

STS Adult Cardiac Surgery Database Data Specifications

Version 2.9

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Note: - ALL fields defined in these specifications with "Core: Yes" are to be collected by all sites.

- A data record must be created for each admission to the hospital.

- Fields indicated with a gray background are no longer being collected.

STS Adult Cardiac Surgery Database

Version 2.9

<i>Long Name:</i>	Software Vendor Identifier	<i>SeqNo:</i>	5
<i>Short Name:</i>	VendorID	<i>Core:</i>	Yes
<i>Section Name:</i>	Administrative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Name (assigned by STS) given to identify software vendor (up to 8 characters). Vendors should use standard name identification across sites. Changes to Vendor Name Identification must be approved by the STS.		
<i>Data Source:</i>	Automatic	<i>Format:</i>	Text

<i>Long Name:</i>	Software Version	<i>SeqNo:</i>	10
<i>Short Name:</i>	SoftVrsn	<i>Core:</i>	Yes
<i>Section Name:</i>	Administrative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Vendor's software product name and version number identifying the software which created this record. Vendor controls the value in this field. Version passing certification/harvest testing will be noted at warehouse.		
<i>Data Source:</i>	Automatic	<i>Format:</i>	Text

<i>Long Name:</i>	STS Data Version	<i>SeqNo:</i>	15
<i>Short Name:</i>	DataVrsn	<i>Core:</i>	Yes
<i>Section Name:</i>	Administrative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Version number of the STS Data Specifications/Dictionary, to which each record conforms. It will identify which fields should have data, and what are the valid data for each field. This must be entered into the record automatically by the software.		
<i>Data Source:</i>	Automatic	<i>Format:</i>	Text

<i>Long Name:</i>	On-Demand Files Version Number	<i>SeqNo:</i>	20
<i>Short Name:</i>	OnDemandVrsn	<i>Core:</i>	Yes
<i>Section Name:</i>	Administrative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	The version number of the On-Demand lists in use at the time this data record was created or edited. The value is inserted into the record at the time the record is created or is modified by the user. The version numbers will be specified by the STS.		
<i>Data Source:</i>	Automatic	<i>Format:</i>	Text

<i>Long Name:</i>	Participant ID	<i>SeqNo:</i>	25
<i>Short Name:</i>	ParticID	<i>Core:</i>	Yes
<i>Section Name:</i>	Administrative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	<p>Participant ID is a unique number assigned to each database participant by the STS. A database participant is defined as one entity that signs a Participation Agreement with the STS, submits one data file to the harvest, and gets back one report on their data. The participant ID must be entered into each record.</p> <p>Each participant's data if submitted to harvest must be in one data file. If one participant keeps their data in more than one file (e.g. at two sites), then the participant must combine them back into one file for harvest submission.</p> <p>If two or more participants share a single purchased software, and enter cases into one database, then the data must be extracted into two different files, one for each participant ID, with each record having the correct participant ID number.</p>		
<i>Data Source:</i>	User or Automatic	<i>Format:</i>	Text - Length exactly 5
<i>Low Value:</i>	10000	<i>High Value:</i>	39999

<i>Long Name:</i>	Record ID	<i>SeqNo:</i>	30
<i>Short Name:</i>	RecordID	<i>Core:</i>	Yes
<i>Section Name:</i>	Administrative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	An arbitrary, unique value generated by the software that permanently identifies each record in the participant's database (note that unlike the PatID value, this does not identify the individual patient). The value of the identifier is a combination of a code assigned to the software developer by the STS, and a value generated by the software to create a unique value. Once assigned to a record, this value can never be changed or reused. The data warehouse will use this value to communicate issues about individual records with the participant. It may also be used by the data warehouse to link this record to other clinical data.		
<i>Data Source:</i>	Automatic	<i>Format:</i>	Text

<i>Long Name:</i>	Cost Link	<i>SeqNo:</i>	35
<i>Short Name:</i>	CostLink	<i>Core:</i>	Yes
<i>Section Name:</i>	Administrative	<i>Harvest:</i>	Optional
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	A participant specified alpha-numeric code that can be used to link this record's clinical data with the participant's cost information for this patient admission. This information may be used in the future to perform procedure cost analysis (for which the actual cost data would have to be harvested separately). The value in this field must not be the patient's Medical Record Number, Social Security Number or any other patient identifying value.		
<i>Data Source:</i>	User	<i>Format:</i>	Text

<i>Long Name:</i>	Patient ID	<i>SeqNo:</i>	40
<i>Short Name:</i>	PatID	<i>Core:</i>	Yes
<i>Section Name:</i>	Administrative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	An arbitrary value (not a recognizable ID like Social Security Number or Medical Record Number) that uniquely and permanently identifies each patient. The value of the identifier is a combination of a code assigned to the software developer by the STS, and a value generated by the software to create a unique value. Once assigned to a patient, this can never be changed or reused. If a patient is admitted to the hospital more than once, each record for that patient will have the same value in this field.		
<i>Data Source:</i>	Automatic	<i>Format:</i>	Text

<i>Long Name:</i>	Patient Participating In STS-Related Clinical Trial	<i>SeqNo:</i>	45
<i>Short Name:</i>	ClinTrial	<i>Core:</i>	Yes
<i>Section Name:</i>	Administrative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate which, if any, STS-related clinical trial in which the patient is participating. The STS will assign a code to each clinical trial as they begin collecting data.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 None
 - 2 Trial 1
 - 3 Trial 2
 - 4 Trial 3
 - 5 Trial 4
 - 6 Trial 5
 - 7 Trial 6
-

<i>Long Name:</i>	Patient Participating In STS-Related Clinical Trial - Patient ID	<i>SeqNo:</i>	46
<i>Short Name:</i>	ClinTrialPatID	<i>Core:</i>	Yes
<i>Section Name:</i>	Administrative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the patient identifier used to identify the patient in the clinical trial.		
<i>Data Source:</i>	User	<i>Format:</i>	Text

ParentShortName: ClinTrial

ParentLongName: Patient Participating In STS-Related Clinical Trial

ParentHarvestCodes: <1 And Is Not Missing

ParentValues: Is Not "None" And Is Not Missing

<i>Long Name:</i>	Patient Last Name	<i>SeqNo:</i>	50
<i>Short Name:</i>	PatLName	<i>Core:</i>	Yes
<i>Section Name:</i>	Demographics	<i>Harvest:</i>	Optional
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the patient's last name documented in the medical record. This field should be collected in compliance with state/local privacy laws.		
<i>Data Source:</i>	User	<i>Format:</i>	Text

<i>Long Name:</i>	Patient First Name	<i>SeqNo:</i>	55
<i>Short Name:</i>	PatFName	<i>Core:</i>	Yes
<i>Section Name:</i>	Demographics	<i>Harvest:</i>	Optional
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the patient's first name documented in the medical record. This field should be collected in compliance with state/local privacy laws.		
<i>Data Source:</i>	User	<i>Format:</i>	Text

<i>Long Name:</i>	Patient Middle Name	<i>SeqNo:</i>	60
<i>Short Name:</i>	PatMName	<i>Core:</i>	Yes
<i>Section Name:</i>	Demographics	<i>Harvest:</i>	Optional
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the patient's middle name as documented in the medical record. Leave "blank" if no middle name. This field should be collected in compliance with state/local privacy laws.		
<i>Data Source:</i>	User	<i>Format:</i>	Text

<i>Long Name:</i>	Date of Birth	<i>SeqNo:</i>	65
<i>Short Name:</i>	DOB	<i>Core:</i>	Yes
<i>Section Name:</i>	Demographics	<i>Harvest:</i>	Optional
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the patient's date of birth using 4-digit format for year. This field should be collected in compliance with state/local privacy laws.		
<i>Data Source:</i>	User	<i>Format:</i>	Date mm/dd/yyyy

Long Name: Patient Age *SeqNo:* 70
Short Name: **Age** *Core:* Yes
Section Name: Demographics *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the patient's age in years, at time of surgery. This should be calculated from the date of birth and the date of surgery, according to the convention used in the USA (the number of birthdate anniversaries reached by the date of surgery). If age is less than 18, the data record will be accepted into the database, but will not be included in the national analysis and report.
Data Source: User or Calculated *Format:* Integer
Low Value: 1 *High Value:* 110 *UsualRangeLow:* 18 *UsualRangeHigh:* 100

Long Name: Sex *SeqNo:* 75
Short Name: **Gender** *Core:* Yes
Section Name: Demographics *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the patient's sex at birth as either male or female.
Data Source: User *Format:* Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Male
 - 2 Female
-

Long Name: National Identification (Social Security Number) Known *SeqNo:* 76
Short Name: **SSNKnown** *Core:* Yes
Section Name: Demographics *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the patient's National Identification Number is known or if the patient refused to provide this information.
Data Source: User *Format:* Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
 - 3 Refused
-

<i>Long Name:</i>	National Identification (Social Security Number)	<i>SeqNo:</i>	80
<i>Short Name:</i>	SSN	<i>Core:</i>	Yes
<i>Section Name:</i>	Demographics	<i>Harvest:</i>	Optional
<i>DBTableName</i>	Adultdata1		

Definition: Indicate the patient's National Identification Number. Although this is the Social Security Number in the USA, other countries may have a different National Patient Identifier Number. For example in Canada, this would be the Social Insurance Number.

This field should be collected in compliance with state/local privacy laws.

Data Source: User *Format:* Text

ParentShortName: SSNKnown

ParentLongName: National Identification (Social Security Number) Known

ParentHarvestCodes: 1

ParentValues: = "Yes"

<i>Long Name:</i>	Medical Record Number	<i>SeqNo:</i>	85
<i>Short Name:</i>	MedRecN	<i>Core:</i>	Yes
<i>Section Name:</i>	Demographics	<i>Harvest:</i>	Optional
<i>DBTableName</i>	Adultdata1		

Definition: Indicate the patient's medical record number at the hospital where surgery occurred. This field should be collected in compliance with state/local privacy laws.

Data Source: User *Format:* Text

<i>Long Name:</i>	Patient's Street Address	<i>SeqNo:</i>	90
<i>Short Name:</i>	PatAddr	<i>Core:</i>	Yes
<i>Section Name:</i>	Demographics	<i>Harvest:</i>	Optional
<i>DBTableName</i>	Adultdata1		

Definition: Indicate the street address at which the patient resides at time of admission. If patient is homeless, enter "Homeless".

This field should be collected in compliance with state/local privacy laws.

Data Source: User *Format:* Text

<i>Long Name:</i>	Patient's City	<i>SeqNo:</i>	95
<i>Short Name:</i>	PatCity	<i>Core:</i>	Yes
<i>Section Name:</i>	Demographics	<i>Harvest:</i>	Optional
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the city in which the patient resides at time of admission.		
	This field should be collected in compliance with state/local privacy laws.		
<i>Data Source:</i>	User	<i>Format:</i>	Text

<i>Long Name:</i>	Patient's Region	<i>SeqNo:</i>	100
<i>Short Name:</i>	PatRegion	<i>Core:</i>	Yes
<i>Section Name:</i>	Demographics	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the region of the country (i.e., state or province) in which the patient resides at time of admission.		
<i>Data Source:</i>	User	<i>Format:</i>	Text

<i>Long Name:</i>	Patient's ZIP Code	<i>SeqNo:</i>	105
<i>Short Name:</i>	PatZIP	<i>Core:</i>	Yes
<i>Section Name:</i>	Demographics	<i>Harvest:</i>	Optional
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the ZIP Code of the patient's local residence. Outside the USA, this data may be known by other names such as Postal Code.		
	This field should be collected in compliance with state/local privacy laws.		
<i>Data Source:</i>	User	<i>Format:</i>	Text

<i>Long Name:</i>	Patient's Country	<i>SeqNo:</i>	115
<i>Short Name:</i>	PatientCountry	<i>Core:</i>	Yes
<i>Section Name:</i>	Demographics	<i>Harvest:</i>	Optional
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the patient's country of residence at time of admission.		
	This field should be collected in compliance with state/local privacy laws.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

237	United States Of America
1	Afghanistan
11	Argentina
14	Australia
17	Bahamas
25	Bermuda
31	Brazil
40	Canada
46	China
53	Costa Rica
88	Greece
92	Guam
93	Guatemala
105	India
109	Ireland
111	Israel
112	Italy
113	Jamaica
114	Japan
116	Jordan
143	Mexico
166	State of Palestine
173	Peru
176	Poland
178	Puerto Rico
184	Russian Federation
196	Saudi Arabia
300	Scotland
201	Singapore
215	Switzerland
225	Trinidad And Tobago
227	Turkey
231	Uganda

233	United Arab Emirates
234	United Kingdom Of Great Britain And Northern Ireland
235	United Republic Of Tanzania
236	United States Minor Outlying Islands
238	United States Virgin Islands
242	Venezuela (Bolivarian Republic Of)
246	Yemen
2	Åland Island
999	Other

Long Name: Permanent Address *SeqNo:* 120
Short Name: **PermAddr** *Core:* Yes
Section Name: Demographics *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the patient considers the given address to be their permanent address.
Data Source: User *Format:* Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
 - 3 Unknown
-

Long Name: Race Documented *SeqNo:* 150
Short Name: **RaceDocumented** *Core:* Yes
Section Name: Demographics *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether race is documented
Data Source: User *Format:* Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
 - 3 Patient declined to disclose
-

<i>Long Name:</i>	Race - White	<i>SeqNo:</i>	155
<i>Short Name:</i>	RaceCaucasian	<i>Core:</i>	Yes
<i>Section Name:</i>	Demographics	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate whether the patient's race, as determined by the patient or family, includes White. "White" refers to a person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicated their race(s) as "White" or reported entries such as Irish, German, Italian, Lebanese, Arab, Moroccan, or Caucasian. [The 2010 Census Redistricting Data (Public Law 94-171) Summary File]

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: RaceDocumented

ParentLongName: Race Documented

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

<i>Long Name:</i>	Race - Black / African American	<i>SeqNo:</i>	160
<i>Short Name:</i>	RaceBlack	<i>Core:</i>	Yes
<i>Section Name:</i>	Demographics	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate whether the patient's race, as determined by the patient or family, includes Black / African American. "Black or African American" refers to a person having origins in any of the Black racial groups of Africa. It includes people who indicated their race(s) as "Black, African Am., or Negro" or reported entries such as African American, Kenyan, Nigerian, or Haitian. [The 2010 Census Redistricting Data (Public Law 94-171) Summary File]

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: RaceDocumented

ParentLongName: Race Documented

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

<i>Long Name:</i>	Race - Asian	<i>SeqNo:</i>	165
<i>Short Name:</i>	RaceAsian	<i>Core:</i>	Yes
<i>Section Name:</i>	Demographics	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate whether the patient's race, as determined by the patient or family, includes Asian. "Asian" refers to a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. It includes people who indicated their race(s) as "Asian" or reported entries such as "Asian Indian", "Chinese", "Filipino", "Korean", "Japanese", "Vietnamese", and "Other Asian" or provided other detailed Asian responses. [The 2010 Census Redistricting Data (Public Law 94-171) Summary File]

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: RaceDocumented

ParentLongName: Race Documented

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

<i>Long Name:</i>	Race - American Indian / Alaskan Native	<i>SeqNo:</i>	170
<i>Short Name:</i>	RaceNativeAm	<i>Core:</i>	Yes
<i>Section Name:</i>	Demographics	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate whether the patient's race, as determined by the patient or family, includes American Indian / Alaskan Native. "American Indian or Alaska Native" refers to a person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment. This category includes people who indicated their race(s) as "American Indian or Alaska Native" or reported their enrolled or principal tribe, such as Navajo, Blackfeet, Inupiat, Yup'ik, or Central American Indian groups or South American Indian groups. [The 2010 Census Redistricting Data (Public Law 94-171) Summary File]

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: RaceDocumented

ParentLongName: Race Documented

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

<i>Long Name:</i>	Race - Native Hawaiian / Pacific Islander	<i>SeqNo:</i>	175
<i>Short Name:</i>	RacNativePacific	<i>Core:</i>	Yes
<i>Section Name:</i>	Demographics	<i>Harvest:</i>	Yes

DBTableName Adultdata1

Definition: Indicate whether the patient's race, as determined by the patient or family, includes Native Hawaiian / Pacific Islander. "Native Hawaiian or Other Pacific Islander" refers to a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. It includes people who indicated their race(s) as "Pacific Islander" or reported entries such as "Native Hawaiian", "Guamanian or Chamorro", "Samoan", and "Other Pacific Islander" or provided other detailed Pacific Islander responses. [The 2010 Census Redistricting Data (Public Law 94-171) Summary File]

Data Source: User

Format: Text (categorical values specified by STS)

ParentShortName: RaceDocumented

ParentLongName: Race Documented

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

<i>Long Name:</i>	Race - Other	<i>SeqNo:</i>	180
<i>Short Name:</i>	RaceOther	<i>Core:</i>	Yes
<i>Section Name:</i>	Demographics	<i>Harvest:</i>	Yes

DBTableName Adultdata1

Definition: Indicate whether the patient's race, as determined by the patient or family, includes any other race. "Some Other Race" includes all other responses not included in the White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander race categories described above. [The 2010 Census Redistricting Data (Public Law 94-171) Summary File]

Data Source: User

Format: Text (categorical values specified by STS)

ParentShortName: RaceDocumented

ParentLongName: Race Documented

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

<i>Long Name:</i>	Hispanic or Latino or Spanish Ethnicity	<i>SeqNo:</i>	185
<i>Short Name:</i>	Ethnicity	<i>Core:</i>	Yes
<i>Section Name:</i>	Demographics	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate if the patient is of Hispanic, Latino or Spanish ethnicity as reported by the patient / family. "Hispanic, Latino or Spanish" refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. [The 2010 Census Redistricting Data (Public Law 94-171) Summary File]		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
 - 3 Not Documented
-

<i>Long Name:</i>	Hospital Name	<i>SeqNo:</i>	205
<i>Short Name:</i>	HospName	<i>Core:</i>	Yes
<i>Section Name:</i>	Hospitalization	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the full name of the facility where the procedure was performed. Values should be full, official hospital name as it appears on the contract with the STS, with no abbreviations or variations in spelling for a single hospital. Values should also be in mixed-case.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by User)

<i>Long Name:</i>	Hospital ZIP Code	<i>SeqNo:</i>	210
<i>Short Name:</i>	HospZIP	<i>Core:</i>	Yes
<i>Section Name:</i>	Hospitalization	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the ZIP Code of the hospital. Outside the USA, these data may be known by other names such as Postal Code. This field should be collected in compliance with state/local privacy laws.		
<i>Data Source:</i>	Lookup	<i>Format:</i>	Text (categorical values specified by User)

ParentShortName: HospName

ParentLongName: Hospital Name

ParentHarvestCodes: Is Not Missing

ParentValues: Is Not Missing

<i>Long Name:</i>	Hospital Region	<i>SeqNo:</i>	215
<i>Short Name:</i>	HospStat	<i>Core:</i>	Yes
<i>Section Name:</i>	Hospitalization	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the region of the country (i.e., state or province) in which the hospital is located.		
<i>Data Source:</i>	Lookup	<i>Format:</i>	Text
ParentShortName: HospName			
ParentLongName: Hospital Name			
ParentHarvestCodes: Is Not Missing			
ParentValues: Is Not Missing			

<i>Long Name:</i>	Hospital National Provider Identifier	<i>SeqNo:</i>	220
<i>Short Name:</i>	HospNPI	<i>Core:</i>	Yes
<i>Section Name:</i>	Hospitalization	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the hospital's National Provider Identifier (NPI). This number, assigned by the Center for Medicare and Medicaid Services (CMS), is used to uniquely identify facilities for Medicare billing purposes. Non-US participants will have a unique hospital ID number assigned by STS.		
<i>Data Source:</i>	Lookup	<i>Format:</i>	Text (categorical values specified by User)

<i>Long Name:</i>	Hospital CMS Certification Number	<i>SeqNo:</i>	221
<i>Short Name:</i>	HospCMSCert	<i>Core:</i>	Yes
<i>Section Name:</i>	Hospitalization	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the hospital's CMS certification number		
<i>Data Source:</i>	User	<i>Format:</i>	Text

<i>Long Name:</i>	Payor - Government Health Insurance	<i>SeqNo:</i>	225
<i>Short Name:</i>	PayorGov	<i>Core:</i>	No
<i>Section Name:</i>	Hospitalization	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether government insurance was used by the patient to pay for part or all of this admission. Government insurance refers to patients who are covered by government-reimbursed care. This includes Medicare, Medicaid, Military Health Care (e.g. TriCare), State-Specific Plan, and Indian Health Service.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
<i>Harvest Codes:</i>			
	<u>Code:</u>	<u>Value:</u>	
	1	Yes	
	2	No	

<i>Long Name:</i>	Payor - Government Health Insurance - Medicare	<i>SeqNo:</i>	230
<i>Short Name:</i>	PayorGovMcare	<i>Core:</i>	No
<i>Section Name:</i>	Hospitalization	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether the government insurance used by the patient to pay for part or all of this admission included Medicare.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
<i>ParentShortName:</i> PayorGov			
<i>ParentLongName:</i> Payor - Government Health Insurance			
<i>ParentHarvestCodes:</i> 1			
<i>ParentValues:</i> = "Yes"			
<i>Harvest Codes:</i>			
	<u>Code:</u>	<u>Value:</u>	
	1	Yes	
	2	No	

<i>Long Name:</i>	Payor - Government Health Insurance - Medicare - Fee For Service	<i>SeqNo:</i>	240
<i>Short Name:</i>	PayorGovMcareFFS	<i>Core:</i>	No
<i>Section Name:</i>	Hospitalization	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate if patient is covered by Medicare Fee for Service (Medicare Part B).		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
ParentShortName:	PayorGovMcare		
ParentLongName:	Payor - Government Health Insurance - Medicare		
ParentHarvestCodes:	1		
ParentValues:	= "Yes"		
Harvest Codes:			
<u>Code:</u>	<u>Value:</u>		
1	Yes		
2	No		

<i>Long Name:</i>	Payor - Government Health Insurance - Medicaid	<i>SeqNo:</i>	245
<i>Short Name:</i>	PayorGovMcaid	<i>Core:</i>	No
<i>Section Name:</i>	Hospitalization	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether the government insurance used by the patient to pay for part or all of this admission included Medicaid.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
ParentShortName:	PayorGov		
ParentLongName:	Payor - Government Health Insurance		
ParentHarvestCodes:	1		
ParentValues:	= "Yes"		
Harvest Codes:			
<u>Code:</u>	<u>Value:</u>		
1	Yes		
2	No		

<i>Long Name:</i>	Payor - Government Health Insurance - Military Health Care	<i>SeqNo:</i>	250
<i>Short Name:</i>	PayorGovMil	<i>Core:</i>	No
<i>Section Name:</i>	Hospitalization	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether the government insurance used by the patient to pay for part or all of this admission included Military Health Care.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
ParentShortName:	PayorGov		
ParentLongName:	Payor - Government Health Insurance		
ParentHarvestCodes:	1		
ParentValues:	= "Yes"		
Harvest Codes:			
	<u>Code:</u>	<u>Value:</u>	
	1	Yes	
	2	No	

<i>Long Name:</i>	Payor - Government Health Insurance - State-Specific Plan	<i>SeqNo:</i>	255
<i>Short Name:</i>	PayorGovState	<i>Core:</i>	No
<i>Section Name:</i>	Hospitalization	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether the government insurance used by the patient to pay for part or all of this admission included State-Specific Plan (e.g., MI Health, TennCare, Mass).		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
ParentShortName:	PayorGov		
ParentLongName:	Payor - Government Health Insurance		
ParentHarvestCodes:	1		
ParentValues:	= "Yes"		
Harvest Codes:			
	<u>Code:</u>	<u>Value:</u>	
	1	Yes	
	2	No	

<i>Long Name:</i>	Payor - Government Health Insurance - Indian Health Service	<i>SeqNo:</i>	260
<i>Short Name:</i>	PayorGovIHS	<i>Core:</i>	No
<i>Section Name:</i>	Hospitalization	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether the government insurance used by the patient to pay for part or all of this admission included Indian Health Service.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
ParentShortName:	PayorGov		
ParentLongName:	Payor - Government Health Insurance		
ParentHarvestCodes:	1		
ParentValues:	= "Yes"		
Harvest Codes:			
	<u>Code:</u>	<u>Value:</u>	
	1	Yes	
	2	No	

<i>Long Name:</i>	Payor - Government Health Insurance - Correctional Facility	<i>SeqNo:</i>	265
<i>Short Name:</i>	PayorGovCor	<i>Core:</i>	No
<i>Section Name:</i>	Hospitalization	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether the government insurance used by the patient to pay for part or all of this admission included a state or federal correctional facility.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
ParentShortName:	PayorGov		
ParentLongName:	Payor - Government Health Insurance		
ParentHarvestCodes:	1		
ParentValues:	= "Yes"		
Harvest Codes:			
	<u>Code:</u>	<u>Value:</u>	
	1	Yes	
	2	No	

<i>Long Name:</i>	Payor - Government Health Insurance - Other	<i>SeqNo:</i>	270
<i>Short Name:</i>	PayorGovOth	<i>Core:</i>	No
<i>Section Name:</i>	Hospitalization	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether the government insurance used by the patient to pay for part or all of this admission included some other government plan.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
ParentShortName:	PayorGov		
ParentLongName:	Payor - Government Health Insurance		
ParentHarvestCodes:	1		
ParentValues:	= "Yes"		
Harvest Codes:			
	<u>Code:</u>	<u>Value:</u>	
	1	Yes	
	2	No	

<i>Long Name:</i>	Payor - Commercial Health Insurance	<i>SeqNo:</i>	275
<i>Short Name:</i>	PayorCom	<i>Core:</i>	No
<i>Section Name:</i>	Hospitalization	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether commercial insurance was used by the patient to pay for part or all of this admission. Commercial insurance refers to all indemnity (fee-for-service) carriers and Preferred Provider Organizations (PPOs), (e.g., Blue Cross and Blue Shield).		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
Harvest Codes:			
	<u>Code:</u>	<u>Value:</u>	
	1	Yes	
	2	No	

<i>Long Name:</i>	Payor - Health Maintenance Organization	<i>SeqNo:</i>	280
<i>Short Name:</i>	PayorHMO	<i>Core:</i>	No
<i>Section Name:</i>	Hospitalization	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether a Health Maintenance Organization (HMO) insurance was used by the patient to pay for part or all of this admission. HMO refers to a Health Maintenance Organization characterized by coverage that provides health care services for members on a pre-paid basis.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
Harvest Codes:			
	<u>Code:</u>	<u>Value:</u>	
	1	Yes	
	2	No	

<i>Long Name:</i>	Payor - Non-U.S. Insurance	<i>SeqNo:</i>	285
<i>Short Name:</i>	PayorNonUS	<i>Core:</i>	No
<i>Section Name:</i>	Hospitalization	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether any non-U.S. insurance was used by the patient to pay for part or all of this admission.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
Harvest Codes:			
	<u>Code:</u>	<u>Value:</u>	
	1	Yes	
	2	No	

<i>Long Name:</i>	Payor - None / Self	<i>SeqNo:</i>	290
<i>Short Name:</i>	PayorNS	<i>Core:</i>	No
<i>Section Name:</i>	Hospitalization	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether no insurance was used by the patient to pay for this admission. None refers to individuals with no or limited health insurance; thus, the individual is the payor regardless of ability to pay. Only mark "None" when "self" or "none" is denoted as the first insurance in the medical record.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
Harvest Codes:			
	<u>Code:</u>	<u>Value:</u>	
	1	Yes	
	2	No	

<i>Long Name:</i>	Primary Payor	<i>SeqNo:</i>	291
<i>Short Name:</i>	PayorPrim	<i>Core:</i>	Yes
<i>Section Name:</i>	Hospitalization	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the primary insurance payor for this admission.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 None / self
 - 2 Medicare
 - 3 Medicaid
 - 4 Military Health
 - 5 Indian Health Service
 - 6 Correctional Facility
 - 7 State Specific Plan
 - 8 Other Government Insurance
 - 9 Commercial Health Insurance
 - 10 Health Maintenance Organization
 - 11 Non-U.S. Plan
 - 12 Charitable Care/Foundation Funding
-

<i>Long Name:</i>	Primary Payor Medicare Fee For Service	<i>SeqNo:</i>	292
<i>Short Name:</i>	PrimMCCareFFS	<i>Core:</i>	Yes
<i>Section Name:</i>	Hospitalization	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether the patient is covered by Medicare Fee For Service (Part B).		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: PayorPrim

ParentLongName: Primary Payor

ParentHarvestCodes: 2

ParentValues: = "Medicare"

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
-

<i>Long Name:</i>	Secondary (Supplemental) Payor	<i>SeqNo:</i>	293
<i>Short Name:</i>	PayorSecond	<i>Core:</i>	Yes
<i>Section Name:</i>	Hospitalization	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate which if any secondary insurance payor was used for this admission.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: PayorPrim

ParentLongName: Primary Payor

ParentHarvestCodes: <>1 And Is Not Missing

ParentValues: Is Not "None / self" And Is Not Missing

Harvest Codes:

Code: Value:

- 1 None / self
- 2 Medicare
- 3 Medicaid
- 4 Military Health
- 5 Indian Health Service
- 6 Correctional Facility
- 7 State Specific Plan
- 8 Other Government Insurance
- 9 Commercial Health Insurance
- 10 Health Maintenance Organization
- 11 Non-U.S. Plan
- 12 Charitable Care/Foundation Funding

<i>Long Name:</i>	Secondary Payor Medicare Fee For Service	<i>SeqNo:</i>	294
<i>Short Name:</i>	SecondMCAreFFS	<i>Core:</i>	Yes
<i>Section Name:</i>	Hospitalization	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate whether the patient is covered by Medicare Fee For Service (Part B).

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: PayorSecond

ParentLongName: Secondary (Supplemental) Payor

ParentHarvestCodes: 2

ParentValues: = "Medicare"

Harvest Codes:

Code: Value:

- 1 Yes
- 2 No

<i>Long Name:</i>	Date of Admission	<i>SeqNo:</i>	305
<i>Short Name:</i>	AdmitDt	<i>Core:</i>	Yes
<i>Section Name:</i>	Hospitalization	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the Date of Admission. For those patients who originally enter the hospital in an out-patient capacity (i.e., catheterization), the admit date is the date the patient's status changes to in-patient. In the event admission date comes after date of surgery, use date of surgery.		
<i>Data Source:</i>	User	<i>Format:</i>	Date mm/dd/yyyy

<i>Long Name:</i>	Date of Surgery	<i>SeqNo:</i>	310
<i>Short Name:</i>	SurgDt	<i>Core:</i>	Yes
<i>Section Name:</i>	Hospitalization	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the date of index cardiac surgical procedure. Index cardiac surgical procedure is defined as the initial major cardiac surgical procedure of the hospitalization.		
<i>Data Source:</i>	User	<i>Format:</i>	Date mm/dd/yyyy

<i>Long Name:</i>	Admit Source	<i>SeqNo:</i>	320
<i>Short Name:</i>	AdmitSrc	<i>Core:</i>	Yes
<i>Section Name:</i>	Hospitalization	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the source of admission for the patient to your facility.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes and Value Definitions:

<u>Code:</u>	<u>Value:</u>	<u>Definition:</u>
1	Elective Admission	
2	Emergency Department	The patient came to the facility for this episode of care via the emergency department (excludes transfers from other facilities).
3	Transfer in from another hospital / acute care facility	The patient was transferred from another acute care facility (even if he/she was transferred to the emergency department) for this episode of care.
4	Other	The patient came to the facility for this episode of care by any other means. This includes transfers from non-acute care facilities.

Long Name: Other Hospital Performs Cardiac Surgery *SeqNo:* 325
Short Name: **OthHosCS** *Core:* Yes
Section Name: Hospitalization *Harvest:* Yes
DBTableName Adultdata1
Definition: The transferring hospital has the necessary personnel and facilities to have been able to perform cardiac surgery.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: AdmitSrc
 ParentLongName: Admit Source
 ParentHarvestCodes: 3
 ParentValues: = "Transfer in from another hospital / acute care facility"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: Height (cm) *SeqNo:* 330
Short Name: **HeightCm** *Core:* Yes
Section Name: Risk Factors *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the height of the patient in centimeters.
Data Source: User *Format:* Real
 Low Value: 20.0 High Value: 251.0 UsualRangeLow: 122.0 UsualRangeHigh: 213.0

Long Name: Weight (kg) *SeqNo:* 335
Short Name: **WeightKg** *Core:* Yes
Section Name: Risk Factors *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the weight of the patient in kilograms closest to the date of procedure.
Data Source: User *Format:* Real
 Low Value: 10.0 High Value: 250.0 UsualRangeLow: 30.0 UsualRangeHigh: 181.8

<i>Long Name:</i>	RF-Family History of Premature CAD	<i>SeqNo:</i>	355
<i>Short Name:</i>	FHCAD	<i>Core:</i>	Yes
<i>Section Name:</i>	Risk Factors	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate if the patient has any direct blood relatives (parents, siblings, children) who have had any of the following at age <55 y for male relatives or <65 y for female relatives: <ul style="list-style-type: none"> ● Angina ● Acute MI ● Sudden cardiac death without obvious cause ● CABG surgery ● PCI 		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
- 2 No
- 3 Unknown

<i>Long Name:</i>	RF-Diabetes	<i>SeqNo:</i>	360
<i>Short Name:</i>	Diabetes	<i>Core:</i>	Yes
<i>Section Name:</i>	Risk Factors	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	History of diabetes diagnosed and/or treated by a healthcare provider. The American Diabetes Association criteria include documentation of the following: <ol style="list-style-type: none"> 1. Hemoglobin A1c $\geq 6.5\%$; or 2. Fasting plasma glucose ≥ 126 mg/dL (7.0 mmol/L); or 3. 2-h Plasma glucose ≥ 200 mg/dL (11.1 mmol/L) during an oral glucose tolerance test; or 4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose ≥ 200 mg/dL (11.1 mmol/L) This does not include gestational diabetes. 2013 ACCF/AHA Data Standards Cannon et al. JACC Vol. 61, No. 9, 2013		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
- 2 No
- 3 Unknown

<i>Long Name:</i>	RF-Diabetes-Control	<i>SeqNo:</i>	365
<i>Short Name:</i>	DiabCtrl	<i>Core:</i>	Yes
<i>Section Name:</i>	Risk Factors	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate the patient's diabetes control method as presented on admission. Patients placed on a preprocedure diabetic pathway of insulin drip at admission but whose diabetes was controlled by diet or oral methods are not coded as being treated with insulin. Choose the most aggressive therapy from the order below

- Insulin: insulin treatment (includes any combination with insulin)
- Other subcutaneous medications (e.g., GLP-1 agonist)
- Oral: treatment with oral agent (includes oral agent with or without diet treatment)
- Diet only: Treatment with diet only
- None: no treatment for diabetes
- Other: other adjunctive treatment, non-oral/insulin/diet
- Unknown

2013 ACCF/AHA Data Standards
Cannon et al. JACC Vol. 61, No. 9, 2013

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: Diabetes

ParentLongName: RF-Diabetes

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes and Value Definitions:

<u>Code:</u>	<u>Value:</u>	<u>Definition:</u>
1	None	No treatment for diabetes.
2	Diet only	Treatment with diet only
3	Oral	Treatment with oral agent (includes oral agent with or without diet treatment)
4	Insulin	Insulin treatment (includes any combination with insulin)
6	Other subcutaneous medication	Other subcutaneous medications (such as GLP-1 agonists; Byetta, Bydureon, Victoza, Symmlin)
5	Other	Other adjunctive treatment, non-oral/insulin/diet
7	Unknown	

<i>Long Name:</i>	RF-Dyslipidemia	<i>SeqNo:</i>	370
<i>Short Name:</i>	Dyslip	<i>Core:</i>	Yes
<i>Section Name:</i>	Risk Factors	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate if the patient has a history of dyslipidemia that was diagnosed and/or treated by a physician. NCEP criteria include documentation of the following: <ul style="list-style-type: none"> ● Total cholesterol >200 mg/dL (5.18 mmol/L); or ● LDL >=130 mg/dL (3.37 mmol/L); ● HDL <40 mg/dL (1.04 mmol/L) in men and <50 mg/dL (1.30 mmol/L) in women; ● Currently receiving antilipidemic treatment 		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
- 2 No
- 3 Unknown

<i>Long Name:</i>	RF-Renal Fail-Dialysis	<i>SeqNo:</i>	375
<i>Short Name:</i>	Dialysis	<i>Core:</i>	Yes
<i>Section Name:</i>	Risk Factors	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether the patient is currently (prior to surgery) undergoing dialysis.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
- 2 No
- 3 Unknown

<i>Long Name:</i>	RF-Hypertension	<i>SeqNo:</i>	380
<i>Short Name:</i>	Hypertn	<i>Core:</i>	Yes
<i>Section Name:</i>	Risk Factors	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate if the patient has a current diagnosis of hypertension defined by any 1 of the following: <ul style="list-style-type: none"> • History of hypertension diagnosed and treated with medication, diet, and/or exercise • Prior documentation of blood pressure >140 mm Hg systolic and/or 90 mm Hg diastolic for patients without diabetes or chronic kidney disease, or prior documentation of blood pressure >130 mm Hg systolic or 80 mm Hg diastolic on at least 2 occasions for patients with diabetes or chronic kidney disease • Currently undergoing pharmacological therapy for treatment of hypertension 		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
 - 3 Unknown
-

<i>Long Name:</i>	RF- Endocarditis	<i>SeqNo:</i>	385
<i>Short Name:</i>	InfEndo	<i>Core:</i>	Yes
<i>Section Name:</i>	Risk Factors	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether the patient has a history of endocarditis. Endocarditis must meet the current CDC definition (see Training Manual).		
	Choose "Yes" for patients with pre-operative endocarditis who begin antibiotics post-op.		
	Code "Yes" for patients who are diagnosed intraoperatively.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
-

<i>Long Name:</i>	RF-Infect Endocard Type	<i>SeqNo:</i>	390
<i>Short Name:</i>	InfEndTy	<i>Core:</i>	Yes
<i>Section Name:</i>	Risk Factors	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate the type of endocarditis the patient has. If the patient is currently being treated for endocarditis, the disease is considered active. If no antibiotic medication (other than prophylactic medication) is being given at the time of surgery and the cultures are negative, then the infection is considered treated.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: InfEndo

ParentLongName: RF- Endocarditis

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Treated

2 Active

<i>Long Name:</i>	RF-Infect Endocard Culture	<i>SeqNo:</i>	395
<i>Short Name:</i>	InfEndCult	<i>Core:</i>	Yes
<i>Section Name:</i>	Risk Factors	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate culture results (may use cultures obtained in the OR).

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: InfEndo

ParentLongName: RF- Endocarditis

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Culture negative

3 Streptococcus species

11 Methicillian resistant
staphylococcus aureus
(MRSA)

12 Methicillian sensitive
staphylococcus aureus
(MSSA)

4 Coagulase negative
staphylococcus

5 Enterococcus species

-
- 9 Gram negative species
 - 10 Polymicrobial
 - 13 Mycobacterium (chimera)
 - 6 Fungal
 - 7 Other
 - 8 Unknown
-

<i>Long Name:</i>	RF-Tobacco Use	<i>SeqNo:</i>	400
<i>Short Name:</i>	TobaccoUse	<i>Core:</i>	Yes
<i>Section Name:</i>	Risk Factors	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate current (within 30 days prior to admission) or previous use of any tobacco product, including Cigarettes, Pipe, Cigars, Smokeless Cans, Other tobacco products (orbs, strips, sticks, hookah, etc.). Meaningful Use Definition Http://www.healthit.gov/providers-professionals/achieve-meaningful-use/core-measures/record-smoking-status		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Never smoker
 - 2 Current every day smoker
 - 3 Current some day smoker
 - 4 Smoker, current status
(frequency) unknown
 - 5 Former smoker
 - 6 Smoking status unknown
-

<i>Long Name:</i>	RF-Chronic Lung Disease	<i>SeqNo:</i>	405
<i>Short Name:</i>	ChrLungD	<i>Core:</i>	Yes
<i>Section Name:</i>	Risk Factors	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate whether the patient has chronic lung disease, and the severity level according to the following classification:

No;

Mild: FEV1 60% to 75% of predicted, and/or on chronic inhaled or oral bronchodilator therapy.

