

Tricuspid Regurgitation

Introduction

Welcome to the cardiac surgery urgency assessment tool for Tricuspid Regurgitation (9071).

This implementation is a temporary work around replacing the old CPS tool which 'died' sooner and more completely than expected.

It is planned that a more comprehensive, user friendly, environment will be created to improve the utility and look and feel. The goal is to ensure all patients undergoing elective or urgent cardiac surgery, and soon cardiological intervention, will be scored consistently.

Prioritisation

Tricuspid Regurgitation

Valve severity

- Moderate (No additional information)
- Severe (VC > 0.7cm and systolic flow reversal hepatic veins)
- Very severe (No additional information)

Symptoms related to the valve disease

- None
- Definite, not limiting or on provocative testing (NYHA IIa, angina CCS I or presyncope)
- Moderate, limiting (NYHA IIb or NYHA III, angina CCS II-III or syncope or recurrent presyncope, or requiring diuretic treatment for heart failure)
- Severe (On maximal R for heart failure, unstable angina despite maximal R, recurrent syncope)

Cardiac dysfunction

- None – normal cardiac function (Severe RV dysfunction)
- Early cardiac dysfunction but AHA criteria not met (e.g. Early LV dysfunction but EF>50%, severe LVH, Nt-BNP>300pg/ml or BNP>100pg/ml or >1.5X increase/year, abnormal TDI [No additional information])
- AHA criteria dysfunction (LVEF 40-50% or Definite heart failure level BNP [No additional information])
- AHA criteria exceeded by > 30% (LVEF < 40%, doubling of a definite heart failure level BNP [No additional information])

Disease progression

- Stable (No additional information)
- Progressive ((> 15% deterioration in 2 measures over ≤ 1 year) (No additional information))

Additional AHA/ACC/ESC class 1 indication for surgery

- No
- Yes

Euroscore

Calculate Euroscore (<http://www.euroscore.org/calc.html>)

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Euroscore