

Pediatric Heart Transplant Study

Form 09₉₉: Coronary Revascularization

ID# P

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P Institution Code	Sequential Patient Number	Patient Initials
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1. Date of Procedure:

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Month Day Year

1b: Intravascular Ultrasound Performed: Yes No
 Use separate form for separate procedure, even if on same date.

2. PTCA/Stent/Atherectomy: (complete one section for each lesion treated, indicate all procedures performed):

2a. Procedure Codes:** Other, specify: _____	Vessel* <input type="checkbox"/> RCA <input type="checkbox"/> PDA <input type="checkbox"/> LAD <input type="checkbox"/> LCx <input type="checkbox"/> PLSA <input type="checkbox"/> D-1 <input type="checkbox"/> M1,RI <input type="checkbox"/> PLB1 <input type="checkbox"/> D-2 <input type="checkbox"/> M2 <input type="checkbox"/> PLB2 <input type="checkbox"/> D-3 <input type="checkbox"/> M3/4 <input type="checkbox"/> PLB3	Location: <input type="checkbox"/> Prox <input type="checkbox"/> Mid <input type="checkbox"/> Distal	Lesion Characteristic: <input type="checkbox"/> Eccentric <input type="checkbox"/> Concentric <input type="checkbox"/> Tubular	Pre Procedure Stenosis: %	Pre Procedure TIMI Flow: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Post Procedure Stenosis: %	Post Procedure TIMI Flow: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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Comments on Procedure: _____

2b. Procedure Codes:** Other, specify: _____	Vessel* <input type="checkbox"/> RCA <input type="checkbox"/> PDA <input type="checkbox"/> LAD <input type="checkbox"/> LCx <input type="checkbox"/> PLSA <input type="checkbox"/> D-1 <input type="checkbox"/> M1,RI <input type="checkbox"/> PLB1 <input type="checkbox"/> D-2 <input type="checkbox"/> M2 <input type="checkbox"/> PLB2 <input type="checkbox"/> D-3 <input type="checkbox"/> M3/4 <input type="checkbox"/> PLB3	Location: <input type="checkbox"/> Prox <input type="checkbox"/> Mid <input type="checkbox"/> Distal	Lesion Characteristic: <input type="checkbox"/> Eccentric <input type="checkbox"/> Concentric <input type="checkbox"/> Tubular	Pre Procedure Stenosis: %	Pre Procedure TIMI Flow: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Post Procedure Stenosis: %	Post Procedure TIMI Flow: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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Comments on Procedure: _____

2c. Procedure Codes:** Other, specify: _____	Vessel* <input type="checkbox"/> RCA <input type="checkbox"/> PDA <input type="checkbox"/> LAD <input type="checkbox"/> LCx <input type="checkbox"/> PLSA <input type="checkbox"/> D-1 <input type="checkbox"/> M1,RI <input type="checkbox"/> PLB1 <input type="checkbox"/> D-2 <input type="checkbox"/> M2 <input type="checkbox"/> PLB2 <input type="checkbox"/> D-3 <input type="checkbox"/> M3/4 <input type="checkbox"/> PLB3	Location: <input type="checkbox"/> Prox <input type="checkbox"/> Mid <input type="checkbox"/> Distal	Lesion Characteristic: <input type="checkbox"/> Eccentric <input type="checkbox"/> Concentric <input type="checkbox"/> Tubular	Pre Procedure Stenosis: %	Pre Procedure TIMI Flow: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Post Procedure Stenosis: %	Post Procedure TIMI Flow: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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Comments on Procedure: _____

3. Percutaneous Myocardial Revascularization (Laser): Please attach procedure note with pt name obliterated.

4. Transthoracic Myocardial Revascularization (Laser): Please attach operative note with pt name obliterated.

5. Coronary Artery Bypass Grafting: Please attach operative note with pt name obliterated.

Check if performed at time of transplant to donor heart.

Please indicate all grafted vessels and if endarterectomy was performed on that vessel. Use reverse if needed.