Moderate: FEV1 50% to 59% of predicted, and/or on chronic oral/systemic steroid therapy aimed at lung disease.

Severe: FEV1 < 50% and/or Room Air pO₂ < 60 or pCO₂ > 50.

CLD present, severity not documented.

Unknown

A history of chronic inhalation reactive disease (asbestosis, mesothelioma, black lung disease or pneumoconiosis) may qualify as chronic lung disease. Radiation induced pneumonitis or radiation fibrosis also qualifies as chronic lung disease. (if above criteria is met) A history of atelectasis is a transient condition and does not qualify.

Chronic lung disease can include patients with chronic obstructive pulmonary disease, chronic bronchitis, or emphysema. It can also include a patient who is currently being chronically treated with inhaled or oral pharmacological therapy (e.g., beta-adrenergic agonist, anti-inflammatory agent, leukotriene receptor antagonist, or steroid). Patients with asthma or seasonal allergies are not considered to have chronic lung disease.

Data Source: User

Format: Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- | | |
|---|--|
| 1 | No |
| 2 | Mild |
| 3 | Moderate |
| 4 | Severe |
| 5 | Lung disease documented,
severity unknown |
| 6 | Unknown |

<i>Long Name:</i>	RF-Chronic Lung Disease - Type	<i>SeqNo:</i>	410
<i>Short Name:</i>	ChrLungDType	<i>Core:</i>	Yes
<i>Section Name:</i>	Risk Factors	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate the type of chronic lung disease.

Data Source: User

Format: Text (categorical values specified by STS)

ParentShortName: ChrLungD

ParentLongName: RF-Chronic Lung Disease

ParentHarvestCodes: 2|3|4

ParentValues: = "Mild", "Moderate" or "Severe"

Harvest Codes:

Code: Value:

- | | |
|---|-----------------------|
| 1 | Obstructive |
| 2 | Reactive |
| 3 | Interstitial Fibrosis |
| 7 | Restrictive |
| 4 | Other |
| 5 | Multiple |
| 6 | Not Documented |

<i>Long Name:</i>	RF-Pulmonary Function Test	<i>SeqNo:</i>	415
<i>Short Name:</i>	PFT	<i>Core:</i>	Yes
<i>Section Name:</i>	Risk Factors	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate whether pulmonary function tests were performed.

Data Source: User

Format: Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

Long Name: RF-Forced Expiratory Volume Predicted *SeqNo:* 420
Short Name: **FEV1** *Core:* Yes
Section Name: Risk Factors *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the FEV1 % predicted from the most recent pulmonary function test prior to procedure.
Choose the highest value reported for % predicted, whether or not a bronchodilator was used.
Data Source: User *Format:* Integer
Low Value: 1 High Value: 200
ParentShortName: PFT
ParentLongName: RF-Pulmonary Function Test
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: DLCO Test Performed *SeqNo:* 425
Short Name: **DLCO** *Core:* Yes
Section Name: Risk Factors *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether a lung diffusion test (DLCO) was performed.
Data Source: User *Format:* Text (categorical values specified by STS)
ParentShortName: PFT
ParentLongName: RF-Pulmonary Function Test
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:
Code: Value:
1 Yes
2 No

Long Name: DLCO Predicted *SeqNo:* 430
Short Name: **DLCOPred** *Core:* Yes
Section Name: Risk Factors *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the % predicted DLCO value obtained for the patient. Choose the value that represents the highest % predicted whether or not it is the simple DLCO or the DLCO/VA.
Data Source: User *Format:* Integer
 Low Value: 10 High Value: 200
 ParentShortName: DLCO
 ParentLongName: DLCO Test Performed
 ParentHarvestCodes: 1
 ParentValues: = "Yes"

Long Name: RF-Arterial Blood Gas *SeqNo:* 435
Short Name: **ABG** *Core:* Yes
Section Name: Risk Factors *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether a room-air arterial blood gas was performed prior to surgery. Answer no if the only available arterial blood gasses were drawn while patient was receiving supplemental oxygen.
Data Source: User *Format:* Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
-

Long Name: RF-Carbon Dioxide Level *SeqNo:* 440
Short Name: **PCO2** *Core:* Yes
Section Name: Risk Factors *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate PCO2 on most recent room air blood gas prior to procedure.
Data Source: User *Format:* Real
 Low Value: 20.0 High Value: 120.0
 ParentShortName: ABG
 ParentLongName: RF-Arterial Blood Gas
 ParentHarvestCodes: 1
 ParentValues: = "Yes"

<i>Long Name:</i>	RF-Oxygen Level	<i>SeqNo:</i>	445
<i>Short Name:</i>	PO2	<i>Core:</i>	Yes
<i>Section Name:</i>	Risk Factors	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate PO2 result on most recent room air arterial blood gas prior to procedure.		
<i>Data Source:</i>	User	<i>Format:</i>	Real
Low Value:	40.0	High Value:	500.0
ParentShortName:	ABG		
ParentLongName:	RF-Arterial Blood Gas		
ParentHarvestCodes:	1		
ParentValues:	= "Yes"		

<i>Long Name:</i>	RF-Home Oxygen	<i>SeqNo:</i>	450
<i>Short Name:</i>	HmO2	<i>Core:</i>	Yes
<i>Section Name:</i>	Risk Factors	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether supplemental oxygen at home is prescribed and used.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
3	Yes, PRN
4	Yes, oxygen dependent
2	No
5	Unknown

<i>Long Name:</i>	RF-Inhaled Medication or Oral Bronchodilator Therapy	<i>SeqNo:</i>	455
<i>Short Name:</i>	BDTx	<i>Core:</i>	Yes
<i>Section Name:</i>	Risk Factors	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether oral and/or inhaled bronchodilator or inhaled (not oral or IV) steroid medications were in use by the patient routinely prior to this procedure.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

3 Unknown

<i>Long Name:</i>	RF-Sleep Apnea	<i>SeqNo:</i>	460
<i>Short Name:</i>	SlpApn	<i>Core:</i>	Yes
<i>Section Name:</i>	Risk Factors	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether patient has a diagnosis of sleep apnea (may be described as obstructive sleep apnea or OSA).		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
- 2 No
- 3 Unknown

<i>Long Name:</i>	RF-Pneumonia	<i>SeqNo:</i>	465
<i>Short Name:</i>	Pneumonia	<i>Core:</i>	Yes
<i>Section Name:</i>	Risk Factors	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether patient has a recent (within 30 days) or remote (more than 30 days) history of pneumonia.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes and Value Definitions:

Code: Value:

- 2 Recent
- 3 Remote
- 1 No
- 4 Unknown

Definition:

- Within 1 month of procedure
- More than 1 month prior to procedure

Long Name: RF-Illicit Drug Use *SeqNo:* 470
Short Name: **IVDrugAb** *Core:* Yes
Section Name: Risk Factors *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether documented history of use of illicit drugs, such as heroin, marijuana, cocaine, or methamphetamine, or abuse of a controlled substance.
Do not include rare historical use. Do not include prescribed medicinal marijuana.
Data Source: User *Format:* Text (categorical values specified by STS)

Harvest Codes and Value Definitions:

<u>Code:</u>	<u>Value:</u>	<u>Definition:</u>
4	Recent	Within 30 days of procedure
5	Remote	More than 30 days prior to procedure
2	No	
3	Unknown	

Long Name: RF-Depression *SeqNo:* 475
Short Name: **Depression** *Core:* Yes
Section Name: Risk Factors *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether there is a current or previous history of depression or documentation of a depressed mood or affect.
Data Source: User *Format:* Text (categorical values specified by STS)

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No
3	Unknown

Long Name: RF-Alcohol Use *SeqNo:* 480
Short Name: **Alcohol** *Core:* Yes
Section Name: Risk Factors *Harvest:* Yes
DBTableName Adultdata2
Definition: Specify alcohol consumption history.
Data Source: User *Format:* Text (categorical values specified by STS)

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	<= 1 drink/week
2	2-7 drinks/week

-
- 3 >= 8 drinks/week
 - 4 None
 - 5 Unknown
-

<i>Long Name:</i>	RF-Liver Disease	<i>SeqNo:</i>	485
<i>Short Name:</i>	LiverDis	<i>Core:</i>	Yes
<i>Section Name:</i>	Risk Factors	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether the patient has a history of hepatitis B, hepatitis C, cirrhosis, portal hypertension, esophageal varices, chronic alcohol abuse or congestive hepatopathy. Exclude NASH in the absence of cirrhosis.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
 - 3 Unknown
-

<i>Long Name:</i>	RF-Liver Disease - Child Pugh Class	<i>SeqNo:</i>	486
<i>Short Name:</i>	LiverChildPugh	<i>Core:</i>	Yes
<i>Section Name:</i>	Risk Factors	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate the Child Pugh Class, if known.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: LiverDis

ParentLongName: RF-Liver Disease

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 A
 - 2 B
 - 3 C
 - 4 Unknown
-

Long Name: RF-Liver Disease - Listed for Liver Transplant *SeqNo:* 487
Short Name: **LiverTransList** *Core:* Yes
Section Name: Risk Factors *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether the patient is listed for liver transplant.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: LiverDis
ParentLongName: RF-Liver Disease
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:
Code: Value:
1 Yes
2 No

Long Name: RF-Liver Disease - Status Post Liver Transplant *SeqNo:* 488
Short Name: **LiverStatusPost** *Core:* Yes
Section Name: Risk Factors *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether the patient has received a liver transplant prior to this operation.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: LiverDis
ParentLongName: RF-Liver Disease
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:
Code: Value:
1 Yes
2 No

<i>Long Name:</i>	RF-Immunocompromise	<i>SeqNo:</i>	490
<i>Short Name:</i>	ImmSupp	<i>Core:</i>	Yes
<i>Section Name:</i>	Risk Factors	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether immunocompromise is present due to immunosuppressive medication therapy within 30 days preceding the operative procedure or existing medical condition (see training manual). This includes, but is not limited to systemic steroid therapy, anti-rejection medications and chemotherapy. This does not include topical steroid applications, one time systemic therapy, inhaled steroid therapy or preprocedure protocol.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
- 2 No
- 3 Unknown

<i>Long Name:</i>	RF-Mediastinal Radiation	<i>SeqNo:</i>	495
<i>Short Name:</i>	MediastRad	<i>Core:</i>	Yes
<i>Section Name:</i>	Risk Factors	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether patient has a history of radiation therapy to the mediastinum or chest.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
- 2 No
- 3 Unknown

<i>Long Name:</i>	RF-Cancer Within 5 Years	<i>SeqNo:</i>	500
<i>Short Name:</i>	Cancer	<i>Core:</i>	Yes
<i>Section Name:</i>	Risk Factors	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether the patient has a history of cancer diagnosed within 5 years of procedure. Do not capture low grade skin cancers such as basal cell or squamous cell carcinoma.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes

-
- 2 No
 - 3 Unknown
-

Long Name: RF-Peripheral Arterial Disease *SeqNo:* 505
Short Name: **PVD** *Core:* Yes
Section Name: Risk Factors *Harvest:* Yes
DBTableName Adultdata2

Definition: Indicate whether the patient has a history of peripheral arterial disease (includes upper and lower extremity, renal, mesenteric, and abdominal aortic systems). This can include:

1. Claudication , either with exertion or at rest,
2. Amputation for arterial vascular insufficiency,
3. Vascular reconstruction, bypass surgery, or percutaneous intervention to the extremities (excluding dialysis fistulas and vein stripping),
4. Documented abdominal aortic aneurysm with or without repair,
5. Positive noninvasive test (e.g., ankle brachial index =< 0.9, ultrasound, magnetic resonance or computed tomography imaging of > 50% diameter stenosis in any peripheral artery, i.e., renal, subclavian, femoral, iliac) or angiographic imaging

Peripheral arterial disease excludes disease in the carotid, cerebrovascular arteries or thoracic aorta.

PVD does not include DVT.

Data Source: User *Format:* Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
 - 3 Unknown
-

Long Name: RF-Thoracic Aorta Disease *SeqNo:* 510
Short Name: **ThAoDisease** *Core:* Yes
Section Name: Risk Factors *Harvest:* Yes
DBTableName Adultdata2

Definition: Indicate whether the patient has a history of disease of the thoracic or thoracoabdominal aorta. Abdominal aortic disease without thoracic involvement is captured in peripheral artery disease.

Data Source: User *Format:* Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
 - 3 Unknown
-

<i>Long Name:</i>	RF-Syncope	<i>SeqNo:</i>	515
<i>Short Name:</i>	Syncope	<i>Core:</i>	Yes
<i>Section Name:</i>	Risk Factors	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether the patient had a sudden loss of consciousness with loss of postural tone, not related to anesthesia, with spontaneous recovery and believed to be related to cardiac condition. Capture events occurring within the past one year as reported by patient or observer. Patient may experience syncope when supine.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
- 2 No
- 3 Unknown

<i>Long Name:</i>	RF-Unresponsive Neurologic State	<i>SeqNo:</i>	520
<i>Short Name:</i>	UnrespStat	<i>Core:</i>	Yes
<i>Section Name:</i>	Risk Factors	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether the patient has a history of non-medically induced, unresponsive state within 24 hours of the time of surgery. Patient experienced complete mental unresponsiveness and no evidence of psychological or physiologically appropriate responses to stimulation, includes patients who experience sudden cardiac death.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
- 2 No
- 3 Unknown

<i>Long Name:</i>	RF-Chest Wall Deformity	<i>SeqNo:</i>	521
<i>Short Name:</i>	ChestWallDef	<i>Core:</i>	Yes
<i>Section Name:</i>	Risk Factors	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether the patient has a chest wall deformity.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

-
- 1 Yes
 - 2 No
 - 3 Unknown
-

Long Name: RF-Cerebrovascular Dis *SeqNo:* 525

Short Name: **CVD** *Core:* Yes

Section Name: Risk Factors *Harvest:* Yes

DBTableName Adultdata2

Definition: Indicate whether the patient has a current or previous history of any of the following:

- a. Stroke: Stroke is an acute episode of focal or global neurological dysfunction caused by brain, spinal cord, or retinal vascular injury as a result of hemorrhage or infarction, where the neurological dysfunction lasts for greater than 24 hours.
- B. TIA: is defined as a transient episode of focal neurological dysfunction caused by brain, spinal cord, or retinal ischemia, without acute infarction, where the neurological dysfunction resolves within 24 hours.
- C. Noninvasive or invasive arterial imaging test demonstrating $\geq 50\%$ stenosis of any of the major extracranial or intracranial vessels to the brain
- d. Previous cervical or cerebral artery revascularization surgery or percutaneous intervention

This does not include chronic (nonvascular) neurological diseases or other acute neurological insults such as metabolic and anoxic ischemic encephalopathy.

Data Source: User *Format:* Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
 - 3 Unknown
-

Long Name: RF-Prior CVA *SeqNo:* 530

Short Name: **CVA** *Core:* Yes

Section Name: Risk Factors *Harvest:* Yes

DBTableName Adultdata2

Definition: Indicate whether the patient has a history of stroke. Stroke is an acute episode of focal or global neurological dysfunction caused by brain, spinal cord, or retinal vascular injury as a result of hemorrhage or infarction, where the neurological dysfunction lasts for greater than 24 hours.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CVD

ParentLongName: RF-Cerebrovascular Dis

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Yes

-
- 2 No
 - 3 Unknown
-

Long Name: RF-Prior CVA-When *SeqNo:* 535
Short Name: **CVAWhen** *Core:* Yes
Section Name: Risk Factors *Harvest:* Yes
DBTableName Adultdata2

Definition: Indicate when the CVA events occurred. Those events occurring within 30 days prior to the surgical procedure are considered recent, while all others are considered remote.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CVA

ParentLongName: RF-Prior CVA

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 3 <= 30 days
 - 4 > 30 days
-

Long Name: RF-CVD TIA *SeqNo:* 540
Short Name: **CVDTIA** *Core:* Yes
Section Name: Risk Factors *Harvest:* Yes
DBTableName Adultdata2

Definition: Indicate whether the patient has a history of a Transient Ischemic Attack (TIA). Transient ischemic attack (TIA) is defined as a transient episode of focal neurological dysfunction caused by brain, spinal cord, or retinal ischemia, without acute infarction, where the neurological dysfunction resolves within 24 hours.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CVD

ParentLongName: RF-Cerebrovascular Dis

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
 - 3 Unknown
-

<i>Long Name:</i>	RF-CVD Carotid Stenosis	<i>SeqNo:</i>	545
<i>Short Name:</i>	CVDCarSten	<i>Core:</i>	Yes
<i>Section Name:</i>	Risk Factors	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate which carotid artery was determined from any diagnostic test to be $\geq 50\%$ stenotic.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CVD

ParentLongName: RF-Cerebrovascular Dis

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

2	Right
3	Left
4	Both
1	None
5	Not documented

<i>Long Name:</i>	RF-CVD Carotid Stenosis - Right	<i>SeqNo:</i>	550
<i>Short Name:</i>	CVDCarStenRt	<i>Core:</i>	Yes
<i>Section Name:</i>	Risk Factors	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate the severity of stenosis reported on the right carotid artery.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CVDCarSten

ParentLongName: RF-CVD Carotid Stenosis

ParentHarvestCodes: 2|4

ParentValues: = "Right" or "Both"

Harvest Codes:

Code: Value:

3	50% to 79%
1	80% to 99%
2	100 %
4	Not documented

Long Name: RF-CVD Carotid Stenosis - Left *SeqNo:* 555
Short Name: **CVDStenLft** *Core:* Yes
Section Name: Risk Factors *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the severity of stenosis reported on the left carotid artery.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CVDCarSten
ParentLongName: RF-CVD Carotid Stenosis
ParentHarvestCodes: 3|4
ParentValues: = "Left" or "Both"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
3	50% to 79%
1	80% to 99%
2	100%
4	Not documented

Long Name: RF-CVD Prior Carotid Surgery *SeqNo:* 560
Short Name: **CVDPCarSurg** *Core:* Yes
Section Name: Risk Factors *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether the patient has a history of previous carotid artery surgery and/or stenting.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CVD
ParentLongName: RF-Cerebrovascular Dis
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

<i>Long Name:</i>	RF-Last WBC Count	<i>SeqNo:</i>	565
<i>Short Name:</i>	WBC	<i>Core:</i>	Yes
<i>Section Name:</i>	Risk Factors	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate the pre-operative White Blood Cell (WBC) count closest to the date and time prior to surgery but prior to anesthetic management (induction area or operating room).		
<i>Data Source:</i>	User	<i>Format:</i>	Real
Low Value:	0.10	High Value:	99.99
UsualRangeLow:	2.00	UsualRangeHigh:	40.00

<i>Long Name:</i>	RF-Hemoglobin	<i>SeqNo:</i>	570
<i>Short Name:</i>	RFHemoglobin	<i>Core:</i>	Yes
<i>Section Name:</i>	Risk Factors	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate the pre-operative Hemoglobin level at the date and time closest to surgery but prior to anesthetic management (induction area or operating room). Capture only measured hemoglobin levels, not calculated values.		
<i>Data Source:</i>	User	<i>Format:</i>	Real
Low Value:	1.00	High Value:	50.00
UsualRangeLow:	6.00	UsualRangeHigh:	20.00

<i>Long Name:</i>	RF-Last Hematocrit	<i>SeqNo:</i>	575
<i>Short Name:</i>	Hct	<i>Core:</i>	Yes
<i>Section Name:</i>	Risk Factors	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate the pre-operative Hematocrit level at the date and time closest to surgery but prior to anesthetic management (induction area or operating room). Capture only measured hematocrit levels, not calculated values.		
<i>Data Source:</i>	User	<i>Format:</i>	Real
Low Value:	1.00	High Value:	99.99
UsualRangeLow:	20.00	UsualRangeHigh:	53.00

<i>Long Name:</i>	RF-Platelets	<i>SeqNo:</i>	580
<i>Short Name:</i>	Platelets	<i>Core:</i>	Yes
<i>Section Name:</i>	Risk Factors	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate the platelet count closest to the date and time prior to surgery but prior to anesthetic management (induction area or operating room).		
<i>Data Source:</i>	User	<i>Format:</i>	Integer
<i>Low Value:</i>	1000	<i>High Value:</i>	900000
		<i>UsualRangeLow:</i>	150000
		<i>UsualRangeHigh:</i>	600000

<i>Long Name:</i>	RF-Last Creat Level	<i>SeqNo:</i>	585
<i>Short Name:</i>	CreatLst	<i>Core:</i>	Yes
<i>Section Name:</i>	Risk Factors	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate the creatinine level closest to the date and time prior surgery but prior to anesthetic management (induction area or operating room).		
	A creatinine level should be collected on all patients, even if they have no prior history of renal disease. A creatinine value is a high predictor of a patient's outcome and is used in the predicted risk models.		
<i>Data Source:</i>	User	<i>Format:</i>	Real
<i>Low Value:</i>	0.10	<i>High Value:</i>	30.00
		<i>UsualRangeLow:</i>	0.10
		<i>UsualRangeHigh:</i>	12.00

<i>Long Name:</i>	RF-Total Albumin	<i>SeqNo:</i>	590
<i>Short Name:</i>	TotAlbumin	<i>Core:</i>	Yes
<i>Section Name:</i>	Risk Factors	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate the total albumin closest to the date and time prior to surgery but prior to anesthetic management (induction area or operating room).		
<i>Data Source:</i>	User	<i>Format:</i>	Real
<i>Low Value:</i>	1.00	<i>High Value:</i>	10.00
		<i>UsualRangeLow:</i>	3.50
		<i>UsualRangeHigh:</i>	5.00

Long Name: RF-Total Bilirubin *SeqNo:* 595
Short Name: **TotBlrbn** *Core:* Yes
Section Name: Risk Factors *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the total Bilirubin closest to the date and time prior to surgery but prior to anesthetic management (induction area or operating room).
Data Source: User *Format:* Real
 Low Value: 0.10 High Value: 50.00 UsualRangeLow: 0.20 UsualRangeHigh: 1.30

Long Name: RF-Last A1c Level *SeqNo:* 600
Short Name: **A1cLvl** *Core:* Yes
Section Name: Risk Factors *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the pre-operative HbA1c level closest to the date and time prior surgery but prior to anesthetic management (induction area or operating room).
Data Source: User *Format:* Real
 Low Value: 1.00 High Value: 20.00 UsualRangeLow: 4.00 UsualRangeHigh: 13.00

Long Name: RF-HIT Antibodies *SeqNo:* 605
Short Name: **HITAnti** *Core:* Yes
Section Name: Risk Factors *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether Heparin Induced Thrombocytopenia (HIT) is confirmed by antibody testing.
Data Source: User *Format:* Text (categorical values specified by STS)

Harvest Codes and Value Definitions:

<u>Code:</u>	<u>Value:</u>	<u>Definition:</u>
1	Yes	Positive antibody testing
2	No	Negative antibody testing
3	Not Applicable	Antibody testing not performed

<i>Long Name:</i>	RF-INR	<i>SeqNo:</i>	610
<i>Short Name:</i>	INR	<i>Core:</i>	Yes
<i>Section Name:</i>	Risk Factors	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate the International Normalized Ratio (INR) closest to the date and time prior to surgery but prior to anesthetic management (induction area or operating room).		
<i>Data Source:</i>	User	<i>Format:</i>	Real
<i>Low Value:</i>	0.50	<i>High Value:</i>	30.00
		<i>UsualRangeLow:</i>	0.90
		<i>UsualRangeHigh:</i>	1.30

<i>Long Name:</i>	RF-MELD Score	<i>SeqNo:</i>	615
<i>Short Name:</i>	MELDS_{cr}	<i>Core:</i>	Yes
<i>Section Name:</i>	Risk Factors	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	MELD score value calculated by software to indicate severity of liver disease.		
<i>Data Source:</i>	Calculated	<i>Format:</i>	Real
<i>Low Value:</i>	-50.00	<i>High Value:</i>	150.00

<i>Long Name:</i>	RF-BNP	<i>SeqNo:</i>	620
<i>Short Name:</i>	BNP	<i>Core:</i>	Yes
<i>Section Name:</i>	Risk Factors	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate the BNP value.		
<i>Data Source:</i>	User	<i>Format:</i>	Integer
<i>Low Value:</i>	5	<i>High Value:</i>	70000

<i>Long Name:</i>	RF-N-Terminal Prohormone of Brain Natriuretic Peptide	<i>SeqNo:</i>	625
<i>Short Name:</i>	NTproBNP	<i>Core:</i>	No
<i>Section Name:</i>	Risk Factors	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	<p>NT-proBNP level in the blood is used for screening, diagnosis of acute congestive heart failure (CHF) and may be useful to establish prognosis in heart failure, levels are typically higher in patients with worse outcome. The plasma concentration of NT-proBNP is typically increased in patients with asymptomatic or symptomatic left ventricular dysfunction and is associated with coronary artery disease and myocardial ischemia. Normal NTpBNP levels should be stratified by age and gender. Normal NTpBNP levels give high NPV in excluding significant cardiovascular disease. Most subjects with raised NTpBNP levels and almost all subjects with NTpBNP levels over four times the normal have significant cardiovascular disease.</p> <p>Values are expressed in pg/mL.</p>		
<i>Data Source:</i>	User	<i>Format:</i>	Integer
<i>Low Value:</i>	5	<i>High Value:</i>	70000
<i>Long Name:</i>	RF-High-Sensitivity Troponin T	<i>SeqNo:</i>	630
<i>Short Name:</i>	hsTnT	<i>Core:</i>	No
<i>Section Name:</i>	Risk Factors	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	<p>hsTnT concentrations are found to be related to several factors like severity of coronary artery disease, left ventricular mass, left ventricular ejection fraction and regional wall motion abnormality.</p> <p>In patients with acute chest pain, myocardial perfusion abnormalities and coronary artery disease are predicted by resting hsTnT levels. Do not code other troponins here.</p> <p>Values are expressed in ng/L.</p>		
<i>Data Source:</i>	User	<i>Format:</i>	Integer
<i>Low Value:</i>	1	<i>High Value:</i>	200

<i>Long Name:</i>	RF-High-Sensitivity CRP or Ultra-sensitive CRP	<i>SeqNo:</i>	635
<i>Short Name:</i>	hsCRP	<i>Core:</i>	No
<i>Section Name:</i>	Risk Factors	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	<p>The high-sensitivity C-reactive protein (hsCRP) assay is a quantitative analysis test of very low levels of C-reactive protein (CRP) in the blood. The hsCRP assay is being increasingly used as a marker for cardiac risk assessment and as a prognostic tool in heart disease. The CRP test, in addition to lipid evaluation and global risk scoring systems, helps in the evaluation of cardiovascular disease risk in an individual. C-reactive protein is an acute phase protein that appears in circulation in response to inflammatory cytokines, such as interleukin-6, and serves as a biomarker for systemic inflammation.</p> <p>Only code hsCRP.</p> <p>Values are expressed in mg/L.</p>		
<i>Data Source:</i>	User	<i>Format:</i>	Real
Low Value:	0.10	High Value:	30.00

<i>Long Name:</i>	RF-Growth Differentiation Factor 15	<i>SeqNo:</i>	640
<i>Short Name:</i>	GDF15	<i>Core:</i>	No
<i>Section Name:</i>	Risk Factors	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	<p>Growth differentiation factor 15 (GDF15) is a protein belonging to the transforming growth factor beta superfamily that has a role in regulating inflammatory and apoptotic pathways in injured tissues and during disease processes. GDF15 is also known as TGF-PL, MIC-1, PDF, PLAB, and PTGFB. GDF15 mRNA is most abundant in the liver, with lower levels seen in some other tissues. Its expression in liver can be significantly up-regulated in during injury of organs such as liver, kidney, heart and lung.</p> <p>Moreover, increased circulating GDF-15 concentrations have been linked to an enhanced risk of future adverse cardiovascular events in elderly women and it is a new biomarker of the risk of death in patients with non-ST-elevation acute coronary syndrome.</p> <p>Values are expressed in pg/mL.</p>		
<i>Data Source:</i>	User	<i>Format:</i>	Integer
Low Value:	100	High Value:	20000

Long Name: RF-Five Meter Walk Test Done *SeqNo:* 645
Short Name: **FiveMWalkTest** *Core:* Yes
Section Name: Risk Factors *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether the five meter walk test was done.
Data Source: User *Format:* Text (categorical values specified by STS)

Harvest Codes and Value Definitions:

<u>Code:</u>	<u>Value:</u>	<u>Definition:</u>
1	Yes	
2	No	
3	Non-ambulatory patient	Physically or medically unable to perform the test.

Long Name: RF-Five Meter Walk Time 1 *SeqNo:* 650
Short Name: **FiveMWalk1** *Core:* Yes
Section Name: Risk Factors *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the time in seconds it takes the patient to walk 5 meters for the first of three tests.
Data Source: User *Format:* Real
 Low Value: 1.00 High Value: 100.00 UsualRangeLow: 2.00 UsualRangeHigh: 20.00
 ParentShortName: FiveMWalkTest
 ParentLongName: RF-Five Meter Walk Test Done
 ParentHarvestCodes: 1
 ParentValues: = "Yes"

Long Name: RF-Five Meter Walk Time 2 *SeqNo:* 655
Short Name: **FiveMWalk2** *Core:* Yes
Section Name: Risk Factors *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the time in seconds it takes the patient to walk 5 meters for the second of three tests.
Data Source: User *Format:* Real
 Low Value: 1.00 High Value: 100.00 UsualRangeLow: 2.00 UsualRangeHigh: 20.00
 ParentShortName: FiveMWalkTest
 ParentLongName: RF-Five Meter Walk Test Done
 ParentHarvestCodes: 1
 ParentValues: = "Yes"

Long Name: RF-Five Meter Walk Time 3 *SeqNo:* 660
Short Name: **FiveMWalk3** *Core:* Yes
Section Name: Risk Factors *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the time in seconds it takes the patient to walk 5 meters for the third of three tests.
Data Source: User *Format:* Real
 Low Value: 1.00 High Value: 100.00 UsualRangeLow: 2.00 UsualRangeHigh: 20.00
 ParentShortName: FiveMWalkTest
 ParentLongName: RF-Five Meter Walk Test Done
 ParentHarvestCodes: 1
 ParentValues: = "Yes"

Long Name: RF - Six Minute Walk Test Done *SeqNo:* 661
Short Name: **SixMWalkDone** *Core:* Yes
Section Name: Risk Factors *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether a six-minute walk test was done.
Data Source: User *Format:* Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: RF - Six Minute Walk Test Distance *SeqNo:* 662
Short Name: **SixMWalkDist** *Core:* Yes
Section Name: Risk Factors *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the distance in feet the patient walked during the six-minute walk test.
Data Source: User *Format:* Integer
 Low Value: 1 High Value: 3000
 ParentShortName: SixMWalkDone
 ParentLongName: RF - Six Minute Walk Test Done
 ParentHarvestCodes: 1
 ParentValues: = "Yes"

<i>Long Name:</i>	Prev Cardiac Intervent	<i>SeqNo:</i>	665
<i>Short Name:</i>	PrCVInt	<i>Core:</i>	Yes
<i>Section Name:</i>	Previous Cardiac Interventions	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether the patient has undergone any previous cardiovascular intervention, either surgical or non-surgical, which may include those done during the current admission.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
 - 3 Unknown
-

<i>Long Name:</i>	Prev CAB	<i>SeqNo:</i>	670
<i>Short Name:</i>	PrCAB	<i>Core:</i>	Yes
<i>Section Name:</i>	Previous Cardiac Interventions	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether the patient had a previous Coronary Bypass Graft prior to the current admission.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: PrCVInt

ParentLongName: Prev Cardiac Intervent

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
-

Long Name: Prev Valve *SeqNo:* 675
Short Name: **PrValve** *Core:* Yes
Section Name: Previous Cardiac Interventions *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether the patient had a previous surgical replacement and/or surgical repair of a cardiac valve. This may also include percutaneous valve procedures.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: PrCVInt
 ParentLongName: Prev Cardiac Intervent
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: Prev Valve Procedure 1 *SeqNo:* 695
Short Name: **PrValveProc1** *Core:* Yes
Section Name: Previous Cardiac Interventions *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the first previous valve procedure.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: PrValve
 ParentLongName: Prev Valve
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:
 Code: Value:
 2 Aortic valve balloon
 valvotomy/valvuloplasty
 3 Aortic valve repair, surgical
 4 Aortic valve replacement,
 surgical
 5 Aortic valve replacement,
 transcatheter
 6 Mitral valve balloon
 valvotomy/valvuloplasty
 7 Mitral valve
 commissurotomy, surgical
 8 Mitral valve repair,
 percutaneous

-
- 9 Mitral valve repair, surgical
 - 10 Mitral valve replacement, surgical
 - 11 Mitral valve replacement, transcatheter
 - 12 Tricuspid valve balloon valvotomy/valvuloplasty
 - 13 Tricuspid valve repair, percutaneous
 - 14 Tricuspid valve repair, surgical
 - 15 Tricuspid valve replacement, surgical
 - 16 Tricuspid valve replacement, transcatheter
 - 17 Tricuspid valvectomy
 - 18 Pulmonary valve balloon valvotomy/valvuloplasty
 - 19 Pulmonary valve repair, surgical
 - 20 Pulmonary valve replacement, surgical
 - 21 Pulmonary valve replacement, transcatheter
 - 22 Pulmonary valvectomy
 - 23 Other valve procedure
-

<i>Long Name:</i>	Prev Valve Procedure 2	<i>SeqNo:</i>	700
<i>Short Name:</i>	PrValveProc2	<i>Core:</i>	Yes
<i>Section Name:</i>	Previous Cardiac Interventions	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate the second previous valve procedure or select "No additional valve procedures"		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: PrValve

ParentLongName: Prev Valve

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 No additional valve procedure(s)
- 2 Aortic valve balloon valvotomy/valvuloplasty
- 3 Aortic valve repair, surgical
- 4 Aortic valve replacement,

-
- surgical
 - 5 Aortic valve replacement,
transcatheter
 - 6 Mitral valve balloon
valvotomy/valvuloplasty
 - 7 Mitral valve
commissurotomy, surgical
 - 8 Mitral valve repair,
percutaneous
 - 9 Mitral valve repair, surgical
 - 10 Mitral valve replacement,
surgical
 - 11 Mitral valve replacement,
transcatheter
 - 12 Tricuspid valve balloon
valvotomy/valvuloplasty
 - 13 Tricuspid valve repair,
percutaneous
 - 14 Tricuspid valve repair,
surgical
 - 15 Tricuspid valve replacement,
surgical
 - 16 Tricuspid valve replacement,
transcatheter
 - 17 Tricuspid valvectomy
 - 18 Pulmonary valve balloon
valvotomy/valvuloplasty
 - 19 Pulmonary valve repair,
surgical
 - 20 Pulmonary valve replacement,
surgical
 - 21 Pulmonary valve replacement,
transcatheter
 - 22 Pulmonary valvectomy
 - 23 Other valve procedure
-

<i>Long Name:</i>	Prev Valve Procedure 3	<i>SeqNo:</i>	705
<i>Short Name:</i>	PrValveProc3	<i>Core:</i>	Yes
<i>Section Name:</i>	Previous Cardiac Interventions	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate the third previous valve procedure or select "No additional valve procedures"		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: PrValveProc2

ParentLongName: Prev Valve Procedure 2

ParentHarvestCodes: <>1 And Is Not Missing

ParentValues: Is Not "No additional valve procedure(s)" And Is Not Missing

Harvest Codes:

Code: Value:

- 1 No additional valve procedure(s)
- 2 Aortic valve balloon valvotomy/valvuloplasty
- 3 Aortic valve repair, surgical
- 4 Aortic valve replacement, surgical
- 5 Aortic valve replacement, transcatheter
- 6 Mitral valve balloon valvotomy/valvuloplasty
- 7 Mitral valve commissurotomy, surgical
- 8 Mitral valve repair, percutaneous
- 9 Mitral valve repair, surgical
- 10 Mitral valve replacement, surgical
- 11 Mitral valve replacement, transcatheter
- 12 Tricuspid valve balloon valvotomy/valvuloplasty
- 13 Tricuspid valve repair, percutaneous
- 14 Tricuspid valve repair, surgical
- 15 Tricuspid valve replacement, surgical
- 16 Tricuspid valve replacement, transcatheter
- 17 Tricuspid valvectomy
- 18 Pulmonary valve balloon valvotomy/valvuloplasty

-
- | | |
|----|---|
| 19 | Pulmonary valve repair,
surgical |
| 20 | Pulmonary valve replacement,
surgical |
| 21 | Pulmonary valve replacement,
transcatheter |
| 22 | Pulmonary valvectomy |
| 23 | Other valve procedure |
-

<i>Long Name:</i>	Prev Valve Procedure 4	<i>SeqNo:</i>	710
<i>Short Name:</i>	PrValveProc4	<i>Core:</i>	Yes
<i>Section Name:</i>	Previous Cardiac Interventions	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate the fourth previous valve procedure or select "No additional valve procedures"		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: PrValveProc3

ParentLongName: Prev Valve Procedure 3

ParentHarvestCodes: <>1 And Is Not Missing

ParentValues: Is Not "No additional valve procedure(s)" And Is Not Missing

Harvest Codes:

Code: Value:

- | | |
|----|--|
| 1 | No additional valve
procedure(s) |
| 2 | Aortic valve balloon
valvotomy/valvuloplasty |
| 3 | Aortic valve repair, surgical |
| 4 | Aortic valve replacement,
surgical |
| 5 | Aortic valve replacement,
transcatheter |
| 6 | Mitral valve balloon
valvotomy/valvuloplasty |
| 7 | Mitral valve
commissurotomy, surgical |
| 8 | Mitral valve repair,
percutaneous |
| 9 | Mitral valve repair, surgical |
| 10 | Mitral valve replacement,
surgical |
| 11 | Mitral valve replacement,
transcatheter |
| 12 | Tricuspid valve balloon
valvotomy/valvuloplasty |
| 13 | Tricuspid valve repair,
percutaneous |

-
- | | |
|----|--|
| 14 | Tricuspid valve repair,
surgical |
| 15 | Tricuspid valve replacement,
surgical |
| 16 | Tricuspid valve replacement,
transcatheter |
| 17 | Tricuspid valvectomy |
| 18 | Pulmonary valve balloon
valvotomy/valvuloplasty |
| 19 | Pulmonary valve repair,
surgical |
| 20 | Pulmonary valve replacement,
surgical |
| 21 | Pulmonary valve replacement,
transcatheter |
| 22 | Pulmonary valvectomy |
| 23 | Other valve procedure |
-

Long Name: Prev Valve Procedure 5 *SeqNo:* 715

Short Name: **PrValveProc5** *Core:* Yes

Section Name: Previous Cardiac Interventions *Harvest:* Yes

DBTableName Adultdata2

Definition: Indicate the fifth previous valve procedure or select "No additional valve procedures"

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: PrValveProc4

ParentLongName: Prev Valve Procedure 4

ParentHarvestCodes: <>1 And Is Not Missing

ParentValues: Is Not "No additional valve procedure(s)" And Is Not Missing

Harvest Codes:

Code: Value:

- | | |
|---|---|
| 1 | No additional valve
procedure(s) |
| 2 | Aortic valve balloon
valvotomy/valvuloplasty |
| 3 | Aortic valve repair, surgical |
| 4 | Aortic valve replacement,
surgical |
| 5 | Aortic valve replacement,
transcatheter |
| 6 | Mitral valve balloon
valvotomy/valvuloplasty |
| 7 | Mitral valve
commissurotomy, surgical |
| 8 | Mitral valve repair,
percutaneous |

