

Not Started **Post Operative Events Form**

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**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.

**1a. Specify complication(s)**  Check all that apply.

0 option(s) selected

- Arrhythmia requiring drug therapy
- Arrhythmia requiring electrical cardioversion or defibrillation
- Arrhythmia requiring permanent pacemaker
- Bleeding, requiring reoperation
- Cardiac dysfunction resulting in low cardiac output
- Cardiac failure (severe cardiac dysfunction)
- Chylothorax or pleural effusions requiring drainage
- Endocarditis-postprocedural infective endocarditis
- Intraventricular hemorrhage (IVH) > grade 2
- Mechanical circulatory support (IABP, VAD, ECMO, or CPS)
- Multi-System Organ Failure (MSOF) = Multi-Organ Dysfunction Syndrome (MODS)
- Neurological deficit diagnosed in the operating room, persisting at discharge or 91 days if patient is still in hospital.
- Neurological deficit diagnosed in the operating room, not present at discharge
- Neurological deficit that occurred after the operating room visit, persisting at discharge
- Neurological deficit that occurred after the operating room visit, not present at discharge
- Paralyzed diaphragm (possible phrenic nerve injury), requiring surgical plication
- Pericardial Effusion, requiring drainage
- Peripheral nerve injury persisting at discharge or 91 days if patient is still in hospital
- Peripheral nerve injury not present at discharge or 91 days if patient is still in hospital
- Pneumonia
- Postoperative/Postprocedural respiratory insufficiency requiring mechanical ventilatory support > 7 days
- Postoperative/Postprocedural respiratory insufficiency requiring reintubation
- Pulmonary vein obstruction
- 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
- 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
- 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
- Respiratory failure, requiring tracheostomy
- Seizure
- Sepsis
- Spinal cord injury, Neurological deficit persisting at discharge
- Stroke: Ischemic
- Subdural Bleed
- Systemic vein obstruction
- Unplanned cardiac reoperation during the postoperative or postprocedural time period, exclusive of reoperation for bleeding
- Vocal cord dysfunction (possible recurrent laryngeal nerve injury)
- Wound dehiscence-Median Sternotomy
- Wound infection-Mediastinitis
- Wound infection-Superficial wound infection

**2. Did the patient have a non-cardiac operation within this admission?**  Yes  No  Unknown  
If more than one operation within this admission, enter each operation with its associated date.

**2a.**

Date of operation  DD/MM/YYYY

Missing Reason:  Unknown  
Clear

**2b.**

- Specify non-cardiac operation**
- Mediastinal Exploration (Bleeding)
  - Pacemaker Placement
  - Pulmonary Embolectomy
  - Ligation of Thoracic Duct
  - Diaphragm Plication
  - Tracheostomy
  - Mediastinal Drainage
  - Wound debridement

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- Post-operative mechanical circulatory support: (IABP, ECMO, VAD, CPS Cardiopulmonary Support)
- Requirement for Shunt Revision
- Unplanned Non-cardiac Reoperation, other, specify

**2b.i Specify post-operative mechanical circulatory support**

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

**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

**3a.**

**Date of Intervention**

DD/MM/YYYY

Missing Reason:  Unknown  
Clear

**3b. Specify Catheter-Based Intervention**

- Aortic arch
- Arrhythmia ablation
- Coronary arteries
- Descending thoracic aorta/coarctation
- Intra-cardiac-atrial
- Intra-cardiac-ventricular
- Pulmonary arteries
- Pulmonary veins
- Shunt closure
- Shunt Thrombolysis
- Systemic veins
- Valvar
- Other, specify

**4. Did the patient have another cardiac surgery within this admission?**

If yes, a New Surgery Form should be added.

- Yes
- No

**5.**

**Date of Patient Discharge**

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

DD/MM/YYYY

Missing Reason:  
Clear  
 Still in hospital

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

If patient status is dead, complete death form.

- Alive
- Dead