

FORM 1A | HOSPITALIZATION

Version 1.0 (08-03-2024)

PREOPERATIVE

If there was a preoperative ECHO and/or MRI conducted, please fill in "ECHO/MRI repeated measurements form"

Main reason for referral

- Mitral regurgitation Tricuspid regurgitation
- Mitral stenosis Tricuspid stenosis
- Mitral valve prosthesis dysfunction Tricuspid valve prosthesis dysfunction

Endocarditis No Yes, active Yes, non-active

Height and Weight _____ cm _____ kg

NYHA class I II III IV

CCS class IV No Yes

Rhythm Sinus Atrium Flutter Paced
 Atrium fibrillation Other, _____

LVEF Good (>50%) Poor (21%-30%)
 Moderate (31%-50%) Very poor (20% or less)

Previous cardiac intervention No Yes, open surgery Yes, catheter based

If yes, number of cardiac open surgeries: _____
If yes, number of previous catheter-based procedures: _____

Type of previous cardiac open surgery

- Mitral valve repair Aortic valve repair
- Mitral valve replacement Aortic valve replacement
- Tricuspid valve repair CABG
- Tricuspid valve replacement Other

Type of previous catheter-based procedures

- Mitral valve repair Aortic valve repair
- Mitral valve replacement Aortic valve replacement
- Tricuspid valve repair Other
- Tricuspid valve replacement

Clinical Frailty Scale _____

STS score _____ %

Arterial Hypertension No Yes

Chronic lung disease No Yes

Smoker No Yes Previous smoker (>1 month)

Diabetes None Yes, no treatment Yes, oral treatment
 Yes, subcutaneous (non-insulin)
 Yes, insulin dependent

Dialysis dependency No Yes

Malignancy No Yes Status post

Poor mobility No Yes

History of a stroke No Yes

Extracardiac arteriopathy No Yes

Coronary artery disease (CAD) No Yes

Localization CAD Left main disease LAD
 LCx RCA

Recent (<90d) MI No Yes

Localization recent MI Anterior Lateral Inferior
 Posterior NSTEMI

Troponin T (ng/l) _____

NT-proBNP (ng/l) _____

Critical state No Yes

Definition of critical state

- CPR (cardiac massage) Invasive ventilation
- VT/VF Anuria or oliguria
- Inotropes/IntraAortic balloon pump

Creatin (mg/dl) _____

eGFR (ml/min) _____

Total bilirubin (mg/dl) _____

Serum albumin (g/dl) _____

Serum AST (U/L) _____

Serum ALT (U/L) _____

Ascites No Yes

Pulmonary Hypertension None/ mild PA systolic pressure (≤ 30 mmHg)
 Moderate PA systolic pressure (31-55 mm Hg)
 Severe PA systolic pressure (>55mmHg)

Connective tissue disease (CTD) No Yes Unknown

Urgency of operation Elective Urgent
 Emergency Salvage

Intention to repair (preoperatively) No Yes Uncertain

Age at surgery _____ Sex at birth _____ Mitral Tricuspid ID _____

Gender _____ Patient ID local hospital _____

OPERATIVE

If there was a preoperative ECHO conducted, please fill in "ECHO repeated measurements form"

Periprocedural information

Date of surgery/intervention _____

Age at surgery _____

Surgeon code _____

Type of surgery Mitral Tricuspid Combined

Is there a proctor? No Yes

Access Full sternotomy Partial sternotomy
 Mini-thoracotomy Transcatheter Other

MIS access Direct view 3D endoscopic
 Robotic Other

Type of trans-catheter access Transapical Transaxillary Transfemoral
 Transaortic Subclavian Transiliac
 Transcarotid Transcavaln Other

Anesthesia General Local

Mitral valve Disease None Myxomatous degeneration / prolapse
 Rheumatic Ischemic - acute, post infarction (MI <= 21 days) Ischemic - chronic (MI > 21 days)
 Non-ischemic Cardiomyopathy Endocarditis
 Hypertrophic Obstructive Cardiomyopathy (HOCM)
 Tumor, Carcinoid Tumor, Carcinoid Tumor, Carcinoid Tumor, Myxoma Tumor, Papillary fibroelastoma Tumor, Other Carcinoid Trauma
 Congenital Pure annular dilatation Reoperation - Failure of previous MV repair or replacement
 Mixed Etiology