-
- 9 Mitral valve repair, surgical
 - 10 Mitral valve replacement, surgical
 - 11 Mitral valve replacement, transcatheter
 - 12 Tricuspid valve balloon valvotomy/valvuloplasty
 - 13 Tricuspid valve repair, percutaneous
 - 14 Tricuspid valve repair, surgical
 - 15 Tricuspid valve replacement, surgical
 - 16 Tricuspid valve replacement, transcatheter
 - 17 Tricuspid valvectomy
 - 18 Pulmonary valve balloon valvotomy/valvuloplasty
 - 19 Pulmonary valve repair, surgical
 - 20 Pulmonary valve replacement, surgical
 - 21 Pulmonary valve replacement, transcatheter
 - 22 Pulmonary valvectomy
 - 23 Other valve procedure
-

<i>Long Name:</i>	Previous PCI	<i>SeqNo:</i>	775
<i>Short Name:</i>	POCPCI	<i>Core:</i>	Yes
<i>Section Name:</i>	Previous Cardiac Interventions	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate whether a previous Percutaneous Coronary Intervention (PCI) was performed any time prior to this surgical procedure.
Percutaneous coronary intervention (PCI) is the placement of an angioplasty guide wire, balloon, or other device (e.g. stent, atherectomy, brachytherapy, or thrombectomy catheter) into a native coronary artery or coronary artery bypass graft for the purpose of mechanical coronary revascularization.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: PrCVInt

ParentLongName: Prev Cardiac Intervent

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Previous PCI-Within This Episode of Care *SeqNo:* 780
Short Name: **POCPCIWhen** *Core:* Yes
Section Name: Previous Cardiac Interventions *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether the previous Percutaneous Cardiac Intervention (PCI) was performed within this episode of care. Episode of care is defined as continuous inpatient hospitalization which includes transfer from one acute care hospital to another.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: POCPCI

ParentLongName: Previous PCI

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Yes, at this facility
- 2 Yes, at some other acute care facility
- 3 No

Long Name: Previous PCI-Indication For Surgery *SeqNo:* 785
Short Name: **POCPCIIndSurg** *Core:* Yes
Section Name: Previous Cardiac Interventions *Harvest:* Yes
DBTableName Adultdata2
Definition: Select the indication for surgery following the Percutaneous Cardiac Intervention (PCI).
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: POCPCIWhen

ParentLongName: Previous PCI-Within This Episode of Care

ParentHarvestCodes: 1|2

ParentValues: = "Yes, at this facility" or "Yes, at some other acute care facility"

Harvest Codes and Value Definitions:

Code: Value:Definition:

- | | | |
|---|--|---|
| 1 | PCI Complication | Complication during PCI necessitating surgical intervention such as dissection or acute occlusion |
| 5 | PCI Failure with Clinical Deterioration | PCI failed to yield expected and/or desired results, patient condition deteriorated. |
| 4 | PCI for STEMI, Multivessel disease | STEMI with primary PCI (of culprit lesion) and multivessel disease requiring CABG. |
| 2 | PCI Failure without Clinical Deterioration | PCI failed to yield expected and/or desired results, patient condition did not deteriorate. |
| 3 | PCI/Surgery Staged | PCI and surgical procedures performed in a staged fashion in a |

Procedure (not STEMI)		patient not experiencing STEMI	
9	Other	Other indication for surgery not described above	
<i>Long Name:</i>	Previous PCI-Stent	<i>SeqNo:</i>	790
<i>Short Name:</i>	POCPCIS	<i>Core:</i>	Yes
<i>Section Name:</i>	Previous Cardiac Interventions	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether an intracoronary stent was used during the previous Percutaneous Cardiac Intervention (PCI).		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
ParentShortName: POCPCI			
ParentLongName: Previous PCI			
ParentHarvestCodes: 1			
ParentValues: = "Yes"			
Harvest Codes:			
	<u>Code:</u>	<u>Value:</u>	
	1	Yes	
	2	No	
<i>Long Name:</i>	Previous PCI-Stent Type	<i>SeqNo:</i>	795
<i>Short Name:</i>	POCPCIS	<i>Core:</i>	Yes
<i>Section Name:</i>	Previous Cardiac Interventions	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate type of intracoronary stent placed.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
ParentShortName: POCPCIS			
ParentLongName: Previous PCI-Stent			
ParentHarvestCodes: 1			
ParentValues: = "Yes"			
Harvest Codes:			
	<u>Code:</u>	<u>Value:</u>	
	1	Bare metal	
	2	Drug-eluting	
	4	Bioresorbable	
	5	Multiple types	
	3	Unknown	

Long Name: Previous PCI-Interval *SeqNo:* 800
Short Name: **POCPCIIn** *Core:* Yes
Section Name: Previous Cardiac Interventions *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the interval of time between the previous PCI and the current surgical procedure.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: POCPCI
 ParentLongName: Previous PCI
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:
 Code: Value:
 1 <= 6 Hours
 2 > 6 Hours

Long Name: Previous Other Cardiac *SeqNo:* 805
Short Name: **POC** *Core:* Yes
Section Name: Previous Cardiac Interventions *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether the patient had any other previous cardiac intervention.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: PrCVInt
 ParentLongName: Prev Cardiac Intervent
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

<i>Long Name:</i>	Previous Other Cardiac Intervention 1	<i>SeqNo:</i>	810
<i>Short Name:</i>	POCInt1	<i>Core:</i>	Yes
<i>Section Name:</i>	Previous Cardiac Interventions	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate the first other cardiac intervention that was performed.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: POC

ParentLongName: Previous Other Cardiac

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 2 Ablation, catheter, atrial fibrillation
- 3 Ablation, catheter, other or unknown
- 4 Ablation, catheter, ventricular
- 5 Ablation, surgical, atrial fibrillation
- 6 Ablation, surgical, other or unknown
- 7 Aneurysmectomy, LV
- 8 Aortic procedure, arch
- 9 Aortic procedure, ascending
- 10 Aortic procedure, descending
- 11 Aortic procedure, root
- 12 Aortic procedure, thoracoabdominal
- 13 Aortic Procedure, TEVAR
- 14 Aortic root procedure, valve sparing
- 15 Atrial appendage obliteration, Left, surgical
- 16 Atrial appendage obliteration, Left, transcatheter
- 19 Cardiac Tumor
- 20 Cardioversion(s)
- 21 Closure device, atrial septal defect
- 22 Closure device, ventricular septal defect
- 23 Congenital cardiac repair, surgical
- 37 ECMO
- 24 Implantable Cardioverter

-
- Defibrillator (ICD) with or without pacer
 - 25 Pacemaker
 - 38 Pericardial window / Pericardiocentesis
 - 26 Pericardiectomy
 - 27 Pulmonary Thromboembolectomy
 - 28 Total Artificial Heart (TAH)
 - 29 Transmyocardial Laser Revascularization (TMR)
 - 30 Transplant heart & lung
 - 31 Transplant, heart
 - 32 Transplant, lung(s)
 - 33 Ventricular Assist Device (VAD), BiVAD
 - 34 Ventricular Assist Device (VAD), left
 - 35 Ventricular Assist Device (VAD), right
 - 36 Other Cardiac Intervention (not listed)
-

Long Name: Previous Other Cardiac Intervention 2

SeqNo: 815

Short Name: **POCInt2**

Core: Yes

Section Name: Previous Cardiac Interventions

Harvest: Yes

DBTableName Adultdata2

Definition: Indicate the second other cardiac intervention that was performed.

Data Source: User

Format: Text (categorical values specified by STS)

ParentShortName: POC

ParentLongName: Previous Other Cardiac

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 No additional interventions
- 2 Ablation, catheter, atrial fibrillation
- 3 Ablation, catheter, other or unknown
- 4 Ablation, catheter, ventricular
- 5 Ablation, surgical, atrial fibrillation
- 6 Ablation, surgical, other or unknown

-
- 7 Aneurysmectomy, LV
 - 8 Aortic procedure, arch
 - 9 Aortic procedure, ascending
 - 10 Aortic procedure, descending
 - 11 Aortic procedure, root
 - 12 Aortic procedure,
thoracoabdominal
 - 13 Aortic Procedure, TEVAR
 - 14 Aortic root procedure, valve
sparing
 - 15 Atrial appendage obliteration,
Left, surgical
 - 16 Atrial appendage obliteration,
Left, transcatheter
 - 19 Cardiac Tumor
 - 20 Cardioversion(s)
 - 21 Closure device, atrial septal
defect
 - 22 Closure device, ventricular
septal defect
 - 23 Congenital cardiac repair,
surgical
 - 37 ECMO
 - 24 Implantable Cardioverter
Defibrillator (ICD) with or
without pacer
 - 25 Pacemaker
 - 38 Pericardial window /
Pericardiocentesis
 - 26 Pericardiectomy
 - 27 Pulmonary
Thromboembolectomy
 - 28 Total Artificial Heart (TAH)
 - 29 Transmyocardial Laser
Revascularization (TMR)
 - 30 Transplant heart & lung
 - 31 Transplant, heart
 - 32 Transplant, lung(s)
 - 33 Ventricular Assist Device
(VAD), BiVAD
 - 34 Ventricular Assist Device
(VAD), left
 - 35 Ventricular Assist Device
(VAD), right
 - 36 Other Cardiac Intervention
(not listed)
-

<i>Long Name:</i>	Previous Other Cardiac Intervention 3	<i>SeqNo:</i>	820
<i>Short Name:</i>	POCInt3	<i>Core:</i>	Yes
<i>Section Name:</i>	Previous Cardiac Interventions	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate the third other cardiac intervention that was performed.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: POCInt2

ParentLongName: Previous Other Cardiac Intervention 2

ParentHarvestCodes: <>1 And Is Not Missing

ParentValues: Is Not "No additional interventions" And Is Not Missing

Harvest Codes:

Code: Value:

- 1 No additional interventions
- 2 Ablation, catheter, atrial fibrillation
- 3 Ablation, catheter, other or unknown
- 4 Ablation, catheter, ventricular
- 5 Ablation, surgical, atrial fibrillation
- 6 Ablation, surgical, other or unknown
- 7 Aneurysmectomy, LV
- 8 Aortic procedure, arch
- 9 Aortic procedure, ascending
- 10 Aortic procedure, descending
- 11 Aortic procedure, root
- 12 Aortic procedure, thoracoabdominal
- 13 Aortic Procedure, TEVAR
- 14 Aortic root procedure, valve sparing
- 15 Atrial appendage obliteration, Left, surgical
- 16 Atrial appendage obliteration, Left, transcatheter
- 19 Cardiac Tumor
- 20 Cardioversion(s)
- 21 Closure device, atrial septal defect
- 22 Closure device, ventricular septal defect
- 23 Congenital cardiac repair, surgical
- 37 ECMO

-
- 24 Implantable Cardioverter
Defibrillator (ICD) with or
without pacer
 - 25 Pacemaker
 - 38 Pericardial window /
Pericardiocentesis
 - 26 Pericardiectomy
 - 27 Pulmonary
Thromboembolectomy
 - 28 Total Artificial Heart (TAH)
 - 29 Transmyocardial Laser
Revascularization (TMR)
 - 30 Transplant heart & lung
 - 31 Transplant, heart
 - 32 Transplant, lung(s)
 - 33 Ventricular Assist Device
(VAD), BiVAD
 - 34 Ventricular Assist Device
(VAD), left
 - 35 Ventricular Assist Device
(VAD), right
 - 36 Other Cardiac Intervention
(not listed)
-

Long Name: Previous Other Cardiac Intervention 4

SeqNo: 825

Short Name: **POCInt4**

Core: Yes

Section Name: Previous Cardiac Interventions

Harvest: Yes

DBTableName Adultdata2

Definition: Indicate the fourth other cardiac intervention that was performed.

Data Source: User

Format: Text (categorical values specified by STS)

ParentShortName: POCInt3

ParentLongName: Previous Other Cardiac Intervention 3

ParentHarvestCodes: <>1 And Is Not Missing

ParentValues: Is Not "No additional interventions" And Is Not Missing

Harvest Codes:

Code: Value:

- 1 No additional interventions
- 2 Ablation, catheter, atrial
fibrillation
- 3 Ablation, catheter, other or
unknown
- 4 Ablation, catheter, ventricular
- 5 Ablation, surgical, atrial
fibrillation
- 6 Ablation, surgical, other or

-
- unknown
 - 7 Aneurysmectomy, LV
 - 8 Aortic procedure, arch
 - 9 Aortic procedure, ascending
 - 10 Aortic procedure, descending
 - 11 Aortic procedure, root
 - 12 Aortic procedure,
thoracoabdominal
 - 13 Aortic Procedure, TEVAR
 - 14 Aortic root procedure, valve
sparing
 - 15 Atrial appendage obliteration,
Left, surgical
 - 16 Atrial appendage obliteration,
Left, transcatheter
 - 19 Cardiac Tumor
 - 20 Cardioversion(s)
 - 21 Closure device, atrial septal
defect
 - 22 Closure device, ventricular
septal defect
 - 23 Congenital cardiac repair,
surgical
 - 37 ECMO
 - 24 Implantable Cardioverter
Defibrillator (ICD) with or
without pacer
 - 25 Pacemaker
 - 38 Pericardial window /
Pericardiocentesis
 - 26 Pericardiectomy
 - 27 Pulmonary
Thromboembolism
 - 28 Total Artificial Heart (TAH)
 - 29 Transmyocardial Laser
Revascularization (TMR)
 - 30 Transplant heart & lung
 - 31 Transplant, heart
 - 32 Transplant, lung(s)
 - 33 Ventricular Assist Device
(VAD), BiVAD
 - 34 Ventricular Assist Device
(VAD), left
 - 35 Ventricular Assist Device
(VAD), right
 - 36 Other Cardiac Intervention
(not listed)
-

<i>Long Name:</i>	Previous Other Cardiac Intervention 5	<i>SeqNo:</i>	830
<i>Short Name:</i>	POCInt5	<i>Core:</i>	Yes
<i>Section Name:</i>	Previous Cardiac Interventions	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate the fifth other cardiac intervention that was performed.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: POCInt4

ParentLongName: Previous Other Cardiac Intervention 4

ParentHarvestCodes: <>1 And Is Not Missing

ParentValues: Is Not "No additional interventions" And Is Not Missing

Harvest Codes:

Code: Value:

- 1 No additional interventions
- 2 Ablation, catheter, atrial fibrillation
- 3 Ablation, catheter, other or unknown
- 4 Ablation, catheter, ventricular
- 5 Ablation, surgical, atrial fibrillation
- 6 Ablation, surgical, other or unknown
- 7 Aneurysmectomy, LV
- 8 Aortic procedure, arch
- 9 Aortic procedure, ascending
- 10 Aortic procedure, descending
- 11 Aortic procedure, root
- 12 Aortic procedure, thoracoabdominal
- 13 Aortic Procedure, TEVAR
- 14 Aortic root procedure, valve sparing
- 15 Atrial appendage obliteration, Left, surgical
- 16 Atrial appendage obliteration, Left, transcatheter
- 19 Cardiac Tumor
- 20 Cardioversion(s)
- 21 Closure device, atrial septal defect
- 22 Closure device, ventricular septal defect
- 23 Congenital cardiac repair, surgical
- 37 ECMO

-
- 24 Implantable Cardioverter
Defibrillator (ICD) with or
without pacer
 - 25 Pacemaker
 - 38 Pericardial window /
Pericardiocentesis
 - 26 Pericardiectomy
 - 27 Pulmonary
Thromboembolectomy
 - 28 Total Artificial Heart (TAH)
 - 29 Transmyocardial Laser
Revascularization (TMR)
 - 30 Transplant heart & lung
 - 31 Transplant, heart
 - 32 Transplant, lung(s)
 - 33 Ventricular Assist Device
(VAD), BiVAD
 - 34 Ventricular Assist Device
(VAD), left
 - 35 Ventricular Assist Device
(VAD), right
 - 36 Other Cardiac Intervention
(not listed)
-

Long Name: Previous Other Cardiac Intervention 6

SeqNo: 835

Short Name: **POCInt6**

Core: Yes

Section Name: Previous Cardiac Interventions

Harvest: Yes

DBTableName Adultdata2

Definition: Indicate the sixth other cardiac intervention that was performed.

Data Source: User

Format: Text (categorical values specified by STS)

ParentShortName: POCInt5

ParentLongName: Previous Other Cardiac Intervention 5

ParentHarvestCodes: <>1 And Is Not Missing

ParentValues: Is Not "No additional interventions" And Is Not Missing

Harvest Codes:

Code: Value:

- 1 No additional interventions
- 2 Ablation, catheter, atrial
fibrillation
- 3 Ablation, catheter, other or
unknown
- 4 Ablation, catheter, ventricular
- 5 Ablation, surgical, atrial
fibrillation
- 6 Ablation, surgical, other or

-
- unknown
 - 7 Aneurysmectomy, LV
 - 8 Aortic procedure, arch
 - 9 Aortic procedure, ascending
 - 10 Aortic procedure, descending
 - 11 Aortic procedure, root
 - 12 Aortic procedure,
thoracoabdominal
 - 13 Aortic Procedure, TEVAR
 - 14 Aortic root procedure, valve
sparing
 - 15 Atrial appendage obliteration,
Left, surgical
 - 16 Atrial appendage obliteration,
Left, transcatheter
 - 19 Cardiac Tumor
 - 20 Cardioversion(s)
 - 21 Closure device, atrial septal
defect
 - 22 Closure device, ventricular
septal defect
 - 23 Congenital cardiac repair,
surgical
 - 37 ECMO
 - 24 Implantable Cardioverter
Defibrillator (ICD) with or
without pacer
 - 25 Pacemaker
 - 38 Pericardial window /
Pericardiocentesis
 - 26 Pericardiectomy
 - 27 Pulmonary
Thromboembolectomy
 - 28 Total Artificial Heart (TAH)
 - 29 Transmyocardial Laser
Revascularization (TMR)
 - 30 Transplant heart & lung
 - 31 Transplant, heart
 - 32 Transplant, lung(s)
 - 33 Ventricular Assist Device
(VAD), BiVAD
 - 34 Ventricular Assist Device
(VAD), left
 - 35 Ventricular Assist Device
(VAD), right
 - 36 Other Cardiac Intervention
(not listed)
-

<i>Long Name:</i>	Previous Other Cardiac Intervention 7	<i>SeqNo:</i>	840
<i>Short Name:</i>	POCInt7	<i>Core:</i>	Yes
<i>Section Name:</i>	Previous Cardiac Interventions	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate the seventh other cardiac intervention that was performed.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: POCInt6

ParentLongName: Previous Other Cardiac Intervention 6

ParentHarvestCodes: <>1 And Is Not Missing

ParentValues: Is Not "No additional interventions" And Is Not Missing

Harvest Codes:

Code: Value:

- 1 No additional interventions
- 2 Ablation, catheter, atrial fibrillation
- 3 Ablation, catheter, other or unknown
- 4 Ablation, catheter, ventricular
- 5 Ablation, surgical, atrial fibrillation
- 6 Ablation, surgical, other or unknown
- 7 Aneurysmectomy, LV
- 8 Aortic procedure, arch
- 9 Aortic procedure, ascending
- 10 Aortic procedure, descending
- 11 Aortic procedure, root
- 12 Aortic procedure, thoracoabdominal
- 13 Aortic Procedure, TEVAR
- 14 Aortic root procedure, valve sparing
- 15 Atrial appendage obliteration, Left, surgical
- 16 Atrial appendage obliteration, Left, transcatheter
- 19 Cardiac Tumor
- 20 Cardioversion(s)
- 21 Closure device, atrial septal defect
- 22 Closure device, ventricular septal defect
- 23 Congenital cardiac repair, surgical
- 37 ECMO

-
- 24 Implantable Cardioverter
Defibrillator (ICD) with or
without pacer
 - 25 Pacemaker
 - 38 Pericardial window /
Pericardiocentesis
 - 26 Pericardiectomy
 - 27 Pulmonary
Thromboembolectomy
 - 28 Total Artificial Heart (TAH)
 - 29 Transmyocardial Laser
Revascularization (TMR)
 - 30 Transplant heart & lung
 - 31 Transplant, heart
 - 32 Transplant, lung(s)
 - 33 Ventricular Assist Device
(VAD), BiVAD
 - 34 Ventricular Assist Device
(VAD), left
 - 35 Ventricular Assist Device
(VAD), right
 - 36 Other Cardiac Intervention
(not listed)
-

<i>Long Name:</i>	Prior MI	<i>SeqNo:</i>	885
<i>Short Name:</i>	PrevMI	<i>Core:</i>	Yes
<i>Section Name:</i>	Preoperative Cardiac Status	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate if the patient has had at least one documented previous myocardial infarction at any time prior to this surgery. (Refer to training manual for MI definition.)		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
 - 3 Unknown
-

Long Name: MI-When *SeqNo:* 890
Short Name: **MIWhen** *Core:* Yes
Section Name: Preoperative Cardiac Status *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the time period between the last documented myocardial infarction and surgery.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: PrevMI

ParentLongName: Prior MI

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 <=6 Hrs
- 2 >6 Hrs but <24 Hrs
- 3 1 to 7 Days
- 4 8 to 21 Days
- 5 >21 Days

Long Name: Cardiac Presentation/Symptoms - At Time Of This Admission *SeqNo:* 895
Short Name: **CardSympTimeOfAdm** *Core:* Yes
Section Name: Preoperative Cardiac Status *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the patient's cardiac symptoms at the time of this admission.
Data Source: User *Format:* Text (categorical values specified by STS)

Harvest Codes and Value Definitions:

Code: Value:

- 1 No Symptoms
- 2 Stable Angina
- 3 Unstable Angina
- 4 Non-ST Elevation MI (Non-STEMI)

Definition:

No Symptoms, no angina.

Angina without a change in frequency or pattern for the prior 6 weeks. Angina is controlled by rest and/or oral or transcutaneous medications.

There are three principal presentations of unstable angina: 1. Rest angina (occurring at rest and prolonged, usually >20 minutes); 2. New-onset angina (within the past 2 months, of at least Canadian Cardiovascular Society Class III severity); or 3. Increasing angina (previously diagnosed angina that has become distinctly more frequent, longer in duration, or increased by 1 or more Canadian Cardiovascular Society class to at least CCS III severity).

The patient was hospitalized for a non-ST elevation myocardial infarction (STEMI) as documented in the medical record. Non-STEMIs are characterized by the presence of both criteria:

		<p>a. Cardiac biomarkers (creatinine kinase-myocardial band, Troponin T or I) exceed the upper limit of normal according to the individual hospital's laboratory parameters with a clinical presentation which is consistent or suggestive of ischemia. ECG changes and/or ischemic symptoms may or may not be present.</p> <p>b. Absence of ECG changes diagnostic of a STEMI (see STEMI).</p>
5	ST Elevation MI (STEMI)	<p>The patient presented with a ST elevation myocardial infarction (STEMI) or its equivalent as documented in the medical record. STEMI's are characterized by the presence of both criteria:</p> <p>a. ECG evidence of STEMI: New or presumed new ST-segment elevation or new left bundle branch block not documented to be resolved within 20 minutes. ST-segment elevation is defined by new or presumed new sustained ST-segment elevation at the J-point in two contiguous electrocardiogram (ECG) leads with the cut-off points: ≥ 0.2 mV in men or ≥ 0.15 mV in women in leads V2-V3 and/or ≥ 0.1 mV in other leads and lasting greater than or equal to 20 minutes. If no exact ST-elevation measurement is recorded in the medical chart, physician's written documentation of ST-elevation or Q waves is acceptable. If only one ECG is performed, then the assumption that the ST elevation persisted at least the required 20 minutes is acceptable. Left bundle branch block (LBBB) refers to new or presumed new LBBB on the initial ECG.</p> <p>b. Cardiac biomarkers (creatinine kinase-myocardial band, Troponin T or I) exceed the upper limit of normal according to the individual hospital's laboratory parameters a clinical presentation which is consistent or suggestive of ischemia.</p> <p>Note: For purposes of the Registry, ST elevation in the posterior chest leads (V7 through V9), or ST depression that is maximal in V1-3, without ST-segment elevation in other leads, demonstrating posterobasal myocardial infarction, is considered a STEMI equivalent and qualifies the patient for reperfusion therapy.</p>
6	Angina equivalent	
7	Other	Presentation/symptom not listed above.

Long Name: Cardiac Symptoms - At Time Of Surgery *SeqNo:* 900
Short Name: **CardSympTimeOfSurg** *Core:* Yes
Section Name: Preoperative Cardiac Status *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the patient's cardiac symptoms at the time of this procedure.
Data Source: User *Format:* Text (categorical values specified by STS)

Harvest Codes and Value Definitions:

Code: Value:Definition:

1	No Symptoms	No Symptoms, no angina.
2	Stable Angina	Angina without a change in frequency or pattern for the prior 6 weeks. Angina is controlled by rest and/or oral or transcutaneous medications.
3	Unstable Angina	There are three principal presentations of unstable angina: 1. Rest angina (occurring at rest and prolonged, usually >20 minutes); 2. New-onset angina (within the past 2 months, of at least Canadian Cardiovascular Society Class III severity); or 3. Increasing angina (previously diagnosed angina that has become distinctly more frequent, longer in duration, or increased by 1 or more Canadian Cardiovascular Society class to at least CCS III severity).
4	Non-ST Elevation MI (Non-STEMI)	<p>The patient was hospitalized for a non-ST elevation myocardial infarction (STEMI) as documented in the medical record. Non-STEMIs are characterized by the presence of both criteria:</p> <p>a. Cardiac biomarkers (creatinine kinase-myocardial band, Troponin T or I) exceed the upper limit of normal according to the individual hospital's laboratory parameters with a clinical presentation which is consistent or suggestive of ischemia. ECG changes and/or ischemic symptoms may or may not be present.</p> <p>b. Absence of ECG changes diagnostic of a STEMI (see STEMI).</p>
5	ST Elevation MI (STEMI)	<p>The patient presented with a ST elevation myocardial infarction (STEMI) or its equivalent as documented in the medical record. STEMI's are characterized by the presence of both criteria:</p> <p>a. ECG evidence of STEMI: New or presumed new ST-segment elevation or new left bundle branch block not documented to be resolved within 20 minutes. ST-segment elevation is defined by new or presumed new sustained ST-segment elevation at the J-point in two contiguous electrocardiogram (ECG) leads with the cut-off points: ≥ 0.2 mV in men or ≥ 0.15 mV in women in leads V2-V3 and/or ≥ 0.1 mV in other leads and lasting greater than or equal to 20 minutes. If no exact ST-elevation measurement is recorded in the medical chart, physician's written documentation of ST-elevation or Q waves is acceptable. If only one ECG is performed, then the assumption that the ST elevation persisted at least the required 20 minutes is acceptable. Left bundle branch block (LBBB) refers to new or presumed new LBBB on the initial ECG.</p> <p>b. Cardiac biomarkers (creatinine kinase-myocardial band, Troponin T or I) exceed the upper limit of normal according to the individual hospital's laboratory parameters a clinical presentation which is consistent or suggestive of ischemia.</p> <p>Note: For purposes of the Registry, ST elevation in the posterior chest leads (V7 through V9), or ST depression that is maximal in V1-3, without ST-segment elevation in other leads, demonstrating posterobasal myocardial infarction, is considered a STEMI equivalent and qualifies the patient for reperfusion therapy.</p>

6	Angina equivalent	
7	Other	Presentation/symptom not listed above.

<i>Long Name:</i>	Anginal Classification within 2 weeks	<i>SeqNo:</i>	905
<i>Short Name:</i>	AnginalClass	<i>Core:</i>	No
<i>Section Name:</i>	Preoperative Cardiac Status	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	<p>Indicate the patient's anginal classification or symptom status within the past 2 weeks. The anginal classification or symptom status is classified as the highest grade of angina or chest pain by the Canadian Cardiovascular Angina Classification System (CCS).</p> <p>THE CANADIAN CARDIOVASCULAR SOCIETY DATA DICTIONARY A CCS Consensus Document FINAL Version 1.1 Last Updated: July 6, 2012</p>		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes and Value Definitions:

<u>Code:</u>	<u>Value:</u>	<u>Definition:</u>
1	CCS Class 0	The patient has no angina.
2	CCS Class I	Ordinary physical activity does not cause angina; for example walking or climbing stairs, angina occurs with strenuous or rapid or prolonged exertion at work or recreation.
3	CCS Class II	Slight limitation of ordinary activity; for example, angina occurs walking or stair climbing after meals, in cold, in wind, under emotional stress or only during the few hours after awakening, walking more than two blocks on the level or climbing more than one flight of ordinary stairs at a normal pace and in normal conditions.
4	CCS Class III	Marked limitation of ordinary activity; for example, angina occurs walking one or two blocks on the level or climbing one flight of stairs in normal conditions and at a normal pace.
5	CCS Class IV	Inability to carry on any physical activity without discomfort - angina syndrome may be present at rest.

<i>Long Name:</i>	Heart Failure within 2 weeks	<i>SeqNo:</i>	910
<i>Short Name:</i>	CHF	<i>Core:</i>	No
<i>Section Name:</i>	Preoperative Cardiac Status	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	<p>Indicate if there is physician documentation or report that the patient has been in a state of heart failure within the past 2 weeks.</p> <p>Heart failure is defined as physician documentation or report of any of the following clinical symptoms of heart failure described as unusual dyspnea on light exertion, recurrent dyspnea occurring in the supine position, fluid retention; or the description of rales, jugular venous distension, pulmonary edema on physical exam, or pulmonary edema on chest x-ray presumed to be cardiac dysfunction.</p> <p>A low ejection fraction alone, without clinical evidence of heart failure does not qualify as heart failure.</p> <p>An elevated BNP without other supporting documentation should not be coded as CHF.</p>		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
Harvest Codes:			
	<u>Code:</u>	<u>Value:</u>	
	1	Yes	
	2	No	
	3	Unknown	

<i>Long Name:</i>	Heart Failure	<i>SeqNo:</i>	911
<i>Short Name:</i>	HeartFail	<i>Core:</i>	Yes
<i>Section Name:</i>	Preoperative Cardiac Status	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	<p>Indicate whether there is physician documentation or report that the patient has been in a state of heart failure.</p>		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
Harvest Codes:			
	<u>Code:</u>	<u>Value:</u>	
	1	Yes	
	2	No	
	3	Unknown	

Long Name: Heart Failure Timing *SeqNo:* 912
Short Name: **HeartFailTmg** *Core:* Yes
Section Name: Preoperative Cardiac Status *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether heart failure is acute, chronic or both (acute on chronic)
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: HeartFail

ParentLongName: Heart Failure

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes and Value Definitions:

<u>Code:</u>	<u>Value:</u>	<u>Definition:</u>
1	Acute	New onset or worsening heart failure within 2 weeks prior to this procedure
2	Chronic	More than 2 weeks prior to this procedure
3	Both	Worsening heart failure within 2 weeks in a patient with a known history of heart failure

Long Name: Heart Failure Type *SeqNo:* 913
Short Name: **HeartFailType** *Core:* Yes
Section Name: Preoperative Cardiac Status *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the type of heart failure.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: HeartFail

ParentLongName: Heart Failure

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Systolic
2	Diastolic
3	Both
4	Unavailable

<i>Long Name:</i>	Classification-NYHA	<i>SeqNo:</i>	915
<i>Short Name:</i>	ClassNYH	<i>Core:</i>	Yes
<i>Section Name:</i>	Preoperative Cardiac Status	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate the patient's worst dyspnea or functional class, coded as the New York Heart Association (NYHA) classification within the past 2 weeks. This is to be used for heart failure only, is not intended to classify angina.

Data Source: User

Format: Text (categorical values specified by STS)

ParentShortName: HeartFail

ParentLongName: Heart Failure

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes and Value Definitions:

Code: Value:

1 Class I

2 Class II

3 Class III

4 Class IV

5 Not documented

Definition:

Patient has cardiac disease but without resulting limitations of ordinary physical activity. Ordinary physical activity (e.g., walking several blocks or climbing stairs) does not cause undue fatigue, palpitation, or dyspnea.

Patient has cardiac disease resulting in slight limitation of ordinary physical activity. Patient is comfortable at rest. Ordinary physical activity such as walking more than two blocks or climbing more than one flight of stairs results in limiting symptoms (e.g., fatigue, palpitation, or dyspnea).

Patient has cardiac disease resulting in marked limitation of physical activity. Patient is comfortable at rest. Less than ordinary physical activity (e.g., walking one to two level blocks or climbing one flight of stairs) causes fatigue, palpitation, or dyspnea.

Patient has cardiac disease resulting in inability to perform any physical activity without discomfort. Symptoms may be present even at rest or minimal exertion. If any physical activity is undertaken, discomfort is increased.

<i>Long Name:</i>	Prior Heart failure	<i>SeqNo:</i>	920
<i>Short Name:</i>	PriorHF	<i>Core:</i>	No
<i>Section Name:</i>	Preoperative Cardiac Status	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate history of heart failure occurring more than 2 weeks prior to current episode of care. A previous hospital admission with principal diagnosis of heart failure is considered evidence of heart failure history but is not essential.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
Harvest Codes:			
	<u>Code:</u>	<u>Value:</u>	
	1	Yes	
	2	No	
	3	Unknown	

<i>Long Name:</i>	Cardiogenic Shock	<i>SeqNo:</i>	930
<i>Short Name:</i>	CarShock	<i>Core:</i>	Yes
<i>Section Name:</i>	Preoperative Cardiac Status	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate if the patient developed cardiogenic shock. Cardiogenic shock is defined as a sustained (>30 min) episode of hypoperfusion evidenced by systolic blood pressure <90 mm Hg and/or, if available, cardiac index <2.2 L/min per square meter determined to be secondary to cardiac dysfunction and/or the requirement for parenteral inotropic or vasopressor agents or mechanical support (e.g., IABP, extracorporeal circulation, VADs) to maintain blood pressure and cardiac index above those specified levels. Note: Transient episodes of hypotension reversed with IV fluid or atropine do not constitute cardiogenic shock. The hemodynamic compromise (with or without extraordinary supportive therapy) must persist for at least 30 min. ACCF/AHA 2013		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

	<u>Code:</u>	<u>Value:</u>
	3	Yes - At the time of the procedure
	4	Yes, not at the time of the procedure but within prior 24 hours
	2	No

<i>Long Name:</i>	Resuscitation	<i>SeqNo:</i>	935
<i>Short Name:</i>	Resusc	<i>Core:</i>	Yes
<i>Section Name:</i>	Preoperative Cardiac Status	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether the patient required cardiopulmonary resuscitation before the start of the operative procedure which includes the institution of anesthetic management. Capture resuscitation timeframe: within 1 hour or 1-24 hours pre-op.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 3 Yes - Within 1 hour of the start of the procedure
- 4 Yes - More than 1 hour but less than 24 hours of the start of the procedure
- 2 No

<i>Long Name:</i>	Cardiac Arrhythmia	<i>SeqNo:</i>	945
<i>Short Name:</i>	Arrhythmia	<i>Core:</i>	Yes
<i>Section Name:</i>	Preoperative Cardiac Status	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether the patient has a history of a cardiac rhythm disturbance before the start of the operative procedure which includes the institution of anesthetic management.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
- 2 No

Long Name: Cardiac Arrhythmia - Permanently Paced Rhythm *SeqNo:* 947
Short Name: **ArrhythPPaced** *Core:* Yes
Section Name: Preoperative Cardiac Status *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether the patient has a permanently paced rhythm, evidenced by pacemaker activity during heart rhythm evaluation.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: Arrhythmia
 ParentLongName: Cardiac Arrhythmia
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: Cardiac Arrhythmia - VTach / VFib *SeqNo:* 950
Short Name: **ArrhythVV** *Core:* Yes
Section Name: Preoperative Cardiac Status *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether arrhythmia was VTach or VFib.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: Arrhythmia
 ParentLongName: Cardiac Arrhythmia
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes and Value Definitions:
 Code: Value: Definition:
 1 None
 2 Remote More than 30 days prior to procedure.
 3 Recent Within 30 days of this procedure.

Long Name: Cardiac Arrhythmia - Sick Sinus Syndrome *SeqNo:* 955
Short Name: **ArrhythSSS** *Core:* Yes
Section Name: Preoperative Cardiac Status *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether arrhythmia was sick sinus syndrome.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: Arrhythmia

ParentLongName: Cardiac Arrhythmia

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes and Value Definitions:

<u>Code:</u>	<u>Value:</u>	<u>Definition:</u>
1	None	
2	Remote	More than 30 days prior to procedure.
3	Recent	Within 30 days of this procedure.

Long Name: Cardiac Arrhythmia - AFlutter *SeqNo:* 960
Short Name: **ArrhythAFlutter** *Core:* Yes
Section Name: Preoperative Cardiac Status *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether arrhythmia was atrial flutter.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: Arrhythmia

ParentLongName: Cardiac Arrhythmia

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes and Value Definitions:

<u>Code:</u>	<u>Value:</u>	<u>Definition:</u>
1	None	
2	Remote	More than 30 days prior to procedure.
3	Recent	Within 30 days of this procedure.

Long Name: Cardiac Arrhythmia - Atrial Fibrillation *SeqNo:* 961
Short Name: **ArrhythAtrFib** *Core:* Yes
Section Name: Preoperative Cardiac Status *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether arrhythmia was atrial fibrillation.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: Arrhythmia

ParentLongName: Cardiac Arrhythmia

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes and Value Definitions:

<u>Code:</u>	<u>Value:</u>	<u>Definition:</u>
1	None	
2	Remote	More than 30 days prior to procedure.
3	Recent	Within 30 days of this procedure.

Long Name: Cardiac Arrhythmia - Atrial Fibrillation - Type *SeqNo:* 962
Short Name: **ArrhythAFib** *Core:* Yes
Section Name: Preoperative Cardiac Status *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether arrhythmia was atrial fibrillation and if so, which type.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: ArrhythAtrFib

ParentLongName: Cardiac Arrhythmia - Atrial Fibrillation

ParentHarvestCodes: 2|3

ParentValues: = "Remote" or "Recent"

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
2	Paroxysmal
4	Persistent
5	Longstanding Persistent
6	Permanent

<i>Long Name:</i>	Cardiac Arrhythmia - Atrial Fibrillation Duration	<i>SeqNo:</i>	963
<i>Short Name:</i>	ArrhythAFibDur	<i>Core:</i>	No
<i>Section Name:</i>	Preoperative Cardiac Status	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate the duration of atrial fibrillation.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
<i>ParentShortName:</i>	ArrhythAFib		
<i>ParentLongName:</i>	Cardiac Arrhythmia - Atrial Fibrillation - Type		
<i>ParentHarvestCodes:</i>	3		
<i>ParentValues:</i>	= "Continuous / persistent"		
<i>Harvest Codes:</i>			
	<u>Code:</u>	<u>Value:</u>	
	1	Less than or equal to 1 year	
	2	More than one year	
	3	Unknown	

<i>Long Name:</i>	Cardiac Arrhythmia - Second Degree Heart Block	<i>SeqNo:</i>	965
<i>Short Name:</i>	ArrhythSecond	<i>Core:</i>	Yes
<i>Section Name:</i>	Preoperative Cardiac Status	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether arrhythmia was second degree heart block.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
<i>ParentShortName:</i>	Arrhythmia		
<i>ParentLongName:</i>	Cardiac Arrhythmia		
<i>ParentHarvestCodes:</i>	1		
<i>ParentValues:</i>	= "Yes"		
<i>Harvest Codes and Value Definitions:</i>			
	<u>Code:</u>	<u>Value:</u>	<u>Definition:</u>
	1	None	
	2	Remote	More than 30 days prior to procedure.
	3	Recent	Within 30 days of this procedure.

Long Name: Cardiac Arrhythmia - Third Degree Heart Block *SeqNo:* 970
Short Name: **ArrhythThird** *Core:* Yes
Section Name: Preoperative Cardiac Status *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether arrhythmia was third degree heart block.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: Arrhythmia

ParentLongName: Cardiac Arrhythmia

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes and Value Definitions:

<u>Code:</u>	<u>Value:</u>	<u>Definition:</u>
1	None	
2	Remote	More than 30 days prior to procedure.
3	Recent	Within 30 days of this procedure.

