

# Post Operative Events Form

## 1. Did the patient have a post-operative complication associated with this Tier 1 surgery?

- Yes  
 No  
 Unknown

All questions on this form are pertaining to events that happened post surgery and pre discharge. Any events that happen after discharge should be reported on the annual follow-up form.

ORCOMP

### 1a. Specify complication(s)

Check all that apply.

0 option(s) selected

Click each item below to deselect.

- |   |  |
|---|--|
| <input type="checkbox"/> Arrhythmia requiring drug therapy  | <input type="checkbox"/> Pulmonary hypertensive crisis (PA pressure > systemic pressure)   |
| <input type="checkbox"/> Arrhythmia requiring electrical cardioversion or defibrillation  | <input type="checkbox"/> Postoperative/Postprocedural respiratory insufficiency requiring reintubation <span style="float: right;">REINTUB</span>  |
| <input type="checkbox"/> Arrhythmia requiring permanent pacemaker   | <input type="checkbox"/> Pulmonary vein obstruction <span style="float: right;">PVOBST</span>  |
| <input type="checkbox"/> Bleeding, requiring reoperation  | <input type="checkbox"/> Renal failure - acute renal failure, Acute renal failure requiring dialysis at the time of hospital discharge or 91 days if patient is still in hospital <span style="float: right;">RENALDC</span>   |
| <input type="checkbox"/> Cardiac dysfunction resulting in low cardiac output  | <input type="checkbox"/> Renal failure - acute renal failure, Acute renal failure requiring temporary dialysis with the need for dialysis not present at hospital discharge or 91 days if patient is still in hospital <span style="float: right;">RENALDIA</span>       |
| <input type="checkbox"/> Cardiac failure (severe cardiac dysfunction)   | <input type="checkbox"/> Renal failure - acute renal failure, Acute renal failure requiring temporary hemofiltration with the need for dialysis not present at hospital discharge or 91 days if patient is still in hospital <span style="float: right;">RENALCRR</span> |
| <input type="checkbox"/> Chylothorax or pleural effusions requiring drainage  | <input type="checkbox"/> Respiratory failure, requiring tracheostomy <span style="float: right;">TRACH</span>  |
| <input type="checkbox"/> Endocarditis-postprocedural infective endocarditis   | <input type="checkbox"/> Seizure <span style="float: right;">SEIZURE</span>  |
| <input type="checkbox"/> Intraventricular hemorrhage (IVH) > grade 2  | <input type="checkbox"/> Sepsis <span style="float: right;">SEPSIS</span>  |
| <input type="checkbox"/> Mechanical circulatory support (IABP, VAD, ECMO, or CPS)   | <input type="checkbox"/> Spinal cord injury, Neurological deficit persisting at discharge <span style="float: right;">STROKEI</span>   |
| <input type="checkbox"/> Multi-System Organ Failure (MSOF) = Multi-Organ Dysfunction Syndrome (MODS)  | <input type="checkbox"/> Stroke: Ischemic <span style="float: right;">STROKEH</span>   |
| <input type="checkbox"/> Neurological deficit diagnosed in the operating room, persisting at discharge or 91 days if patient is still in hospital.                        | <input type="checkbox"/> Subdural Bleed <span style="float: right;">SYSVOSB</span>   |
| <input type="checkbox"/> Neurological deficit diagnosed in the operating room, not present at discharge   | <input type="checkbox"/> Systemic vein obstruction   |
| <input type="checkbox"/> Neurological deficit that occurred after the operating room visit, persisting at discharge   | <input type="checkbox"/> Thrombosis, Systemic to pulmonary shunt   |
| <input type="checkbox"/> Neurological deficit that occurred after the operating room visit, not present at discharge  | <input type="checkbox"/> Thrombosis/thromboembolism, Pulmonary artery  |
| <input type="checkbox"/> Paralyzed diaphragm (possible phrenic nerve injury), requiring surgical plication  | <input type="checkbox"/> Thrombus, Intracardiac  |
| <input type="checkbox"/> Pericardial Effusion, requiring drainage   | <input type="checkbox"/> Unexpected Cardiac arrest during or following procedure (Periop/Periprocedural = Intraop/Intraprocedural and/or Postop/Postprocedural)  |
| <input type="checkbox"/> Peripheral nerve injury persisting at discharge or 91 days if patient is still in hospital   | <input type="checkbox"/> Unplanned cardiac reoperation during the postoperative or postprocedural time period, exclusive of reoperation for bleeding <span style="float: right;">CARDREOP</span>   |
| <input type="checkbox"/> Peripheral nerve injury not present at discharge or 91 days if patient is still in hospital  | <input type="checkbox"/> Vocal cord dysfunction (possible recurrent laryngeal nerve injury) <span style="float: right;">VOCAL</span>   |
| <input type="checkbox"/> Pneumonia <span style="float: right;">COMP PNEU</span>   | <input type="checkbox"/> Wound dehiscence-Median Sternotomy <span style="float: right;">MEDIAST</span>   |
| <input type="checkbox"/> Postoperative/Postprocedural respiratory insufficiency requiring mechanical ventilatory support > 7 days <span style="float: right;">VENT</span> | <input type="checkbox"/> Wound infection-Mediastinitis <span style="float: right;">SUPERFIC</span>   |
| <input type="checkbox"/> Pulmonary hypertension   | <input type="checkbox"/> Wound infection-Superficial wound infection   |

