

**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:  
 Clear  
 Unknown

**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

### 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)

### 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:

Clear

Unknown

### 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
- Veno-venous collaterals: Occluding Device, placement
- Other, specify

4.

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

- Yes  
 No

If yes, a New Surgery Form should be added.

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**

- Alive  
 Dead

If patient status is dead, complete death form.