl (1400) Aortic Crossclamp → If Aortic Crossclamp or Balloon Occlusion → Cross Clamp Time (min): _____
Balloon Occlusion **XClampTm (1410)**
Partial Crossclamp

Cardioplegia: Yes No

Cplegia (1420)

IABP: Yes No → **If yes**, When Inserted: → Preoperatively Intraoperatively Postoperatively
IABP (1430) **IABPWhen (1440)**
 Indication: → Hemodynamic Instab PTCA Support Unstable Angina CPB Wean Prophylactic
IABPInd (1450)

Intraop Blood Products: Yes No → **If Yes**, Red Blood Cell Units _____ **IBdRBCU (1470)**
IBdProd (1460) Fresh Frozen Plasma Units _____ **IBdFFPU (1480)**
 Cryoprecipitate Units _____ **IBdCryoU (1490)**
 Platelet Units _____ **IBdPlatU (1500)**

J. Coronary Bypass

Number of Distal Anastomoses with Arterial Conduits: _____
DistArt (1520)

Number of Distal Anastomoses with Venous Conduits: _____
DistVein (1530)

Anastomotic Device Used: Yes No **If yes**, → Anastomotic Device: Glue Magnets Clips Staples Other
AnasDevU (1540) **AnasDev (1550)**

IMAs Used as Grafts: Left IMA Right IMA Both IMAs No IMA **If Left, Right, or Both ↓**
IMAArtUs (1560)

IMA Harvest Technique: Direct Vision Thoracoscopy Combination Robotic Assisted
IMATechN (1570)
 Number of IMA Distal Anastomoses: _____
NumIMADA (1580)

Radial Artery Used: No Radial Left Radial Right Radial Both Radials **If Left, Right, or Both ↓**
RadArtUs (1590)

Number of Radial Artery Distal Anastomoses: _____
NumRadDA (1600)

Number of Gastro-Epiploic Artery Distal Anastomoses: _____
NumGEPDA (1610)

Number of Other Arterial Distal Anastomoses: _____
NumOArtD (1620)

K. Valve Surgery

<u>Aortic:</u> OpAortic (1630)	<u>Mitral:</u> OpMitral (1640)	<u>Tricuspid:</u> OpTricus (1650)	<u>Pulmonic:</u> OpPulm (1660)
No	No	No	No
Replacement	Annuloplasty Only	Annuloplasty Only	Replacement
Repair/Reconstruction	Replacement	Replacement	Reconstruction
Root Reconstruction w/ Valve Conduit	Reconstruction w/ Annuloplasty	Reconstruction w/ Annuloplasty	
Replacement + Aortic Graft Conduit	Reconstruction w/out Annuloplasty	Reconstruction w/out Annuloplasty	
Root Reconstruction w/ Valve Sparing		Valvectomy	
Resuspension Aortic Valve with replacement ascending Aorta			
Resuspension Aortic Valve without replacement ascending Aorta			
Resection Sub-Aortic Stenosis			

Aortic Annular Enlargement: Yes No
AnlrEnl (1670)

↓ Key M = Mechanical B = Bioprosthesis H = Homograft A = Autograft (Ross) R = Ring/Annuloplasty BA = Band/Annuloplasty

Aortic Prosthesis - Implant Type: None M B H A R BA Implant: _____ Size: _____
VSAoImTy (1680) **VSAoIm (1690)** **VSAoImSz (1700)**

Mitral Prosthesis - Implant Type: None M B H A R BA Implant: _____ Size: _____
VSMImTy (1740) **VSMIm (1750)** **VSMImSz (1760)**

Tricuspid Prosthesis - Implant Type: None M B H A R BA Implant: _____ Size: _____
VSTrlmTy (1800) **VSTrlm (1810)** **VSTrlmSz (1820)**

Pulmonic Prosthesis - Implant Type: None M B H A R BA Implant: _____ Size: _____
VSPulmTy (1860) **VSPulm (1870)** **VSPulmSz (1880)**