Cusp Analysis MV

	PML <small>(posterior mitral leaflet)</small>	AML <small>(anterior mitral leaflet)</small>
Normal	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Prolapse	<input type="checkbox"/> None <input type="checkbox"/> P1 <input type="checkbox"/> P2 <input type="checkbox"/> P3	<input type="checkbox"/> None <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> A3
Perforation	<input type="checkbox"/> None <input type="checkbox"/> P1 <input type="checkbox"/> P2 <input type="checkbox"/> P3	<input type="checkbox"/> None <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> A3
Calcification	<input type="checkbox"/> None <input type="checkbox"/> P1 <input type="checkbox"/> P2 <input type="checkbox"/> P3	<input type="checkbox"/> None <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> A3
Vegetation	<input type="checkbox"/> None <input type="checkbox"/> P1 <input type="checkbox"/> P2 <input type="checkbox"/> P3	<input type="checkbox"/> None <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> A3
Tenting	<input type="checkbox"/> None <input type="checkbox"/> P1 <input type="checkbox"/> P2 <input type="checkbox"/> P3	<input type="checkbox"/> None <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> A3

Intention to repair MV No Yes Uncertain
If no, for what reason? _____

AML length (mm) _____

MV annulus diameter (antero posterior) (mm) _____

Tricuspid valve disease None Secondary Degenerative
 Secondary and degenerative combined
 Rheumatic Endocarditis Trauma
 Congenital Papillary muscle rupture
 Reoperation - Failure of previous TV repair or replacement PM-related damage Other

Cusp Analysis TV

	TV <small>(tricuspid valve)</small>
Normal	<input type="radio"/> No <input type="radio"/> Yes
Prolapse	<input type="checkbox"/> None <input type="checkbox"/> Anterior <input type="checkbox"/> Posterior <input type="checkbox"/> Septal
Perforation	<input type="checkbox"/> None <input type="checkbox"/> Anterior <input type="checkbox"/> Posterior <input type="checkbox"/> Septal
Calcification	<input type="checkbox"/> None <input type="checkbox"/> Anterior <input type="checkbox"/> Posterior <input type="checkbox"/> Septal
Vegetation	<input type="checkbox"/> None <input type="checkbox"/> Anterior <input type="checkbox"/> Posterior <input type="checkbox"/> Septal
Tethering	<input type="checkbox"/> None <input type="checkbox"/> Anterior <input type="checkbox"/> Posterior <input type="checkbox"/> Septal

TV annulus max diameter Septal-lateral (mm) _____

Antero-posterior (mm) _____

Comments: _____

Intention to repair TV No Yes Uncertain
If no, for what reason? _____

Type of MV intervention

Surgical MV repair Transcatheter MV repair
 Surgical MV replacement Transcatheter MV replacement

Type of surgical MV repair

Annuloplasty Subannular (adjunct) repair
 Leaflet repair Other, _____

Type of surgical MR annuloplasty None Partial ring Complete ring

Model

Medtronic SIMUFORM Corcym Memo 4D LivaNova MEMO 4D
 Medtronic SimuPlus Corcym Memo 3D LivaNova MEMO 3D RECHORD
 Medtronic CG FUTURE Corcym annuloflex LivaNova MEMO 3D
 Medtronic Profile 3D Corcym annuloflo LivaNova Annuloflex
 Edwards Fysio flex Braille 2088 LivaNova Annuloflo
 Edwards Physio II Braille 2158
 Other, _____ Size (mm) _____

Age at surgery _____ Sex at birth _____ Mitral Tricuspid ID _____

Gender _____ Patient ID local hospital _____

FORM 1C | HOSPITALIZATION

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Type of subannular PM repositioning PM approximation/ PM sling

MV repair Cutting of secondary chordae
 PML augmentation with patch
 AML augmentation with patch None
 Other, _____

Type of PM repositioning Posteromedial papillary muscle
 Anterolateral papillary muscle
 Both None

Type of surgical MV leaflet repair

AML PML AML+PML

Location of surgical edge-to-edge repair

A1-P1 A2-P2 A3-P3 Commissure

Patch type in MV repair None Autologous pericardium (glutaraldehyde)
 Fresh autologous pericardium
 Xeno pericardium (glutaraldehyde)

Other Patch Materials----- CardioCel
 CorMatrix
 PtFE
 Other

Type of surgical MV replacement

Mechanical prosthesis Biological prosthesis

Chordal-sparing MV replacement None PML AML Bileaflet

Mechanical Brand Abbott SJM Livanova Carbomedics
 Medtronic Hall Cryolife ON-X
 Other, _____

Bioprosthesis Brand CE Perimount CE Magna/Magna Ease
 Medtronic Hancock Medtronic Mosaic
 St jude Abbott Epic Other, _____

Prosthesis size (mm) _____

Type of transcatheter MV repair

Direct annuloplasty Coronary sinus device Edge-to-Edge
 Annuloplasty + Edge-to-Edge Other, _____

Transcatheter Brand Abbott SJM Edwards Pascal
 Edwards Cardioband Carillon
 Other, _____

Type of transcatheter MV replacement

Access site- TMVR Transapical Transeptal Other

Bioprosthesis Brand- TMVR Tendyne Tiara CardiAQ
 Intrepid HighLife Milipede
 Other, _____