Long Name: Meds-ACE Inhibitors or ARB Within 48 Hours *SeqNo:* 1020
Short Name: **MedACEI48** *Core:* Yes
Section Name: Preoperative Medications *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether the patient received ACE Inhibitors or ARB within 48 hours preceding surgery (e.g., if indicated for LV dysfunction or acute MI).
Data Source: User *Format:* Text (categorical values specified by STS)

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No
3	Contraindicated
4	Unknown

<i>Long Name:</i>	Meds- Amiodarone Prior To Surgery	<i>SeqNo:</i>	1025
<i>Short Name:</i>	MedAmiodarone	<i>Core:</i>	Yes
<i>Section Name:</i>	Preoperative Medications	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether and when the patient received Amiodarone therapy prior to surgery.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes, on home therapy
 - 2 Yes, therapy started this admission
 - 3 No
 - 4 Unknown
-

<i>Long Name:</i>	Meds-Beta Blockers Within 24 Hours	<i>SeqNo:</i>	1030
<i>Short Name:</i>	MedBeta	<i>Core:</i>	Yes
<i>Section Name:</i>	Preoperative Medications	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether or not the patient received beta blockers within 24 hours preceding surgery, or if beta blocker was contraindicated. The contraindication must be documented in the medical record by a physician, nurse practitioner, or physician assistant. A "hold order" is not considered a contraindication.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
 - 3 Contraindicated
-

<i>Long Name:</i>	Meds-Beta Blocker Therapy For More Than 2 Weeks Prior To Surgery	<i>SeqNo:</i>	1035
<i>Short Name:</i>	MedBetaTher	<i>Core:</i>	Yes
<i>Section Name:</i>	Preoperative Medications	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether the patient received beta blocker therapy for at least 2 weeks prior to surgery.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes

-
- 2 No
 - 3 Contraindicated
 - 4 Unknown
-

Long Name: Meds-Calcium Channel Blocker Therapy For More Than 2 Weeks Prior To Surgery *SeqNo:* 1040

Short Name: **MedCCChanTher** *Core:* Yes

Section Name: Preoperative Medications *Harvest:* Yes

DBTableName Adultdata2

Definition: Indicate whether the patient received calcium channel blocker therapy for at least 2 weeks prior to surgery.

Data Source: User *Format:* Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
 - 3 Contraindicated
 - 4 Unknown
-

Long Name: Meds-Long-Acting Nitrate Therapy For More Than 2 Weeks Prior To Surgery *SeqNo:* 1045

Short Name: **MedLongActNit** *Core:* Yes

Section Name: Preoperative Medications *Harvest:* Yes

DBTableName Adultdata2

Definition: Indicate whether the patient received long-acting nitrate therapy for at least 2 weeks prior to surgery.

Data Source: User *Format:* Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
 - 3 Contraindicated
 - 4 Unknown
-

<i>Long Name:</i>	Meds-Nitrates-I.V. Within 24 Hours	<i>SeqNo:</i>	1050
<i>Short Name:</i>	MedNitIV	<i>Core:</i>	Yes
<i>Section Name:</i>	Preoperative Medications	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether the patient received IV Nitrates within 24 hours preceding surgery.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
- 2 No

<i>Long Name:</i>	Meds-Other Antianginal Medication Therapy For More Than 2 Weeks Prior To Surgery	<i>SeqNo:</i>	1055
<i>Short Name:</i>	MedOthAntiang	<i>Core:</i>	Yes
<i>Section Name:</i>	Preoperative Medications	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether the patient received any other antianginal medication therapy for at least 2 weeks prior to surgery.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
- 2 No
- 3 Contraindicated
- 4 Unknown

<i>Long Name:</i>	Meds-ADP Inhibitors Within Five Days	<i>SeqNo:</i>	1060
<i>Short Name:</i>	MedADP5Days	<i>Core:</i>	Yes
<i>Section Name:</i>	Preoperative Medications	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether the patient has received ADP Inhibitors within 5 days preceding surgery.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
- 2 No
- 3 Contraindicated
- 4 Unknown

Long Name: Meds-ADP Inhibitors Discontinuation *SeqNo:* 1065
Short Name: **MedADPIDis** *Core:* Yes
Section Name: Preoperative Medications *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the number of days prior to surgery ADP Inhibitor use was discontinued. If less than 24 hours, enter "0".
Data Source: User *Format:* Integer
Low Value: 0 High Value: 5
ParentShortName: MedADP5Days
ParentLongName: Meds-ADP Inhibitors Within Five Days
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Meds-Aspirin Within Five Days *SeqNo:* 1070
Short Name: **MedASA** *Core:* Yes
Section Name: Preoperative Medications *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether or not the patient received Aspirin or Ecotrin within 5 days preceding surgery.
Data Source: User *Format:* Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
 - 3 Contraindicated
 - 4 Unknown
-

Long Name: Meds-Aspirin Discontinuation *SeqNo:* 1071
Short Name: **MedASADis** *Core:* Yes
Section Name: Preoperative Medications *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the number of days prior to surgery Aspirin use was discontinued. If less than 24 hours, enter "0".
Data Source: User *Format:* Integer
 Low Value: 0 High Value: 5
ParentShortName: MedASA
ParentLongName: Meds-Aspirin Within Five Days
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Meds-Aspirin One-Time Dose *SeqNo:* 1072
Short Name: **MedASAOnce** *Core:* Yes
Section Name: Preoperative Medications *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether the patient received a one-time does of Aspirin and is not on daily aspirin.
Data Source: User *Format:* Text (categorical values specified by STS)
ParentShortName: MedASA
ParentLongName: Meds-Aspirin Within Five Days
ParentHarvestCodes: 1
ParentValues: = "Yes"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: Meds-Glycoprotein IIb/IIIa Inhibitor Within 24 Hours *SeqNo:* 1073
Short Name: **MedGP** *Core:* Yes
Section Name: Preoperative Medications *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether the patient received Glycoprotein IIb/IIIa inhibitors within 24 hours preceding surgery.
Data Source: User *Format:* Text (categorical values specified by STS)
 Harvest Codes:
 Code: Value:

-
- 1 Yes
2 No
-

<i>Long Name:</i>	Meds-Glycoprotein IIb/IIIa Inhibitor-Medication Name	<i>SeqNo:</i>	1074
<i>Short Name:</i>	MedGPMN	<i>Core:</i>	No
<i>Section Name:</i>	Preoperative Medications	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate the name of the Glycoprotein IIb/IIIa Inhibitor the patient received within 24 hours preceding surgery.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
<i>ParentShortName:</i>	MedGP		
<i>ParentLongName:</i>	Meds-Glycoprotein IIb/IIIa Inhibitor Within 24 Hours		
<i>ParentHarvestCodes:</i>	1		
<i>ParentValues:</i>	= "Yes"		
<i>Harvest Codes:</i>			
	<u>Code:</u>	<u>Value:</u>	
	1	Abciximab (ReoPro)	
	2	Eptifibatide (Integrilin)	
	3	Tirofiban (Aggrastat)	
	4	Other	

<i>Long Name:</i>	Meds-Anticoagulants Within 48 Hours	<i>SeqNo:</i>	1075
<i>Short Name:</i>	MedACoag	<i>Core:</i>	Yes
<i>Section Name:</i>	Preoperative Medications	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether the patient received IV and/or subq anticoagulants within 48 hours preceding surgery. Do NOT include Coumadin or one-time boluses of Heparin.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

- Code: Value:
- 1 Yes
2 No
-

Long Name: Meds-Anticoagulants-Medication Name *SeqNo:* 1080
Short Name: **MedACMN** *Core:* Yes
Section Name: Preoperative Medications *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the name of the anticoagulant the patient received within 48 hours preceding surgery.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: MedACoag

ParentLongName: Meds-Anticoagulants Within 48 Hours

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes and Value Definitions:

<u>Code:</u>	<u>Value:</u>	<u>Definition:</u>
1	Heparin (Unfractionated)	
2	Heparin (Low Molecular)	
4	Both	Both unfractionated and low molecular heparin.
9	Other	

Long Name: Meds-Antiplatelets Within 5 Days *SeqNo:* 1085
Short Name: **MedAplt5Days** *Core:* No
Section Name: Preoperative Medications *Harvest:* No
DBTableName Adultdata2
Definition: Indicate whether the patient has received Antiplatelets within 5 days preceding surgery.
Data Source: User *Format:* Text (categorical values specified by STS)

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No
3	Contraindicated
4	Unknown

<i>Long Name:</i>	Meds-Coumadin	<i>SeqNo:</i>	1090
<i>Short Name:</i>	MedCoum	<i>Core:</i>	No
<i>Section Name:</i>	Preoperative Medications	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether the patient received Coumadin within 24 hours preceding surgery.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
Harvest Codes:			
	<u>Code:</u>	<u>Value:</u>	
	1	Yes	
	2	No	
	4	Unknown	

<i>Long Name:</i>	Meds-Warfarin (Coumadin) Within 5 Days	<i>SeqNo:</i>	1091
<i>Short Name:</i>	MedCoum5Days	<i>Core:</i>	Yes
<i>Section Name:</i>	Preoperative Medications	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether the patient has received Warfarin (Coumadin) within 5 days preceding surgery.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
Harvest Codes:			
	<u>Code:</u>	<u>Value:</u>	
	1	Yes	
	2	No	
	3	Unknown	

<i>Long Name:</i>	Meds-Warfarin (Coumadin) Discontinuation	<i>SeqNo:</i>	1092
<i>Short Name:</i>	MedCoum5Dis	<i>Core:</i>	Yes
<i>Section Name:</i>	Preoperative Medications	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate the number of days prior to surgery Warfarin (Coumadin) use was discontinued. If less than 24 hours, enter "0".		
<i>Data Source:</i>	User	<i>Format:</i>	Integer
Low Value:	0	High Value:	5
ParentShortName:	MedCoum5Days		
ParentLongName:	Meds-Warfarin (Coumadin) Within 5 Days		
ParentHarvestCodes:	1		
ParentValues:	= "Yes"		

<i>Long Name:</i>	Meds-Factor Xa Inhibitors	<i>SeqNo:</i>	1100
<i>Short Name:</i>	MedXaInhibitors	<i>Core:</i>	No
<i>Section Name:</i>	Preoperative Medications	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether the patient received factor Xa inhibitors within 24 hours preoperatively.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
Harvest Codes:			
	<u>Code:</u>	<u>Value:</u>	
	1	Yes	
	2	No	
	3	Unknown	

<i>Long Name:</i>	Meds-Factor Xa Inhibitors Within 5 Days	<i>SeqNo:</i>	1101
<i>Short Name:</i>	MedXa5Days	<i>Core:</i>	Yes
<i>Section Name:</i>	Preoperative Medications	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether the patient has received Factor Xa Inhibitors within 5 days preceding surgery.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
Harvest Codes:			
	<u>Code:</u>	<u>Value:</u>	
	1	Yes	
	2	No	
	3	Unknown	

<i>Long Name:</i>	Meds-Factor Xa Inhibitors Discontinuation	<i>SeqNo:</i>	1102
<i>Short Name:</i>	MedXa5DDis	<i>Core:</i>	Yes
<i>Section Name:</i>	Preoperative Medications	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate the number of days prior to surgery Factor Xa Inhibitor use was discontinued. If less than 24 hours, enter "0".		
<i>Data Source:</i>	User	<i>Format:</i>	Integer
Low Value:	0	High Value:	5
ParentShortName:	MedXa5Days		
ParentLongName:	Meds-Factor Xa Inhibitors Within 5 Days		
ParentHarvestCodes:	1		
ParentValues:	= "Yes"		

Long Name: Meds-Novel Oral Anticoagulant Within 5 Days *SeqNo:* 1111
Short Name: **MedNOAC5Days** *Core:* Yes
Section Name: Preoperative Medications *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether the patient has received Novel Oral Anticoagulant within 5 days preceding surgery.
Data Source: User *Format:* Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
- 2 No
- 3 Unknown

Long Name: Meds-Novel Oral Anticoagulant Discontinuation *SeqNo:* 1112
Short Name: **MedNOACDisc** *Core:* Yes
Section Name: Preoperative Medications *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the number of days prior to surgery Novel Oral Anticoagulant use was discontinued. If less than 24 hours, enter "0".
Data Source: User *Format:* Integer
 Low Value: 0 High Value: 5
 ParentShortName: MedNOAC5Days
 ParentLongName: Meds-Novel Oral Anticoagulant Within 5 Days
 ParentHarvestCodes: 1
 ParentValues: = "Yes"

Long Name: Meds-Thrombin Inhibitors *SeqNo:* 1120
Short Name: **MedThrombinIn** *Core:* No
Section Name: Preoperative Medications *Harvest:* No
DBTableName Adultdata2
Definition: Indicate whether the patient received thrombin inhibitors within 24 hours preoperatively.
Data Source: User *Format:* Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
- 2 No
- 3 Contraindicated

4 Unknown

Long Name: Meds-Thrombin Inhibitors Within 5 Days *SeqNo:* 1121
Short Name: **MedThromIn5Days** *Core:* Yes
Section Name: Preoperative Medications *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether the patient has received Thrombin Inhibitors within 5 days preceding surgery.
Data Source: User *Format:* Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
- 2 No
- 3 Unknown

Long Name: Meds-Thrombin Inhibitors Discontinuation *SeqNo:* 1122
Short Name: **MedThromInDisc** *Core:* Yes
Section Name: Preoperative Medications *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the number of days prior to surgery Thrombin Inhibitor use was discontinued. If less than 24 hours, enter "0".
Data Source: User *Format:* Integer
 Low Value: 0 High Value: 5
 ParentShortName: MedThromIn5Days
 ParentLongName: Meds-Thrombin Inhibitors Within 5 Days
 ParentHarvestCodes: 1
 ParentValues: = "Yes"

Long Name: Meds-Thrombolytics Within 48 Hours *SeqNo:* 1125
Short Name: **MedThrom** *Core:* Yes
Section Name: Preoperative Medications *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether the patient received thrombolytics within 48 hours preoperatively.
Data Source: User *Format:* Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
- 2 No

<i>Long Name:</i>	Meds-Inotropes Within 48 Hours	<i>SeqNo:</i>	1130
<i>Short Name:</i>	MedInotr	<i>Core:</i>	Yes
<i>Section Name:</i>	Preoperative Medications	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether the patient received IV inotropic agents within 48 hours preceding surgery.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

<i>Long Name:</i>	Meds-Lipid Lowering Within 24 Hours	<i>SeqNo:</i>	1135
<i>Short Name:</i>	MedLipid	<i>Core:</i>	Yes
<i>Section Name:</i>	Preoperative Medications	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether or not the patient received lipid lowering medication within 24 hours preceding surgery.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 3 | Contraindicated |
| 4 | Unknown |

<i>Long Name:</i>	Meds-Lipid Lowering-Medication Type	<i>SeqNo:</i>	1140
<i>Short Name:</i>	MedLipMN	<i>Core:</i>	No
<i>Section Name:</i>	Preoperative Medications	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate the type of lipid lowering medication the patient received within 24 hours preceding surgery.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
ParentShortName:	MedLipid		
ParentLongName:	Meds-Lipid Lowering Within 24 Hours		
ParentHarvestCodes:	1		
ParentValues:	= "Yes"		
Harvest Codes:			
	<u>Code:</u>	<u>Value:</u>	
	1	Statin	
	2	Non-statin	
	4	Other	
	5	Combination	

<i>Long Name:</i>	Meds-Lipid Lowering-Medication Type	<i>SeqNo:</i>	1141
<i>Short Name:</i>	MedLipType	<i>Core:</i>	Yes
<i>Section Name:</i>	Preoperative Medications	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate the type of lipid lowering medication the patient received within 24 hours preceding surgery.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
ParentShortName:	MedLipid		
ParentLongName:	Meds-Lipid Lowering Within 24 Hours		
ParentHarvestCodes:	1		
ParentValues:	= "Yes"		
Harvest Codes:			
	<u>Code:</u>	<u>Value:</u>	
	1	Statin	
	2	Statin + Other	
	3	Non-statin/Other	

<i>Long Name:</i>	Meds-Steroids Within 24 Hours	<i>SeqNo:</i>	1143
<i>Short Name:</i>	MedSter	<i>Core:</i>	Yes
<i>Section Name:</i>	Preoperative Medications	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether the patient was taking steroids within 24 hours of surgery. This does not include a one-time dose related to prophylaxis therapy (i.e. IV dye exposure for cath procedure or surgery pre-induction period). Non-systemic medications are not included in this category (i.e., nasal sprays, topical creams).		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
- 2 No
- 3 Contraindicated
- 4 Unknown

<i>Long Name:</i>	Cardiac Catheterization Performed	<i>SeqNo:</i>	1145
<i>Short Name:</i>	CarCathPer	<i>Core:</i>	Yes
<i>Section Name:</i>	Hemodynamics/Cath/Echo	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether cardiac catheterization and/or CT angio was performed.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
- 2 No

<i>Long Name:</i>	Cardiac Catheterization Date	<i>SeqNo:</i>	1150
<i>Short Name:</i>	CarCathDt	<i>Core:</i>	Yes
<i>Section Name:</i>	Hemodynamics/Cath/Echo	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate the date cardiac catheterization was performed.		
<i>Data Source:</i>	User	<i>Format:</i>	Date mm/dd/yyyy

ParentShortName: CarCathPer

ParentLongName: Cardiac Catheterization Performed

ParentHarvestCodes: 1

ParentValues: = "Yes"

Long Name: Coronary Anatomy/Disease Known *SeqNo:* 1155
Short Name: **CorAnatDisKnown** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether coronary artery anatomy and/or disease is documented and available prior to surgery.
Data Source: User *Format:* Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
-

Long Name: Dominance *SeqNo:* 1160
Short Name: **Dominance** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether coronary artery dominance is documented prior to surgery.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CorAnatDisKnown

ParentLongName: Coronary Anatomy/Disease Known

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Left
 - 2 Right
 - 3 Co-dominant
 - 4 Not documented
-

Long Name: Source(s) Used To Quantify Stenosis *SeqNo:* 1165
Short Name: **StenSource** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2

Definition: Indicate source or sources used to quantify coronary artery stenosis.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CorAnatDisKnown

ParentLongName: Coronary Anatomy/Disease Known

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Angiogram
- 2 CT
- 3 IVUS
- 4 Progress/OP Note
- 5 Other
- 6 Multiple

Long Name: Num Dis Vessels *SeqNo:* 1170
Short Name: **NumDisV** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2

Definition: Indicate the number of diseased major native coronary vessel systems: LAD system, Circumflex system, and/or Right system with $\geq 50\%$ narrowing of any vessel preoperatively.
 NOTE: Left main disease ($\geq 50\%$) is counted as TWO vessels (LAD and Circumflex, which may include a Ramus Intermedius). For example, left main and RCA would count as three total.

A vessel that has ever been considered diseased, should always be considered diseased.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CorAnatDisKnown

ParentLongName: Coronary Anatomy/Disease Known

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes and Value Definitions:

Code: Value:

- 1 None
- 2 One
- 3 Two
- 4 Three

Definition:

No significant coronary obstructive disease.

Long Name: Percent Native Artery Stenosis Known *SeqNo:* 1175
Short Name: **PctStenKnown** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether the percent stenosis of native coronary stenosis is known.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: NumDisV
 ParentLongName: Num Dis Vessels
 ParentHarvestCodes: 2|3|4
 ParentValues: = "One", "Two" or "Three"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: Graft(s) Present *SeqNo:* 1180
Short Name: **GraftsPrsnt** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether one or more coronary artery bypass grafts are present prior to this surgery.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: NumDisV
 ParentLongName: Num Dis Vessels
 ParentHarvestCodes: 2|3|4
 ParentValues: = "One", "Two" or "Three"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: Stent(s) Present *SeqNo:* 1185
Short Name: **StentPrsnt** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether one or more intracoronary stents are present prior to this surgery.
Data Source: User *Format:* Text (categorical values specified by STS)

 ParentShortName: NumDisV
 ParentLongName: Num Dis Vessels
 ParentHarvestCodes: 2|3|4
 ParentValues: = "One", "Two" or "Three"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: Fractional Flow Reserve (FFR) Performed *SeqNo:* 1190
Short Name: **FFRPerf** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether Fractional Flow Reserve (FFR) was performed.
Data Source: User *Format:* Text (categorical values specified by STS)

 ParentShortName: NumDisV
 ParentLongName: Num Dis Vessels
 ParentHarvestCodes: 2|3|4
 ParentValues: = "One", "Two" or "Three"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: Instantaneous Wave-Free Ration (iFR) Performed *SeqNo:* 1191
Short Name: **IFRPerf** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether Instantaneous wave-free ration (iFR) was performed.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: NumDisV
 ParentLongName: Num Dis Vessels
 ParentHarvestCodes: 2|3|4
 ParentValues: = "One", "Two" or "Three"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: Percent Stenosis - Left Main *SeqNo:* 1195
Short Name: **PctStenLMain** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the highest percent stenosis in this vessel at the time of this surgery.
Data Source: User *Format:* Integer
 Low Value: 0 High Value: 100
 ParentShortName: PctStenKnown
 ParentLongName: Percent Native Artery Stenosis Known
 ParentHarvestCodes: 1
 ParentValues: = "Yes"

Long Name: Graft Stenosis - Left Main *SeqNo:* 1200
Short Name: **GraftStenLMain** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the highest percent stenosis in this graft at the time of this surgery.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: GraftsPrsnt
 ParentLongName: Graft(s) Present
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:
 Code: Value:
 1 Patent
 2 Stenosis >=50%
 3 100% occlusion
 4 Not documented

Long Name: Stent Stenosis - Left Main *SeqNo:* 1205
Short Name: **StntStenLMain** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the highest percent of stent stenosis at the time of this surgery.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: StentPrsnt
 ParentLongName: Stent(s) Present
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:
 Code: Value:
 1 Patent
 2 Stenosis >=50%
 3 Not documented

Long Name: Fractional Flow Reserve (FFR) - Left Main *SeqNo:* 1210
Short Name: **FFRLMain** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the FFR in this vessel.
Data Source: User *Format:* Real
Low Value: 0.00 High Value: 1.00
ParentShortName: FFRPerf
ParentLongName: Fractional Flow Reserve (FFR) Performed
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Instantaneous Wave-Free Ration (iFR) - Left Main *SeqNo:* 1212
Short Name: **IFRLMain** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the iFR in this vessel at the time of this surgery.
Data Source: User *Format:* Real
Low Value: 0.00 High Value: 1.00
ParentShortName: IFRPerf
ParentLongName: Instantaneous Wave-Free Ration (iFR) Performed
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Percent Stenosis - Proximal LAD *SeqNo:* 1215
Short Name: **PctStenProxLAD** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the highest percent stenosis in this vessel at the time of this surgery.
Data Source: User *Format:* Integer
Low Value: 0 High Value: 100
ParentShortName: PctStenKnown
ParentLongName: Percent Native Artery Stenosis Known
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Graft Stenosis - Proximal LAD *SeqNo:* 1220
Short Name: **GraftStenProxLAD** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the highest percent stenosis in this graft at the time of this surgery.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: GraftsPrsnt
ParentLongName: Graft(s) Present
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Patent
2	Stenosis >=50%
3	100% occlusion
4	Not documented

Long Name: Stent Stenosis - Proximal LAD *SeqNo:* 1225
Short Name: **StntStenProxLAD** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the highest percent of stent stenosis at the time of this surgery.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: StentPrsnt
ParentLongName: Stent(s) Present
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Patent
2	Stenosis >=50%
3	Not documented

Long Name: Fractional Flow Reserve (FFR) - Proximal LAD *SeqNo:* 1230
Short Name: **FFRProxLAD** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the FFR in this vessel.
Data Source: User *Format:* Real
Low Value: 0.00 High Value: 1.00
ParentShortName: FFRPerf
ParentLongName: Fractional Flow Reserve (FFR) Performed
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Instantaneous Wave-Free Ration (iFR) - Proximal LAD *SeqNo:* 1232
Short Name: **IFRProxLAD** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the iFR in this vessel at the time of this surgery.
Data Source: User *Format:* Real
Low Value: 0.00 High Value: 1.00
ParentShortName: IFRPerf
ParentLongName: Instantaneous Wave-Free Ration (iFR) Performed
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Percent Stenosis - Mid LAD *SeqNo:* 1235
Short Name: **PctStenMidLAD** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the highest percent stenosis in this vessel at the time of this surgery.
Data Source: User *Format:* Integer
Low Value: 0 High Value: 100
ParentShortName: PctStenKnown
ParentLongName: Percent Native Artery Stenosis Known
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Graft Stenosis - Mid LAD *SeqNo:* 1240
Short Name: **GraftStenMidLAD** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the highest percent stenosis in this graft at the time of this surgery.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: GraftsPrsnt
ParentLongName: Graft(s) Present
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Patent
2	Stenosis >=50%
3	100% occlusion
4	Not documented

Long Name: Stent Stenosis - Mid LAD *SeqNo:* 1245
Short Name: **StntStenMidLAD** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the highest percent of stent stenosis at the time of this surgery.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: StentPrsnt
ParentLongName: Stent(s) Present
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Patent
2	Stenosis >=50%
3	Not documented

Long Name: Fractional Flow Reserve (FFR) - Mid LAD *SeqNo:* 1250
Short Name: **FFRMidLAD** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the FFR in this vessel at the time of this surgery.
Data Source: User *Format:* Real
Low Value: 0.00 High Value: 1.00
ParentShortName: FFRPerf
ParentLongName: Fractional Flow Reserve (FFR) Performed
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Instantaneous Wave-Free Ration (iFR) - Mid LAD *SeqNo:* 1252
Short Name: **IFRMidLAD** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the iFR in this vessel at the time of this surgery.
Data Source: User *Format:* Real
Low Value: 0.00 High Value: 1.00
ParentShortName: IFRPerf
ParentLongName: Instantaneous Wave-Free Ration (iFR) Performed
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Percent Stenosis - Distal LAD *SeqNo:* 1255
Short Name: **PctStenDistLAD** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the highest percent stenosis in this vessel at the time of this surgery.
Data Source: User *Format:* Integer
Low Value: 0 High Value: 100
ParentShortName: PctStenKnown
ParentLongName: Percent Native Artery Stenosis Known
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Graft Stenosis - Distal LAD *SeqNo:* 1260
Short Name: **GraftStenDistLAD** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the highest percent stenosis in this graft at the time of this surgery.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: GraftsPrsnt

ParentLongName: Graft(s) Present

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Patent
 - 2 Stenosis >=50%
 - 3 100% occlusion
 - 4 Not documented
-

Long Name: Stent Stenosis - Distal LAD *SeqNo:* 1265
Short Name: **StntStenDistLAD** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the highest percent of stent stenosis in this vessel at the time of this surgery.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: StentPrsnt

ParentLongName: Stent(s) Present

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Patent
 - 2 Stenosis >=50%
 - 3 Not documented
-

Long Name: Fractional Flow Reserve (FFR) - Distal LAD *SeqNo:* 1270
Short Name: **FFRDistLAD** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the FFR in this vessel at the time of this surgery.
Data Source: User *Format:* Real
Low Value: 0.00 High Value: 1.00
ParentShortName: FFRPerf
ParentLongName: Fractional Flow Reserve (FFR) Performed
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Instantaneous Wave-Free Ration (iFR) - Distal LAD *SeqNo:* 1272
Short Name: **IFRDistLAD** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the iFR in this vessel at the time of this surgery.
Data Source: User *Format:* Real
Low Value: 0.00 High Value: 1.00
ParentShortName: IFRPerf
ParentLongName: Instantaneous Wave-Free Ration (iFR) Performed
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Percent Stenosis - Diagonal 1 *SeqNo:* 1275
Short Name: **PctStenDiag1** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the highest percent stenosis in this vessel at the time of this surgery.
Data Source: User *Format:* Integer
Low Value: 0 High Value: 100
ParentShortName: PctStenKnown
ParentLongName: Percent Native Artery Stenosis Known
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Graft Stenosis - Diagonal 1 *SeqNo:* 1280
Short Name: **GraftStenDiag1** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the highest percent stenosis in this graft at the time of this surgery.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: GraftsPrsnt

ParentLongName: Graft(s) Present

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Patent
- 2 Stenosis >=50%
- 3 100% occlusion
- 4 Not documented

Long Name: Stent Stenosis - Diagonal 1 *SeqNo:* 1285
Short Name: **StntStenDiag1** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the highest percent of stent stenosis in this vessel at the time of this surgery.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: StentPrsnt

ParentLongName: Stent(s) Present

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Patent
- 2 Stenosis >=50%
- 3 Not documented

Long Name: Fractional Flow Reserve (FFR) - Diagonal 1 *SeqNo:* 1290
Short Name: **FFRDiag1** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the FFR in this vessel at the time of this surgery.
Data Source: User *Format:* Real
Low Value: 0.00 High Value: 1.00
ParentShortName: FFRPerf
ParentLongName: Fractional Flow Reserve (FFR) Performed
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Instantaneous Wave-Free Ration (iFR) - Diagonal 1 *SeqNo:* 1292
Short Name: **IFRDiag1** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the iFR in this vessel at the time of this surgery.
Data Source: User *Format:* Real
Low Value: 0.00 High Value: 1.00
ParentShortName: IFRPerf
ParentLongName: Instantaneous Wave-Free Ration (iFR) Performed
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Percent Stenosis - Diagonal 2 *SeqNo:* 1295
Short Name: **PctStenDiag2** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the highest percent stenosis in this vessel at the time of this surgery.
Data Source: User *Format:* Integer
Low Value: 0 High Value: 100
ParentShortName: PctStenKnown
ParentLongName: Percent Native Artery Stenosis Known
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Graft Stenosis - Diagonal 2 *SeqNo:* 1300
Short Name: **GraftStenDiag2** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the highest percent stenosis in this graft at the time of this surgery.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: GraftsPrsnt
ParentLongName: Graft(s) Present
ParentHarvestCodes: 1
ParentValues: = "Yes"

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Patent
2	Stenosis >=50%
3	100% occlusion
4	Not documented

Long Name: Stent Stenosis - Diagonal 2 *SeqNo:* 1305
Short Name: **StntStenDiag2** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the highest percent of stent stenosis in this vessel at the time of this surgery.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: StentPrsnt
ParentLongName: Stent(s) Present
ParentHarvestCodes: 1
ParentValues: = "Yes"

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Patent
2	Stenosis >=50%
3	Not documented

Long Name: Fractional Flow Reserve (FFR) - Diagonal 2 *SeqNo:* 1310
Short Name: **FFRDiag2** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the FFR in this vessel at the time of this surgery.
Data Source: User *Format:* Real
Low Value: 0.00 High Value: 1.00
ParentShortName: FFRPerf
ParentLongName: Fractional Flow Reserve (FFR) Performed
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Instantaneous Wave-Free Ration (iFR) - Diagonal 2 *SeqNo:* 1312
Short Name: **IFRDiag2** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the iFR in this vessel at the time of this surgery.
Data Source: User *Format:* Real
Low Value: 0.00 High Value: 1.00
ParentShortName: IFRPerf
ParentLongName: Instantaneous Wave-Free Ration (iFR) Performed
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Percent Stenosis - Diagonal 3 *SeqNo:* 1315
Short Name: **PctStenDiag3** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the highest percent stenosis in this vessel at the time of this surgery.
Data Source: User *Format:* Integer
Low Value: 0 High Value: 100
ParentShortName: PctStenKnown
ParentLongName: Percent Native Artery Stenosis Known
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Graft Stenosis - Diagonal 3 *SeqNo:* 1320
Short Name: **GraftStenDiag3** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the highest percent stenosis in this graft at the time of this surgery.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: GraftsPrsnt
ParentLongName: Graft(s) Present
ParentHarvestCodes: 1
ParentValues: = "Yes"

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Patent
2	Stenosis >=50%
3	100% occlusion
4	Not documented

Long Name: Stent Stenosis - Diagonal 3 *SeqNo:* 1325
Short Name: **StntStenDiag3** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the highest percent of stent stenosis in this vessel at the time of this surgery.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: StentPrsnt
ParentLongName: Stent(s) Present
ParentHarvestCodes: 1
ParentValues: = "Yes"

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Patent
2	Stenosis >=50%
3	Not documented

Long Name: Fractional Flow Reserve (FFR) - Diagonal 3 *SeqNo:* 1330
Short Name: **FFRDiag3** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the FFR in this vessel at the time of this surgery.
Data Source: User *Format:* Real
Low Value: 0.00 High Value: 1.00
ParentShortName: FFRPerf
ParentLongName: Fractional Flow Reserve (FFR) Performed
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Instantaneous Wave-Free Ration (iFR) - Diagonal 3 *SeqNo:* 1332
Short Name: **IFRDiag3** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the iFR in this vessel at the time of this surgery.
Data Source: User *Format:* Real
Low Value: 0.00 High Value: 1.00
ParentShortName: IFRPerf
ParentLongName: Instantaneous Wave-Free Ration (iFR) Performed
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Percent Stenosis - Circumflex *SeqNo:* 1335
Short Name: **PctStenCircflx** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the highest percent stenosis in this vessel at the time of this surgery.
Data Source: User *Format:* Integer
Low Value: 0 High Value: 100
ParentShortName: PctStenKnown
ParentLongName: Percent Native Artery Stenosis Known
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Graft Stenosis - Circumflex *SeqNo:* 1340
Short Name: **GraftStenCircflx** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the highest percent stenosis in this graft at the time of this surgery.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: GraftsPrsnt
ParentLongName: Graft(s) Present
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Patent
2	Stenosis >=50%
3	100% occlusion
4	Not documented

Long Name: Stent Stenosis - Circumflex *SeqNo:* 1345
Short Name: **StntStenCircflx** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the highest percent of stent stenosis in this vessel at the time of this surgery.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: StentPrsnt
ParentLongName: Stent(s) Present
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Patent
2	Stenosis >=50%
3	Not documented

Long Name: Fractional Flow Reserve (FFR) - Circumflex *SeqNo:* 1350
Short Name: **FFRCircflx** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the FFR in this vessel at the time of this surgery.
Data Source: User *Format:* Real
Low Value: 0.00 High Value: 1.00
ParentShortName: FFRPerf
ParentLongName: Fractional Flow Reserve (FFR) Performed
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Instantaneous Wave-Free Ration (iFR) - Circumflex *SeqNo:* 1352
Short Name: **IFRCircflx** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the iFR in this vessel at the time of this surgery.
Data Source: User *Format:* Real
Low Value: 0.00 High Value: 1.00
ParentShortName: IFRPerf
ParentLongName: Instantaneous Wave-Free Ration (iFR) Performed
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Percent Stenosis - Obtuse Marginal 1 *SeqNo:* 1355
Short Name: **PctStenOM1** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the highest percent stenosis in this vessel at the time of this surgery.
Data Source: User *Format:* Integer
Low Value: 0 High Value: 100
ParentShortName: PctStenKnown
ParentLongName: Percent Native Artery Stenosis Known
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Graft Stenosis - Obtuse Marginal 1 *SeqNo:* 1360
Short Name: **GraftStenOM1** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the highest percent stenosis in this graft at the time of this surgery.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: GraftsPrsnt

ParentLongName: Graft(s) Present

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Patent
- 2 Stenosis >=50%
- 3 100% occlusion
- 4 Not documented

Long Name: Stent Stenosis - Obtuse Marginal 1 *SeqNo:* 1365
Short Name: **StntStenOM1** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the highest percent of stent stenosis in this vessel at the time of this surgery.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: StentPrsnt

ParentLongName: Stent(s) Present

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Patent
- 2 Stenosis >=50%
- 3 Not documented

Long Name: Fractional Flow Reserve (FFR) - Obtuse Marginal 1 *SeqNo:* 1370
Short Name: **FFROM1** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the FFR in this vessel at the time of this surgery.
Data Source: User *Format:* Real
Low Value: 0.00 High Value: 1.00
ParentShortName: FFRPerf
ParentLongName: Fractional Flow Reserve (FFR) Performed
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Instantaneous Wave-Free Ration (iFR) - Obtuse Marginal 1 *SeqNo:* 1372
Short Name: **IFROM1** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the iFR in this vessel at the time of this surgery.
Data Source: User *Format:* Real
Low Value: 0.00 High Value: 1.00
ParentShortName: IFRPerf
ParentLongName: Instantaneous Wave-Free Ration (iFR) Performed
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Percent Stenosis - Obtuse Marginal 2 *SeqNo:* 1375
Short Name: **PctStenOM2** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the highest percent stenosis in this vessel at the time of this surgery.
Data Source: User *Format:* Integer
Low Value: 0 High Value: 100
ParentShortName: PctStenKnown
ParentLongName: Percent Native Artery Stenosis Known
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Graft Stenosis - Obtuse Marginal 2 *SeqNo:* 1380
Short Name: **GraftStenOM2** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the highest percent stenosis in this graft at the time of this surgery.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: GraftsPrsnt

ParentLongName: Graft(s) Present

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Patent
- 2 Stenosis >=50%
- 3 100% occlusion
- 4 Not documented

Long Name: Stent Stenosis - Obtuse Marginal 2 *SeqNo:* 1385
Short Name: **StntStenOM2** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the highest percent of stent stenosis in this vessel at the time of this surgery.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: StentPrsnt

ParentLongName: Stent(s) Present

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Patent
- 2 Stenosis >=50%
- 3 Not documented

Long Name: Fractional Flow Reserve (FFR) - Obtuse Marginal 2 *SeqNo:* 1390
Short Name: **FFROM2** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the FFR in this vessel at the time of this surgery.
Data Source: User *Format:* Real
Low Value: 0.00 High Value: 1.00
ParentShortName: FFRPerf
ParentLongName: Fractional Flow Reserve (FFR) Performed
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Instantaneous Wave-Free Ration (iFR) - Obtuse Marginal 2 *SeqNo:* 1392
Short Name: **IFROM2** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the iFR in this vessel at the time of this surgery.
Data Source: User *Format:* Real
Low Value: 0.00 High Value: 1.00
ParentShortName: IFRPerf
ParentLongName: Instantaneous Wave-Free Ration (iFR) Performed
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Percent Stenosis - Obtuse Marginal 3 *SeqNo:* 1395
Short Name: **PctStenOM3** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the highest percent stenosis in this vessel at the time of this surgery.
Data Source: User *Format:* Integer
Low Value: 0 High Value: 100
ParentShortName: PctStenKnown
ParentLongName: Percent Native Artery Stenosis Known
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Graft Stenosis - Obtuse Marginal 3 *SeqNo:* 1400
Short Name: **GraftStenOM3** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the highest percent stenosis in this graft at the time of this surgery.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: GraftsPrsnt

ParentLongName: Graft(s) Present

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Patent
 - 2 Stenosis >=50%
 - 3 100% occlusion
 - 4 Not documented
-

Long Name: Stent Stenosis - Obtuse Marginal 3 *SeqNo:* 1405
Short Name: **StntStenOM3** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the highest percent of stent stenosis in this vessel at the time of this surgery.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: StentPrsnt

ParentLongName: Stent(s) Present

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Patent
 - 2 Stenosis >=50%
 - 3 Not documented
-

Long Name: Fractional Flow Reserve (FFR) - Obtuse Marginal 3 *SeqNo:* 1410
Short Name: **FFROM3** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the FFR in this vessel at the time of this surgery.
Data Source: User *Format:* Real
Low Value: 0.00 High Value: 1.00
ParentShortName: FFRPerf
ParentLongName: Fractional Flow Reserve (FFR) Performed
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Instantaneous Wave-Free Ration (iFR) - Obtuse Marginal 3 *SeqNo:* 1412
Short Name: **IFROM3** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the iFR in this vessel at the time of this surgery.
Data Source: User *Format:* Real
Low Value: 0.00 High Value: 1.00
ParentShortName: IFRPerf
ParentLongName: Instantaneous Wave-Free Ration (iFR) Performed
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Percent Stenosis - Ramus *SeqNo:* 1415
Short Name: **PctStenRamus** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the highest percent stenosis in this vessel at the time of this surgery.
Data Source: User *Format:* Integer
Low Value: 0 High Value: 100
ParentShortName: PctStenKnown
ParentLongName: Percent Native Artery Stenosis Known
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Graft Stenosis - Ramus *SeqNo:* 1420
Short Name: **GraftStenRamus** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the highest percent stenosis in this graft at the time of this surgery.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: GraftsPrsnt
ParentLongName: Graft(s) Present
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Patent
2	Stenosis >=50%
3	100% occlusion
4	Not documented