Valve Key

Mechanical

ATS Mechanical Prosthesis = M1
 Björk-Shiley Convex-Concave Mechanical Prosthesis = M2
 Björk-Shiley Monostrut Mechanical Prosthesis = M3
 CarboMedics Mechanical Prosthesis = M4
 CarboMedics Carbo-Seal Ascending Aortic Valved Conduit Prosthesis = M16
 CarboMedics Carbo-Seal Valsalva Ascending Aortic Valved Conduit Prosthesis = M17
 CarboMedics Reduced Cuff Aortic Valve = M18
 CarboMedics Standard Aortic Valve = M19
 CarboMedics Top-Hat Supra-annular Aortic Valve = M20
 CarboMedics OptiForm Mitral Valve = M21
 CarboMedics Standard Mitral Valve = M22
 CarboMedics Orbis Universal Valve = M23
 CarboMedics Small Adult Aortic and Mitral Valves = M24
 Edwards Tekna Mechanical Prosthesis = M5
 Lillehei-Kaster Mechanical Prosthesis = M6
 MCRI On-X Mechanical Prosthesis = M10
 Medtronic-Hall/Hall Easy-Fit Mechanical Prosthesis = M7
 Medtronic ADVANTAGE Mechanical Prosthesis = M25
 OmniCarbon Mechanical Prosthesis = M8
 OmniScience Mechanical Prosthesis = M9
 Sorin Bicarbon (Baxter Mira) Mechanical Prosthesis = M11
 Sorin Monoleaflet Allcarbon Mechanical Prosthesis = M12
 St. Jude Medical Mechanical Prosthesis or St. Jude Medical® Mechanical Heart Valve = M13
 SJM® Masters Series Mechanical Heart Valve = M26
 SJM® Masters Series Aortic Valve Graft Prosthesis = M27
 St. Jude Medical® Mechanical Heart Valve Hemodynamic Plus (HP) Series = M28
 SJM® Masters Series Hemodynamic Plus Valve with FlexCuff™ Sewing Ring = M29
 SJM Regent™ Valve = M30
 Starr-Edwards Caged-Ball Prosthesis = M14
 Ultracor Mechanical Prosthesis = M15

Bioprosthetic

Baxter Prima Stentless Porcine Bioprosthesis – Subcoronary = B24
 Baxter Prima Stentless Porcine Bioprosthesis – Root = B25
 Biocor Porcine Bioprosthesis = B3
 Biocor Stentless Porcine Bioprosthesis – Subcoronary = B26
 Biocor Stentless Porcine Bioprosthesis – Root = B27
 CarboMedics PhotoFix Pericardial Bioprosthesis = B5
 Carpentier-Edwards Duraflex Porcine Bioprosthesis = B28
 Carpentier-Edwards Prima Plus Stentless Porcine Bioprosthesis – Subcoronary = B29
 Carpentier-Edwards Prima Plus Stentless Porcine Bioprosthesis – Root = B30
 Carpentier-Edwards PERIMOUNT Pericardial Bioprosthesis = B6
 Carpentier-Edwards Standard Porcine Bioprosthesis = B7
 Carpentier-Edwards Supra-Annular Aortic Porcine Bioprosthesis = B8
 Cryolife O'Brien Stentless Porcine Bioprosthesis – Subcoronary = B31
 Cryolife O'Brien Stentless Porcine Bioprosthesis – Root = B32
 Hancock Standard Porcine Bioprosthesis = B10
 Hancock II Porcine Bioprosthesis = B11