Bioprosthesis size- TMVR (mm) _____

Type of TV surgery

Surgical TV repair Transcatheter TV repair
 Surgical TV replacement Transcatheter TV replacement

Type of surgical TV repair

Ring annuloplasty Suture Annuloplasty (De Vega)
 Leaflet repair Suture Annuloplasty (Kay)
 Other, _____

Type of surgical TV annuloplasty None Partial ring Complete ring

Model

Medtronic SimuPlus Edwards Cosgrove-Edwards
 Medtronic Contour 3D Edwards Physio tricuspid
 Medtronic Tri-Ad™ 2.0 Adams Edwards MC3
 Corcym Sovering Corcym annuloflo
 LivaNova Annuloflex Labcor STAR
 Other, _____ Size (mm) _____

Type of surgical TV replacement

Mechanical prosthesis Biological prosthesis

Mechanical Brand

Abbott SJM Livanova Carbomedics
 Medtronic Hall Cryolife ON-X
 Other, _____

Bioprosthesis Brand

CE Perimount CE Magna/Magna Ease
 Medtronic Hancock Medtronic Mosaic
 St jude Abbott Epic Other, _____

Prosthesis size (mm) _____

Type of transcatheter TV repair

Edge-to-Edge Annuloplasty Other, _____

Transcatheter Brand

Abbott MitraClip Edwards Pascal
 Edwards Cardioband Other, _____

Type of transcatheter TV replacement

Access site- TTVR Transapical Femoral Jugular Other

Bioprosthesis brand- TTVR _____

Bioprosthesis size (mm) - TTVR _____

Additional procedures performed No Yes

Simultaneous MAZE No Yes

Type of MAZE PV box only PV separate
 Left sided MAZE Biatrial MAZE

If there was post-procedural ECHO conducted, please fill in "ECHO repeated measurements form"

FORM 1D | HOSPITALIZATION

Version 1.0 (08-03-2024)

Age at surgery _____ Sex at birth _____ Mitral Tricuspid ID _____

Gender _____ Patient ID local hospital _____

Simultaneous LAA closure No Yes

Simultaneous aortic valve None Mechanical AV replacement
 Biological AV replacement AV repair
 Other

Simultaneous CABG None 1x CABG 2x CABG
 3x CABG >3x CABG

Simultaneous aorta None Aortic root
 Ascending aorta Aortic arch

Other additional procedures performed No Yes, _____

Duration first crossclamping (min) _____

Duration first cardiopulmonary bypass (min) _____

More than one clamp session needed No Yes
If yes, fill in the "Additional Clamp Session repeated measurement form"

POSTOPERATIVE (COMPLICATIONS)

If there was a postoperative ECHO and/or MRI conducted, please fill in "ECHO/MRI repeated measurements form"

MV or TV related reintervention No Yes, MV Yes, TV

If yes, fill in the "Reintervention Form"

Reexploration No Yes, date: _____

Bleeding No Type I Type II Type III Type IV

Mediastinitis No Yes, date: _____

Non-cerebral embolic event No Yes

Stroke Date: No IS ICH TIA Other, _____

PM Implantation No Yes----- AV Block
 Other

MV/TV thrombosis No Yes, MV Yes, TV

Periprocedural Myocardial infarction No Yes

Postoperative LCOS No Yes

AKIN (mg/dl) _____
Highest postoperative creatinine value

Mechanical Ventilation >48 hours No Yes

Transfusion No Yes, number of packed cells: _____

Vascular complication No Yes, major Yes, minor

Other cardiac reintervention No Yes, date: _____

Other complication No Yes, _____

Status at Discharge ICU stay (days): _____ Length of

Status at Discharge Death, mortality date: _____
 Alive, discharge date: _____

Cause of Death Valve related Other cardiac
 Non cardiac Sudden, unexplained death

Comment cause of death: _____

Rhythm Sinus Atrium Flutter Paced
 Atrium fibrillation Other

Antiplatelets No Yes----- Aspirin
 Clopidogrel
 Prasugrel
 Ticagrelol
 Other

Oral anticoag. No Yes----- VKA
 DOACs, type: _____
 Other

FORM 2A | ECHO

Version 1.0 (08-03-2024)

ECHO

Date: _____

	Pre-operative (TTE)	Intra-operative pre-procedural (TEE)	Intra-operative post-procedural (TEE) Repair	Intra-operative post-procedural (TEE) Replacement	At discharge (TTE)	During follow-up (TTE)
EF (%)						
LVEF (grade) ¹ 1. Good; 2. Moderate; 3. Poor; 4. Very poor						
LVEDD (mm)						
LVESD (mm)						
LV sphericity index						
LVEDV (ml)						
LVESV (ml)						
Mitral valve regurgitation ² Grade 0 / 1 / 2 / 3 / 4						
Carpentier mode Type I / II / IIIa / IIIb						
MR EROA (mm ²)						
MR Regurgitant Volume (ml)						
MR Tenting height (mm)						
MR Tenting area (cm ²)						
MR AML length (mm)						
MR AML angle (°)						
MR PML angle (°)						
MR coaptation length (mm)						
MV anteroposterior annulus (mm)						
MV intercommissural annulus (mm)						
MV Peak gradient (mmHg)						
MV Mean gradient (mmHg)						

ECHO table will continue on the next page.