Long Name: Stent Stenosis - Ramus *SeqNo:* 1425
Short Name: **StntStenRamus** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the highest percent of stent stenosis in this vessel at the time of this surgery.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: StentPrsnt
ParentLongName: Stent(s) Present
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Patent
2	Stenosis >=50%
3	Not documented

Long Name: Fractional Flow Reserve (FFR) - Ramus *SeqNo:* 1430
Short Name: **FFRRamus** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the FFR in this vessel at the time of this surgery.
Data Source: User *Format:* Real
Low Value: 0.00 High Value: 1.00
ParentShortName: FFRPerf
ParentLongName: Fractional Flow Reserve (FFR) Performed
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Instantaneous Wave-Free Ration (iFR) - Ramus *SeqNo:* 1432
Short Name: **IFRRamus** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the iFR in this vessel at the time of this surgery.
Data Source: User *Format:* Real
Low Value: 0.00 High Value: 1.00
ParentShortName: IFRPerf
ParentLongName: Instantaneous Wave-Free Ration (iFR) Performed
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Percent Stenosis - RCA *SeqNo:* 1435
Short Name: **PctStenRCA** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the highest percent stenosis in this vessel at the time of this surgery.
Data Source: User *Format:* Integer
Low Value: 0 High Value: 100
ParentShortName: PctStenKnown
ParentLongName: Percent Native Artery Stenosis Known
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Graft Stenosis - RCA *SeqNo:* 1440
Short Name: **GraftStenRCA** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the highest percent stenosis in this graft at the time of this surgery.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: GraftsPrsnt
ParentLongName: Graft(s) Present
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Patent
2	Stenosis >=50%
3	100% occlusion
4	Not documented

Long Name: Stent Stenosis - RCA *SeqNo:* 1445
Short Name: **StntStenRCA** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the highest percent of stent stenosis in this vessel at the time of this surgery.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: StentPrsnt
ParentLongName: Stent(s) Present
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Patent
2	Stenosis >=50%
3	Not documented

Long Name: Fractional Flow Reserve (FFR) - RCA *SeqNo:* 1450
Short Name: **FFRCA** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the FFR in this vessel at the time of this surgery.
Data Source: User *Format:* Real
Low Value: 0.00 High Value: 1.00
ParentShortName: FFRPerf
ParentLongName: Fractional Flow Reserve (FFR) Performed
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Instantaneous Wave-Free Ration (iFR) - RCA *SeqNo:* 1452
Short Name: **IFRCA** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the iFR in this vessel at the time of this surgery.
Data Source: User *Format:* Real
Low Value: 0.00 High Value: 1.00
ParentShortName: IFRPerf
ParentLongName: Instantaneous Wave-Free Ration (iFR) Performed
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Percent Stenosis - Acute Marginal (AM) *SeqNo:* 1455
Short Name: **PctStenAM** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the highest percent stenosis in this vessel at the time of this surgery.
Data Source: User *Format:* Integer
Low Value: 0 High Value: 100
ParentShortName: PctStenKnown
ParentLongName: Percent Native Artery Stenosis Known
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Graft Stenosis - Acute Marginal (AM) *SeqNo:* 1460
Short Name: **GraftStenAM** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the highest percent stenosis in this graft at the time of this surgery.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: GraftsPrsnt

ParentLongName: Graft(s) Present

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Patent
- 2 Stenosis >=50%
- 3 100% occlusion
- 4 Not documented

Long Name: Stent Stenosis - Acute Marginal (AM) *SeqNo:* 1465
Short Name: **StntStenAM** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the highest percent of stent stenosis in this vessel at the time of this surgery.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: StentPrsnt

ParentLongName: Stent(s) Present

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Patent
- 2 Stenosis >=50%
- 3 Not documented

Long Name: Fractional Flow Reserve (FFR) - Acute Marginal (AM) *SeqNo:* 1470
Short Name: **FFRAM** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the FFR in this vessel at the time of this surgery.
Data Source: User *Format:* Real
Low Value: 0.00 High Value: 1.00
ParentShortName: FFRPerf
ParentLongName: Fractional Flow Reserve (FFR) Performed
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Instantaneous Wave-Free Ration (iFR) - Acute Marginal (AM) *SeqNo:* 1472
Short Name: **IFRAM** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the iFR in this vessel at the time of this surgery.
Data Source: User *Format:* Real
Low Value: 0.00 High Value: 1.00
ParentShortName: IFRPerf
ParentLongName: Instantaneous Wave-Free Ration (iFR) Performed
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Percent Stenosis - Posterior Descending (PDA) *SeqNo:* 1475
Short Name: **PctStenPDA** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the highest percent stenosis in this vessel at the time of this surgery.
Data Source: User *Format:* Integer
Low Value: 0 High Value: 100
ParentShortName: PctStenKnown
ParentLongName: Percent Native Artery Stenosis Known
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Graft Stenosis - Posterior Descending (PDA) *SeqNo:* 1480
Short Name: **GraftStenPDA** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the highest percent stenosis in this graft at the time of this surgery.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: GraftsPrsnt

ParentLongName: Graft(s) Present

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Patent
- 2 Stenosis >=50%
- 3 100% occlusion
- 4 Not documented

Long Name: Stent Stenosis - Posterior Descending (PDA) *SeqNo:* 1485
Short Name: **StntStenPDA** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the highest percent of stent stenosis in this vessel at the time of this surgery.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: StentPrsnt

ParentLongName: Stent(s) Present

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Patent
- 2 Stenosis >=50%
- 3 Not documented

Long Name: Fractional Flow Reserve (FFR) - Posterior Descending (PDA) *SeqNo:* 1490
Short Name: **FFRPDA** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the FFR in this vessel at the time of this surgery.
Data Source: User *Format:* Real
Low Value: 0.00 High Value: 1.00
ParentShortName: FFRPerf
ParentLongName: Fractional Flow Reserve (FFR) Performed
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Instantaneous Wave-Free Ration (iFR) - Posterior Descending (PDA) *SeqNo:* 1492
Short Name: **IFRPDA** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the iFR in this vessel at the time of this surgery.
Data Source: User *Format:* Real
Low Value: 0.00 High Value: 1.00
ParentShortName: IFRPerf
ParentLongName: Instantaneous Wave-Free Ration (iFR) Performed
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Percent Stenosis - Posterolateral (PLB) *SeqNo:* 1495
Short Name: **PctStenPLB** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the highest percent stenosis in this vessel at the time of this surgery.
Data Source: User *Format:* Integer
Low Value: 0 High Value: 100
ParentShortName: PctStenKnown
ParentLongName: Percent Native Artery Stenosis Known
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Graft Stenosis - Posterolateral (PLB) *SeqNo:* 1500
Short Name: **GraftStenPLB** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the highest percent stenosis in this graft at the time of this surgery.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: GraftsPrsnt

ParentLongName: Graft(s) Present

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Patent
- 2 Stenosis >=50%
- 3 100% occlusion
- 4 Not documented

Long Name: Stent Stenosis - Posterolateral (PLB) *SeqNo:* 1505
Short Name: **StntStenPLB** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the highest percent of stent stenosis in this vessel at the time of this surgery.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: StentPrsnt

ParentLongName: Stent(s) Present

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Patent
- 2 Stenosis >=50%
- 3 Not documented

<i>Long Name:</i>	Fractional Flow Reserve (FFR) - Posterolateral (PLB)	<i>SeqNo:</i>	1510
<i>Short Name:</i>	FFRPLB	<i>Core:</i>	Yes
<i>Section Name:</i>	Hemodynamics/Cath/Echo	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate the FFR in this vessel at the time of this surgery.		
<i>Data Source:</i>	User	<i>Format:</i>	Real
Low Value:	0.00	High Value:	1.00
ParentShortName:	FFRPerf		
ParentLongName:	Fractional Flow Reserve (FFR) Performed		
ParentHarvestCodes:	1		
ParentValues:	= "Yes"		

<i>Long Name:</i>	Instantaneous Wave-Free Ration (iFR) - Posterolateral (PLB)	<i>SeqNo:</i>	1512
<i>Short Name:</i>	IFRPLB	<i>Core:</i>	Yes
<i>Section Name:</i>	Hemodynamics/Cath/Echo	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate the iFR in this vessel at the time of this surgery.		
<i>Data Source:</i>	User	<i>Format:</i>	Real
Low Value:	0.00	High Value:	1.00
ParentShortName:	IFRPerf		
ParentLongName:	Instantaneous Wave-Free Ration (iFR) Performed		
ParentHarvestCodes:	1		
ParentValues:	= "Yes"		

<i>Long Name:</i>	Syntax Score Known	<i>SeqNo:</i>	1515
<i>Short Name:</i>	SyntaxScrKnown	<i>Core:</i>	Yes
<i>Section Name:</i>	Hemodynamics/Cath/Echo	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether a syntax score is known.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

1	Yes
2	No

Long Name: Syntax Score *SeqNo:* 1520
Short Name: **SyntaxScr** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate syntax score documented prior to this surgery.
Data Source: User *Format:* Real
 Low Value: 0.00 High Value: 100.00
 ParentShortName: SyntaxScrKnown
 ParentLongName: Syntax Score Known
 ParentHarvestCodes: 1
 ParentValues: = "Yes"

Long Name: Stress Test Performed *SeqNo:* 1525
Short Name: **StressTst** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether a stress test was performed prior to this surgery.
Data Source: User *Format:* Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Stress Test Result *SeqNo:* 1530
Short Name: **StressTstRes** *Core:* No
Section Name: Hemodynamics/Cath/Echo *Harvest:* No
DBTableName Adultdata2
Definition: Indicate the stress test result.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: StressTst
 ParentLongName: Stress Test Performed
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:
Code: Value:
 1 Normal
 2 Abnormal

3 Unavailable

Long Name: Stress Test Result *SeqNo:* 1531
Short Name: **StrsTstRes** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the results of the stress test.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: StressTst

ParentLongName: Stress Test Performed

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Negative (normal)
- 2 Positive (abnormal)
- 3 Not documented

Long Name: Risk / Extent Of Ischemia *SeqNo:* 1535
Short Name: **RiskIschemia** *Core:* No
Section Name: Hemodynamics/Cath/Echo *Harvest:* No
DBTableName Adultdata2
Definition: Indicate the risk of ischemia documented on a stress test prior to this surgery.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: StressTst

ParentLongName: Stress Test Performed

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Low Risk
- 2 intermediate Risk
- 3 High Risk
- 4 Unavailable

<i>Long Name:</i>	Hemo Data-EF Done	<i>SeqNo:</i>	1540
<i>Short Name:</i>	HDEFD	<i>Core:</i>	Yes
<i>Section Name:</i>	Hemodynamics/Cath/Echo	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether the Ejection Fraction was measured prior to the induction of anesthesia.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
-

<i>Long Name:</i>	Hemo Data-EF	<i>SeqNo:</i>	1545
<i>Short Name:</i>	HDEF	<i>Core:</i>	Yes
<i>Section Name:</i>	Hemodynamics/Cath/Echo	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	<p>Indicate the percentage of the blood emptied from the left ventricle at the end of the contraction. Use the most recent determination prior to the surgical intervention documented on a diagnostic report.</p> <p>Enter a percentage in the range of 1 - 99. If a percentage range is reported, report a whole number using the "mean" (i.e., 50-55% is reported as 53%).</p> <ul style="list-style-type: none"> ● Hyperdynamic: >70% ● Normal: 50%–70% (midpoint 60%) ● Mild dysfunction: 40%–49% (midpoint 45%) ● Moderate dysfunction: 30%–39% (midpoint 35%) ● Severe dysfunction: <30% <p>Note: If no diagnostic report is in the medical record, a value documented in the medical record is acceptable.</p> <p>ACCF/AHA 2013</p>		

<i>Data Source:</i>	User	<i>Format:</i>	Real
Low Value:	1.0	High Value:	99.0
		UsualRangeLow:	5.0
		UsualRangeHigh:	90.0
ParentShortName:	HDEFD		
ParentLongName:	Hemo Data-EF Done		
ParentHarvestCodes:	1		
ParentValues:	= "Yes"		

<i>Long Name:</i>	Hemo Data-Dimensions Available	<i>SeqNo:</i>	1555
<i>Short Name:</i>	DimAvail	<i>Core:</i>	Yes
<i>Section Name:</i>	Hemodynamics/Cath/Echo	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether intracardiac dimensions are available.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
-

<i>Long Name:</i>	Hemo Data-LV End Systolic Dimension	<i>SeqNo:</i>	1560
<i>Short Name:</i>	LVSD	<i>Core:</i>	Yes
<i>Section Name:</i>	Hemodynamics/Cath/Echo	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate LV End -Systolic Dimension in mm. LV end systolic dimension is the same as left ventricular internal dimension in end systole (LVIDs)		
<i>Data Source:</i>	User	<i>Format:</i>	Real
Low Value:	0.0	High Value:	90.0
		UsualRangeLow:	25.0
		UsualRangeHigh:	50.0
ParentShortName:	DimAvail		
ParentLongName:	Hemo Data-Dimensions Available		
ParentHarvestCodes:	1		
ParentValues:	= "Yes"		

Long Name: Hemo Data-LV End-Diastolic Dimension *SeqNo:* 1565
Short Name: **LVEDD** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the Left Ventricular End-Diastolic Dimension in mm. LV end diastolic dimension is the same as left ventricular internal dimension in end diastole (LVIDs)
Data Source: User *Format:* Real
 Low Value: 20.0 High Value: 100.0 UsualRangeLow: 45.0 UsualRangeHigh: 75.0
 ParentShortName: DimAvail
 ParentLongName: Hemo Data-Dimensions Available
 ParentHarvestCodes: 1
 ParentValues: = "Yes"

Long Name: Hemo-PA Systolic Pressure Measured *SeqNo:* 1570
Short Name: **PASYSMeas** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether the PA systolic pressure was measured prior to incision.
Data Source: User *Format:* Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Hemo-PA Systolic Pressure *SeqNo:* 1575
Short Name: **PASYS** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Capture highest PA systolic pressure recorded prior to incision.
Data Source: User *Format:* Real
 Low Value: 10.0 High Value: 150.0 UsualRangeLow: 15.0 UsualRangeHigh: 40.0
 ParentShortName: PASYSMeas
 ParentLongName: Hemo-PA Systolic Pressure Measured
 ParentHarvestCodes: 1
 ParentValues: = "Yes"

<i>Long Name:</i>	VD-Insuff-Aortic	<i>SeqNo:</i>	1590
<i>Short Name:</i>	VDInsufA	<i>Core:</i>	Yes
<i>Section Name:</i>	Hemodynamics/Cath/Echo	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether there is evidence of Aortic valve insufficiency/regurgitation. Enter the degree of insufficiency reported closest to incision and no more than 6 months prior to surgery.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 0 None
- 1 Trivial/Trace
- 2 Mild
- 3 Moderate
- 4 Severe
- 5 Not documented

<i>Long Name:</i>	VD-Aortic Valve Eccentric Jet	<i>SeqNo:</i>	1591
<i>Short Name:</i>	VDAVEccJet	<i>Core:</i>	Yes
<i>Section Name:</i>	Hemodynamics/Cath/Echo	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether aortic valve regurgitation is an eccentric jet.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: VDInsufA

ParentLongName: VD-Insuff-Aortic

ParentHarvestCodes: 1|2|3|4|5

ParentValues: = "Trivial/Trace", "Mild", "Moderate", "Severe" or "Not documented"

Harvest Codes:

Code: Value:

- 1 Yes
- 2 No
- 3 Not documented

<i>Long Name:</i>	VD-Aortic	<i>SeqNo:</i>	1595
<i>Short Name:</i>	VDAort	<i>Core:</i>	Yes
<i>Section Name:</i>	Hemodynamics/Cath/Echo	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether Aortic Valve disease is present.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
- 2 No

<i>Long Name:</i>	VD-Stenosis-Aortic	<i>SeqNo:</i>	1600
<i>Short Name:</i>	VDStenA	<i>Core:</i>	Yes
<i>Section Name:</i>	Hemodynamics/Cath/Echo	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether Aortic Stenosis is present.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: VDAort

ParentLongName: VD-Aortic

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Yes
- 2 No

Long Name: VD-Aortic Hemodynamic Data Available *SeqNo:* 1605
Short Name: **AoHemoDatAvail** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether aortic valve hemodynamic measurements are available.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: VDStenA
 ParentLongName: VD-Stenosis-Aortic
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: VD-Smallest Aortic Valve Area *SeqNo:* 1610
Short Name: **VDAoVA** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the smallest documented aortic valve area (in cm squared).
Data Source: User *Format:* Real
 Low Value: 0.2 High Value: 5.0
 ParentShortName: AoHemoDatAvail
 ParentLongName: VD-Aortic Hemodynamic Data Available
 ParentHarvestCodes: 1
 ParentValues: = "Yes"

Long Name: VD-Aortic Gradient-Highest Mean *SeqNo:* 1615
Short Name: **VDGradA** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the highest documented MEAN gradient (in mmHg) across the aortic valve.
Data Source: User *Format:* Integer
 Low Value: 0 High Value: 200
 ParentShortName: AoHemoDatAvail
 ParentLongName: VD-Aortic Hemodynamic Data Available
 ParentHarvestCodes: 1
 ParentValues: = "Yes"

Long Name: VD - Maximum Aortic Jet Velocity (Vmax) *SeqNo:* 1616
Short Name: **VDVMax** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the maximum aortic jet velocity
Data Source: User *Format:* Integer
 Low Value: 0 High Value: 8
 ParentShortName: AoHemoDatAvail
 ParentLongName: VD-Aortic Hemodynamic Data Available
 ParentHarvestCodes: 1
 ParentValues: = "Yes"

Long Name: VD-Aortic Valve Disease Etiology 1 *SeqNo:* 1625
Short Name: **VDAoEt1** *Core:* No
Section Name: Hemodynamics/Cath/Echo *Harvest:* No
DBTableName Adultdata2
Definition: Indicate etiology of aortic valve disease if known. Choose unknown if not documented.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: VDAort
 ParentLongName: VD-Aortic
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:
Code: Value:

- 1 Unknown
- 3 Bicuspid valve disease
- 4 Congenital (other than bicuspid)
- 5 Degenerative- Calcified
- 6 Degenerative- Leaflet prolapse with or without annular dilation
- 7 Degenerative- Pure annular dilation without leaflet prolapse
- 8 Endocarditis with root abscess
- 9 Endocarditis without root abscess
- 10 LV Outflow Tract Pathology, HOCM
- 11 LV Outflow Tract Pathology, Sub-aortic membrane
- 12 LV Outflow Tract Pathology, Sub-aortic Tunnel
- 13 LV Outflow Tract Pathology, Other
- 14 Primary Aortic Disease, Aortic Dissection
- 15 Primary Aortic Disease, Atherosclerotic Aneurysm
- 16 Primary Aortic Disease, Ehler-Danlos Syndrome
- 17 Primary Aortic Disease, Hypertensive Aneurysm
- 18 Primary Aortic Disease, Idiopathic Root Dilation
- 19 Primary Aortic Disease, Inflammatory
- 20 Primary Aortic Disease, Loeys-Dietz Syndrome
- 21 Primary Aortic Disease, Marfan Syndrome
- 22 Primary Aortic Disease, Other Connective tissue disorder
- 23 Prior Aortic Intervention, Etiology Unknown
- 24 Rheumatic
- 25 Supravalvular Aortic Stenosis
- 26 Trauma
- 27 Tumor, Carcinoid
- 28 Tumor, Myxoma
- 29 Tumor, Papillary Fibroelastoma

30	Tumor, Other		
31	Other		
<i>Long Name:</i>	VD-Aortic Valve Disease Etiology 2	<i>SeqNo:</i>	1630
<i>Short Name:</i>	VD Ao Et2	<i>Core:</i>	No
<i>Section Name:</i>	Hemodynamics/Cath/Echo	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate additional etiology of aortic valve disease if any, otherwise choose no additional etiology.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
<i>ParentShortName:</i>	VD Ao Et1		
<i>ParentLongName:</i>	VD-Aortic Valve Disease Etiology 1		
<i>ParentHarvestCodes:</i>	<>1 And Is Not Missing		
<i>ParentValues:</i>	Is Not "Unknown" And Is Not Missing		
<i>Harvest Codes:</i>			
<u>Code:</u>	<u>Value:</u>		
2	No additional etiology		
3	Bicuspid valve disease		
4	Congenital (other than bicuspid)		
5	Degenerative- Calcified		
6	Degenerative- Leaflet prolapse with or without annular dilation		
7	Degenerative- Pure annular dilation without leaflet prolapse		
8	Endocarditis with root abscess		
9	Endocarditis without root abscess		
10	LV Outflow Tract Pathology, HOCM		
11	LV Outflow Tract Pathology, Sub-aortic membrane		
12	LV Outflow Tract Pathology, Sub-aortic Tunnel		
13	LV Outflow Tract Pathology, Other		
14	Primary Aortic Disease, Aortic Dissection		
15	Primary Aortic Disease, Atherosclerotic Aneurysm		
16	Primary Aortic Disease, Ehler-Danlos Syndrome		
17	Primary Aortic Disease,		

	Hypertensive Aneurysm	
18	Primary Aortic Disease, Idiopathic Root Dilation	
19	Primary Aortic Disease, Inflammatory	
20	Primary Aortic Disease, Loeys-Dietz Syndrome	
21	Primary Aortic Disease, Marfan Syndrome	
22	Primary Aortic Disease, Other Connective tissue disorder	
23	Prior Aortic Intervention, Etiology Unknown	
24	Rheumatic	
25	Supravalvular Aortic Stenosis	
26	Trauma	
27	Tumor, Carcinoid	
28	Tumor, Myxoma	
29	Tumor, Papillary Fibroelastoma	
30	Tumor, Other	
31	Other	
<hr/>		
<i>Long Name:</i>	VD-Aortic Valve Disease Etiology 3	<i>SeqNo:</i> 1635
<i>Short Name:</i>	VDAoEt3	<i>Core:</i> No
<i>Section Name:</i>	Hemodynamics/Cath/Echo	<i>Harvest:</i> No
<i>DBTableName</i>	Adultdata2	
<i>Definition:</i>	Indicate additional etiology of aortic valve disease if any, otherwise choose no additional etiology.	
<i>Data Source:</i>	User	<i>Format:</i> Text (categorical values specified by STS)
<i>ParentShortName:</i>	VDAoEt2	
<i>ParentLongName:</i>	VD-Aortic Valve Disease Etiology 2	
<i>ParentHarvestCodes:</i>	<>2 And Is Not Missing	
<i>ParentValues:</i>	Is Not "No additional etiology" And Is Not Missing	
<i>Harvest Codes:</i>		
	<u>Code:</u>	<u>Value:</u>
	2	No additional etiology
	3	Bicuspid valve disease
	4	Congenital (other than bicuspid)
	5	Degenerative- Calcified
	6	Degenerative- Leaflet prolapse with or without annular dilation
	7	Degenerative- Pure annular

- dilation without leaflet prolapse
- 8 Endocarditis with root abscess
- 9 Endocarditis without root abscess
- 10 LV Outflow Tract Pathology, HOCM
- 11 LV Outflow Tract Pathology, Sub-aortic membrane
- 12 LV Outflow Tract Pathology, Sub-aortic Tunnel
- 13 LV Outflow Tract Pathology, Other
- 14 Primary Aortic Disease, Aortic Dissection
- 15 Primary Aortic Disease, Atherosclerotic Aneurysm
- 16 Primary Aortic Disease, Ehler-Danlos Syndrome
- 17 Primary Aortic Disease, Hypertensive Aneurysm
- 18 Primary Aortic Disease, Idiopathic Root Dilation
- 19 Primary Aortic Disease, Inflammatory
- 20 Primary Aortic Disease, Loeys-Dietz Syndrome
- 21 Primary Aortic Disease, Marfan Syndrome
- 22 Primary Aortic Disease, Other Connective tissue disorder
- 23 Prior Aortic Intervention, Etiology Unknown
- 24 Rheumatic
- 25 Supravalvular Aortic Stenosis
- 26 Trauma
- 27 Tumor, Carcinoid
- 28 Tumor, Myxoma
- 29 Tumor, Papillary Fibroelastoma
- 30 Tumor, Other
- 31 Other

<i>Long Name:</i>	VD-Aortic Valve Disease Etiology 4	<i>SeqNo:</i>	1640
<i>Short Name:</i>	VD AoEt4	<i>Core:</i>	No
<i>Section Name:</i>	Hemodynamics/Cath/Echo	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate additional etiology of aortic valve disease if any, otherwise choose no additional etiology.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
<i>ParentShortName:</i>	VD AoEt3		
<i>ParentLongName:</i>	VD-Aortic Valve Disease Etiology 3		
<i>ParentHarvestCodes:</i>	<>2 And Is Not Missing		
<i>ParentValues:</i>	Is Not "No additional etiology" And Is Not Missing		
<i>Harvest Codes:</i>			
<u>Code:</u>	<u>Value:</u>		
2	No additional etiology		
3	Bicuspid valve disease		
4	Congenital (other than bicuspid)		
5	Degenerative- Calcified		
6	Degenerative- Leaflet prolapse with or without annular dilation		
7	Degenerative- Pure annular dilation without leaflet prolapse		
8	Endocarditis with root abscess		
9	Endocarditis without root abscess		
10	LV Outflow Tract Pathology, HOCM		
11	LV Outflow Tract Pathology, Sub-aortic membrane		
12	LV Outflow Tract Pathology, Sub-aortic Tunnel		
13	LV Outflow Tract Pathology, Other		
14	Primary Aortic Disease, Aortic Dissection		
15	Primary Aortic Disease, Atherosclerotic Aneurysm		
16	Primary Aortic Disease, Ehler-Danlos Syndrome		
17	Primary Aortic Disease, Hypertensive Aneurysm		
18	Primary Aortic Disease, Idiopathic Root Dilation		

- 19 Primary Aortic Disease, Inflammatory
- 20 Primary Aortic Disease, Loeys-Dietz Syndrome
- 21 Primary Aortic Disease, Marfan Syndrome
- 22 Primary Aortic Disease, Other Connective tissue disorder
- 23 Prior Aortic Intervention, Etiology Unknown
- 24 Rheumatic
- 25 Supravalvular Aortic Stenosis
- 26 Trauma
- 27 Tumor, Carcinoid
- 28 Tumor, Myxoma
- 29 Tumor, Papillary Fibroelastoma
- 30 Tumor, Other
- 31 Other

Long Name: VD-Aortic Valve Disease Etiology 5

SeqNo: 1645

Short Name: **VD AoEt5**

Core: No

Section Name: Hemodynamics/Cath/Echo

Harvest: No

DBTableName Adultdata2

Definition: Indicate additional etiology of aortic valve disease if any, otherwise choose no additional etiology.

Data Source: User

Format: Text (categorical values specified by STS)

ParentShortName: VDAoEt4

ParentLongName: VD-Aortic Valve Disease Etiology 4

ParentHarvestCodes: <>2 And Is Not Missing

ParentValues: Is Not "No additional etiology" And Is Not Missing

Harvest Codes:

Code: Value:

- 2 No additional etiology
- 3 Bicuspid valve disease
- 4 Congenital (other than bicuspid)
- 5 Degenerative- Calcified
- 6 Degenerative- Leaflet prolapse with or without annular dilation
- 7 Degenerative- Pure annular dilation without leaflet prolapse
- 8 Endocarditis with root abscess

- 9 Endocarditis without root abscess
- 10 LV Outflow Tract Pathology, HOCM
- 11 LV Outflow Tract Pathology, Sub-aortic membrane
- 12 LV Outflow Tract Pathology, Sub-aortic Tunnel
- 13 LV Outflow Tract Pathology, Other
- 14 Primary Aortic Disease, Aortic Dissection
- 15 Primary Aortic Disease, Atherosclerotic Aneurysm
- 16 Primary Aortic Disease, Ehler-Danlos Syndrome
- 17 Primary Aortic Disease, Hypertensive Aneurysm
- 18 Primary Aortic Disease, Idiopathic Root Dilation
- 19 Primary Aortic Disease, Inflammatory
- 20 Primary Aortic Disease, Loeys-Dietz Syndrome
- 21 Primary Aortic Disease, Marfan Syndrome
- 22 Primary Aortic Disease, Other Connective tissue disorder
- 23 Prior Aortic Intervention, Etiology Unknown
- 24 Rheumatic
- 25 Supravalvular Aortic Stenosis
- 26 Trauma
- 27 Tumor, Carcinoid
- 28 Tumor, Myxoma
- 29 Tumor, Papillary Fibroelastoma
- 30 Tumor, Other
- 31 Other

<i>Long Name:</i>	VD-Aortic Valve Disease Primary Etiology	<i>SeqNo:</i>	1646
<i>Short Name:</i>	VDAoPrimEt	<i>Core:</i>	Yes
<i>Section Name:</i>	Hemodynamics/Cath/Echo	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate the primary etiology of aortic valve disease.

Data Source: User

Format: Text (categorical values specified by STS)

ParentShortName: VDAort

ParentLongName: VD-Aortic

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Bicuspid valve disease
- 2 Congenital (other than bicuspid)
- 3 Degenerative- Calcified
- 4 Degenerative- Leaflet prolapse with or without annular dilatation
- 5 Degenerative- Pure annular dilatation without leaflet prolapse
- 6 Degenerative - Commissural Rupture
- 7 Degenerative - Extensive Fenestration
- 8 Degenerative - Leaflet perforation / hole
- 9 Endocarditis with root abscess
- 10 Endocarditis without root abscess
- 11 LV Outflow Tract Pathology, HOCM
- 12 LV Outflow Tract Pathology, Sub-aortic membrane
- 13 LV Outflow Tract Pathology, Sub-aortic Tunnel
- 14 LV Outflow Tract Pathology, Other
- 15 Primary Aortic Disease, Aortic Dissection
- 16 Primary Aortic Disease, Atherosclerotic Aneurysm
- 17 Primary Aortic Disease, Ehler-Danlos Syndrome

-
- 18 Primary Aortic Disease, Hypertensive Aneurysm
 - 19 Primary Aortic Disease, Idiopathic Root dilatation
 - 20 Primary Aortic Disease, Inflammatory
 - 21 Primary Aortic Disease, Loeys-Dietz Syndrome
 - 22 Primary Aortic Disease, Marfan Syndrome
 - 23 Primary Aortic Disease, Other Connective tissue disorder
 - 24 Reoperation - Failure of previous AV repair or replacement
 - 25 Rheumatic
 - 26 Supravalvular Aortic Stenosis
 - 27 Trauma
 - 28 Tumor, Carcinoid
 - 29 Tumor, Myxoma
 - 30 Tumor, Papillary Fibroelastoma
 - 31 Tumor, Other
 - 32 Mixed Etiology
 - 33 Not documented
-

Long Name: VD-Aortic Valve Disease Sievers Class

SeqNo: 1647

Short Name: **VDAoSievers**

Core: Yes

Section Name: Hemodynamics/Cath/Echo

Harvest: Yes

DBTableName Adultdata2

Definition: Indicate the documented Sievers class

Data Source: User

Format: Text (categorical values specified by STS)

ParentShortName: VDAoPrimEt

ParentLongName: VD-Aortic Valve Disease Primary Etiology

ParentHarvestCodes: 1

ParentValues: = "Bicuspid valve disease"

Harvest Codes:

Code: Value:

- 0 No raphe
 - 1 One raphe
 - 2 Two raphe
 - 4 Not documented
-

<i>Long Name:</i>	VD-Insuff-Mitral	<i>SeqNo:</i>	1680
<i>Short Name:</i>	VDInsufM	<i>Core:</i>	Yes
<i>Section Name:</i>	Hemodynamics/Cath/Echo	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether there is evidence of Mitral valve insufficiency/regurgitation. Enter the degree of insufficiency reported closest to incision and no more than 6 months prior to surgery.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 0 None
- 1 Trivial/Trace
- 2 Mild
- 3 Moderate
- 4 Severe
- 5 Not documented

<i>Long Name:</i>	VD-Mitral Valve Eccentric Jet	<i>SeqNo:</i>	1681
<i>Short Name:</i>	VDMVEccJet	<i>Core:</i>	Yes
<i>Section Name:</i>	Hemodynamics/Cath/Echo	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether mitral valve regurgitation is an eccentric jet.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: VDInsufM

ParentLongName: VD-Insuff-Mitral

ParentHarvestCodes: 1|2|3|4|5

ParentValues: = "Trivial/Trace", "Mild", "Moderate", "Severe" or "Not documented"

Harvest Codes:

Code: Value:

- 1 Yes
- 2 No
- 3 Not documented

<i>Long Name:</i>	VD-Mitral	<i>SeqNo:</i>	1685
<i>Short Name:</i>	VDMit	<i>Core:</i>	Yes
<i>Section Name:</i>	Hemodynamics/Cath/Echo	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether Mitral valve disease is present.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
- 2 No

<i>Long Name:</i>	VD-Stenosis-Mitral	<i>SeqNo:</i>	1690
<i>Short Name:</i>	VDStenM	<i>Core:</i>	Yes
<i>Section Name:</i>	Hemodynamics/Cath/Echo	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether Mitral Stenosis is present.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: VDMit

ParentLongName: VD-Mitral

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Yes
- 2 No

Long Name: VD-Mitral Hemodynamic Data Available *SeqNo:* 1695
Short Name: **MiHemoDatAvail** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether mitral valve hemodynamic measurements are available.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: VDStenM
 ParentLongName: VD-Stenosis-Mitral
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: VD-Smallest Mitral Valve Area *SeqNo:* 1700
Short Name: **VDMVA** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the smallest documented Mitral Valve Area.
Data Source: User *Format:* Real
 Low Value: 0.6 High Value: 6.0
 ParentShortName: MiHemoDatAvail
 ParentLongName: VD-Mitral Hemodynamic Data Available
 ParentHarvestCodes: 1
 ParentValues: = "Yes"

Long Name: VD-Mitral Gradient-Highest Mean *SeqNo:* 1705
Short Name: **VDGradM** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the highest documented mean gradient (in mm Hg) across the mitral valve.
Data Source: User *Format:* Integer
 Low Value: 0 High Value: 30
 ParentShortName: MiHemoDatAvail
 ParentLongName: VD-Mitral Hemodynamic Data Available
 ParentHarvestCodes: 1
 ParentValues: = "Yes"

Long Name: VD-Carpentier Mitral Leaflet Motion Classification *SeqNo:* 1715
Short Name: **VDMitFC** *Core:* No
Section Name: Hemodynamics/Cath/Echo *Harvest:* No
DBTableName Adultdata2
Definition: Indicate the Carpentier mitral leaflet motion classification, if documented.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: VDMit
 ParentLongName: VD-Mitral
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes and Value Definitions:

<u>Code:</u>	<u>Value:</u>	<u>Definition:</u>
1	Type I	Normal leaflet motion
2	Type II	Excess Leaflet Motion
3	Type IIIa	Restricted leaflet motion systolic and diastolic
4	Type IIIb	Restricted leaflet motion systolic
5	Not documented	

<i>Long Name:</i>	VD-Mitral Valve Disease Etiology 1	<i>SeqNo:</i>	1720
<i>Short Name:</i>	VDMiEt1	<i>Core:</i>	No
<i>Section Name:</i>	Hemodynamics/Cath/Echo	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate the etiology of the mitral valve disease if known.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
<i>ParentShortName:</i>	VDMit		
<i>ParentLongName:</i>	VD-Mitral		
<i>ParentHarvestCodes:</i>	1		
<i>ParentValues:</i>	= "Yes"		
<i>Harvest Codes:</i>			
<u>Code:</u>	<u>Value:</u>		
1	Unknown		
3	Degenerative		
4	Rheumatic		
5	Ischemic - acute, post infarction		
6	Ischemic - chronic		
7	Non-ischemic Cardiomyopathy		
8	Endocarditis		
9	Hypertrophic Obstructive Cardiomyopathy (HOCM)		
10	Tumor, Carcinoid		
11	Tumor, Myxoma		
12	Tumor, Papillary fibroelastoma		
13	Tumor, Other		
14	Carcinoid		
15	Trauma		
16	Congenital		
17	Prior Mitral Valve Intervention, Etiology Unknown		
18	Other		

<i>Long Name:</i>	VD-Mitral Valve Disease Etiology 2	<i>SeqNo:</i>	1725
<i>Short Name:</i>	VDMiEt2	<i>Core:</i>	No
<i>Section Name:</i>	Hemodynamics/Cath/Echo	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate additional etiology of mitral valve disease if any, otherwise choose no additional etiology.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
ParentShortName:	VDMiEt1		
ParentLongName:	VD-Mitral Valve Disease Etiology 1		
ParentHarvestCodes:	<>1 And Is Not Missing		
ParentValues:	Is Not "Unknown" And Is Not Missing		
Harvest Codes:			
<u>Code:</u>	<u>Value:</u>		
2	No additional etiology		
3	Degenerative		
4	Rheumatic		
5	Ischemic - acute, post infarction		
6	Ischemic - chronic		
7	Non-ischemic Cardiomyopathy		
8	Endocarditis		
9	Hypertrophic Obstructive Cardiomyopathy (HOCM)		
10	Tumor, Carcinoid		
11	Tumor, Myxoma		
12	Tumor, Papillary fibroelastoma		
13	Tumor, Other		
14	Carcinoid		
15	Trauma		
16	Congenital		
17	Prior Mitral Valve Intervention, Etiology Unknown		
18	Other		

<i>Long Name:</i>	VD-Mitral Valve Disease Etiology 3	<i>SeqNo:</i>	1730
<i>Short Name:</i>	VDMiEt3	<i>Core:</i>	No
<i>Section Name:</i>	Hemodynamics/Cath/Echo	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate additional etiology of mitral valve disease if any, otherwise choose no additional etiology.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
<i>ParentShortName:</i>	VDMiEt2		
<i>ParentLongName:</i>	VD-Mitral Valve Disease Etiology 2		
<i>ParentHarvestCodes:</i>	<>2 And Is Not Missing		
<i>ParentValues:</i>	Is Not "No additional etiology" And Is Not Missing		
<i>Harvest Codes:</i>			
<u>Code:</u>	<u>Value:</u>		
2	No additional etiology		
3	Degenerative		
4	Rheumatic		
5	Ischemic - acute, post infarction		
6	Ischemic - chronic		
7	Non-ischemic Cardiomyopathy		
8	Endocarditis		
9	Hypertrophic Obstructive Cardiomyopathy (HOCM)		
10	Tumor, Carcinoid		
11	Tumor, Myxoma		
12	Tumor, Papillary fibroelastoma		
13	Tumor, Other		
14	Carcinoid		
15	Trauma		
16	Congenital		
17	Prior Mitral Valve Intervention, Etiology Unknown		
18	Other		

<i>Long Name:</i>	VD-Mitral Valve Disease Primary Etiology	<i>SeqNo:</i>	1731
<i>Short Name:</i>	VDMiPrimEt	<i>Core:</i>	Yes
<i>Section Name:</i>	Hemodynamics/Cath/Echo	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate the primary etiology of Mitral valve disease.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: VDMit

ParentLongName: VD-Mitral

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Myxomatous degeneration / prolapse
- 2 Rheumatic
- 3 Ischemic - acute, post infarction (MI <= 21 days)
- 4 Ischemic - chronic (MI > 21 days)
- 5 Non-ischemic Cardiomyopathy
- 6 Endocarditis
- 7 Hypertrophic Obstructive Cardiomyopathy (HOCM)
- 8 Tumor, Carcinoid
- 9 Tumor, Myxoma
- 10 Tumor, Papillary fibroelastoma
- 11 Tumor, Other
- 12 Carcinoid
- 13 Trauma
- 14 Congenital
- 15 Pure annular dilatation
- 16 Reoperation - Failure of previous MV repair or replacement
- 17 Mixed Etiology
- 18 Not documented