Hancock Modified Orifice Porcine Bioprosthesis = B12
 Ionescu-Shiley Pericardial Bioprosthesis = B13
 Labcor Stented Porcine Bioprosthesis = B14
 Labcor Stentless Porcine Bioprosthesis – Subcoronary = B33
 Labcor Stentless Porcine Bioprosthesis – Root = B34
 Medtronic Freestyle Stentless Porcine Bioprosthesis – Subcoronary = B35
 Medtronic Freestyle Stentless Porcine Bioprosthesis – Root = B36
 Medtronic Intact Porcine Bioprosthesis = B17
 Medtronic Mosaic Porcine Bioprosthesis = B18
 Medtronic Contegra Bovine Jugular Bioprosthesis = B37
 Mitroflow Pericardial Bioprosthesis = B19
 St. Jude Medical - Toronto SPV Stentless Porcine Bioprosthesis or SJM Toronto SPV® Valve = B21
 St. Jude Medical-Bioimplant Porcine Bioprosthesis = B22
 SJM Biocor™ Valve = B38
 SJM Epic™ Valve = B39
 SJM Toronto Root™ Bioprosthesis = B40
 Sorin Pericarbon Stentless Pericardial Bioprosthesis = B20

Homograft

CryoLife Aortic Homograft = H6
 CryoLife Pulmonary Homograft = H7
 CryoLife CryoValve SG(Decellularized)Aortic Homograft = H8
 CryoLife CryoValve SG Pulmonary Homograft = H9
 Homograft Aortic – Subcoronary = H1
 Homograft Aortic Root = H2
 Homograft Mitral = H3
 Homograft Pulmonic Root = H4
 LifeNet CV Allografts = H10

Autograft

Pulmonary Autograft to aortic root (Ross Procedure) = A1

Ring - Annuloplasty

CarboMedics AnnuloFlo Ring = R8
 CarboMedics AnnuloFlex Ring = R9
 CarboMedics CardioFix Bovine Pericardium with PhotoFix Technology = R10
 Carpentier-Edwards Classic Annuloplasty Ring = R1
 Carpentier-Edwards Physio Annuloplasty System Ring = R2
 Cosgrove-Edwards Annuloplasty System Ring = R3
 Edwards MC³ Tricuspid Annuloplasty System G Future Band = R11
 Genesee Sculptor Annuloplasty Ring = R12
 Medtronic Sculptor Ring = R4
 Medtronic-Duran AnCore Ring = R5
 Sorin-Puig-Messana Ring = R6
 St. Jude Medical Sequin Ring or SJM® Séguin Annuloplasty Ring = R7
 SJM Tailor™ Annuloplasty Ring = R13

Band – Annuloplasty

Medtronic Colvin Galloway Future Band = Ba1
 Medtronic Duran Band = Ba2
 Medtronic Duran – Ancore Band = Ba3

Other = 777

L. VAD

Previous VAD: Yes No

PrevVAD (1920)

Please note that future references to “initial VAD” refer to the initial VAD for this hospitalization, not a VAD placed during a previous hospitalization.

Current Circulatory Support: For Initial VAD only

Indication for VAD: (Bridge to Transplant) (Bridge to Recovery) (Destination) (Separation from CPB) (Device Malfunction)

VADInd (1930)

Intubated Pre VAD: Yes No

IntPVAD (1940)

Hemodynamics Pre VAD: **May be obtained Prior to induction in the OR, or in an ICU immediately prior to OR**

PCWP: _____mm/Hg CVP: _____mm/Hg PVR: _____woods units CI: _____L/ (min x m2)

HPVPCWP (1950) **HPVCVP (1960)** **HPVPVR (1970)** **HPVCI (1980)**

RV Function: (Normal) (Mildly Impaired) (Moderately Impaired) (Severely Impaired)

HPVRVEF (1990)

RV Function method: _____ (Pre-op ECHO) (Intra-op pre VAD TEE)

HPVRVMth (2000)

VO2 Measured: Yes No

HPVPVO2M (2010)

Peak VO2: _____ ml/kg/min

HPVPVO2 (2020)

VAD Device Data:

Implant Type: **Fill in below:** (RVAD) (LVAD) (BiVAD)