Complications



## 2. Did the patient have a non-cardiac operation within this admission?

If more than one operation within this admission, enter each operation with its associated date.

- Yes
- No
- Unknown

PONOCOP

### 2a.

Date of operation

DD/MM/YYYY

Missing Reason:

Clear

- Unknown

PONOCPD

### 2b.

Specify non-cardiac operation

- Mediastinal Exploration (Bleeding)
- Pacemaker Placement
- Ligation of Thoracic Duct
- Diaphragm Plication
- Tracheostomy
- Mediastinal Drainage
- Wound Debridement/exploration
- Post-operative mechanical circulatory support: (IABP, ECMO, VAD, CPS Cardiopulmonary Support)
- Unplanned Non-cardiac Reoperation, other, specify

- Gastrostomy tube placement
- Pericardial drainage tube/catheter
- Pleural drainage tube/catheter
- Mediastinal Drainage/Exploration for Blood or Fluid
- Mediastinal Drainage/Exploration for Infection

PONOMEDE

### 2b.i

Specify post-operative mechanical circulatory support

- ECMO (Extracorporeal Membrane Oxygenation)
- IABP (Intra-Aortic Balloon Pump)
- Durable VAD (Durable Ventricular Assist Device)
- Temporary VAD (Cardiopulmonary Support)

POCPS

## 3.

### Did the patient have a catheter-based intervention within this admission?

If more than one intervention within this admission, enter each intervention with its associated date.

- Yes
- No
- Unknown

POCATH

### 3a.

Date of Intervention

DD/MM/YYYY

Missing Reason:

Clear

- Unknown

POCATHDT

### 3b.

Specify Catheter-Based Intervention

- Aortic Arch: Balloon /Stent Placement
- Arrhythmia ablation
- Aortic Valve: Balloon Valvuloplasty

- Shunt closure
- Shunt Thrombolysis
- Arterial-Pulmonary (AP) collaterals: Occluding Device, placement
- Atrial Septal Defect: Occluding Device, placement
- Descending Aorta / Isthmus: Balloon /Stent Placement
- Drainage of Seroma
- Mitral Valve: Balloon Valvuloplasty
- Patent Ductus Arteriosus: Balloon/Stent placement
- Patent Ductus Arteriosus: Occluding Device, placement
- Pulmonary Veins: Balloon/Stent placement
- Pulmonary Valve: Balloon Valvuloplasty
- RVOT: Balloon/Stent placement
- Systemic Veins: Balloon/Stent placement
- Systemic to Pulmonary Stunt: Balloon/Stent placement
- Venovenous collaterals: Occluding Device, placement
- Other, specify

POC\_ARCH

**4. Did the patient have another cardiac surgery within this admission?**  Yes  No

If yes, a New Surgery Form should be added.

AnotherSurgery

**5. Date of Patient Discharge**  DD/MM/YYYY

If patient died in hospital, date of death should be entered as the discharge date.

Missing Reason:  
 Clear  
 Still in hospital

DCDATE

**6. Status at Discharge or at 90 days post-op if still in hospital**  Alive  Dead

If patient status is dead, complete death form.

DCSTATUS