<i>Long Name:</i>	VD-Mitral Valve Lesion 1	<i>SeqNo:</i>	1735
<i>Short Name:</i>	VDMiLes1	<i>Core:</i>	No
<i>Section Name:</i>	Hemodynamics/Cath/Echo	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate the first mitral valve lesion type or choose unknown.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
ParentShortName:	VDMit		
ParentLongName:	VD-Mitral		
ParentHarvestCodes:	1		
ParentValues:	= "Yes"		
Harvest Codes:			
<u>Code:</u>	<u>Value:</u>		
1	Unknown		
3	Leaflet prolapse, posterior		
4	Leaflet prolapse, bileaflet		
5	Leaflet prolapse, anterior		
17	Leaflet perforation / hole		
6	Elongated/ruptured chord(s)		
7	Annular dilatation		
8	Leaflet calcification		
9	Mitral annular calcification		
10	Papillary muscle elongation		
11	Papillary muscle rupture		
19	Leaflet retraction		
18	Leaflet thickening		
13	Chordal tethering		
14	Chordal thickening/retraction/fusion		
15	Commissural fusion		
16	Other		

<i>Long Name:</i>	VD-Mitral Valve Lesion 2	<i>SeqNo:</i>	1740
<i>Short Name:</i>	VDMiLes2	<i>Core:</i>	No
<i>Section Name:</i>	Hemodynamics/Cath/Echo	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate the second mitral valve lesion if there is one, or choose no additional lesions.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
<i>ParentShortName:</i>	VDMiLes1		
<i>ParentLongName:</i>	VD-Mitral Valve Lesion 1		
<i>ParentHarvestCodes:</i>	<>1 And Is Not Missing		
<i>ParentValues:</i>	Is Not "Unknown" And Is Not Missing		
<i>Harvest Codes:</i>			
<u>Code:</u>	<u>Value:</u>		
2	No additional lesions		
3	Leaflet prolapse, posterior		
4	Leaflet prolapse, bileaflet		
5	Leaflet prolapse, anterior		
17	Leaflet perforation / hole		
6	Elongated/ruptured chord(s)		
7	Annular dilatation		
8	Leaflet calcification		
9	Mitral annular calcification		
10	Papillary muscle elongation		
11	Papillary muscle rupture		
19	Leaflet retraction		
18	Leaflet thickening		
13	Chordal tethering		
14	Chordal thickening/retraction/fusion		
15	Commissural fusion		
16	Other		

<i>Long Name:</i>	VD-Mitral Valve Lesion 3	<i>SeqNo:</i>	1745
<i>Short Name:</i>	VDMiLes3	<i>Core:</i>	No
<i>Section Name:</i>	Hemodynamics/Cath/Echo	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate the third mitral valve lesion if there is one, or choose no additional lesions.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
<i>ParentShortName:</i>	VDMiLes2		
<i>ParentLongName:</i>	VD-Mitral Valve Lesion 2		
<i>ParentHarvestCodes:</i>	◇2 And Is Not Missing		
<i>ParentValues:</i>	Is Not "No additional lesions" And Is Not Missing		
<i>Harvest Codes:</i>			
<u>Code:</u>	<u>Value:</u>		
2	No additional lesions		
3	Leaflet prolapse, posterior		
4	Leaflet prolapse, bileaflet		
5	Leaflet prolapse, anterior		
17	Leaflet perforation / hole		
6	Elongated/ruptured chord(s)		
7	Annular dilatation		
8	Leaflet calcification		
9	Mitral annular calcification		
10	Papillary muscle elongation		
11	Papillary muscle rupture		
19	Leaflet retraction		
18	Leaflet thickening		
13	Chordal tethering		
14	Chordal thickening/retraction/fusion		
15	Commissural fusion		
16	Other		

<i>Long Name:</i>	VD-Mitral Valve Primary Lesion	<i>SeqNo:</i>	1746
<i>Short Name:</i>	VDMiPrimLes	<i>Core:</i>	Yes
<i>Section Name:</i>	Hemodynamics/Cath/Echo	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate the primary mitral valve lesion.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: VDMit

ParentLongName: VD-Mitral

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Leaflet prolapse, posterior
 - 2 Leaflet prolapse, bileaflet
 - 3 Leaflet prolapse, anterior
 - 4 Leaflet prolapse, unspecified
 - 5 Elongated/ruptured chord(s) /
Flail
 - 6 Annular dilatation
 - 7 Leaflet calcification
 - 8 Leaflet perforation / hole
 - 9 Mitral annular calcification
 - 10 Papillary muscle elongation
 - 11 Papillary muscle rupture
 - 12 Leaflet thickening
 - 13 Leaflet retraction
 - 14 Chordal tethering
 - 15 Chordal
thickening/retraction/fusion
 - 16 Commissural fusion
 - 17 Mixed lesion
 - 18 Not documented
-

<i>Long Name:</i>	VD-Insuff-Tricuspid	<i>SeqNo:</i>	1775
<i>Short Name:</i>	VDInsufT	<i>Core:</i>	Yes
<i>Section Name:</i>	Hemodynamics/Cath/Echo	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether there is evidence of Tricuspid valve insufficiency/regurgitation. Enter the degree of insufficiency reported closest to incision and no more than 6 months prior to surgery.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 0 None
- 1 Trivial/Trace
- 2 Mild
- 3 Moderate
- 4 Severe
- 5 Not documented

<i>Long Name:</i>	VD-Tricuspid Annular Measurement Available	<i>SeqNo:</i>	1777
<i>Short Name:</i>	VDTrAnnMeas	<i>Core:</i>	Yes
<i>Section Name:</i>	Hemodynamics/Cath/Echo	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether a tricuspid annular diameter measurement is available.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
- 2 No

Long Name: VD-Tricuspid Annulus Size (Diameter) *SeqNo:* 1778
Short Name: **VDTrAnnSize** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate tricuspid annular diameter in cm.
Data Source: User *Format:* Real
 Low Value: 1.5 High Value: 10.0
 ParentShortName: VDTrAnnMeas
 ParentLongName: VD-Tricuspid Annular Measurement Available
 ParentHarvestCodes: 1
 ParentValues: = "Yes"

Long Name: VD-Tricuspid *SeqNo:* 1780
Short Name: **VDTr** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether Tricuspid Valve disease is present.
Data Source: User *Format:* Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: VD-Stenosis-Tricuspid *SeqNo:* 1785
Short Name: **VDStenT** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether Tricuspid Stenosis is present.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VDTr

ParentLongName: VD-Tricuspid

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

<i>Long Name:</i>	VD-Tricuspid Valve Disease Etiology 1	<i>SeqNo:</i>	1800
<i>Short Name:</i>	VDTrEt1	<i>Core:</i>	No
<i>Section Name:</i>	Hemodynamics/Cath/Echo	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate the etiology of the tricuspid valve disease if known.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
<i>ParentShortName:</i>	VDTr		
<i>ParentLongName:</i>	VD-Tricuspid		
<i>ParentHarvestCodes:</i>	1		
<i>ParentValues:</i>	= "Yes"		
<i>Harvest Codes:</i>			
<u>Code:</u>	<u>Value:</u>		
1	Unknown		
3	Functional		
4	Endocarditis		
5	Carcinoid		
6	Congenital		
7	Degenerative		
8	Pacing wire/catheter induced dysfunction		
9	Rheumatic		
10	Tumor		
11	Trauma		
12	Prior Tricuspid Valve Intervention, Etiology Unknown		
13	Other		

<i>Long Name:</i>	VD-Tricuspid Valve Disease Etiology 2	<i>SeqNo:</i>	1805
<i>Short Name:</i>	VDTrEt2	<i>Core:</i>	No
<i>Section Name:</i>	Hemodynamics/Cath/Echo	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate additional etiology of tricuspid valve disease if any, otherwise choose no additional etiology.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
<i>ParentShortName:</i>	VDTrEt1		
<i>ParentLongName:</i>	VD-Tricuspid Valve Disease Etiology 1		
<i>ParentHarvestCodes:</i>	<>1 And Is Not Missing		
<i>ParentValues:</i>	Is Not "Unknown" And Is Not Missing		
<i>Harvest Codes:</i>			
<u>Code:</u>	<u>Value:</u>		
2	No additional etiology		
3	Functional		
4	Endocarditis		
5	Carcinoid		
6	Congenital		
7	Degenerative		
8	Pacing wire/catheter induced dysfunction		
9	Rheumatic		
10	Tumor		
11	Trauma		
12	Prior Tricuspid Valve Intervention, Etiology Unknown		
13	Other		

<i>Long Name:</i>	VD-Tricuspid Valve Disease Etiology 3	<i>SeqNo:</i>	1810
<i>Short Name:</i>	VDTrEt3	<i>Core:</i>	No
<i>Section Name:</i>	Hemodynamics/Cath/Echo	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate additional etiology of tricuspid valve disease if any, otherwise choose no additional etiology.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
<i>ParentShortName:</i>	VDTrEt2		
<i>ParentLongName:</i>	VD-Tricuspid Valve Disease Etiology 2		
<i>ParentHarvestCodes:</i>	◇2 And Is Not Missing		
<i>ParentValues:</i>	Is Not "No additional etiology" And Is Not Missing		
<i>Harvest Codes:</i>			
	<u>Code:</u>	<u>Value:</u>	
	2	No additional etiology	
	3	Functional	
	4	Endocarditis	
	5	Carcinoid	
	6	Congenital	
	7	Degenerative	
	8	Pacing wire/catheter induced dysfunction	
	9	Rheumatic	
	10	Tumor	
	11	Trauma	
	12	Prior Tricuspid Valve Intervention, Etiology Unknown	
	13	Other	

<i>Long Name:</i>	VD-Tricuspid Valve Disease Primary Etiology	<i>SeqNo:</i>	1811
<i>Short Name:</i>	VDTrPrimEt	<i>Core:</i>	Yes
<i>Section Name:</i>	Hemodynamics/Cath/Echo	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate the primary etiology of tricuspid valve disease.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
<i>ParentShortName:</i>	VDTr		
<i>ParentLongName:</i>	VD-Tricuspid		
<i>ParentHarvestCodes:</i>	1		
<i>ParentValues:</i>	= "Yes"		
<i>Harvest Codes:</i>			
	<u>Code:</u>	<u>Value:</u>	

-
- 1 Functional / secondary
 - 2 Endocarditis
 - 3 Carcinoid
 - 4 Congenital
 - 5 Degenerative
 - 6 Pacing wire/catheter induced dysfunction
 - 7 Rheumatic
 - 8 Tumor
 - 9 Trauma
 - 10 Reoperation - Failure of previous TV repair or replacement
 - 11 Mixed Etiology
 - 12 Not Documented
-

Long Name: VD-Insuff-Pulmonic *SeqNo:* 1820
Short Name: **VDInsuff** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether there is evidence of Pulmonic valve insufficiency/regurgitation. Enter the degree of insufficiency reported closest to incision and no more than 6 months prior to surgery.
Data Source: User *Format:* Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 0 None
 - 1 Trivial/Trace
 - 2 Mild
 - 3 Moderate
 - 4 Severe
 - 5 Not documented
-

Long Name: VD-Pulmonic *SeqNo:* 1825
Short Name: **VDPulm** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether Pulmonic Valve disease is present.
Data Source: User *Format:* Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes

 2 No

Long Name: VD-Pulmonic-RVEDD Known *SeqNo:* 1830
Short Name: **RVEDDKnown** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether the Right Ventricular End-Diastolic Dimension (RVEDD) is available.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VDPulm

ParentLongName: VD-Pulmonic

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: VD-Pulmonic-RVEDD Indexed To BSA *SeqNo:* 1835
Short Name: **RVEDD** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate (in cm squared) the RVEDD indexed to BSA.
Data Source: User *Format:* Real
 Low Value: 0.5 High Value: 5.0
ParentShortName: RVEDDKnown
ParentLongName: VD-Pulmonic-RVEDD Known
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: VD-Stenosis-Pulmonic *SeqNo:* 1840
Short Name: **VDStenP** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether Pulmonic Stenosis is present.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VDPulm
ParentLongName: VD-Pulmonic
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: VD-Pulmonic Hemodynamic Data Available *SeqNo:* 1845
Short Name: **PuHemoDatAvail** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether pulmonary valve gradient is available.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VDStenP
ParentLongName: VD-Stenosis-Pulmonic
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: VD-Pulmonic Gradient-Highest Mean *SeqNo:* 1850
Short Name: **VDGradP** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate highest mean PV gradient documented prior to incision.
Data Source: User *Format:* Integer
 Low Value: 0 High Value: 200
 ParentShortName: PuHemoDatAvail
 ParentLongName: VD-Pulmonic Hemodynamic Data Available
 ParentHarvestCodes: 1
 ParentValues: = "Yes"

Long Name: VD-Pulmonic Valve Disease Etiology *SeqNo:* 1855
Short Name: **VDPuEt** *Core:* Yes
Section Name: Hemodynamics/Cath/Echo *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the etiology of pulmonary valve disease if known.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: VDPulm
 ParentLongName: VD-Pulmonic
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:

Code: Value:

- 1 Acquired
 - 2 Congenital, s/p Tetralogy of Fallot (TOF) repair
 - 3 Congenital, no prior Tetralogy of Fallot (TOF) repair
 - 7 Reoperation - Failure of previous PV repair or replacement
 - 8 Mixed Etiology
 - 9 Not Documented
-

<i>Long Name:</i>	Disease Of The Aorta	<i>SeqNo:</i>	1860
<i>Short Name:</i>	AortaDisease	<i>Core:</i>	No
<i>Section Name:</i>	Hemodynamics/Cath/Echo	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether there is a documented disease or lesion of the aorta above the diaphragm.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
- 2 No

<i>Long Name:</i>	Disease Of The Aorta - Presentation	<i>SeqNo:</i>	1865
<i>Short Name:</i>	ADPres	<i>Core:</i>	No
<i>Section Name:</i>	Hemodynamics/Cath/Echo	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate the patient's aortic disease presentation.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: AortaDisease

ParentLongName: Disease Of The Aorta

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Asymptomatic
- 2 Symptomatic, hemodynamics stable
- 3 Symptomatic, hemodynamics unstable

Long Name: Disease Of The Aorta - Location - Root *SeqNo:* 1870
Short Name: **ADLocRoot** *Core:* No
Section Name: Hemodynamics/Cath/Echo *Harvest:* No
DBTableName Adultdata2
Definition: Indicate whether the aortic disease/lesion is present in the aortic root.
Data Source: User *Format:* Text (categorical values specified by STS)
ParentShortName: AortaDisease
ParentLongName: Disease Of The Aorta
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Disease Of The Aorta - Location - Ascending *SeqNo:* 1875
Short Name: **ADLocAsc** *Core:* No
Section Name: Hemodynamics/Cath/Echo *Harvest:* No
DBTableName Adultdata2
Definition: Indicate whether the aortic disease/lesion is present in the ascending aorta.
Data Source: User *Format:* Text (categorical values specified by STS)
ParentShortName: AortaDisease
ParentLongName: Disease Of The Aorta
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

<i>Long Name:</i>	Disease Of The Aorta - Location - Arch	<i>SeqNo:</i>	1880
<i>Short Name:</i>	ADLocArch	<i>Core:</i>	No
<i>Section Name:</i>	Hemodynamics/Cath/Echo	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether the aortic disease/lesion is present in the aortic arch.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
ParentShortName:	AortaDisease		
ParentLongName:	Disease Of The Aorta		
ParentHarvestCodes:	1		
ParentValues:	= "Yes"		
Harvest Codes:			
	<u>Code:</u>	<u>Value:</u>	
	1	Yes	
	2	No	

<i>Long Name:</i>	Disease Of The Aorta - Location - Descending Thoracic	<i>SeqNo:</i>	1885
<i>Short Name:</i>	ADLocDesThor	<i>Core:</i>	No
<i>Section Name:</i>	Hemodynamics/Cath/Echo	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether the aortic disease/lesion is present in the descending aorta.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
ParentShortName:	AortaDisease		
ParentLongName:	Disease Of The Aorta		
ParentHarvestCodes:	1		
ParentValues:	= "Yes"		
Harvest Codes:			
	<u>Code:</u>	<u>Value:</u>	
	1	Yes	
	2	No	

Long Name: Disease Of The Aorta - Location - Thoracoabdominal *SeqNo:* 1890
Short Name: **ADLocThora** *Core:* No
Section Name: Hemodynamics/Cath/Echo *Harvest:* No
DBTableName Adultdata2
Definition: Indicate whether the aortic disease/lesion is present in the thoracoabdominal aorta.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: AortaDisease
 ParentLongName: Disease Of The Aorta
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: Disease Of The Aorta - Lesion Type - Aneurysm *SeqNo:* 1895
Short Name: **ADLesTAneur** *Core:* No
Section Name: Hemodynamics/Cath/Echo *Harvest:* No
DBTableName Adultdata2
Definition: Indicate whether the aortic lesion is an aneurysm.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: AortaDisease
 ParentLongName: Disease Of The Aorta
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

<i>Long Name:</i>	Disease Of The Aorta - Lesion Type - Coarctation/Narrowing	<i>SeqNo:</i>	1900
<i>Short Name:</i>	ADLesTCoarcNar	<i>Core:</i>	No
<i>Section Name:</i>	Hemodynamics/Cath/Echo	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether the aortic lesion is a coarctation or narrowing.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
ParentShortName:	AortaDisease		
ParentLongName:	Disease Of The Aorta		
ParentHarvestCodes:	1		
ParentValues:	= "Yes"		
Harvest Codes:			
	<u>Code:</u>	<u>Value:</u>	
	1	Yes	
	2	No	

<i>Long Name:</i>	Disease Of The Aorta - Lesion Type - Rupture	<i>SeqNo:</i>	1905
<i>Short Name:</i>	ADLesTRup	<i>Core:</i>	No
<i>Section Name:</i>	Hemodynamics/Cath/Echo	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether the aortic lesion is an aortic rupture.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
ParentShortName:	AortaDisease		
ParentLongName:	Disease Of The Aorta		
ParentHarvestCodes:	1		
ParentValues:	= "Yes"		
Harvest Codes:			
	<u>Code:</u>	<u>Value:</u>	
	1	Yes	
	2	No	

Long Name: Disease Of The Aorta - Lesion Type - Pseudoaneurysm *SeqNo:* 1910
Short Name: **ADLesTPseudo** *Core:* No
Section Name: Hemodynamics/Cath/Echo *Harvest:* No
DBTableName Adultdata2
Definition: Indicate whether the aortic lesion is a pseudoaneurysm.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: AortaDisease
 ParentLongName: Disease Of The Aorta
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: Disease Of The Aorta - Lesion Type - Penetrating Ulcer *SeqNo:* 1915
Short Name: **ADLesTPenUlcer** *Core:* No
Section Name: Hemodynamics/Cath/Echo *Harvest:* No
DBTableName Adultdata2
Definition: Indicate whether the aortic lesion is a penetrating ulcer.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: AortaDisease
 ParentLongName: Disease Of The Aorta
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

<i>Long Name:</i>	Disease Of The Aorta - Lesion Type - Intramural Hematoma	<i>SeqNo:</i>	1920
<i>Short Name:</i>	ADLesTIntraHema	<i>Core:</i>	No
<i>Section Name:</i>	Hemodynamics/Cath/Echo	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether the aortic lesion is an intramural hematoma.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
ParentShortName:	AortaDisease		
ParentLongName:	Disease Of The Aorta		
ParentHarvestCodes:	1		
ParentValues:	= "Yes"		
Harvest Codes:			
	<u>Code:</u>	<u>Value:</u>	
	1	Yes	
	2	No	

<i>Long Name:</i>	Disease Of The Aorta - Lesion Type - Dissection	<i>SeqNo:</i>	1925
<i>Short Name:</i>	ADLesTDis	<i>Core:</i>	No
<i>Section Name:</i>	Hemodynamics/Cath/Echo	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether the aortic lesion is a dissection.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
ParentShortName:	AortaDisease		
ParentLongName:	Disease Of The Aorta		
ParentHarvestCodes:	1		
ParentValues:	= "Yes"		
Harvest Codes:			
	<u>Code:</u>	<u>Value:</u>	
	1	Yes	
	2	No	

<i>Long Name:</i>	Disease Of The Aorta - Lesion Type - Dissection Timing	<i>SeqNo:</i>	1930
<i>Short Name:</i>	ADLesTDisTmg	<i>Core:</i>	No
<i>Section Name:</i>	Hemodynamics/Cath/Echo	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate dissection timing.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
<i>ParentShortName:</i>	ADLesTDis		
<i>ParentLongName:</i>	Disease Of The Aorta - Lesion Type - Dissection		
<i>ParentHarvestCodes:</i>	1		
<i>ParentValues:</i>	= "Yes"		
<i>Harvest Codes:</i>			
<u>Code:</u>	<u>Value:</u>		
1	Acute		
2	Chronic		
3	Acute on chronic		
4	Not documented		

<i>Long Name:</i>	Disease Of The Aorta - Lesion Type - Dissection Type	<i>SeqNo:</i>	1935
<i>Short Name:</i>	ADLesTDisTy	<i>Core:</i>	No
<i>Section Name:</i>	Hemodynamics/Cath/Echo	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate the type of aortic dissection.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
<i>ParentShortName:</i>	ADLesTDis		
<i>ParentLongName:</i>	Disease Of The Aorta - Lesion Type - Dissection		
<i>ParentHarvestCodes:</i>	1		
<i>ParentValues:</i>	= "Yes"		
<i>Harvest Codes:</i>			
<u>Code:</u>	<u>Value:</u>		
1	Stanford Type A		
2	Stanford Type B		

<i>Long Name:</i>	Aorta Etiology 1	<i>SeqNo:</i>	1940
<i>Short Name:</i>	ADEt1	<i>Core:</i>	No
<i>Section Name:</i>	Hemodynamics/Cath/Echo	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate the etiology of aortic disease/lesion if known.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
<i>ParentShortName:</i>	AortaDisease		
<i>ParentLongName:</i>	Disease Of The Aorta		
<i>ParentHarvestCodes:</i>	1		
<i>ParentValues:</i>	= "Yes"		
<i>Harvest Codes:</i>			
<u>Code:</u>	<u>Value:</u>		
1	Unknown		
3	Aberrant Subclavian artery		
4	Atherosclerosis		
5	Bicuspid aortic valve syndrome		
6	Ehler-Danlos syndrome		
7	Endocarditis		
8	Hypertensive aneurysm		
9	Inflammatory		
10	Loeys-Dietz Syndrome		
11	Marfan Syndrome		
12	Trauma		
13	Other Congenital Disorder		
14	Other Connective Tissue Disorder		
15	Other		

<i>Long Name:</i>	Aorta Etiology 2	<i>SeqNo:</i>	1945
<i>Short Name:</i>	ADEt2	<i>Core:</i>	No
<i>Section Name:</i>	Hemodynamics/Cath/Echo	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate additional etiology of aortic disease/lesion if any, otherwise choose no additional etiology.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
ParentShortName:	ADEt1		
ParentLongName:	Aorta Etiology 1		
ParentHarvestCodes:	<>1 And Is Not Missing		
ParentValues:	Is Not "Unknown" And Is Not Missing		
Harvest Codes:			
<u>Code:</u>	<u>Value:</u>		
2	No additional etiologies		
3	Aberrant Subclavian artery		
4	Atherosclerosis		
5	Bicuspid aortic valve syndrome		
6	Ehler-Danlos syndrome		
7	Endocarditis		
8	Hypertensive aneurysm		
9	Inflammatory		
10	Loeys-Dietz Syndrome		
11	Marfan Syndrome		
12	Trauma		
13	Other Congenital Disorder		
14	Other Connective Tissue Disorder		
15	Other		

<i>Long Name:</i>	Aorta Etiology 3	<i>SeqNo:</i>	1950
<i>Short Name:</i>	ADEt3	<i>Core:</i>	No
<i>Section Name:</i>	Hemodynamics/Cath/Echo	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate additional etiology of aortic disease/lesion if any, otherwise choose no additional etiology.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
<i>ParentShortName:</i>	ADet2		
<i>ParentLongName:</i>	Aorta Etiology 2		
<i>ParentHarvestCodes:</i>	<2 And Is Not Missing		
<i>ParentValues:</i>	Is Not "No additional etiologies" And Is Not Missing		
<i>Harvest Codes:</i>			
	<u>Code:</u>	<u>Value:</u>	
	2	No additional etiologies	
	3	Aberrant Subclavian artery	
	4	Atherosclerosis	
	5	Bicuspid aortic valve syndrome	
	6	Ehler-Danlos syndrome	
	7	Endocarditis	
	8	Hypertensive aneurysm	
	9	Inflammatory	
	10	Loeys-Dietz Syndrome	
	11	Marfan Syndrome	
	12	Trauma	
	13	Other Congenital Disorder	
	14	Other Connective Tissue Disorder	
	15	Other	

<i>Long Name:</i>	Surgeon	<i>SeqNo:</i>	1955
<i>Short Name:</i>	Surgeon	<i>Core:</i>	Yes
<i>Section Name:</i>	Operative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the name of the surgeon responsible for the patient's care.		
	This field must have controlled data entry where a user selects the surgeon name from a user list. This will remove variation in spelling, abbreviations and punctuation within the field.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by User)

<i>Long Name:</i>	Surgeon's National Provider Identifier	<i>SeqNo:</i>	1960
<i>Short Name:</i>	SurgNPI	<i>Core:</i>	Yes
<i>Section Name:</i>	Operative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the individual-level National Provider Identifier of the surgeon performing the procedure.		
<i>Data Source:</i>	Lookup	<i>Format:</i>	Text (categorical values specified by User)

<i>Long Name:</i>	Taxpayer Identification Number	<i>SeqNo:</i>	1965
<i>Short Name:</i>	TIN	<i>Core:</i>	Yes
<i>Section Name:</i>	Operative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the Taxpayer Identification Number for the Taxpayer holder of record for the Surgeon's National Provider Identifier that performed the procedure. This may be an individual TIN or a group TIN depending on billing. This information is vital for PQRS reporting. This field will be blank for Non-US participants		
<i>Data Source:</i>	Lookup	<i>Format:</i>	Text (categorical values specified by User)

<i>Long Name:</i>	STS Risk Calculator Score Discussed	<i>SeqNo:</i>	1966
<i>Short Name:</i>	RiskDiscussed	<i>Core:</i>	Yes
<i>Section Name:</i>	Operative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether the STS Risk Calculator score was discussed with the patient/family prior to surgery.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes, STS risk calculator score was calculated and discussed with the patient/family prior to surgery as documented in the medical record
- 2 No, STS risk calculator score was available for the scheduled procedure but not discussed with the patient/family prior to surgery or discussion was not

	documented.		
3	NA, not applicable (emergent or salvage case, or no risk model available for this procedure)		
<i>Long Name:</i>	Incidence	<i>SeqNo:</i>	1970
<i>Short Name:</i>	Incidenc	<i>Core:</i>	Yes
<i>Section Name:</i>	Operative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	<p>Indicate if this is the patient's:</p> <ul style="list-style-type: none"> -first surgery -first re-op surgery -second re-op surgery -third re-op surgery -fourth or more re-op surgery. <p>Surgery is defined as cardiothoracic operations (heart or great vessels) surgical procedures performed with or without cardiopulmonary bypass (CPB). Also include lung procedures utilizing CPB or tracheal procedures utilizing CPB. Reoperation increases risk due to the presence of scar tissue and adhesions.</p>		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- | | |
|---|---|
| 1 | First cardiovascular surgery |
| 2 | First re-op cardiovascular surgery |
| 3 | Second re-op cardiovascular surgery |
| 4 | Third re-op cardiovascular surgery |
| 5 | Fourth or more re-op cardiovascular surgery |
| 6 | NA - Not a cardiovascular surgery |

<i>Long Name:</i>	Status	<i>SeqNo:</i>	1975
<i>Short Name:</i>	Status	<i>Core:</i>	Yes
<i>Section Name:</i>	Operative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the clinical status of the patient prior to entering the operating room.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes and Value Definitions:

Code: Value:

1 Elective

2 Urgent

3 Emergent

4 Emergent Salvage

Definition:

The patient's cardiac function has been stable in the days or weeks prior to the operation. The procedure could be deferred without increased risk of compromised cardiac outcome.

Procedure required during same hospitalization in order to minimize chance of further clinical deterioration. Examples include but are not limited to: Worsening, sudden chest pain, CHF, acute myocardial infarction (AMI), anatomy, IABP, unstable angina (USA) with intravenous (IV) nitroglycerin (NTG) or rest angina.

Patients requiring emergency operations will have ongoing, refractory (difficult, complicated, and/or unmanageable) unrelenting cardiac compromise, with or without hemodynamic instability, and not responsive to any form of therapy except cardiac surgery. An emergency operation is one in which there should be no delay in providing operative intervention.

The patient is undergoing CPR en route to the OR or prior to anesthesia induction or has ongoing ECMO to maintain life.

<i>Long Name:</i>	Urgent Or Emergent Reason	<i>SeqNo:</i>	1990
<i>Short Name:</i>	UrgEmergRsn	<i>Core:</i>	Yes
<i>Section Name:</i>	Operative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Choose one reason from the list below that best describes why this operation was considered urgent or emergent.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: Status

ParentLongName: Status

ParentHarvestCodes: 2|3

ParentValues: = "Urgent" or "Emergent"

Harvest Codes:

Code: Value:

1 AMI

2 Anatomy

3 Aortic Aneurysm

-
- 4 Aortic Dissection
 - 5 CHF
 - 6 Device Failure
 - 7 Diagnostic/Interventional
Procedure Complication
 - 8 Endocarditis
 - 28 Failed Transcatheter Valve
Therapy - Acute, annular
disruption
 - 29 Failed Transcatheter Valve
Therapy - Acute, device
malposition
 - 30 Failed Transcatheter Valve
Therapy - Subacute, device
dysfunction
 - 10 IABP
 - 11 Infected Device
 - 12 Intracardiac mass or thrombus
 - 13 Ongoing Ischemia
 - 14 PCI Incomplete without
clinical deterioration
 - 15 PCI or attempted PCI with
Clinical Deterioration
 - 16 Pulmonary Edema
 - 17 Pulmonary Embolus
 - 18 Rest Angina
 - 19 Shock Circulatory Support
 - 20 Shock No Circulatory Support
 - 21 Syncope
 - 22 Transplant
 - 23 Trauma
 - 24 USA
 - 25 Valve Dysfunction
 - 26 Worsening CP
 - 27 Other
-

<i>Long Name:</i>	Previously Attempted Case Canceled	<i>SeqNo:</i>	1995
<i>Short Name:</i>	PCancCase	<i>Core:</i>	Yes
<i>Section Name:</i>	Operative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether this case was previously attempted during this admission and canceled or aborted after patient entered the operating room.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

-
- 1 Yes
 - 2 No
-

Long Name: Previously Attempted Canceled Case Date *SeqNo:* 2000
Short Name: **PCancCaseDt** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Enter date previously attempted case was canceled.
Data Source: User *Format:* Date mm/dd/yyyy
 ParentShortName: PCancCase
 ParentLongName: Previously Attempted Case Canceled
 ParentHarvestCodes: 1
 ParentValues: = "Yes"

Long Name: Previously Attempted Canceled Case Timing *SeqNo:* 2005
Short Name: **PCancCaseTmg** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate at what point previously attempted case was canceled or aborted.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: PCancCase
 ParentLongName: Previously Attempted Case Canceled
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:

Code: Value:

- 1 Prior to Induction of Anesthesia
 - 2 After Induction, Prior to Incision
 - 3 After Incision Made
-

Long Name: Previously Attempted Canceled Case Reason *SeqNo:* 2010
Short Name: **PCancCaseRsn** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the reason why the previously attempted case was canceled or aborted.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: PCancCase

ParentLongName: Previously Attempted Case Canceled

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes and Value Definitions:

<u>Code:</u>	<u>Value:</u>	<u>Definition:</u>
1	Anesthesiology event	Includes airway, line insertion and medication issues encountered during induction
2	Cardiac arrest	Patient deterioration unrelated to induction
3	Equipment/supply issue	Device malfunction or supply issue including devices and blood products
6	Access issue	
4	Unanticipated tumor	
7	Donor organ unacceptable	
8	Abnormal labs	
5	Other	

Long Name: Previously Attempted Canceled Case Procedure - CABG *SeqNo:* 2015
Short Name: **PCancCaseCAB** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the plan for the previously attempted procedure included coronary artery bypass grafting.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: PCancCase

ParentLongName: Previously Attempted Case Canceled

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Previously Attempted Canceled Case Procedure - Mechanical Assist Device *SeqNo:* 2020
Short Name: **PCancCaseMech** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the plan for the previously attempted procedure included implanting or explanting a mechanical assist device.
Data Source: User *Format:* Text (categorical values specified by STS)
ParentShortName: PCancCase
ParentLongName: Previously Attempted Case Canceled
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Previously Attempted Canceled Case Procedure - Other Non-Cardiac *SeqNo:* 2025
Short Name: **PCancCaseONC** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the plan for the previously attempted procedure included any other non-cardiac procedure.
Data Source: User *Format:* Text (categorical values specified by STS)
ParentShortName: PCancCase
ParentLongName: Previously Attempted Case Canceled
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Previously Attempted Canceled Case Procedure - Valve, Surgical *SeqNo:* 2030
Short Name: **PCancCaseValSur** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the plan for the previously attempted procedure included a surgical valve procedure.
Data Source: User *Format:* Text (categorical values specified by STS)
ParentShortName: PCancCase
ParentLongName: Previously Attempted Case Canceled
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:
Code: Value:
1 Yes
2 No

Long Name: Previously Attempted Canceled Case Procedure - Valve, Transcatheter *SeqNo:* 2035
Short Name: **PCancCaseValTrans** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the plan for the previously attempted procedure included a transcatheter valve procedure.
Data Source: User *Format:* Text (categorical values specified by STS)
ParentShortName: PCancCase
ParentLongName: Previously Attempted Case Canceled
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:
Code: Value:
1 Yes
2 No

<i>Long Name:</i>	Previously Attempted Canceled Case Procedure - Other Cardiac	<i>SeqNo:</i>	2040
<i>Short Name:</i>	PCancCaseOC	<i>Core:</i>	Yes
<i>Section Name:</i>	Operative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether the plan for the previously attempted procedure included any other cardiac procedure.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: PCancCase

ParentLongName: Previously Attempted Case Canceled

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

<i>Long Name:</i>	Current Case Canceled	<i>SeqNo:</i>	2050
<i>Short Name:</i>	CCancCase	<i>Core:</i>	Yes
<i>Section Name:</i>	Operative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether the current case was canceled or aborted after patient entered the operating room.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

1 Yes

2 No

<i>Long Name:</i>	Current Case Canceled Timing	<i>SeqNo:</i>	2055
<i>Short Name:</i>	CCancCaseTmg	<i>Core:</i>	Yes
<i>Section Name:</i>	Operative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate at what point the current case was canceled or aborted.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CCancCase

ParentLongName: Current Case Canceled

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Prior to Induction of Anesthesia
- 2 After Induction, Prior to Incision
- 3 After Incision Made

<i>Long Name:</i>	Current Case Canceled Reason	<i>SeqNo:</i>	2060
<i>Short Name:</i>	CCancCaseRsn	<i>Core:</i>	Yes
<i>Section Name:</i>	Operative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate the reason why the current case was canceled or aborted.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CCancCase

ParentLongName: Current Case Canceled

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes and Value Definitions:

Code: Value:

- 1 Anesthesiology event
- 2 Cardiac arrest
- 3 Equipment/supply issue
- 6 Access issue
- 4 Unanticipated tumor
- 7 Donor organ unacceptable
- 8 Abnormal labs
- 5 Other

Definition:

Includes airway, line insertion and medication issues encountered during induction
 Patient deterioration unrelated to induction
 Device malfunction or supply issue including devices and blood products

Long Name: Current Case Canceled Procedure - CABG *SeqNo:* 2065
Short Name: **CCancCaseCAB** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the plan for the current procedure included coronary artery bypass grafting.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CCancCase
ParentLongName: Current Case Canceled
ParentHarvestCodes: 1
ParentValues: = "Yes"

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Current Case Canceled Procedure - Mechanical Assist Device *SeqNo:* 2075
Short Name: **CCancCaseMech** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the plan for the current procedure included implanting or explanting a mechanical assist device.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CCancCase
ParentLongName: Current Case Canceled
ParentHarvestCodes: 1
ParentValues: = "Yes"

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Current Case Canceled Procedure - Other Non-cardiac *SeqNo:* 2080
Short Name: **CCancCaseONC** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the plan for the current procedure included any other non-cardiac procedure.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CCancCase
ParentLongName: Current Case Canceled
ParentHarvestCodes: 1
ParentValues: = "Yes"

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Current Case Canceled Procedure - Valve, Surgical *SeqNo:* 2085
Short Name: **CCancCaseValSur** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the plan for the previously attempted procedure included a surgical valve procedure.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CCancCase
ParentLongName: Current Case Canceled
ParentHarvestCodes: 1
ParentValues: = "Yes"

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Current Case Canceled Procedure - Valve, Transcatheter *SeqNo:* 2090
Short Name: **CCancCaseValTrans** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the plan for the previously attempted procedure included a transcatheter valve procedure.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CCancCase
ParentLongName: Current Case Canceled
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:
Code: Value:
1 Yes
2 No

Long Name: Current Case Canceled Procedure - Other Cardiac *SeqNo:* 2095
Short Name: **CCancCaseOC** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the plan for the current procedure included any other cardiac procedure.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CCancCase
ParentLongName: Current Case Canceled
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:
Code: Value:
1 Yes
2 No

<i>Long Name:</i>	Operative Approach	<i>SeqNo:</i>	2100
<i>Short Name:</i>	OPApp	<i>Core:</i>	Yes
<i>Section Name:</i>	Operative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the initial operative approach.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Full conventional sternotomy
- 2 Partial sternotomy
- 6 Transverse sternotomy
(includes clamshell)
- 3 Right or left parasternal
incision
- 8 Sub-xiphoid
- 9 Sub-costal
- 4 Left thoracotomy
- 5 Right thoracotomy
- 10 Bilateral thoracotomy
- 11 Limited (mini) thoracotomy,
right
- 12 Limited (mini) thoracotomy,
left
- 13 Limited (mini) thoracotomy,
bilateral
- 14 Thoracoabdominal incision
- 15 Percutaneous
- 16 Port access
- 17 Other
- 18 None (canceled case)

<i>Long Name:</i>	Operative Approach Converted	<i>SeqNo:</i>	2105
<i>Short Name:</i>	ApproachCon	<i>Core:</i>	Yes
<i>Section Name:</i>	Operative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether the operative approach was converted during the procedure.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes, planned
- 2 Yes, unplanned

 3 No

Long Name: Robot Used *SeqNo:* 2110
Short Name: **Robotic** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether a robot was used during cardiac surgery.
Data Source: User *Format:* Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
-

Long Name: Robot Use Time Frame *SeqNo:* 2115
Short Name: **RobotTim** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the time frame of robotic use.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: Robotic

ParentLongName: Robot Used

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Used for entire operation
 - 2 Used for part of the operation
-

Long Name: CAB *SeqNo:* 2120
Short Name: **OpCAB** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether coronary artery bypass grafting was done.
Data Source: User *Format:* Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 3 Yes, planned
- 4 Yes, unplanned due to

-
- surgical complication
- 5 Yes, unplanned due to unsuspected disease or anatomy
- 2 No
-

Long Name: Valve *SeqNo:* 2125

Short Name: **OpValve** *Core:* Yes

Section Name: Operative *Harvest:* Yes

DBTableName Adultdata1

Definition: Indicate whether a surgical procedure was done on the Aortic, Mitral, Tricuspid or Pulmonic valves.