Product Type: **Fill in below:** 1. HeartQuest VAD 2. Lion Heart 3. Novacor LVAS 4. Heartsaver VAD 5. Jarvik 2000 6. DeBakey VAD
7. TandemHeart pVAD 8. AB-180 iVAD 9. CardioWest TAH 10. Thoratec iVAD 11. HeartMate VE 12. HeartMate IP LVAS
13. HeartMate SNAP-VE 14. HeartMate XVE 15. HeartMate II 16. HeartMate III 17. BVS5000i 18. AbioCor 19. Incor
20. Excor 21. Other

Explant Reason: **Fill in below:** 1. Cardiac Transplant 2. Recovery 3. Device Transfer 4. Device Related Infection 5. Device Malfunction

Initial Implant Data

<u>Implant Type</u>	<u>Product Type</u>	<u>Implant Date</u>	<u>Explant</u>	<u>Explant Date</u>	<u>Explant Reason</u>	<u>Cardiac Tx</u>	<u>Tx Date</u>
_____	_____	___/___/___	Y N	___/___/___	_____	Y N	___/___/___
VImpTy (2030)	VProdTy (2040)	VImpDt (2050)	VExp (2060)	VExpDt (2070)	VExpRsn (2080)	VCardTx (2090)	VTxDt (2100)

Initial VAD Cannulation/Attachment Sites:

LVAD Inflow: (LA) (LV)

LVADInf (2110)

RVAD Inflow: (RA) (RV)

RVADInf (2120)

Additional Implant(s) Data

<u>Implant(s) Type</u>	<u>Product Type</u>	<u>Implant Date</u>	<u>Explant</u>	<u>Explant Date</u>	<u>Explant Reason</u>	<u>Cardiac Tx</u>	<u>Tx Date</u>
_____	_____	___/___/___	Y N	___/___/___	_____	Y N	___/___/___
VImpTy2 (2130)	VProdTy2 (2140)	VImpDt2 (2150)	VExp2 (2160)	VExpDt2 (2170)	VExpRsn2 (2180)	VCardTx2 (2190)	VTxDt2 (2200)
_____	_____	___/___/___	Y N	___/___/___	_____	Y N	___/___/___
VImpTy3 (2210)	VProdTy3 (2220)	VImpDt3 (2230)	VExp3 (2240)	VExpDt3 (2250)	VExpRsn3 (2260)	VCardTx3 (2270)	VTxDt3 (2280)

Primary VAD Complications Data:

Intracranial Bleed: Yes No

PVCmpBld (2290)

Embolic Stroke: Yes No

PVCmpESt (2300)

Driveline/Cannula Infection: Yes No

PVCmpDCI (2310)

Pump Pocket Infection: Yes No

PVCmpPPI (2320)

VAD Endocarditis: Yes No

PVCmpEnd (2330)

Device Malfunction: Yes No

PVCmpMal (2340)

Additional Complications (not specific to initial VAD as above) to be collected in section "P", Complications.

VAD Status: Discharged from hospital: (with VAD) (without VAD)

VADDiscS (2350)

M. Other Cardiac Procedures

Yes No	Left Ventricular Aneurysm Repair	Yes No	Ventricular Septal Defect Repair	Yes No	Atrial Septal Defect Repair
	OCarLVA (2360)		OCarVSD (2370)		OCarASD (2380)
Yes No	Batista	Yes No	Surgical Ventricular Restoration	Yes No	Congenital Defect Repair
	OCarBati (2390)		OCarSVR (2400)		OCarCong (2410)
Yes No	Transmyocard Laser Revasc	Yes No	Cardiac Trauma	Yes No	Cardiac Transplant
	OCarLasr (2420)		OCarTrma (2430)		OCarCrTx (2440)

Arrhythmia Correction Surgery → None

OCarACD (2450)

- Permanent Pacemaker
- Permanent Pacemaker with Cardiac Resynchronization Therapy (CRT)
- Automatic Implanted Cardioverter Defibrillator (AICD)
- AICD with CRT

If "Permanent Pacemaker with CRT" or "AICD with CRT" ↓

Arrhythmia Correction Surgery – Lead Placement → Epicardial Endocardial

OCarACDL (2460)

