

CASE REPORT FORM FOR CAVI REGISTRY

SECTION V – Follow-up (6 month)

Follow-up after 6 months:

Date: _____

Survival status:

Patient alive deceased **Date of Death:** _____

Cause of Death: _____

COMPLICATIONS DURING FOLLOW-UP:

yes

no

- Bleeding requiring transfusion yes no
- Bleeding requiring surgical intervention yes no
- Stroke yes no
- myocardial infarction yes no
 - (1) NSTEMI yes no
 - (2) STEMI yes no
- Percutaneous coronary intervention yes no
- renal function:
 - Glomerular filtration rate (latest value) _____ ml/min
 - Renal failure requiring dialysis yes no
- Vascular complications yes no

If yes, please explain: _____
- Sepsis/infection yes no

TRANSTHORACIC ECHO:

- Right ventricle (see figures 1 + 2!):

(1) TAPSE: _____ cm (norm \geq 1.6 cm)

(2) RVD1 (=RV basal diameter): _____ cm (norm > 4.2 cm)

(3) RVD2 (=RV mid cavity): _____ cm (norm > 4.2 cm)

(4) RVD3 (RV longitudinal): _____ cm (norm > 4.2 cm)

- Perivalvular leak
 - Yes
 - No

- Visual assessment of cusp motion
 - Normal
 - Excessive
 - Restricted

Please feel free to send us comments regarding procedure, patient follow- up etc. or feel free to contact us for further questions.

Please sign to confirm correctness of the above data: _____

Abbildung 1: Messung der TAPSE (Tricuspid Annular Plane Systolic Extension)

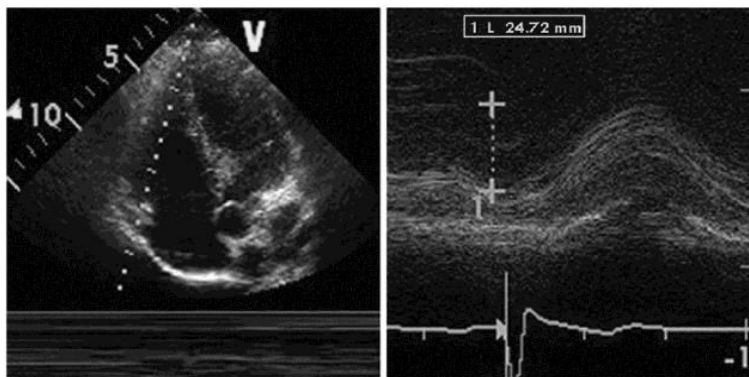


Abbildung 2: Messung der RV-Diameter (basal, midventrikulär und longitudinal)

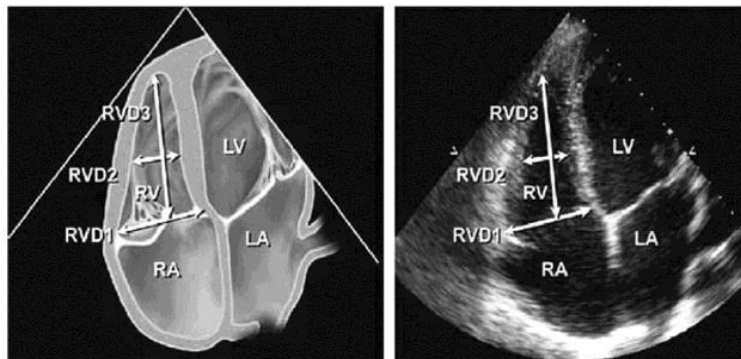


Abbildung 3: RA-Diameter

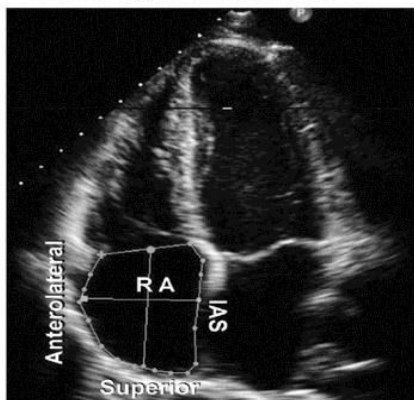
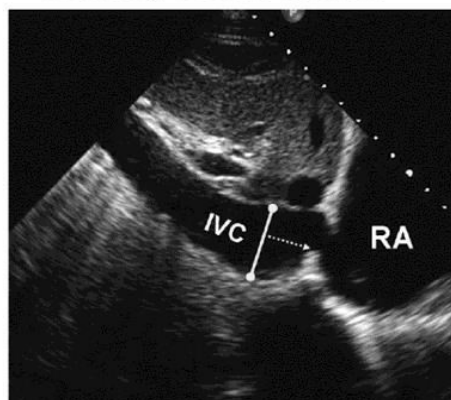


Abbildung 4: Untere Hohlvene



Rudski et al, J Am Soc Echocardiogr 2010;23:685-713.) [1]

CASE REPORT FORM FOR CAVI REGISTRY

SECTION VI – Follow-up (12 month)

Follow-up after 12 months:

Date: _____

Survival status:

Patient alive deceased **Date of Death:** _____

Cause of Death: _____

COMPLICATIONS DURING FOLLOW-UP:

yes

no

- Bleeding requiring transfusion yes no
- Bleeding requiring surgical intervention yes no
- Stroke yes no
- myocardial infarction yes no
 - (1) NSTEMI yes no
 - (2) STEMI yes no
- Percutaneous coronary intervention yes no
- renal function:
 - Glomerular filtration rate (latest value) _____ ml/min
 - Renal failure requiring dialysis yes no
- Vascular complications yes no