FORM 2B | ECHO

Version 1.0 (08-03-2024)

	Pre-operative (TTE)	Intra-operative pre-procedural (TEE)	Intra-operative post-procedural (TEE) Repair	Intra-operative post-procedural (TEE) Replacement	At discharge (TTE)	During follow-up (TTE)
Tricuspid valve regurgitation ³ Grade 0 / 1 / 2 / 3						
TR EROA (mm ²)						
Tricuspid valve stenosis None or Trivial/ Clinically significant						
TV Peak gradient (mmHg)						
TV Mean gradient (mmHg)						
TV Anteroposterior annulus (mm)						
TV Septolateral annulus (mm)						
TV Tenting height (mm)						
RA diameter (mm)						
RA volume (ml)						
TAPSE (mm)						
TV S-TDI (mm)						
RVEDD basal (mm)						
RVEDD mid-cavity (mm)						
RVEF (grade) ¹ 1. Good; 2. Moderate; 3. Poor; 4. Very poor						
PAP syst (mmHg)						
Aortic valve regurgitation ⁴ Grade 0 / 1 / 2 / 3 / 4						
AV Peak gradient (mmHg)						

Footnotes:

1. If the EF was not measured, one of the following grades should be filled in for LVEF and RVEF:

Grade 1: Good > 50%; Grade 2: Moderate 31%-50%; Grade 3: Poor 21%-30%; Grade 4: Very poor ≤ 20%.

2. The grade of mitral valve regurgitation should be one of the following categories:

Grade 0 none or trivial; Grade 1 mild: VC < 3 mm, EROA < 20 mm², RVol < 30ml; Grade 2 mild to moderate: EROA 20-29 mm², RVol 30-44 ml; Grade 3 moderate to severe: EROA 30-39 mm², RVol 45-59 ml; Grade 4 severe: VC ≥ 7 mm, EROA ≥ 40 mm², RVol ≥ 60 ml.

3. The grade of tricuspid valve regurgitation should be one of the following categories:

Grade 0: None or trivial; Grade 1: Mild - VC < 3 mm, EROA < 20 mm², RVol < 30ml; Grade 2: Moderate - VC 3.0-6.9 mm, EROA 20-39 mm², RVol 30-45ml; Grade 3: Severe - VC ≥ 7mm, EROA ≥ 40 mm², RVol ≥ 45 ml.

4. The grade of aortic valve regurgitation should be one of the following categories:

Grade 0: none or trivial; Grade 1: mild: VC < 3 mm, EROA < 10 mm², RVol < 30ml; Grade 2: mild to moderate: EROA 10-19 mm², RVol 30-44 ml; Grade 3: moderate to severe: EROA 20-29 mm², RVol 45-59 ml; Grade 4: severe: VC > 6 mm, EROA ≥ 30 mm², RVol ≥ 60 ml.

FORM 3 | MRI

Version 1.0 (08-03-2024)

MRI

Date: _____

	Pre-operative	At discharge	During follow-up
LVEF (%)			
LVEF (grade) ¹ 1. Good; 2. Moderate; 3. Poor; 4. Very Poor.			
LVEDD (mm)			
LVESD (mm)			
LV sphericity index			
LVEDV (ml)			
LVESV (ml)			
LV T1 mapping (ms)			
LV ECV (%)			
LV LGE (%)			
LV LGE distribution ² Grade 0 / 1 / 2 / 3			
LV LGE localization ³ Grade 0 / 1 / 2 / 3 / 4			
Scar mass (%)			
RVEF (%)			
Mitral regurgitation ⁴ Grade 0 / 1 / 2 / 3 / 4			
MV Tenting height (mm)			
MV Tenting area (cm ²)			
MV AML angle (°)			
MV PML angle (°)			
MV Coaptation length (mm)			
MV Annulus diameter (mm)			
Tricuspid regurgitation ⁵ Grade 0 / 1 / 2 / 3			

Footnotes:

1. If the EF was not measured, one of the following grades should be filled in for LVEF:

Grade 1: Good > 50%; Grade 2: Moderate 31%-50%; Grade 3: Poor 21%-30%; Grade 4: Very poor ≤ 20%.