Data Source: User *Format:* Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
- 2 No
-

Long Name: Surgeon Input for Valve Surgery Data Abstraction *SeqNo:* 2126

Short Name: **OpValSurgInput** *Core:* Yes

Section Name: Operative *Harvest:* Yes

DBTableName Adultdata1

Definition: Indicate whether the surgeon provided input for the valve surgery data abstraction.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: OpValve

ParentLongName: Valve

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Yes
- 2 No
-

<i>Long Name:</i>	Aorta Procedure Performed	<i>SeqNo:</i>	2128
<i>Short Name:</i>	AortProc	<i>Core:</i>	Yes
<i>Section Name:</i>	Operative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether a procedure was performed on the aorta.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 3 Yes, planned
 - 4 Yes, unplanned due to surgical complication
 - 5 Yes, unplanned due to unsuspected disease or anatomy
 - 2 No
-

<i>Long Name:</i>	Surgeon Input for Aortic Surgery Data Abstraction	<i>SeqNo:</i>	2129
<i>Short Name:</i>	AortProcSurgInput	<i>Core:</i>	Yes
<i>Section Name:</i>	Operative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether the surgeon provided input for the aortic surgery data abstraction.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: AortProc

ParentLongName: Aorta Procedure Performed

ParentHarvestCodes: 3|4|5

ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
-

<i>Long Name:</i>	VAD Implanted or Removed	<i>SeqNo:</i>	2130
<i>Short Name:</i>	VADProc	<i>Core:</i>	No
<i>Section Name:</i>	Operative	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether a VAD was implanted or removed during this hospitalization.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
Harvest Codes:			
	<u>Code:</u>	<u>Value:</u>	
	5	Yes	
	1	No	

<i>Long Name:</i>	Other Card	<i>SeqNo:</i>	2140
<i>Short Name:</i>	OpOCard	<i>Core:</i>	Yes
<i>Section Name:</i>	Operative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether another cardiac procedure was done (other than CABG and/or Valve procedures).		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

	<u>Code:</u>	<u>Value:</u>
	3	Yes, planned
	4	Yes, unplanned due to surgical complication
	5	Yes, unplanned due to unsuspected disease or anatomy
	2	No

<i>Long Name:</i>	Atrial Fibrillation Procedure Performed	<i>SeqNo:</i>	2145
<i>Short Name:</i>	AFibProc	<i>Core:</i>	Yes
<i>Section Name:</i>	Operative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether an atrial fibrillation procedure was performed.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

	<u>Code:</u>	<u>Value:</u>
	1	Yes
	2	No

Long Name: Surgeon Input for Other Cardiac Afib Data Abstraction *SeqNo:* 2146
Short Name: **AFibProcSurgInput** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the surgeon provided input for the other cardiac Afib procedure data abstraction.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: AFibProc

ParentLongName: Atrial Fibrillation Procedure Performed

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes
2 No

Long Name: Other Non Card *SeqNo:* 2155
Short Name: **OpONCard** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether a non-cardiac procedure was done.
Data Source: User *Format:* Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

1 Yes
2 No

Long Name: CPT-1 Code # 1 *SeqNo:* 2195
Short Name: **CPT1Code1** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the first CPT procedure code (CPT-1) pertaining to the surgery for which the data collection form was initiated.
Data Source: User *Format:* Text - Length exactly 5

Long Name: CPT-1 Code # 2 *SeqNo:* 2200
Short Name: **CPT1Code2** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate, if applicable, the second CPT procedure code (CPT-1) pertaining to the surgery for which the data collection form was initiated.
Data Source: User *Format:* Text - Length exactly 5
ParentShortName: CPT1Code1
ParentLongName: CPT-1 Code # 1
ParentHarvestCodes: Is Not Missing
ParentValues: Is Not Missing

Long Name: CPT-1 Code # 3 *SeqNo:* 2205
Short Name: **CPT1Code3** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate, if applicable, the third CPT procedure code (CPT-1) pertaining to the surgery for which the data collection form was initiated.
Data Source: User *Format:* Text - Length exactly 5
ParentShortName: CPT1Code2
ParentLongName: CPT-1 Code # 2
ParentHarvestCodes: Is Not Missing
ParentValues: Is Not Missing

Long Name: CPT-1 Code # 4 *SeqNo:* 2210
Short Name: **CPT1Code4** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate, if applicable, the fourth CPT procedure code (CPT-1) pertaining to the surgery for which the data collection form was initiated.
Data Source: User *Format:* Text - Length exactly 5
ParentShortName: CPT1Code3
ParentLongName: CPT-1 Code # 3
ParentHarvestCodes: Is Not Missing
ParentValues: Is Not Missing

<i>Long Name:</i>	CPT-1 Code # 5	<i>SeqNo:</i>	2215
<i>Short Name:</i>	CPT1Code5	<i>Core:</i>	Yes
<i>Section Name:</i>	Operative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate, if applicable, the fifth CPT procedure code (CPT-1) pertaining to the surgery for which the data collection form was initiated.		
<i>Data Source:</i>	User	<i>Format:</i>	Text - Length exactly 5
<i>ParentShortName:</i>	CPT1Code4		
<i>ParentLongName:</i>	CPT-1 Code # 4		
<i>ParentHarvestCodes:</i>	Is Not Missing		
<i>ParentValues:</i>	Is Not Missing		

<i>Long Name:</i>	CPT-1 Code # 6	<i>SeqNo:</i>	2220
<i>Short Name:</i>	CPT1Code6	<i>Core:</i>	Yes
<i>Section Name:</i>	Operative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate, if applicable, the sixth CPT procedure code (CPT-1) pertaining to the surgery for which the data collection form was initiated.		
<i>Data Source:</i>	User	<i>Format:</i>	Text - Length exactly 5
<i>ParentShortName:</i>	CPT1Code5		
<i>ParentLongName:</i>	CPT-1 Code # 5		
<i>ParentHarvestCodes:</i>	Is Not Missing		
<i>ParentValues:</i>	Is Not Missing		

Long Name: CPT-1 Code # 7 *SeqNo:* 2225
Short Name: **CPT1Code7** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate, if applicable, the seventh CPT procedure code (CPT-1) pertaining to the surgery for which the data collection form was initiated.
Data Source: User *Format:* Text - Length exactly 5
ParentShortName: CPT1Code6
ParentLongName: CPT-1 Code # 6
ParentHarvestCodes: Is Not Missing
ParentValues: Is Not Missing

Long Name: CPT-1 Code # 8 *SeqNo:* 2230
Short Name: **CPT1Code8** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate, if applicable, the eighth CPT procedure code (CPT-1) pertaining to the surgery for which the data collection form was initiated.
Data Source: User *Format:* Text - Length exactly 5
ParentShortName: CPT1Code7
ParentLongName: CPT-1 Code # 7
ParentHarvestCodes: Is Not Missing
ParentValues: Is Not Missing

Long Name: CPT-1 Code # 9 *SeqNo:* 2235
Short Name: **CPT1Code9** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate, if applicable, the ninth CPT procedure code (CPT-1) pertaining to the surgery for which the data collection form was initiated.
Data Source: User *Format:* Text - Length exactly 5
ParentShortName: CPT1Code8
ParentLongName: CPT-1 Code # 8
ParentHarvestCodes: Is Not Missing
ParentValues: Is Not Missing

<i>Long Name:</i>	CPT-1 Code # 10	<i>SeqNo:</i>	2240
<i>Short Name:</i>	CPT1Code10	<i>Core:</i>	Yes
<i>Section Name:</i>	Operative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate, if applicable, the tenth CPT procedure code (CPT-1) pertaining to the surgery for which the data collection form was initiated.		
<i>Data Source:</i>	User	<i>Format:</i>	Text - Length exactly 5
<i>ParentShortName:</i>	CPT1Code9		
<i>ParentLongName:</i>	CPT-1 Code # 9		
<i>ParentHarvestCodes:</i>	Is Not Missing		
<i>ParentValues:</i>	Is Not Missing		

<i>Long Name:</i>	OR Entry Date And Time	<i>SeqNo:</i>	2245
<i>Short Name:</i>	OREntryDT	<i>Core:</i>	Yes
<i>Section Name:</i>	Operative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the date and time, to the nearest minute (using 24-hour clock), that the patient entered the operating room. If the procedure was performed in a location other than the OR, record the time when the sterile field, or its equivalent, was set up.		
<i>Data Source:</i>	User	<i>Format:</i>	Date and time in the format mm/dd/yyyy hh:mm with the time in 24-hour clock

<i>Long Name:</i>	OR Exit Date And Time	<i>SeqNo:</i>	2250
<i>Short Name:</i>	ORExitDT	<i>Core:</i>	Yes
<i>Section Name:</i>	Operative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the date and time, to the nearest minute (using 24-hour clock), that the patient exits the operating room. If the procedure was performed in a location other than the OR, record the time when the sterile field, or its equivalent, was taken down.		
<i>Data Source:</i>	User	<i>Format:</i>	Date and time in the format mm/dd/yyyy hh:mm with the time in 24-hour clock

<i>Long Name:</i>	General Anesthesia	<i>SeqNo:</i>	2251
<i>Short Name:</i>	GenAnes	<i>Core:</i>	Yes
<i>Section Name:</i>	Operative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether general anesthesia was used during this procedure.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

1	Yes
2	No

<i>Long Name:</i>	Procedural Sedation	<i>SeqNo:</i>	2252
<i>Short Name:</i>	ProcSed	<i>Core:</i>	Yes
<i>Section Name:</i>	Operative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether the procedure was performed under sedation (also referred to as “moderate sedation” or “conscious sedation”) and not general anesthesia.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: GenAnes

ParentLongName: General Anesthesia

ParentHarvestCodes: 2

ParentValues: = "No"

Harvest Codes:

Code: Value:

1	Yes
2	No

<i>Long Name:</i>	Intubation	<i>SeqNo:</i>	2253
<i>Short Name:</i>	Intubate	<i>Core:</i>	Yes
<i>Section Name:</i>	Operative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the status of intubation.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
ParentShortName: GenAnes			
ParentLongName: General Anesthesia			
ParentHarvestCodes: 1			
ParentValues: = "Yes"			
Harvest Codes:			
<u>Code:</u>	<u>Value:</u>		
1	Yes, prior to entering OR for this procedure		
2	Yes, in the OR for this procedure		
3	No		

<i>Long Name:</i>	Initial Intubation Date And Time	<i>SeqNo:</i>	2255
<i>Short Name:</i>	IntubateDT	<i>Core:</i>	Yes
<i>Section Name:</i>	Operative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate the date (mm/dd/yyyy) and time (hh:mm) (24 hour clock) ventilatory support started. The following guidelines apply:

1. Capture the intubation closest to the surgical start time. If the patient was intubated upon admission and remained intubated until the surgical start time, capture this intubation's date and time.
2. If the patient was admitted intubated (intubated at another institution) and remained continually intubated until the surgical start time, capture the patient's admission date and time.
3. If the patient was admitted with a tracheostomy in place without ventilatory support, capture the date and time closest to the surgical start time that ventilatory support was initiated.
4. If the patient was admitted with a tracheostomy in place receiving chronic ventilatory support, capture the admission date and time.
5. If the intubation date and time is otherwise unknown, enter the date and time the patient entered the operating room.
6. Do not alter the previously established date and time that ventilatory support was initiated for scenarios including, but not limited to, interruptions in ventilatory support due to accidental extubation/de-cannulation, elective tube change etc.

Data Source: User

Format: Date and time in the format mm/dd/yyyy
hh:mm with the time in 24-hour clock

ParentShortName: Intubate

ParentLongName: Intubation

ParentHarvestCodes: 1|2

ParentValues: = "Yes, prior to entering OR for this procedure" or "Yes, in the OR for this procedure"

<i>Long Name:</i>	Initial Extubation Date And Time	<i>SeqNo:</i>	2260
<i>Short Name:</i>	ExtubateDT	<i>Core:</i>	Yes
<i>Section Name:</i>	Operative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	<p>Indicate the date (mm/dd/yyyy) and time (hh:mm) (24 hour clock) ventilatory support initially ceased after surgery. The following guidelines apply:</p> <ol style="list-style-type: none"> 1. Capture the extubation closest to the surgical stop time. 2. If the patient has a tracheostomy and is separated from the mechanical ventilator postoperatively within the hospital admission, capture the date and time of separation from the mechanical ventilator closest to the surgical stop time. 3. If the patient expires while intubated or cannulated and on the ventilator, capture the date and time of expiration. 4. If patient is discharged on chronic ventilatory support, capture the date and time of discharge. 		
<i>Data Source:</i>	User	<i>Format:</i>	Date and time in the format mm/dd/yyyy hh:mm with the time in 24-hour clock
<i>ParentShortName:</i>	Intubate		
<i>ParentLongName:</i>	Intubation		
<i>ParentHarvestCodes:</i>	1 2		
<i>ParentValues:</i>	= "Yes, prior to entering OR for this procedure" or "Yes, in the OR for this procedure"		

<i>Long Name:</i>	Skin Incision Start Date And Time	<i>SeqNo:</i>	2265
<i>Short Name:</i>	SISstartDT	<i>Core:</i>	Yes
<i>Section Name:</i>	Operative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	<p>Indicate the date and time, to the nearest minute (using 24-hour clock), that the first skin incision, or its equivalent, was made.</p>		
<i>Data Source:</i>	User	<i>Format:</i>	Date and time in the format mm/dd/yyyy hh:mm with the time in 24-hour clock

<i>Long Name:</i>	Skin Incision Stop Date And Time	<i>SeqNo:</i>	2270
<i>Short Name:</i>	SIS StopDT	<i>Core:</i>	Yes
<i>Section Name:</i>	Operative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the date and time, to the nearest minute (using 24-hour clock), that the skin incision was closed, or its equivalent. If the patient leaves the operating room with an open incision, collect the time that the dressings were applied to the incision.		
<i>Data Source:</i>	User	<i>Format:</i>	Date and time in the format mm/dd/yyyy hh:mm with the time in 24-hour clock

<i>Long Name:</i>	Anesthesia End Date and Time	<i>SeqNo:</i>	2275
<i>Short Name:</i>	Anes EndDT	<i>Core:</i>	Yes
<i>Section Name:</i>	Operative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the anesthesia end time documented in the medical record. The definition of anesthesia end time is when the anesthesiologist is no longer in personal attendance, that is, when the patient is safely placed under post-anesthesia supervision.		
<i>Data Source:</i>	User	<i>Format:</i>	Date and time in the format mm/dd/yyyy hh:mm with the time in 24-hour clock

<i>Long Name:</i>	Appropriate Antibiotic Selection	<i>SeqNo:</i>	2280
<i>Short Name:</i>	Abx Select	<i>Core:</i>	Yes
<i>Section Name:</i>	Operative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate if there was documentation of an order for a first generation or second generation cephalosporin prophylactic antibiotic, documentation that it was given preoperatively or in the event of a documented allergy an alternate antibiotic choice is ordered and administered.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes and Value Definitions:

<u>Code:</u>	<u>Value:</u>	<u>Definition:</u>
1	Yes	
2	No	
3	Exclusion	The reason for not ordering appropriate prophylactic antibiotic is documented in the medical record.

Long Name: Appropriate Antibiotic Administration Timing *SeqNo:* 2285
Short Name: **AbxTiming** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether prophylactic antibiotics were administered within one hour of surgical incision or start of procedure if no incision required (two hours if receiving Vancomycin or fluoroquinolone).

The surgical incision time is the time of the first incision, regardless of location.
Data Source: User *Format:* Text (categorical values specified by STS)

Harvest Codes and Value Definitions:

<u>Code:</u>	<u>Value:</u>	<u>Definition:</u>
1	Yes	Given
2	No	Not given, no documented reason
3	Exclusion	Documented contraindication or rationale for not administering antibiotic in medical record

Long Name: Appropriate Antibiotic Discontinuation *SeqNo:* 2290
Short Name: **AbxDisc** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the prophylactic antibiotics were ordered to be discontinued OR were discontinued within 48 hours after surgery end time.

Determining the timeframe (within 48 hours) begins at the "surgical end time".
Data Source: User *Format:* Text (categorical values specified by STS)

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No
3	Exclusion

Long Name: Additional Intraoperative Prophylactic Antibiotic Dose *SeqNo:* 2295
Short Name: **AddIntraopPAnti** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether an additional prophylactic antibiotic dose was given in the operating room.
Data Source: User *Format:* Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
-

Long Name: Temperature Measured *SeqNo:* 2296
Short Name: **TempMeas** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the patient's temperature was measured during the procedure.
Data Source: User *Format:* Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
-

Long Name: Lowest Temperature *SeqNo:* 2300
Short Name: **LwstTemp** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Record the patient's lowest core temperature in the operating room in degrees centigrade.
Data Source: User *Format:* Real

Low Value: 5.0 High Value: 40.0

ParentShortName: TempMeas

ParentLongName: Temperature Measured

ParentHarvestCodes: 1

ParentValues: = "Yes"

Long Name: Lowest Temperature Source *SeqNo:* 2305
Short Name: **LwstTempSrc** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the source where the lowest core temperature was measured.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: TempMeas
 ParentLongName: Temperature Measured
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:
 Code: Value:
 1 Esophageal
 2 CPB venous return
 3 Bladder
 4 Nasopharyngeal
 5 Tympanic
 6 Rectal
 7 Other
 8 Unknown

Long Name: Lowest Intra-op Hemoglobin *SeqNo:* 2310
Short Name: **LwstIntraHemo** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Enter the lowest measured hemoglobin recorded in the operating room. Do not enter calculated values.
Data Source: User *Format:* Real
 Low Value: 1.00 High Value: 50.00 UsualRangeLow: 6.00 UsualRangeHigh: 15.00

<i>Long Name:</i>	Lowest Hematocrit	<i>SeqNo:</i>	2315
<i>Short Name:</i>	LwstHct	<i>Core:</i>	Yes
<i>Section Name:</i>	Operative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Enter the lowest measured hematocrit recorded in the operating room. Do not enter calculated values.		
<i>Data Source:</i>	User	<i>Format:</i>	Real
<i>Low Value:</i>	1.00	<i>High Value:</i>	99.99
		<i>UsualRangeLow:</i>	17.00
		<i>UsualRangeHigh:</i>	40.00

<i>Long Name:</i>	Highest Intra-op Glucose	<i>SeqNo:</i>	2320
<i>Short Name:</i>	HighIntraGlu	<i>Core:</i>	Yes
<i>Section Name:</i>	Operative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Enter the highest glucose recorded in the operating room.		
<i>Data Source:</i>	User	<i>Format:</i>	Integer
<i>Low Value:</i>	40	<i>High Value:</i>	2000
		<i>UsualRangeLow:</i>	80
		<i>UsualRangeHigh:</i>	220

<i>Long Name:</i>	CPB Utilization	<i>SeqNo:</i>	2325
<i>Short Name:</i>	CPBUtl	<i>Core:</i>	Yes
<i>Section Name:</i>	Operative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the level of CPB or coronary perfusion used during the procedure.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes and Value Definitions:

Code: Value:

- 1 None
- 2 Combination

Definition:

No CPB or coronary perfusion used during the procedure.

With or without CPB and/or with or without coronary perfusion at any time during the procedure (capture conversions from off-pump to on-pump only):

At start of procedure: No CPB/No Coronary Perfusion -> conversion to -> CPB

At start of procedure: No CPB/No Coronary Perfusion -> conversion to -> Coronary perfusion

At start of procedure: No CPB/No Coronary Perfusion -> conversion to -> Coronary perfusion -> conversion to -> CPB

CPB or coronary perfusion was used for the entire procedure

- 3 Full

Long Name: CPB Utilization - Combination Plan *SeqNo:* 2330
Short Name: **CPBCmb** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the combination procedure from off-pump to on-pump was a planned or an unplanned conversion.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CPBUtl

ParentLongName: CPB Utilization

ParentHarvestCodes: 2

ParentValues: = "Combination"

Harvest Codes and Value Definitions:

<u>Code:</u>	<u>Value:</u>	<u>Definition:</u>
1	Planned	The surgeon intended to treat with any of the combination options described in "CPB utilization".
2	Unplanned	The surgeon did not intend to treat with any of the combination options described in "CPB utilization".

Long Name: CPB Utilization - Unplanned Combination Reason *SeqNo:* 2335
Short Name: **CPBCmbR** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the reason that the procedure required the initiation of CPB and/or coronary perfusion.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CPBCmb

ParentLongName: CPB Utilization - Combination Plan

ParentHarvestCodes: 2

ParentValues: = "Unplanned"

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Exposure/visualization
2	Bleeding
3	Inadequate size and/or diffuse disease of distal vessel
4	Hemodynamic instability (hypotension/arrhythmias)
5	Conduit quality and/or trauma
9	Other

Long Name: Cannulation - Arterial Cannulation Site - Aortic *SeqNo:* 2340
Short Name: **CanArtStAort** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the arterial cannulation site included the aorta.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CPBUtil
ParentLongName: CPB Utilization
ParentHarvestCodes: 2|3
ParentValues: = "Combination" or "Full"

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Cannulation - Arterial Cannulation Site - Femoral *SeqNo:* 2345
Short Name: **CanArtStFem** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the arterial cannulation site included a femoral artery.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CPBUtil
ParentLongName: CPB Utilization
ParentHarvestCodes: 2|3
ParentValues: = "Combination" or "Full"

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Cannulation - Arterial Cannulation Site - Axillary *SeqNo:* 2350
Short Name: **CanArtStAx** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the arterial cannulation site included an axillary artery.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CPBUtil
ParentLongName: CPB Utilization
ParentHarvestCodes: 2|3
ParentValues: = "Combination" or "Full"

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Cannulation - Arterial Cannulation Site - Innominate *SeqNo:* 2355
Short Name: **CanArtStInn** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the arterial cannulation site included an innominate artery.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CPBUtil
ParentLongName: CPB Utilization
ParentHarvestCodes: 2|3
ParentValues: = "Combination" or "Full"

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Cannulation - Arterial Cannulation Site - Other *SeqNo:* 2360
Short Name: **CanArtStOth** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the arterial cannulation site included any other artery.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CPBUtil
ParentLongName: CPB Utilization
ParentHarvestCodes: 2|3
ParentValues: = "Combination" or "Full"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Cannulation - Venous Cannulation Site - Femoral *SeqNo:* 2365
Short Name: **CanVenStFem** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the venous (inflow) cannulation site included a femoral vein.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CPBUtil
ParentLongName: CPB Utilization
ParentHarvestCodes: 2|3
ParentValues: = "Combination" or "Full"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Cannulation - Venous Cannulation Site - Jugular *SeqNo:* 2370
Short Name: **CanVenStJug** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the venous (inflow) cannulation site included a jugular vein.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CPBUtil
ParentLongName: CPB Utilization
ParentHarvestCodes: 2|3
ParentValues: = "Combination" or "Full"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Cannulation - Venous Cannulation Site - Right Atrial *SeqNo:* 2375
Short Name: **CanVenStRtA** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the venous (inflow) cannulation site included the right atrium.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CPBUtil
ParentLongName: CPB Utilization
ParentHarvestCodes: 2|3
ParentValues: = "Combination" or "Full"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Cannulation - Venous Cannulation Site - Left Atrial *SeqNo:* 2380
Short Name: **CanVenStLfA** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the venous (inflow) cannulation site included the left atrium.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CPBUtil
ParentLongName: CPB Utilization
ParentHarvestCodes: 2|3
ParentValues: = "Combination" or "Full"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Cannulation - Venous Cannulation Site - Pulmonary Vein *SeqNo:* 2385
Short Name: **CanVenStPulm** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the venous (inflow) cannulation site included a pulmonary vein.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CPBUtil
ParentLongName: CPB Utilization
ParentHarvestCodes: 2|3
ParentValues: = "Combination" or "Full"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Cannulation - Venous Cannulation Site - Caval/Bicaval *SeqNo:* 2390
Short Name: **CanVenStBi** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the venous (inflow) cannulation site included the superior and/or inferior vena cava.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: CPBUtil
 ParentLongName: CPB Utilization
 ParentHarvestCodes: 2|3
 ParentValues: = "Combination" or "Full"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: Cannulation - Venous Cannulation Site - Other *SeqNo:* 2395
Short Name: **CanVenStOth** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the venous (inflow) cannulation site included any other site.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: CPBUtil
 ParentLongName: CPB Utilization
 ParentHarvestCodes: 2|3
 ParentValues: = "Combination" or "Full"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: Cardiopulmonary Bypass Time *SeqNo:* 2400
Short Name: **PerfusTm** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the total number of minutes that systemic return is diverted into the cardiopulmonary bypass (CPB) circuit and returned to the systemic system. This time period (Cardiopulmonary Bypass Time) includes all periods of cerebral perfusion and sucker bypass. This time period (Cardiopulmonary Bypass Time) excludes any circulatory arrest and modified ultrafiltration periods. If more than one period of CPB is required during the surgical procedure, the sum of all the CPB periods will equal the total number of CPB minutes.
Data Source: User *Format:* Integer
 Low Value: 1 High Value: 999 UsualRangeLow: 1 UsualRangeHigh: 300
 ParentShortName: CPBUtil
 ParentLongName: CPB Utilization
 ParentHarvestCodes: 2|3
 ParentValues: = "Combination" or "Full"

Long Name: Circulatory Arrest *SeqNo:* 2405
Short Name: **CircArr** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether or not circulatory arrest was utilized during the procedure.
Data Source: User *Format:* Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Circulatory Arrest Time Without Cerebral Perfusion *SeqNo:* 2410
Short Name: **DHCATm** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the total number of minutes of deep hypothermic circulatory arrest without cerebral perfusion. If more than one period of circulatory arrest is required during this surgical procedure, the sum of these periods is equal to the total duration of circulatory arrest.
Data Source: User *Format:* Integer
Low Value: 0 High Value: 300
ParentShortName: CircArr
ParentLongName: Circulatory Arrest
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Circulatory Arrest With Cerebral Perfusion *SeqNo:* 2415
Short Name: **CPerfUtil** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether circulatory arrest with cerebral perfusion was performed.
Data Source: User *Format:* Text (categorical values specified by STS)
ParentShortName: CircArr
ParentLongName: Circulatory Arrest
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:
Code: Value:
1 Yes
2 No

Long Name: Cerebral Perfusion Time *SeqNo:* 2420
Short Name: **CPerfTime** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the total number of minutes cerebral perfusion was performed. This would include antegrade and/or retrograde cerebral perfusion strategies.
Data Source: User *Format:* Integer
Low Value: 1 High Value: 999
ParentShortName: CPerfUtil
ParentLongName: Circulatory Arrest With Cerebral Perfusion
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Cerebral Perfusion Type *SeqNo:* 2425
Short Name: **CPerfTyp** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate type of cerebral perfusion utilized.
Data Source: User *Format:* Text (categorical values specified by STS)
ParentShortName: CPerfUtil
ParentLongName: Circulatory Arrest With Cerebral Perfusion
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Antegrade
2	Retrograde
3	Both antegrade and retrograde

Long Name: Total Circulatory Arrest Time *SeqNo:* 2426
Short Name: **TotCircArrTm** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Calculated variable measuring circulatory arrest without cerebral perfusion time plus any cerebral perfusion time.
Data Source: Calculated *Format:* Integer
 Low Value: 0 High Value: 1299
 ParentShortName: CircArr
 ParentLongName: Circulatory Arrest
 ParentHarvestCodes: 1
 ParentValues: = "Yes"

Long Name: Aortic Occlusion *SeqNo:* 2430
Short Name: **AortOccl** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the technique of aortic occlusion used.
Data Source: User *Format:* Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 5 None - beating heart
 - 6 None - fibrillating heart
 - 2 Aortic Crossclamp
 - 3 Balloon Occlusion
-

Long Name: Cross Clamp Time (min) *SeqNo:* 2435
Short Name: **XClampTm** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the total number of minutes that the coronary circulation is mechanically isolated from systemic circulation, either by an aortic cross clamp or systemic circulatory arrest.
Data Source: User *Format:* Integer
 Low Value: 0 High Value: 600 UsualRangeLow: 0 UsualRangeHigh: 180
 ParentShortName: AortOccl
 ParentLongName: Aortic Occlusion
 ParentHarvestCodes: 2|3
 ParentValues: = "Aortic Crossclamp" or "Balloon Occlusion"

Long Name: Cardioplegia Delivery *SeqNo:* 2440
Short Name: **CplegiaDeliv** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the delivery method of cardioplegia if used.
Data Source: User *Format:* Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 None
 - 2 Antegrade
 - 3 Retrograde
 - 4 Both
-

Long Name: Cardioplegia Type *SeqNo:* 2445
Short Name: **CplegiaType** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the type of cardioplegia used.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CplegiaDeliv

ParentLongName: Cardioplegia Delivery

ParentHarvestCodes: 2|3|4

ParentValues: = "Antegrade", "Retrograde" or "Both"

Harvest Codes:

Code: Value:

- 1 Blood
- 2 Crystalloid
- 3 Both
- 4 Other

Long Name: Cerebral Oximetry Used *SeqNo:* 2450
Short Name: **CerOxUsed** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether cerebral oximetry was used.
Data Source: User *Format:* Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
- 2 No

Long Name: Diffuse Aortic Calcification (Porcelain Aorta) *SeqNo:* 2490
Short Name: **ConCalc** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether diffuse or concentric calcification of the aorta was discovered preoperatively or Intraoperatively using imaging or palpation.
Data Source: User *Format:* Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes

 2 No

Long Name: Assessment of Ascending Aorta/Arch *SeqNo:* 2495
Short Name: **AsmtAscAA** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the Ascending Aorta/Arch was evaluated for atheroma or plaque during surgery using TEE or epiaortic ultrasound. (Not intended for assessment of aneurysmal disease or dissection.)
Data Source: User *Format:* Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
 - 3 Not reported
-

Long Name: Method of Assessment of Aorta Plaque *SeqNo:* 2497
Short Name: **AsmtAoDxMeth** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the method of assessing the highest grade of atheroma or plaque in the ascending aorta.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: AsmtAscAA

ParentLongName: Assessment of Ascending Aorta/Arch

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 TEE
 - 2 Epiaortic ultrasound
 - 3 CT scan
 - 4 Other diagnostic modality
-

<i>Long Name:</i>	Assessment of Aorta Plaque	<i>SeqNo:</i>	2500
<i>Short Name:</i>	AsmtAoDx	<i>Core:</i>	Yes
<i>Section Name:</i>	Operative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate highest grade of atheroma or plaque in the ascending aorta.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: AsmtAscAA

ParentLongName: Assessment of Ascending Aorta/Arch

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Normal aorta / No or minimal plaque
- 2 Extensive intimal thickening
- 3 Protruding Atheroma < 5 mm
- 4 Protruding Atheroma >= 5 mm
- 5 Mobile plaques
- 6 Not documented

<i>Long Name:</i>	Aortic Condition Altered Plan	<i>SeqNo:</i>	2505
<i>Short Name:</i>	AsmtAPln	<i>Core:</i>	Yes
<i>Section Name:</i>	Operative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether aortic assessment changed cannulation strategy or surgical plan.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
- 2 No

<i>Long Name:</i>	Intraop Blood Products Refused	<i>SeqNo:</i>	2510
<i>Short Name:</i>	IBldProdRef	<i>Core:</i>	Yes
<i>Section Name:</i>	Operative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether the patient or family refused blood products.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
-

<i>Long Name:</i>	Intraop Blood Products	<i>SeqNo:</i>	2515
<i>Short Name:</i>	IBldProd	<i>Core:</i>	Yes
<i>Section Name:</i>	Operative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether blood products were transfused any time intraoperatively during the initial surgery. Intraoperatively is defined as any blood started inside of the OR.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: IBldProdRef

ParentLongName: Intraop Blood Products Refused

ParentHarvestCodes: 2

ParentValues: = "No"

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
-

Long Name: Intraop Blood Products - RBC Units *SeqNo:* 2520
Short Name: **IBdRBCU** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the number of units of packed red blood cells that were transfused intraoperatively. Do not include autologous, cell-saver, pump-residual or chest tube recirculated blood.
Data Source: User *Format:* Integer
Low Value: 0 High Value: 99 UsualRangeLow: 0 UsualRangeHigh: 20
ParentShortName: IBldProd
ParentLongName: Intraop Blood Products
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Intraop Blood Products - FFP Units *SeqNo:* 2525
Short Name: **IBdFFPU** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the number of units of fresh frozen plasma that were transfused intraoperatively.
Data Source: User *Format:* Integer
Low Value: 0 High Value: 99 UsualRangeLow: 0 UsualRangeHigh: 10
ParentShortName: IBldProd
ParentLongName: Intraop Blood Products
ParentHarvestCodes: 1
ParentValues: = "Yes"

<i>Long Name:</i>	Intraop Blood Products - Platelet Units	<i>SeqNo:</i>	2530
<i>Short Name:</i>	IBdPlatU	<i>Core:</i>	Yes
<i>Section Name:</i>	Operative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the number of units of platelets that were transfused intraoperatively. Count the dose pack as one unit. A dose pack may consist of 4, 6, 8, 10, or any number of donor platelets obtained. The number of units coded is not volume dependent.		
<i>Data Source:</i>	User	<i>Format:</i>	Integer
Low Value:	0	High Value:	99
ParentShortName:	IBldProd		
ParentLongName:	Intraop Blood Products		
ParentHarvestCodes:	1		
ParentValues:	= "Yes"		

<i>Long Name:</i>	Intraop Blood Products - Cryo Units	<i>SeqNo:</i>	2535
<i>Short Name:</i>	IBdCryoU	<i>Core:</i>	Yes
<i>Section Name:</i>	Operative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the number of units of cryoprecipitate that were transfused intraoperatively. One bag of cryo = one unit. The number of units is not volume dependent.		
<i>Data Source:</i>	User	<i>Format:</i>	Integer
Low Value:	0	High Value:	99
ParentShortName:	IBldProd		
ParentLongName:	Intraop Blood Products		
ParentHarvestCodes:	1		
ParentValues:	= "Yes"		

<i>Long Name:</i>	Intraop Clotting Factors	<i>SeqNo:</i>	2545
<i>Short Name:</i>	IntraClotFact	<i>Core:</i>	Yes
<i>Section Name:</i>	Operative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether clotting factors were administered intraoperatively.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes, Factor VIIa
 - 2 Yes, FEIBA
 - 3 Yes, Composite
 - 4 No
-

<i>Long Name:</i>	Intraop Prothrombin Complex Concentrate	<i>SeqNo:</i>	2546
<i>Short Name:</i>	IntraopProComCon	<i>Core:</i>	Yes
<i>Section Name:</i>	Operative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether prothrombin complex concentrate (i.e.K-Centra)was given intraoperatively		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
-

<i>Long Name:</i>	Intraop Antifibrinolytic Medications - Epsilon Amino-Caproic Acid	<i>SeqNo:</i>	2550
<i>Short Name:</i>	IMedEACA	<i>Core:</i>	Yes
<i>Section Name:</i>	Operative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether the patient received Epsilon Amino-Caproic Acid in the operating room.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
-

<i>Long Name:</i>	Intraop Antifibrinolytic Medications - Tranexamic Acid	<i>SeqNo:</i>	2555
<i>Short Name:</i>	IMedTran	<i>Core:</i>	Yes
<i>Section Name:</i>	Operative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether the patient received Tranexamic Acid in the operating room.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
- 2 No

<i>Long Name:</i>	Intraop TEE post procedure	<i>SeqNo:</i>	2560
<i>Short Name:</i>	InOpTEE	<i>Core:</i>	Yes
<i>Section Name:</i>	Operative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether intraoperative TEE was performed following procedure.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
- 2 No

<i>Long Name:</i>	Post Repair TEE Aortic Insufficiency	<i>SeqNo:</i>	2565
<i>Short Name:</i>	PRepAR	<i>Core:</i>	Yes
<i>Section Name:</i>	Operative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the highest level of aortic insufficiency/ regurgitation found on post CPB intraop TEE. Mild-to-Moderate should be coded as moderate; moderate to severe should be coded as severe. Amount of AR should be the LAST ASSESSMENT before leaving the operating room. For example: if patient has aortic repair, separates from CPB and finds moderate AR, surgeon goes back on and re-fixes, comes off and finds no AR, it should be recorded as none.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: InOpTEE

ParentLongName: Intraop TEE post procedure

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

-
- 1 None
 - 2 Trivial/Trace
 - 3 Mild
 - 4 Moderate
 - 5 Severe
 - 6 Not documented
-

Long Name: Aortic Gradient - Post Repair Mean *SeqNo:* 2566
Short Name: **PRepAGradM** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the mean aortic valve gradient on TEE in the OR after the procedure
Data Source: User *Format:* Integer
 Low Value: 0 High Value: 200
ParentShortName: InOpTEE
ParentLongName: Intraop TEE post procedure
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Post Repair Aortic Paravalvular Leak *SeqNo:* 2567
Short Name: **PRepAPVL** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether there was an aortic paravalvular leak noted on TEE in the OR after the procedure
Data Source: User *Format:* Text (categorical values specified by STS)
ParentShortName: InOpTEE
ParentLongName: Intraop TEE post procedure
ParentHarvestCodes: 1
ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 None
 - 2 Trivial/Trace
 - 3 Mild
 - 4 Moderate
 - 5 Severe
 - 6 Not documented
-

<i>Long Name:</i>	Post Repair TEE Mitral Insufficiency	<i>SeqNo:</i>	2570
<i>Short Name:</i>	PRepMR	<i>Core:</i>	Yes
<i>Section Name:</i>	Operative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate the highest level of mitral insufficiency/ regurgitation found on post CPB intraop TEE. Mild-to-Moderate should be coded as moderate; moderate to severe should be coded as severe. Amount of MR should be the LAST ASSESSMENT before leaving the operating room. For example: if patient has mitral repair, separates from CPB and finds moderate MR, surgeon goes back on and re-fixes, comes off and finds no MR, it should be recorded as none.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: InOpTEE

ParentLongName: Intraop TEE post procedure

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 None
 - 2 Trivial/Trace
 - 3 Mild
 - 4 Moderate
 - 5 Severe
 - 6 Not documented
-

<i>Long Name:</i>	Mitral Gradient - Post Repair Mean	<i>SeqNo:</i>	2571
<i>Short Name:</i>	PRepMGradM	<i>Core:</i>	Yes
<i>Section Name:</i>	Operative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate the mean mitral valve gradient on TEE in the OR after the procedure

Data Source: User *Format:* Integer

Low Value: 0 High Value: 30

ParentShortName: InOpTEE

ParentLongName: Intraop TEE post procedure

ParentHarvestCodes: 1

ParentValues: = "Yes"

Long Name: Post Repair Mitral Paravalvular Leak *SeqNo:* 2572
Short Name: **PRepMPVL** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1

Definition: Indicate whether there was a mitral paravalvular leak noted on TEE in the OR after the procedure

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: InOpTEE

ParentLongName: Intraop TEE post procedure

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 None
- 2 Trivial/Trace
- 3 Mild
- 4 Moderate
- 5 Severe
- 6 Not documented

Long Name: Post Repair TEE Tricuspid Insufficiency *SeqNo:* 2575
Short Name: **PRepTR** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1

Definition: Indicate the highest level of tricuspid insufficiency/ regurgitation found on post CPB intraop TEE. Mild-to-Moderate should be coded as moderate; moderate to severe should be coded as severe. Amount of TR should be the LAST ASSESSMENT before leaving the operating room.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: InOpTEE

ParentLongName: Intraop TEE post procedure

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 None
- 2 Trivial/Trace
- 3 Mild
- 4 Moderate
- 5 Severe
- 6 Not documented

Long Name: Tricuspid Gradient - Post Repair Mean *SeqNo:* 2576
Short Name: **PRepTGradM** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the mean tricuspid valve gradient on TEE in the OR after the procedure
Data Source: User *Format:* Integer
Low Value: 0 High Value: 100
ParentShortName: InOpTEE
ParentLongName: Intraop TEE post procedure
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Post Repair Tricuspid Paravalvular Leak *SeqNo:* 2577
Short Name: **PRepTPVL** *Core:* Yes
Section Name: Operative *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether there was a tricuspid paravalvular leak noted on TEE in the OR after the procedure
Data Source: User *Format:* Text (categorical values specified by STS)
ParentShortName: InOpTEE
ParentLongName: Intraop TEE post procedure
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

Code: Value:

- 1 None
 - 2 Trivial/Trace
 - 3 Mild
 - 4 Moderate
 - 5 Severe
 - 6 Not documented
-

<i>Long Name:</i>	Post Repair Ejection Fraction	<i>SeqNo:</i>	2580
<i>Short Name:</i>	PRepEF	<i>Core:</i>	No
<i>Section Name:</i>	Operative	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the postoperative ejection fraction.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
<i>ParentShortName:</i>	InOpTEE		
<i>ParentLongName:</i>	Intraop TEE post procedure		
<i>ParentHarvestCodes:</i>	1		
<i>ParentValues:</i>	= "Yes"		
<i>Harvest Codes:</i>			
	<u>Code:</u>	<u>Value:</u>	
	1	Unchanged	
	2	Increased	
	3	Decreased	
	4	Not reported	

<i>Long Name:</i>	Ejection Fraction Measured Post Procedure	<i>SeqNo:</i>	2581
<i>Short Name:</i>	PPEFMeas	<i>Core:</i>	Yes
<i>Section Name:</i>	Operative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether the ejection fraction was measured after the procedure.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
<i>ParentShortName:</i>	InOpTEE		
<i>ParentLongName:</i>	Intraop TEE post procedure		
<i>ParentHarvestCodes:</i>	1		
<i>ParentValues:</i>	= "Yes"		
<i>Harvest Codes:</i>			
	<u>Code:</u>	<u>Value:</u>	
	1	Yes	
	2	No	

<i>Long Name:</i>	Ejection Fraction Post Procedure	<i>SeqNo:</i>	2582
<i>Short Name:</i>	PPEF	<i>Core:</i>	Yes
<i>Section Name:</i>	Operative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate the percentage of the blood emptied from the left ventricle at the end of the contraction. Use the most recent determination after the procedure documented on a diagnostic report. Enter a percentage in the range of 1 - 99. If a percentage range is reported, report a whole number using the "mean" (i.e., 50-55% is reported as 53%).