5a. Graft 1 Type / Proximal Anastomosis of graft. <input type="checkbox"/> Vein Ao-Single Distal <input type="checkbox"/> Vein Ao -Jump <input type="checkbox"/> RIMA <input type="checkbox"/> LIMA Other, specify: _____	Dist. Anastomosis* <input type="checkbox"/> LM <input type="checkbox"/> LAD <input type="checkbox"/> LCx <input type="checkbox"/> RCA <input type="checkbox"/> D-1 <input type="checkbox"/> D-2 <input type="checkbox"/> D-3 <input type="checkbox"/> M1/RI <input type="checkbox"/> M2 <input type="checkbox"/> M3/4 <input type="checkbox"/> PDA <input type="checkbox"/> PLB1 <input type="checkbox"/> PLB2 <input type="checkbox"/> PLB3	Location: <input type="checkbox"/> Proximal <input type="checkbox"/> Mid <input type="checkbox"/> Distal	Endarterectomy? <input type="checkbox"/> No <input type="checkbox"/> Yes
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5b. Graft 2 Type / Proximal Anastomosis of graft. <input type="checkbox"/> Vein Ao-Single Distal <input type="checkbox"/> Vein Ao -Jump <input type="checkbox"/> RIMA <input type="checkbox"/> LIMA Other, specify: _____	Dist. Anastomosis* <input type="checkbox"/> LM <input type="checkbox"/> LAD <input type="checkbox"/> LCx <input type="checkbox"/> RCA <input type="checkbox"/> D-1 <input type="checkbox"/> D-2 <input type="checkbox"/> D-3 <input type="checkbox"/> M1/RI <input type="checkbox"/> M2 <input type="checkbox"/> M3/4 <input type="checkbox"/> PDA <input type="checkbox"/> PLB1 <input type="checkbox"/> PLB2 <input type="checkbox"/> PLB3	Location: <input type="checkbox"/> Proximal <input type="checkbox"/> Mid <input type="checkbox"/> Distal	Endarterectomy? <input type="checkbox"/> No <input type="checkbox"/> Yes
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5c. Graft 3 Type / Proximal Anastomosis of graft. <input type="checkbox"/> Vein Ao-Single Distal <input type="checkbox"/> Vein Ao -Jump <input type="checkbox"/> RIMA <input type="checkbox"/> LIMA Other, specify: _____	Dist. Anastomosis* <input type="checkbox"/> LM <input type="checkbox"/> LAD <input type="checkbox"/> LCx <input type="checkbox"/> RCA <input type="checkbox"/> D-1 <input type="checkbox"/> D-2 <input type="checkbox"/> D-3 <input type="checkbox"/> M1/RI <input type="checkbox"/> M2 <input type="checkbox"/> M3/4 <input type="checkbox"/> PDA <input type="checkbox"/> PLB1 <input type="checkbox"/> PLB2 <input type="checkbox"/> PLB3	Location: <input type="checkbox"/> Proximal <input type="checkbox"/> Mid <input type="checkbox"/> Distal	Endarterectomy? <input type="checkbox"/> No <input type="checkbox"/> Yes
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5d. Graft 4 Type / Proximal Anastomosis of graft. <input type="checkbox"/> Vein Ao-Single Distal <input type="checkbox"/> Vein Ao -Jump <input type="checkbox"/> RIMA <input type="checkbox"/> LIMA Other, specify: _____	Dist. Anastomosis* <input type="checkbox"/> LM <input type="checkbox"/> LAD <input type="checkbox"/> LCx <input type="checkbox"/> RCA <input type="checkbox"/> D-1 <input type="checkbox"/> D-2 <input type="checkbox"/> D-3 <input type="checkbox"/> M1/RI <input type="checkbox"/> M2 <input type="checkbox"/> M3/4 <input type="checkbox"/> PDA <input type="checkbox"/> PLB1 <input type="checkbox"/> PLB2 <input type="checkbox"/> PLB3	Location: <input type="checkbox"/> Proximal <input type="checkbox"/> Mid <input type="checkbox"/> Distal	Endarterectomy? <input type="checkbox"/> No <input type="checkbox"/> Yes
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5e. Graft 5 Type / Proximal Anastomosis of graft. <input type="checkbox"/> Vein Ao-Single Distal <input type="checkbox"/> Vein Ao -Jump <input type="checkbox"/> RIMA <input type="checkbox"/> LIMA Other, specify: _____	Dist. Anastomosis* <input type="checkbox"/> LM <input type="checkbox"/> LAD <input type="checkbox"/> LCx <input type="checkbox"/> RCA <input type="checkbox"/> D-1 <input type="checkbox"/> D-2 <input type="checkbox"/> D-3 <input type="checkbox"/> M1/RI <input type="checkbox"/> M2 <input type="checkbox"/> M3/4 <input type="checkbox"/> PDA <input type="checkbox"/> PLB1 <input type="checkbox"/> PLB2 <input type="checkbox"/> PLB3	Location: <input type="checkbox"/> Proximal <input type="checkbox"/> Mid <input type="checkbox"/> Distal	Endarterectomy? <input type="checkbox"/> No <input type="checkbox"/> Yes
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Comment on Bypass Procedure: _____

* LM = Left main (write under comments) LAD = Left anterior descending; D1-3 = diagonals 1-3; LCx=left circumflex; RI=Ramus Intermedius (=M1); M1-3=marginals 1-3; RCA = Right coronary artery; PDA = posterior descending; PLSA = posterior lateral segment artery; PLB = branch of the

** Percutaneous Procedures (write letter code in space for each lesion): PTCA= angioplasty, S = Stent (write brand(s) and size(s) in comments), DA = Directional atherectomy, RA = Rotational atherectomy, AA = Angiojet atherectomy. (use reverse of form if more than 3 lesions treated)

Person Completing this form: _____

Date Original Form Mailed (do not send copy): _____

PRINT IN BLACK INK ONLY: USE THIS FORM FOR ALL PATIENTS OR EVENTS FROM JULY 1, 1999.