2. The following grades should be filled in for LV LGE distribution:

Grade 0: None; Grade 1: Diffuse mid-wall; Grade 2: Regional non-transmural; Grade 3: Regional transmural.

3. The following grades should be filled in for LV LGE localization:

Grade 1: Anterior/Septal; Grade 2: Lateral; Grade 3: Posterior/Inferior; Grade 4: Isolated apical.

4. The grade of mitral valve regurgitation should be one of the following categories:

Grade 0 none or trivial; Grade 1 mild: VC < 3 mm, EROA < 20 mm², RVol < 30ml; Grade 2 mild to moderate: EROA 20-29 mm², RVol 30-44 ml; Grade 3 moderate to severe: EROA 30-39 mm², RVol 45-59 ml; Grade 4 severe: VC ≥ 7 mm, EROA ≥ 40 mm², RVol ≥ 60 ml.

5. The grade of tricuspid valve regurgitation should be one of the following categories:

Grade 0: None or trivial; Grade 1: Mild - VC < 3 mm, EROA < 20 mm², RVol < 30ml; Grade 2: Moderate - VC 3.0-6.9 mm, EROA 20-39 mm², RVol 30-45ml; Grade 3: Severe - VC ≥ 7mm, EROA ≥ 40 mm², RVol ≥ 45 ml.

Age at surgery Sex at birth Mitral Tricuspid ID

Gender Patient ID local hospital

FORM 4 | FOLLOW-UP

Version 1.0 (08-03-2024)

FOLLOW-UP

Status Death Alive Lost to follow-up

Follow-up date

Routine follow-up

If there was an ECHO and/or MRI conducted, please fill in the "ECHO/MRI repeated measurements form"

NYHA class I II III IV

NT-proBNP (ng/L)

Rhythm Sinus Atrium Flutter Paced
 Atrium fibrillation Other,

Childbirth No Yes, date:

Antiplatelets No Yes

Oral anticoag. No Yes----- VKA
 DOACs, type:
 Other

Events since last follow-up

MV or TV related reintervention No Yes

If yes, please fill in the "Reintervention form".

Other cardiac reoperation

Other cardiac reoperation No Yes, aortic valve
 Yes, pulmonary valve
 Yes, other reoperation

Cardiac reoperation date:

Complications since last follow-up

Endocarditis non operated No Yes, MV date:
 Yes, TV date:

Thrombosis non operated No Yes, MV date:
 Yes, TV date:

Non-cerebral embolic event No Yes

Stroke No IS ICH TIA
 Other,
 Date:

Bleeding No Type I Type II Type III Type IV

PM/CRT implantation No Yes, date:

VAD implantation No Yes, date:

Heart transplant No Yes, date:

Other complication No Yes, specify:
 Date:

FORM 5A | ADDITIONAL CLAMP SESSION

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ADDITIONAL CLAMP SESSION

Clamp session number _____

- Main reason for reintervention
- Regurgitation
 - Stenosis
 - Bleeding
 - Ischemia
 - Paravalvular leak
 - Suture dehiscence
 - Ring dehiscence
 - Other, _____

Comments ACS: _____

Type of MV surgery

- Surgical MV repair
- Transcatheter MV replacement
- Surgical MV replacement

- Access
- Full sternotomy
 - Partial sternotomy
 - Mini-thoracotomy
 - Transcatheter
 - Other

- MIS access
- Direct view
 - 3D endoscopic
 - Robotic
 - Other

- Type of trans-catheter access
- Transapical
 - Transaxillary
 - Transfemoral
 - Transaortic
 - Subclavian
 - Transiliac
 - Transcarotid
 - Transcavaln
 - Other

- Anesthesia
- General
 - Local

Type of surgical MV repair

- Annuloplasty
- Subannular (adjunct) repair
- Leaflet repair
- Other, _____

- Type of surgical MR annuloplasty
- None
 - Partial ring
 - Complete ring

Model

- Medtronic SIMUFORM
- Corcym Memo 4D
- LivaNova MEMO 4D
- Medtronic SimuPlus
- Corcym Memo 3D
- LivaNova MEMO 3D RECHORD
- Medtronic CG FUTURE
- Corcym annuloflex
- LivaNova MEMO 3D
- Medtronic Profile 3D
- Corcym annuloflo
- LivaNova Annuloflex
- Edwards Fysio flex
- Braille 2088
- LivaNova Annuloflo
- Edwards Physio II
- Braille 2158
- Other, _____

Size (mm) _____

Type of subannular MV repair

- PM repositioning
- PM approximation/ PM sling
- Cutting of secondary chordae
- Papillary muscle rupture
- AML augmentation with patch
- None
- Other, _____