Atrial Fibrillation Correction Surgery → None

OcarAFib (2470)

- Standard Surgical Maze Procedure
- Other Surgical Ablative Procedure
- Combination of Standard and Other [If Other or Combo, then answer ↓](#)

Atrial Fibrillation Surgery – Energy Source → Unipolar Radiofrequency

OCarAFES (2480)

- Bipolar Radiofrequency
- Microwave
- Cryothermia
- Other
- Combination of above

Yes No Aortic Aneurysm [If yes, →](#) Yes No Ascending Aorta **ONCAsc (2520)**

ONCAoAn (2510)

Yes No Aortic Arch **ONCArch (2530)**

Yes No Descending Aorta **ONCDesc (2540)**

Yes No Thoracoabdominal Aorta **ONCThAbd (2550)**

Yes No Other

OCarOthr (2560)

N. Other Non Cardiac Procedures

Yes No Carotid Endarterectomy

ONCCarEn (2570)

Yes No Other Vascular

ONCOVasc (2580)

Yes No Other Thoracic

ONCOThor (2590)

Yes No Other

ONCOther (2600)

O. Postoperative

Blood Products Used Postoperatively: Yes No → [If Yes,](#) Red Blood Cell Units _____ **BdRBCU (2620)**

BldProd (2610)

Fresh Frozen Plasma Units _____ **BdFFPU (2630)**

Cryoprecipitate Units _____ **BdCryoU (2640)**

Platelet Units _____ **BdPlatU (2650)**

Extubated in OR: Yes No [If No, →](#) Initial # Hrs Ventilated Postop: _____

ExtubOR (2660)

VentHrsI (2670)

Re-intubated During Hosp Stay: Yes No → [If yes, →](#) Addl Hours Ventilated Postop: _____

ReIntub (2680)

VentHrsA (2690)

Total Hours Ventilated Postop: _____

VentHrs (2700)

P. Complications

In Hospital Complications: Yes No **Complics (2710)**

Operative:

Yes No ReOp for Bleeding/Tamponade
COpReBld (2720)

Yes No ReOp for Valvular Dysfunction
COpReVlv (2730)

Yes No ReOp for Graft Occlusion
COpReGft (2740)

Yes No ReOp for Other Cardiac Problem
COpReOth (2750)

Yes No ReOp for Other Non Cardiac Problem
COpReNon (2760)

Yes No Perioperative MI
COpPerMI (2770)

Infection:

Yes No Sternum – Deep
CISStDeep (2780)

Yes No Thoracotomy
CIThor (2790)

Yes No Leg
CILeg (2800)

Yes No Septicemia
CISeptic (2810)

S. **Readmission** (Note: This section is only answered if Discharge Status is Alive)

Readmit <=30 Days from Date of Procedure: Yes No ↓ If yes, select the primary reason and procedure

Readm30 (3220)

Readmit Reason: **ReadmRsn (3230)**

Anticoagulation Complication – Valvular

Anticoagulation Complication - Pharmacological

Arrhythmias/Heart Block

Congestive Heart Failure

Myocardial Infarction and/or Recurrent Angina

Pericardial Effusion and/or Tamponade

Pneumonia or other Respiratory Complication

Coronary Artery Dysfunction

Valve Dysfunction

Infection - Deep Sternum

Infection – Conduit Harvest Site

Renal Failure

TIA

Permanent CVA

Acute Vascular Complication

Subacute Endocarditis

VAD Complication

Other – Related Readmission

Other – Nonrelated Readmission

Readmit Reason – Primary Procedure: **ReadmPro (3240)**

OR for Bleeding

Pacemaker Insertion/AICD

PCI

Pericardiotomy/Pericardiocentesis

OR for Coronary Arteries

OR for Valve

OR for Sternal Debridement/Muscle Flap

Dialysis

OR for Vascular

No Procedure Performed

Other Procedure

Unknown