If yes, please explain: _____
- Sepsis/infection yes no

TRANSTHORACIC ECHO:

- Right ventricle (see figures 1 + 2!):

(1) TAPSE: _____ cm (norm \geq 1.6 cm)

(2) RVD1 (=RV basal diameter): _____ cm (norm > 4.2 cm)

(3) RVD2 (=RV mid cavity): _____ cm (norm > 4.2 cm)

(4) RVD3 (RV longitudinal): _____ cm (norm > 4.2 cm)

- Right atrium (see figure 3):

(1) Large diameter: _____ cm (norm ≤ 5.3 cm)

(2) Small diameter: _____ cm (norm ≤ 4.4 cm)

(3) Area: _____ cm^2 (norm ≥ 18 cm^2)

- Inferior Vena Cava Diameter: _____ cm (see figure 4)

- Systolic PA-Pressure: _____ mmHg

- Peak Velocity TR Jet: _____ m/sec

- LV-Ejection Fraction _____ %

FUNCTIONAL STATUS:

Please check box

- NYHA-Class: I II III IV

- BNP _____ pg/ml (alternative NT-pro BNP: _____ pg/ml)

- Distance covered in 6-minute walk test: _____ metres

- Lab values - Liver Function (1) ASAT/GOT: _____ $\mu\text{mol/l}$ s

(2) ALAT/GPT: _____ $\mu\text{mol/l}$ s

(3) Cholinesterase: _____ kU/l

(4) Quick: _____ % **or** INR: _____

(5) Oral anticoagulation: yes no

ASSESSMENT OF PROSTHETIC TRICUSPID VALVE FUNCTION

- Regurgitation severity

- None
- Mild
- Moderate
- Severe

- Central leak

- Yes
- No

If Yes: Vena contracta _____ mm

- Perivalvular leak
 - Yes
 - No

- Visual assessment of cusp motion
 - Normal
 - Excessive
 - Restricted

Please feel free to send us comments regarding procedure, patient follow-up etc. or feel free to contact us for further questions.

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Abbildung 1: Messung der TAPSE (Tricuspid Annular Plane Systolic Extension)

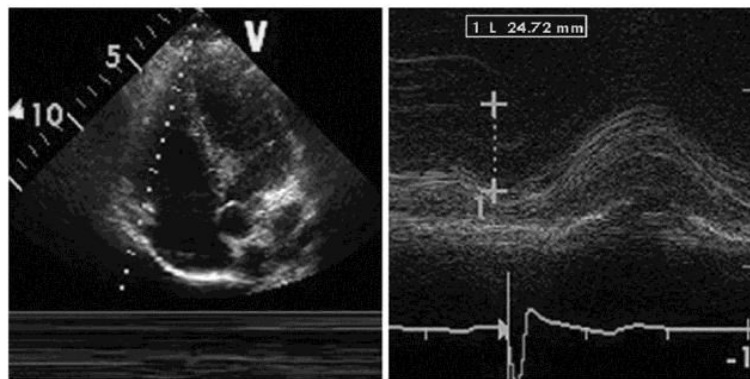


Abbildung 2: Messung der RV-Diameter (basal, midventrikulär und longitudinal)

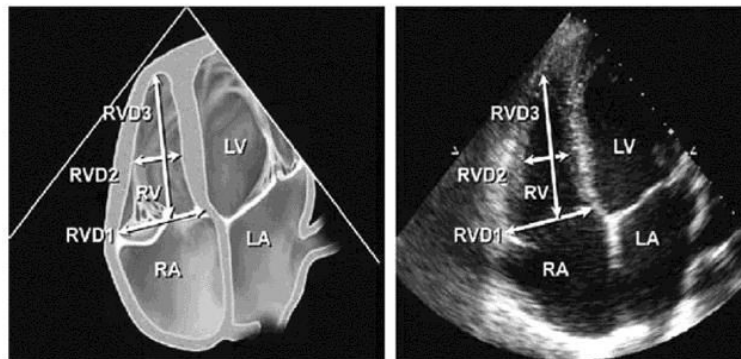


Abbildung 3: RA-Diameter

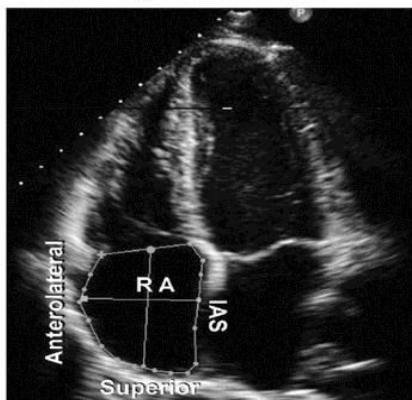
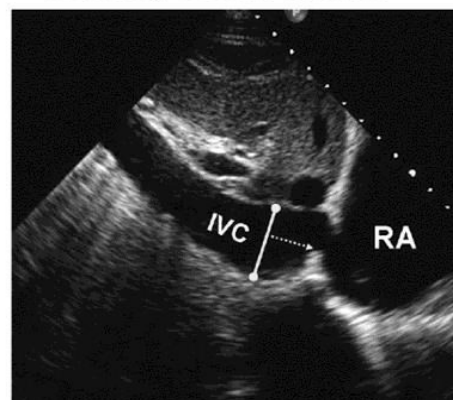


Abbildung 4: Untere Hohlvene



Rudski et al, J Am Soc Echocardiogr 2010;23:685-713.) [1]