Type of PM repositioning

- Posteromedial papillary muscle
- Anterolateral papillary muscle
- Both
- None

Cusp repair

	None	PML	AML	PML+ AML
PTFE chordae	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cusp resection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patch reconstruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cleft closure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Folding plasty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Location of surgical edge-to-edge repair

- A1-P1
- A2-P2
- A3-P4
- Commissure

Patch type in MV repair

- None
- Autologous pericardium (glutaraldehyde)
- Fresh autologous pericardium
- Xeno pericardium (glutaraldehyde)
- Other patch materials----- CardioCel
- CorMatrix
- PTFE
- Other

Type of surgical MV replacement

- Mechanical prosthesis
- Biological prosthesis

- Chordal-sparing
- None
 - PML
 - AML
 - Bileaflet

MV replacement

Mechanical Brand

- Abbott SJM
- Livanova Carbomedics
- Medtronic Hall
- Cryolife ON-X
- Other, _____

Bioprosthesis Brand

- CE Perimount
- CE Magna/Magna Ease
- Medtronic Hancock
- Medtronic Mosaic
- St jude Abbott Epic
- Other, _____

Prosthesis size (mm)

Transcatheter MV replacement

Bioprosthesis Brand- TMVR

- Tendyne
- Tiara
- CardiAQ
- Intrepid
- HighLife
- Milipede
- Other, _____

Bioprosthesis size- TMVR (mm)

Age at surgery _____ Sex at birth _____ Mitral Tricuspid ID _____

Gender _____ Patient ID *local hospital* _____

FORM 5B | ADDITIONAL CLAMP SESSION

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Type of TV surgery

- Surgical TV repair Surgical TV replacement

Type of TV surgical repair

- Leaflet repair Annuloplasty
 Subannular repair Other

Type of surgical TV replacement

- Mechanical prosthesis Biological prosthesis

Mechanical Brand

- Abbott SJM Livanova Carbomedics
 Medtronic Hall Cryolife ON-X
 Other, _____

Bioprosthesis Brand

- CE Perimount CE Magna/Magna Ease
 Medtronic Hancock Medtronic Mosaic
 St jude Abbott Epic
 Other, _____

Prosthesis size (mm)

Additional procedures performed

- No Yes

Simultaneous MAZE

- No Yes

Type of MAZE

- PV box only PV separate
 Left sided MAZE Biatrial MAZE

Simultaneous LAA closure

- No Yes

Simultaneous aortic valve

- None Mechanical AV replacement
 Biological AV replacement AV repair
 Other

Simultaneous CABG

- None 1x CABG 2x CABG
 3x CABG >3x CABG

Simultaneous aorta

- None Aortic root
 Ascending aorta Aortic arch

Other additional procedures performed

- No Yes, _____

Duration first crossclamping (min)

Duration first cardiopulmonary bypass (min)

More than one clamp session needed

- No Yes

If yes, fill in another "Additional Clamp Session repeated measurement".

FORM 6A | REINTERVENTION

Version 1.0 (08-03-2024)

Age at surgery _____ Sex at birth _____ Mitral Tricuspid ID _____

Gender _____ Patient ID *local hospital* _____

REINTERVENTION

Date _____

Main reason for reintervention Regurgitation Stenosis Endocarditis
 Valve thrombosis
 Other, _____

Type of surgery Mitral valve (MV) Tricuspid Valve (TV) Combined

Tricuspid valve dysfunction Structural Non-structural
Mitral valve dysfunction Structural Non-structural

Surgeon code _____

Is there a proctor? No Yes

Access Full sternotomy Partial sternotomy
 Mini-thoracotomy Transcatheter Other

MIS access Direct view 3D endoscopic
 Robotic Other

Type of trans-catheter access Transapical Transaxillary Transfemoral
 Transaortic Subclavian Transiliac
 Transcarotid Transcavaln Other

Anesthesia General Local

Mitral valve Disease None Myxomatous degeneration / prolapse
 Rheumatic Ischemic - acute, post infarction (MI <= 21 days) Ischemic - chronic (MI > 21 days)
 Non-ischemic Cardiomyopathy Endocarditis
 Hypertrophic Obstructive Cardiomyopathy (HOCM)
 Tumor, Carcinoid Tumor, Carcinoid Tumor, Carcinoid Tumor, Myxoma Tumor, Papillary fibroelastoma Tumor, Other Carcinoid Trauma Congenital Pure annular dilatation Reoperation - Failure of previous MV repair or replacement Mixed Etiology

