**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.

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?
- Yes
- No
- Unknown

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

**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 Stent: 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**
   - 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.