Cusp Analysis MV

	PML (posterior mitral leaflet)	AML (anterior mitral leaflet)
Normal	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Prolapse	<input type="checkbox"/> None <input type="checkbox"/> P1 <input type="checkbox"/> P2 <input type="checkbox"/> P3	<input type="checkbox"/> None <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> A3
Perforation	<input type="checkbox"/> None <input type="checkbox"/> P1 <input type="checkbox"/> P2 <input type="checkbox"/> P3	<input type="checkbox"/> None <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> A3
Calcification	<input type="checkbox"/> None <input type="checkbox"/> P1 <input type="checkbox"/> P2 <input type="checkbox"/> P3	<input type="checkbox"/> None <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> A3
Vegetation	<input type="checkbox"/> None <input type="checkbox"/> P1 <input type="checkbox"/> P2 <input type="checkbox"/> P3	<input type="checkbox"/> None <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> A3
Tenting	<input type="checkbox"/> None <input type="checkbox"/> P1 <input type="checkbox"/> P2 <input type="checkbox"/> P3	<input type="checkbox"/> None <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> A3

Intention to repair MV?
 No Yes

If no, for what reason?

AML length (mm)

MV annulus diameter (antero-posterior) (mm)

Tricuspid valve disease Secondary Degenerative
 Secondary and degenerative combined
 Rheumatic Endocarditis Trauma
 Congenital Papillary muscle rupture
 Reoperation - Failure of previous TV repair or replacement
 PM-related damage Other

Cusp Analysis TV

	TV (tricuspid valve)
Normal	<input type="radio"/> No <input type="radio"/> Yes
Prolapse	<input type="checkbox"/> None <input type="checkbox"/> Anterior <input type="checkbox"/> Posterior <input type="checkbox"/> Septal
Perforation	<input type="checkbox"/> None <input type="checkbox"/> Anterior <input type="checkbox"/> Posterior <input type="checkbox"/> Septal
Calcification	<input type="checkbox"/> None <input type="checkbox"/> Anterior <input type="checkbox"/> Posterior <input type="checkbox"/> Septal
Vegetation	<input type="checkbox"/> None <input type="checkbox"/> Anterior <input type="checkbox"/> Posterior <input type="checkbox"/> Septal
Tethering	<input type="checkbox"/> None <input type="checkbox"/> Anterior <input type="checkbox"/> Posterior <input type="checkbox"/> Septal

TV annulus max diameter Septal-lateral (mm)

Antero-posterior (mm)

Comments:

Intention to repair TV No Yes Uncertain

If no, for what reason?

Type of MV intervention

Surgical MV repair Transcatheter MV repair
 Surgical MV replacement Transcatheter MV replacement

Type of surgical MV repair

Annuloplasty Subannular (adjunct) repair
 Leaflet repair Other, _____

Type of surgical None Partial ring Complete ring

MR annuloplasty

Model

Medtronic SIMUFORM Corcym Memo 4D LivaNova MEMO 4D
 Medtronic SimuPlus Corcym Memo 3D LivaNova MEMO 3D RECHORD
 Medtronic CG FUTURE Corcym annuloflex LivaNova MEMO 3D
 Medtronic Profile 3D Corcym annuloflo LivaNova Annuloflex
 Edwards Fysio flex Braille 2088 LivaNova Annuloflo
 Edwards Physio II Braille 2158
 Other, _____ Size (mm) _____

Type of PM repositioning PM approximation/ PM sling

Subannular Cutting of secondary chordae

MV repair PML augmentation with patch AML augmentation with patch None

Other, _____

FORM 6B | REINTERVENTION

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Age at surgery _____ Sex at birth _____ Mitral Tricuspid ID _____
 Gender _____ Patient ID local hospital _____

Type of PM repositioning Posteromedial papillary muscle
 Anterolateral papillary muscle
 Both None

Type of surgical MV leaflet repair
 AML PML AML+PML

Location of surgical edge-to-edge repair
 A1-P1 A2-P2 A3-P3 Commissure

Patch type in MV repair
 None Autologous pericardium (glutaraldehyde)
 Fresh autologous pericardium
 Xeno pericardium (glutaraldehyde)
 Other Patch Materials----- CardioCel
 CorMatrix
 PtFE
 Other

Type of surgical MV replacement

Mechanical prosthesis Biological prosthesis

Chordal-sparing MV replacement
 None PML AML Bileaflet

Mechanical Brand
 Abbott SJM Livanova Carbomedics
 Medtronic Hall Cryolife ON-X
 Other, _____

Bioprosthesis Brand
 CE Perimount CE Magna/Magna Ease
 Medtronic Hancock Medtronic Mosaic
 St jude Abbott Epic Other, _____

Prosthesis size (mm) _____

Type of transcatheter MV repair

Direct annuloplasty Coronary sinus device Edge-to-Edge
 Annuloplasty + Edge-to-Edge Other, _____

Transcatheter Brand
 Abbott SJM Edwards Pascal
 Edwards Cardioband Carillon
 Other, _____

Type of transcatheter MV replacement

Access site- TMVR Transapical Transseptal Other

Bioprosthesis Brand- TMVR
 Tendyne Tiara CardiAQ
 Intrepid HighLife Milipede
 Other, _____

Bioprosthesis size- TMVR (mm) _____

Type of TV surgery

Surgical TV repair Transcatheter TV repair
 Surgical TV replacement Transcatheter TV replacement

Type of surgical TV repair

Ring annuloplasty Suture Annuloplasty (De Vega)
 Leaflet repair Suture Annuloplasty (Kay)
 Other, _____

Type of surgical TV annuloplasty None Partial ring Complete ring

Model

Medtronic SimuPlus Edwards Cosgrove-Edwards
 Medtronic Contour 3D Edwards Physio tricuspid
 Medtronic Tri-Ad™ 2.0 Adams Edwards MC3
 Corcym Sovering Corcym annuloflo
 LivaNova Annuloflex Labcor STAR
 Other, _____ Size: _____ (mm)

Type of surgical TV replacement

Mechanical prosthesis Biological prosthesis

Mechanical Brand
 Abbott SJM Livanova Carbomedics
 Medtronic Hall Cryolife ON-X
 Other, _____

Bioprosthesis Brand
 CE Perimount CE Magna/Magna Ease
 Medtronic Hancock Medtronic Mosaic
 St jude Abbott Epic Other, _____

Prosthesis size (mm) _____

Type of transcatheter TV repair

Edge-to-Edge Annuloplasty Other, _____

Transcatheter Brand
 Abbott MitraClip Edwards Pascal
 Edwards Cardioband Other, _____

Type of transcatheter TV replacement

Access site- TTVR Transapical Femoral Jugular Other

Bioprosthesis brand- TTVR _____

Bioprosthesis size (mm) - TTVR _____

Additional procedures performed No Yes

Simultaneous MAZE No Yes

Type of MAZE PV box only PV separate
 Left sided MAZE Biatrial MAZE

FORM 6C | REINTERVENTION

Version 1.0 (08-03-2024)

Additional procedures performed

No Yes

Simultaneous MAZE No Yes

Type of MAZE PV box only PV separate
 Left sided MAZE Biatrial MAZE

Simultaneous LAA closure No Yes

Simultaneous aortic valve AV repair Mechanical AV replacement
 Biological AV replacement None
 Other

Simultaneous CABG None 1 x CABG 2 x CABG
 3 x CABG >3x CABG

Simultaneous aorta None Aortic root
 Ascending aorta Aortic arch

Other additional procedures performed No Yes, _____

Duration first aortic crossclamping _____

Duration first cardiopulmonary bypass _____

More than one clamp session needed No Yes

EQ-5D-5L: Health Questionnaire

English version for UK

Under each heading, please tick the ONE box that best describes your health TODAY.

MOBILITY

- I have no problems in walking about
- I have slight problems in walking about
- I have moderate problems in walking about
- I have severe problems in walking about
- I am unable to walk about

SELF-CARE

- I have no problems washing or dressing myself
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe problems washing or dressing myself
- I am unable to wash or dress myself

USUAL ACTIVITIES *(e.g. work, study, housework, family or leisure activities)*

- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities

PAIN / DISCOMFORT

- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort

ANXIETY / DEPRESSION

- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed

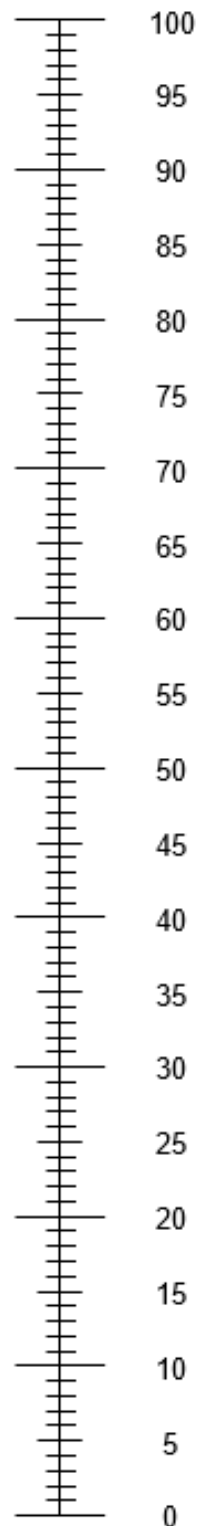
FORM 7B | PATIENT-REPORTED OUTCOMES

Version 1.0 (08-03-2024)

- We would like to know how good or bad your health is TODAY.
- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine.
0 means the worst health you can imagine.
- Please mark an X on the scale to indicate how your health is TODAY.
- Now, write the number you marked on the scale in the box below.

YOUR HEALTH TODAY =

The best health
you can imagine



The worst health
you can imagine