Note: If no diagnostic report is in the medical record, a value documented in the medical record is acceptable.
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<i>Data Source:</i>	User	<i>Format:</i>	Real
Low Value:	1.0	High Value:	99.0
		UsualRangeLow:	5.0
		UsualRangeHigh:	90.0
ParentShortName:	PPEFMeas		
ParentLongName:	Ejection Fraction Measured Post Procedure		
ParentHarvestCodes:	1		
ParentValues:	= "Yes"		

<i>Long Name:</i>	Combined Cardiac Surgery and PCI Performed	<i>SeqNo:</i>	2585
<i>Short Name:</i>	CombCardPCI	<i>Core:</i>	No
<i>Section Name:</i>	Operative	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether a cardiac surgical procedure was performed in addition to a PCI during this hospitalization.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
Harvest Codes:			
<u>Code:</u>	<u>Value:</u>		
1	Yes		
2	No		

<i>Long Name:</i>	Combined Cardiac and PCI Procedures Performed	<i>SeqNo:</i>	2590
<i>Short Name:</i>	CombProcs	<i>Core:</i>	No
<i>Section Name:</i>	Operative	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate which procedures were performed during this hospitalization.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
<i>ParentShortName:</i>	CombCardPCI		
<i>ParentLongName:</i>	Combined Cardiac Surgery and PCI Performed		
<i>ParentHarvestCodes:</i>	1		
<i>ParentValues:</i>	= "Yes"		
<i>Harvest Codes:</i>			
	<u>Code:</u>	<u>Value:</u>	
	1	PCI + CAB	
	2	PCI + Valve	
	3	PCI + Aortic	
	4	PCI + Other	

<i>Long Name:</i>	Combined Cardiac Surgery and PCI Procedure Status	<i>SeqNo:</i>	2595
<i>Short Name:</i>	CombProcsStatus	<i>Core:</i>	No
<i>Section Name:</i>	Operative	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether the procedures were performed concurrently or staged.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
<i>ParentShortName:</i>	CombCardPCI		
<i>ParentLongName:</i>	Combined Cardiac Surgery and PCI Performed		
<i>ParentHarvestCodes:</i>	1		
<i>ParentValues:</i>	= "Yes"		
<i>Harvest Codes:</i>			
	<u>Code:</u>	<u>Value:</u>	
	1	Concurrent - same setting	
	2	Staged - PCI followed by surgery	
	3	Staged - surgery followed by PCI	

<i>Long Name:</i>	Combined Cardiac Surgery and PCI Procedures	<i>SeqNo:</i>	2600
<i>Short Name:</i>	CombProcsPCI	<i>Core:</i>	No
<i>Section Name:</i>	Operative	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the PCI performed.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
<i>ParentShortName:</i>	CombCardPCI		
<i>ParentLongName:</i>	Combined Cardiac Surgery and PCI Performed		
<i>ParentHarvestCodes:</i>	1		
<i>ParentValues:</i>	= "Yes"		
<i>Harvest Codes:</i>			
<u>Code:</u>	<u>Value:</u>		
1	Angioplasty		
2	Stent		
3	Angioplasty and stent		
4	Attempted PCI		

<i>Long Name:</i>	Combined Cardiac Surgery and PCI Procedures - Stent Type	<i>SeqNo:</i>	2605
<i>Short Name:</i>	CombProcsStentTy	<i>Core:</i>	No
<i>Section Name:</i>	Operative	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the type of stent deployed during PCI.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
<i>ParentShortName:</i>	CombProcsPCI		
<i>ParentLongName:</i>	Combined Cardiac Surgery and PCI Procedures		
<i>ParentHarvestCodes:</i>	2 3		
<i>ParentValues:</i>	= "Stent" or "Angioplasty and stent"		
<i>Harvest Codes:</i>			
<u>Code:</u>	<u>Value:</u>		
1	Bare metal		
2	Drug-eluting		
3	Bioresorbable		
4	Multiple		
5	Not documented		

<i>Long Name:</i>	Planned Post Procedure PCI	<i>SeqNo:</i>	2606
<i>Short Name:</i>	PPPlannedPCI	<i>Core:</i>	Yes
<i>Section Name:</i>	Operative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether the procedure was followed by a planned PCI.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
- 2 No

<i>Long Name:</i>	Dist Anast - Art #	<i>SeqNo:</i>	2625
<i>Short Name:</i>	DistArt	<i>Core:</i>	No
<i>Section Name:</i>	Coronary Bypass	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the total number of distal anastomoses with arterial conduits, whether IMA, GEPA, radial artery, etc.		
<i>Data Source:</i>	User	<i>Format:</i>	Integer
Low Value:	0	High Value:	9
ParentShortName:	OpCAB		
ParentLongName:	CAB		
ParentHarvestCodes:	3 4 5		
ParentValues:	= "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"		

Long Name: Internal Mammary Artery Used *SeqNo:* 2626
Short Name: **IMAUsed** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether an internal mammary artery conduit was used
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: OpCAB
 ParentLongName: CAB
 ParentHarvestCodes: 3|4|5
 ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: Reason for No IMA *SeqNo:* 2627
Short Name: **NoIMARsn** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate PRIMARY reason Internal Mammary artery was not used as documented in medical record.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: IMAUsed
 ParentLongName: Internal Mammary Artery Used
 ParentHarvestCodes: 2
 ParentValues: = "No"
 Harvest Codes and Value Definitions:
 Code: Value: Definition:
 2 Subclavian stenosis
 3 Previous cardiac or thoracic surgery
 4 Previous mediastinal radiation
 5 Emergent or salvage procedure
 6 No LAD disease Includes LAD with no bypassable disease.
 7 Other

Long Name: IMA Dist Anast # *SeqNo:* 2628
Short Name: **NumIMADA** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the total number of distal anastomoses done using IMA grafts.
Data Source: User *Format:* Integer
Low Value: 0 High Value: 6
ParentShortName: IMAUsed
ParentLongName: Internal Mammary Artery Used
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Left IMA Used *SeqNo:* 2629
Short Name: **LeftIMA** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the left internal mammary was used
Data Source: User *Format:* Text (categorical values specified by STS)
ParentShortName: IMAUsed
ParentLongName: Internal Mammary Artery Used
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:
Code: Value:
1 Yes, pedicle
2 Yes, skeletonized
3 No

<i>Long Name:</i>	Left IMA Harvest Technique	<i>SeqNo:</i>	2630
<i>Short Name:</i>	LIMAHarvTech	<i>Core:</i>	Yes
<i>Section Name:</i>	Coronary Bypass	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate the harvest technique used for the left internal mammary

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: LeftIMA

ParentLongName: Left IMA Used

ParentHarvestCodes: 1|2

ParentValues: = "Yes, pedicle" or "Yes, skeletonized"

Harvest Codes:

Code: Value:

- 1 Direct Vision (open)
 - 2 Thoracoscopy
 - 3 Combination
 - 4 Robotic Assist
-

<i>Long Name:</i>	Right IMA Used	<i>SeqNo:</i>	2631
<i>Short Name:</i>	RightIMA	<i>Core:</i>	Yes
<i>Section Name:</i>	Coronary Bypass	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate whether the right internal mammary was used

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: IMAUsed

ParentLongName: Internal Mammary Artery Used

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Yes, pedicle
 - 2 Yes, skeltonized
 - 3 No
-

<i>Long Name:</i>	Right IMA Harvest Technique	<i>SeqNo:</i>	2632
<i>Short Name:</i>	RIMAHarvTech	<i>Core:</i>	Yes
<i>Section Name:</i>	Coronary Bypass	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate the harvest technique used for the right internal mammary

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: RightIMA

ParentLongName: Right IMA Used

ParentHarvestCodes: 1|2

ParentValues: = "Yes, pedicle" or "Yes, skeltonized"

Harvest Codes:

Code: Value:

- 1 Direct Vision (open)
 - 2 Thoracoscopy
 - 3 Combination
 - 4 Robotic Assist
-

<i>Long Name:</i>	Radial Artery Used	<i>SeqNo:</i>	2633
<i>Short Name:</i>	RadialArtUsed	<i>Core:</i>	Yes
<i>Section Name:</i>	Coronary Bypass	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate whether a radial artery conduit was used

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: OpCAB

ParentLongName: CAB

ParentHarvestCodes: 3|4|5

ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
-

Long Name: Radial Dist Anast # *SeqNo:* 2634
Short Name: **NumRadDA** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the total number of distal anastomoses done using radial artery grafts.
Data Source: User *Format:* Integer
Low Value: 0 High Value: 6
ParentShortName: RadialArtUsed
ParentLongName: Radial Artery Used
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Radial Dist Anast Harvest Technique *SeqNo:* 2635
Short Name: **RadHTech** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the technique used to harvest the radial artery(s).
Data Source: User *Format:* Text (categorical values specified by STS)
ParentShortName: RadialArtUsed
ParentLongName: Radial Artery Used
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:
Code: Value:
1 Endoscopic
2 Direct Vision (open)
3 Both

Long Name: Radial Artery Harvest and Preparation Time *SeqNo:* 2636
Short Name: **RadHarvPrepTm** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the total time for radial artery harvest and preparation.
Data Source: User *Format:* Real
Low Value: 0.00 High Value: 240.00
ParentShortName: RadialArtUsed
ParentLongName: Radial Artery Used
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Venous Conduit(s) Used *SeqNo:* 2637
Short Name: **VenousCondUsed** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether a venous conduit was used
Data Source: User *Format:* Text (categorical values specified by STS)
ParentShortName: OpCAB
ParentLongName: CAB
ParentHarvestCodes: 3|4|5
ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Dist Anast - Vein # *SeqNo:* 2638
Short Name: **DistVein** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the total number of distal anastomoses with venous conduits.
Data Source: User *Format:* Integer
Low Value: 0 High Value: 9
ParentShortName: VenousCondUsed
ParentLongName: Venous Conduit(s) Used
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Dist Anast - Vein Harvest Technique *SeqNo:* 2639
Short Name: **DistVeinHTech** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the technique used to harvest the vein graft(s).
Data Source: User *Format:* Text (categorical values specified by STS)
ParentShortName: VenousCondUsed
ParentLongName: Venous Conduit(s) Used
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:
Code: Value:
1 Endoscopic
2 Direct Vision (open)
3 Both
4 Cryopreserved

Long Name: Saphenous Vein Harvest And Preparation Time *SeqNo:* 2640
Short Name: **SaphHarPrepTm** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the total time for saphenous vein harvest and preparation.
Data Source: User *Format:* Real
Low Value: 0.00 High Value: 240.00
ParentShortName: VenousCondUsed
ParentLongName: Venous Conduit(s) Used
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Other Arterial Distal Anastomoses # *SeqNo:* 2641
Short Name: **NumOArtD** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the number of arterial distal anastomoses that were used, other than radial or IMA.
Data Source: User *Format:* Integer
Low Value: 0 High Value: 6
ParentShortName: OpCAB
ParentLongName: CAB
ParentHarvestCodes: 3|4|5
ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"

Long Name: Number Of Distal Anastomoses With Arterial-Venous Composit Conduits *SeqNo:* 2650
Short Name: **NumArtVenComp** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the number of distal anastomoses with arterial-venous composite conduits
Data Source: User *Format:* Integer
 Low Value: 0 High Value: 5
 ParentShortName: OpCAB
 ParentLongName: CAB
 ParentHarvestCodes: 3|4|5
 ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"

Long Name: Number Of Distal Anastomoses With Venous-Arterial Composit Conduits *SeqNo:* 2651
Short Name: **NumVenArtComp** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the number of distal anastomoses with venous-arterial composite conduits
Data Source: User *Format:* Integer
 Low Value: 0 High Value: 5
 ParentShortName: OpCAB
 ParentLongName: CAB
 ParentHarvestCodes: 3|4|5
 ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"

Long Name: Number Of Distal Anastomoses With Arterial-Arterial Composite Conduits *SeqNo:* 2652
Short Name: **NumArtArtComp** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the number of distal anastomoses with arterial-arterial composite conduits
Data Source: User *Format:* Integer
 Low Value: 0 High Value: 5
 ParentShortName: OpCAB
 ParentLongName: CAB
 ParentHarvestCodes: 3|4|5
 ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"

Long Name: IMA Artery Used *SeqNo:* 2669
Short Name: **IMAArtUs** *Core:* No
Section Name: Coronary Bypass *Harvest:* No
DBTableName Adultdata1
Definition: Indicate which, if any, Internal Mammary Artery (ies) (IMA) were used for grafts.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: OpCAB
 ParentLongName: CAB
 ParentHarvestCodes: 3|4|5
 ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"
 Harvest Codes:
 Code: Value:
 1 Left IMA
 2 Right IMA
 3 Both IMAs
 4 No IMA

Long Name: IMA Harvest Technique *SeqNo:* 2670
Short Name: **IMATechn** *Core:* No
Section Name: Coronary Bypass *Harvest:* No
DBTableName Adultdata1
Definition: Indicate the technique of IMA harvest.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: IMAArtUs
 ParentLongName: IMA Artery Used
 ParentHarvestCodes: 1|2|3
 ParentValues: = "Left IMA", "Right IMA" or "Both IMAs"
 Harvest Codes:
 Code: Value:
 2 Direct Vision (open)
 3 Thoracoscopy
 4 Combination
 5 Robotic Assisted

Long Name: Number of Radial Arteries Used *SeqNo:* 2675
Short Name: **NumRadArtUs** *Core:* No
Section Name: Coronary Bypass *Harvest:* No
DBTableName Adultdata1
Definition: Indicate the number of radial artery(ies) that were used for grafts.
Data Source: User *Format:* Integer
 Low Value: 0 High Value: 2
 ParentShortName: OpCAB
 ParentLongName: CAB
 ParentHarvestCodes: 3|4|5
 ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"

<i>Long Name:</i>	Proximal Technique	<i>SeqNo:</i>	2710
<i>Short Name:</i>	ProxTech	<i>Core:</i>	Yes
<i>Section Name:</i>	Coronary Bypass	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate the technique employed for proximal graft anastomosis.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: OpCAB

ParentLongName: CAB

ParentHarvestCodes: 3|4|5

ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"

Harvest Codes:

Code: Value:

- | | |
|---|---------------------------------|
| 1 | Single Cross Clamp |
| 2 | Partial Occlusion Clamp |
| 3 | Anastomotic Assist Device |
| 4 | None (Isolated in situ mammary) |

<i>Long Name:</i>	CAB Distal Site 01	<i>SeqNo:</i>	2730
<i>Short Name:</i>	CABDistSite01	<i>Core:</i>	Yes
<i>Section Name:</i>	Coronary Bypass	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate distal insertion site of bypass.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: OpCAB

ParentLongName: CAB

ParentHarvestCodes: 3|4|5

ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"

Harvest Codes and Value Definitions:

Code: Value:

Definition:

- | | | |
|----|-------------------|-----------------------------------|
| 15 | Left Main | Left Main |
| 5 | Prox LAD | Proximal Left Anterior Descending |
| 6 | Mid LAD | Middle Left Anterior Descending |
| 7 | Distal LAD | Distal Left Anterior Descending |
| 8 | Diagonal 1 | First Diagonal |
| 9 | Diagonal 2 | Second Diagonal |
| 16 | Diagonal 3 | Third Diagonal |
| 17 | Circumflex | Circumflex |
| 11 | Obtuse Marginal 1 | First Obtuse Marginal |

12	Obtuse Marginal 2	Second Obtuse Marginal
13	Obtuse Marginal 3	Third Obtuse Marginal
10	Ramus	Ramus Intermedius
1	RCA	Right Coronary Artery
2	Acute Marginal (AM)	Acute Marginal
3	Posterior Descending (PDA)	Posterior Descending Artery
4	Posterolateral (PLB)	Posterolateral Branch
14	Other	Any other site

Long Name: CAB Proximal Site 01*SeqNo:* 2740*Short Name:* **CABProximalSite01***Core:* Yes*Section Name:* Coronary Bypass*Harvest:* Yes*DBTableName* Adultdata1*Definition:* Indicate proximal site of the bypass graft.*Data Source:* User*Format:* Text (categorical values specified by STS)

ParentShortName: OpCAB

ParentLongName: CAB

ParentHarvestCodes: 3|4|5

ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"

Harvest Codes:

Code: Value:

- 1 In Situ Mammary
- 2 Ascending aorta
- 3 Descending aorta
- 4 Subclavian artery
- 5 Innominate artery
- 6 T-graft off SVG
- 7 T-graft off Radial
- 8 T-graft off LIMA
- 9 T-graft off RIMA
- 10 Natural Y vein graft
- 11 Other

Long Name: CAB Conduit 01 *SeqNo:* 2750
Short Name: **CABConduit01** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the conduit type used.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: OpCAB
 ParentLongName: CAB
 ParentHarvestCodes: 3|4|5
 ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"
 Harvest Codes:
 Code: Value:
 1 Vein graft
 2 In Situ LIMA
 3 In Situ RIMA
 4 Free IMA
 8 Composite artery-vein
 5 Radial artery
 6 Other arteries, homograft
 7 Synthetic graft

Long Name: CAB Distal Position 01 *SeqNo:* 2755
Short Name: **CABDistPos01** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate anastomotic position.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: OpCAB
 ParentLongName: CAB
 ParentHarvestCodes: 3|4|5
 ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"
 Harvest Codes:
 Code: Value:
 1 End to side
 2 Sequential (side to side)

Long Name: CAB Endarterectomy 01 *SeqNo:* 2760
Short Name: **CABEndArt01** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether endarterectomy was performed.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: OpCAB
ParentLongName: CAB
ParentHarvestCodes: 3|4|5
ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: CAB Vein Patch Angioplasty 01 *SeqNo:* 2765
Short Name: **CABVeinPatAng01** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether a vein patch angioplasty was performed.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: OpCAB
ParentLongName: CAB
ParentHarvestCodes: 3|4|5
ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

<i>Long Name:</i>	CAB 02	<i>SeqNo:</i>	2770
<i>Short Name:</i>	CAB02	<i>Core:</i>	Yes
<i>Section Name:</i>	Coronary Bypass	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate whether a second Coronary Artery Bypass graft was done.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: OpCAB

ParentLongName: CAB

ParentHarvestCodes: 3|4|5

ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"

Harvest Codes:

Code: Value:

1	Yes
2	No

<i>Long Name:</i>	CAB Distal Site 02	<i>SeqNo:</i>	2790
<i>Short Name:</i>	CABDistSite02	<i>Core:</i>	Yes
<i>Section Name:</i>	Coronary Bypass	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate distal insertion site of bypass.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CAB02

ParentLongName: CAB 02

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes and Value Definitions:

Code: Value:

15	Left Main
5	Prox LAD
6	Mid LAD
7	Distal LAD
8	Diagonal 1
9	Diagonal 2
16	Diagonal 3
17	Circumflex
11	Obtuse Marginal 1
12	Obtuse Marginal 2
13	Obtuse Marginal 3
10	Ramus

Definition:

Left Main
Proximal Left Anterior Descending
Middle Left Anterior Descending
Distal Left Anterior Descending
First Diagonal
Second Diagonal
Third Diagonal
Circumflex
First Obtuse Marginal
Second Obtuse Marginal
Third Obtuse Marginal
Ramus Intermedius

1	RCA	Right Coronary Artery
2	Acute Marginal (AM)	Acute Marginal
3	Posterior Descending (PDA)	Posterior Descending Artery
4	Posterolateral (PLB)	Posterolateral Branch
14	Other	Any other site

Long Name: CAB Proximal Site 02 *SeqNo:* 2800
Short Name: **CABProximalSite02** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate proximal site of the bypass graft.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CAB02
 ParentLongName: CAB 02
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	In Situ Mammary
2	Ascending aorta
3	Descending aorta
4	Subclavian artery
5	Innominate artery
6	T-graft off SVG
7	T-graft off Radial
8	T-graft off LIMA
9	T-graft off RIMA
10	Natural Y vein graft
11	Other

<i>Long Name:</i>	CAB Conduit 02	<i>SeqNo:</i>	2810
<i>Short Name:</i>	CABConduit02	<i>Core:</i>	Yes
<i>Section Name:</i>	Coronary Bypass	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate the conduit type used.

Data Source: User

Format: Text (categorical values specified by STS)

ParentShortName: CAB02

ParentLongName: CAB 02

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Vein graft
- 2 In Situ LIMA
- 3 In Situ RIMA
- 4 Free IMA
- 8 Composite artery-vein
- 5 Radial artery
- 6 Other arteries, homograft
- 7 Synthetic graft

<i>Long Name:</i>	CAB Distal Position 02	<i>SeqNo:</i>	2815
<i>Short Name:</i>	CABDistPos02	<i>Core:</i>	Yes
<i>Section Name:</i>	Coronary Bypass	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate anastomotic position.

Data Source: User

Format: Text (categorical values specified by STS)

ParentShortName: CAB02

ParentLongName: CAB 02

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 End to side
- 2 Sequential (side to side)

Long Name: CAB Endarterectomy 02 *SeqNo:* 2820
Short Name: **CABEndArt02** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether endarterectomy was performed.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CAB02
ParentLongName: CAB 02
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: CAB Vein Patch Angioplasty 02 *SeqNo:* 2825
Short Name: **CABVeinPatAng02** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether a vein patch angioplasty was performed.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CAB02
ParentLongName: CAB 02
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: CAB 03 *SeqNo:* 2830
Short Name: **CAB03** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether a third Coronary Artery Bypass graft was done.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CAB02
ParentLongName: CAB 02
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: CAB Distal Site 03 *SeqNo:* 2850
Short Name: **CABDistSite03** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate distal insertion site of bypass.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CAB03
ParentLongName: CAB 03
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes and Value Definitions:

<u>Code:</u>	<u>Value:</u>	<u>Definition:</u>
15	Left Main	Left Main
5	Prox LAD	Proximal Left Anterior Descending
6	Mid LAD	Middle Left Anterior Descending
7	Distal LAD	Distal Left Anterior Descending
8	Diagonal 1	First Diagonal
9	Diagonal 2	Second Diagonal
16	Diagonal 3	Third Diagonal
17	Circumflex	Circumflex
11	Obtuse Marginal 1	First Obtuse Marginal
12	Obtuse Marginal 2	Second Obtuse Marginal
13	Obtuse Marginal 3	Third Obtuse Marginal
10	Ramus	Ramus Intermedius
1	RCA	Right Coronary Artery

2	Acute Marginal (AM)	Acute Marginal
3	Posterior Descending (PDA)	Posterior Descending Artery
4	Posterolateral (PLB)	Posterolateral Branch
14	Other	Any other site

Long Name: CAB Proximal Site 03 *SeqNo:* 2860
Short Name: **CABProximalSite03** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate proximal site of the bypass graft.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CAB03
ParentLongName: CAB 03
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	In Situ Mammary
2	Ascending aorta
3	Descending aorta
4	Subclavian artery
5	Innominate artery
6	T-graft off SVG
7	T-graft off Radial
8	T-graft off LIMA
9	T-graft off RIMA
10	Natural Y vein graft
11	Other

<i>Long Name:</i>	CAB Conduit 03	<i>SeqNo:</i>	2870
<i>Short Name:</i>	CABConduit03	<i>Core:</i>	Yes
<i>Section Name:</i>	Coronary Bypass	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate the conduit type used.

Data Source: User

Format: Text (categorical values specified by STS)

ParentShortName: CAB03

ParentLongName: CAB 03

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- | | |
|---|---------------------------|
| 1 | Vein graft |
| 2 | In Situ LIMA |
| 3 | In Situ RIMA |
| 4 | Free IMA |
| 8 | Composite artery-vein |
| 5 | Radial artery |
| 6 | Other arteries, homograft |
| 7 | Synthetic graft |

<i>Long Name:</i>	CAB Distal Position 03	<i>SeqNo:</i>	2875
<i>Short Name:</i>	CABDistPos03	<i>Core:</i>	Yes
<i>Section Name:</i>	Coronary Bypass	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate anastomotic position.

Data Source: User

Format: Text (categorical values specified by STS)

ParentShortName: CAB03

ParentLongName: CAB 03

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- | | |
|---|---------------------------|
| 1 | End to side |
| 2 | Sequential (side to side) |

Long Name: CAB Endarterectomy 03 *SeqNo:* 2880
Short Name: **CABEndArt03** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether endarterectomy was performed.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CAB03
ParentLongName: CAB 03
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: CAB Vein Patch Angioplasty 03 *SeqNo:* 2885
Short Name: **CABVeinPatAng03** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether a vein patch angioplasty was performed.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CAB03
ParentLongName: CAB 03
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: CAB 04 *SeqNo:* 2890
Short Name: **CAB04** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether a fourth Coronary Artery Bypass graft was done.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CAB03

ParentLongName: CAB 03

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: CAB Distal Site 04 *SeqNo:* 2910
Short Name: **CABDistSite04** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate distal insertion site of bypass.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CAB04

ParentLongName: CAB 04

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes and Value Definitions:

Code: Value:

15 Left Main

5 Prox LAD

6 Mid LAD

7 Distal LAD

8 Diagonal 1

9 Diagonal 2

16 Diagonal 3

17 Circumflex

11 Obtuse Marginal 1

12 Obtuse Marginal 2

13 Obtuse Marginal 3

10 Ramus

1 RCA

Definition:

Left Main

Proximal Left Anterior Descending

Middle Left Anterior Descending

Distal Left Anterior Descending

First Diagonal

Second Diagonal

Third Diagonal

Circumflex

First Obtuse Marginal

Second Obtuse Marginal

Third Obtuse Marginal

Ramus Intermedius

Right Coronary Artery

2	Acute Marginal (AM)	Acute Marginal
3	Posterior Descending (PDA)	Posterior Descending Artery
4	Posterolateral (PLB)	Posterolateral Branch
14	Other	Any other site

Long Name: CAB Proximal Site 04 *SeqNo:* 2920
Short Name: **CABProximalSite04** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate proximal site of the bypass graft.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CAB04
 ParentLongName: CAB 04
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	In Situ Mammary
2	Ascending aorta
3	Descending aorta
4	Subclavian artery
5	Innominate artery
6	T-graft off SVG
7	T-graft off Radial
8	T-graft off LIMA
9	T-graft off RIMA
10	Natural Y vein graft
11	Other

<i>Long Name:</i>	CAB Conduit 04	<i>SeqNo:</i>	2930
<i>Short Name:</i>	CABConduit04	<i>Core:</i>	Yes
<i>Section Name:</i>	Coronary Bypass	<i>Harvest:</i>	Yes

DBTableName Adultdata1

Definition: Indicate the conduit type used.

Data Source: User

Format: Text (categorical values specified by STS)

ParentShortName: CAB04

ParentLongName: CAB 04

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- | | |
|---|---------------------------|
| 1 | Vein graft |
| 2 | In Situ LIMA |
| 3 | In Situ RIMA |
| 4 | Free IMA |
| 8 | Composite artery-vein |
| 5 | Radial artery |
| 6 | Other arteries, homograft |
| 7 | Synthetic graft |

<i>Long Name:</i>	CAB Distal Position 04	<i>SeqNo:</i>	2935
<i>Short Name:</i>	CABDistPos04	<i>Core:</i>	Yes
<i>Section Name:</i>	Coronary Bypass	<i>Harvest:</i>	Yes

DBTableName Adultdata1

Definition: Indicate anastomotic position.

Data Source: User

Format: Text (categorical values specified by STS)

ParentShortName: CAB04

ParentLongName: CAB 04

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- | | |
|---|---------------------------|
| 1 | End to side |
| 2 | Sequential (side to side) |

Long Name: CAB Endarterectomy 04 *SeqNo:* 2940
Short Name: **CABEndArt04** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether endarterectomy was performed.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CAB04
ParentLongName: CAB 04
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: CAB Vein Patch Angioplasty 04 *SeqNo:* 2945
Short Name: **CABVeinPatAng04** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether a vein patch angioplasty was performed.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CAB04
ParentLongName: CAB 04
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: CAB 05 *SeqNo:* 2950
Short Name: **CAB05** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether a fifth Coronary Artery Bypass graft was done.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CAB04
ParentLongName: CAB 04
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: CAB Distal Site 05 *SeqNo:* 2970
Short Name: **CABDistSite05** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate distal insertion site of bypass.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CAB05
ParentLongName: CAB 05
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes and Value Definitions:

<u>Code:</u>	<u>Value:</u>	<u>Definition:</u>
15	Left Main	Left Main
5	Prox LAD	Proximal Left Anterior Descending
6	Mid LAD	Middle Left Anterior Descending
7	Distal LAD	Distal Left Anterior Descending
8	Diagonal 1	First Diagonal
9	Diagonal 2	Second Diagonal
16	Diagonal 3	Third Diagonal
17	Circumflex	Circumflex
11	Obtuse Marginal 1	First Obtuse Marginal
12	Obtuse Marginal 2	Second Obtuse Marginal
13	Obtuse Marginal 3	Third Obtuse Marginal
10	Ramus	Ramus Intermedius
1	RCA	Right Coronary Artery

2	Acute Marginal (AM)	Acute Marginal
3	Posterior Descending (PDA)	Posterior Descending Artery
4	Posterolateral (PLB)	Posterolateral Branch
14	Other	Any other site

Long Name: CAB Proximal Site 05 *SeqNo:* 2980
Short Name: **CABProximalSite05** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate proximal site of the bypass graft.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CAB05
ParentLongName: CAB 05
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	In Situ Mammary
2	Ascending aorta
3	Descending aorta
4	Subclavian artery
5	Innominate artery
6	T-graft off SVG
7	T-graft off Radial
8	T-graft off LIMA
9	T-graft off RIMA
10	Natural Y vein graft
11	Other

<i>Long Name:</i>	CAB Conduit 05	<i>SeqNo:</i>	2990
<i>Short Name:</i>	CABConduit05	<i>Core:</i>	Yes
<i>Section Name:</i>	Coronary Bypass	<i>Harvest:</i>	Yes

DBTableName Adultdata1

Definition: Indicate the conduit type used.

Data Source: User

Format: Text (categorical values specified by STS)

ParentShortName: CAB05

ParentLongName: CAB 05

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- | | |
|---|---------------------------|
| 1 | Vein graft |
| 2 | In Situ LIMA |
| 3 | In Situ RIMA |
| 4 | Free IMA |
| 8 | Composite artery-vein |
| 5 | Radial artery |
| 6 | Other arteries, homograft |
| 7 | Synthetic graft |

<i>Long Name:</i>	CAB Distal Position 05	<i>SeqNo:</i>	2995
<i>Short Name:</i>	CABDistPos05	<i>Core:</i>	Yes
<i>Section Name:</i>	Coronary Bypass	<i>Harvest:</i>	Yes

DBTableName Adultdata1

Definition: Indicate anastomotic position.

Data Source: User

Format: Text (categorical values specified by STS)

ParentShortName: CAB05

ParentLongName: CAB 05

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- | | |
|---|---------------------------|
| 1 | End to side |
| 2 | Sequential (side to side) |

Long Name: CAB Endarterectomy 05 *SeqNo:* 3000
Short Name: **CABEndArt05** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether endarterectomy was performed.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CAB05
ParentLongName: CAB 05
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: CAB Vein Patch Angioplasty 05 *SeqNo:* 3005
Short Name: **CABVeinPatAng05** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether a vein patch angioplasty was performed.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CAB05
ParentLongName: CAB 05
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: CAB 06 *SeqNo:* 3010
Short Name: **CAB06** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether a sixth Coronary Artery Bypass graft was done.
Data Source: User *Format:* Text (categorical values specified by STS)

 ParentShortName: CAB05
 ParentLongName: CAB 05
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: CAB Distal Site 06 *SeqNo:* 3030
Short Name: **CABDistSite06** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate distal insertion site of bypass.
Data Source: User *Format:* Text (categorical values specified by STS)

 ParentShortName: CAB06
 ParentLongName: CAB 06
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes and Value Definitions:

<u>Code:</u>	<u>Value:</u>	<u>Definition:</u>
15	Left Main	Left Main
5	Prox LAD	Proximal Left Anterior Descending
6	Mid LAD	Middle Left Anterior Descending
7	Distal LAD	Distal Left Anterior Descending
8	Diagonal 1	First Diagonal
9	Diagonal 2	Second Diagonal
16	Diagonal 3	Third Diagonal
17	Circumflex	Circumflex
11	Obtuse Marginal 1	First Obtuse Marginal
12	Obtuse Marginal 2	Second Obtuse Marginal
13	Obtuse Marginal 3	Third Obtuse Marginal
10	Ramus	Ramus Intermedius
1	RCA	Right Coronary Artery

2	Acute Marginal (AM)	Acute Marginal
3	Posterior Descending (PDA)	Posterior Descending Artery
4	Posterolateral (PLB)	Posterolateral Branch
14	Other	Any other site

Long Name: CAB Proximal Site 06 *SeqNo:* 3040
Short Name: **CABProximalSite06** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate proximal site of the bypass graft.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CAB06
ParentLongName: CAB 06
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	In Situ Mammary
2	Ascending aorta
3	Descending aorta
4	Subclavian artery
5	Innominate artery
6	T-graft off SVG
7	T-graft off Radial
8	T-graft off LIMA
9	T-graft off RIMA
10	Natural Y vein graft
11	Other

<i>Long Name:</i>	CAB Conduit 06	<i>SeqNo:</i>	3050
<i>Short Name:</i>	CABConduit06	<i>Core:</i>	Yes
<i>Section Name:</i>	Coronary Bypass	<i>Harvest:</i>	Yes

DBTableName Adultdata1

Definition: Indicate the conduit type used.

Data Source: User

Format: Text (categorical values specified by STS)

ParentShortName: CAB06

ParentLongName: CAB 06

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- | | |
|---|---------------------------|
| 1 | Vein graft |
| 2 | In Situ LIMA |
| 3 | In Situ RIMA |
| 4 | Free IMA |
| 8 | Composite artery-vein |
| 5 | Radial artery |
| 6 | Other arteries, homograft |
| 7 | Synthetic graft |

<i>Long Name:</i>	CAB Distal Position 06	<i>SeqNo:</i>	3055
<i>Short Name:</i>	CABDistPos06	<i>Core:</i>	Yes
<i>Section Name:</i>	Coronary Bypass	<i>Harvest:</i>	Yes

DBTableName Adultdata1

Definition: Indicate anastomotic position.

Data Source: User

Format: Text (categorical values specified by STS)

ParentShortName: CAB06

ParentLongName: CAB 06

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- | | |
|---|---------------------------|
| 1 | End to side |
| 2 | Sequential (side to side) |

Long Name: CAB Endarterectomy 06 *SeqNo:* 3060
Short Name: **CABEndArt06** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether endarterectomy was performed.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CAB06
ParentLongName: CAB 06
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: CAB Vein Patch Angioplasty 06 *SeqNo:* 3065
Short Name: **CABVeinPatAng06** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether a vein patch angioplasty was performed.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CAB06
ParentLongName: CAB 06
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: CAB 07 *SeqNo:* 3070
Short Name: **CAB07** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether a seventh Coronary Artery Bypass graft was done.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CAB06
ParentLongName: CAB 06
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: CAB Distal Site 07 *SeqNo:* 3090
Short Name: **CABDistSite07** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate distal insertion site of bypass.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CAB07
ParentLongName: CAB 07
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes and Value Definitions:

<u>Code:</u>	<u>Value:</u>	<u>Definition:</u>
15	Left Main	Left Main
5	Prox LAD	Proximal Left Anterior Descending
6	Mid LAD	Middle Left Anterior Descending
7	Distal LAD	Distal Left Anterior Descending
8	Diagonal 1	First Diagonal
9	Diagonal 2	Second Diagonal
16	Diagonal 3	Third Diagonal
17	Circumflex	Circumflex
11	Obtuse Marginal 1	First Obtuse Marginal
12	Obtuse Marginal 2	Second Obtuse Marginal
13	Obtuse Marginal 3	Third Obtuse Marginal
10	Ramus	Ramus Intermedius
1	RCA	Right Coronary Artery

2	Acute Marginal (AM)	Acute Marginal
3	Posterior Descending (PDA)	Posterior Descending Artery
4	Posterolateral (PLB)	Posterolateral Branch
14	Other	Any other site

Long Name: CAB Proximal Site 07 *SeqNo:* 3100
Short Name: **CABProximalSite07** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate proximal site of the bypass graft.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CAB07
 ParentLongName: CAB 07
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	In Situ Mammary
2	Ascending aorta
3	Descending aorta
4	Subclavian artery
5	Innominate artery
6	T-graft off SVG
7	T-graft off Radial
8	T-graft off LIMA
9	T-graft off RIMA
10	Natural Y vein graft
11	Other

<i>Long Name:</i>	CAB Conduit 07	<i>SeqNo:</i>	3110
<i>Short Name:</i>	CABConduit07	<i>Core:</i>	Yes
<i>Section Name:</i>	Coronary Bypass	<i>Harvest:</i>	Yes

DBTableName Adultdata1

Definition: Indicate the conduit type used.

Data Source: User

Format: Text (categorical values specified by STS)

ParentShortName: CAB07

ParentLongName: CAB 07

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- | | |
|---|---------------------------|
| 1 | Vein graft |
| 2 | In Situ LIMA |
| 3 | In Situ RIMA |
| 4 | Free IMA |
| 8 | Composite artery-vein |
| 5 | Radial artery |
| 6 | Other arteries, homograft |
| 7 | Synthetic graft |

<i>Long Name:</i>	CAB Distal Position 07	<i>SeqNo:</i>	3115
<i>Short Name:</i>	CABDistPos07	<i>Core:</i>	Yes
<i>Section Name:</i>	Coronary Bypass	<i>Harvest:</i>	Yes

DBTableName Adultdata1

Definition: Indicate anastomotic position.

Data Source: User

Format: Text (categorical values specified by STS)

ParentShortName: CAB07

ParentLongName: CAB 07

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- | | |
|---|---------------------------|
| 1 | End to side |
| 2 | Sequential (side to side) |

Long Name: CAB Endarterectomy 07 *SeqNo:* 3120
Short Name: **CABEndArt07** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether endarterectomy was performed.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CAB07
ParentLongName: CAB 07
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: CAB Vein Patch Angioplasty 07 *SeqNo:* 3125
Short Name: **CABVeinPatAng07** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether a vein patch angioplasty was performed.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CAB07
ParentLongName: CAB 07
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: CAB 08 *SeqNo:* 3130
Short Name: **CAB08** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether an eighth Coronary Artery Bypass graft was done.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CAB07

ParentLongName: CAB 07

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: CAB Distal Site 08 *SeqNo:* 3150
Short Name: **CABDistSite08** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate distal insertion site of bypass.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CAB08

ParentLongName: CAB 08

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes and Value Definitions:

Code: Value:

15 Left Main

5 Prox LAD

6 Mid LAD

7 Distal LAD

8 Diagonal 1

9 Diagonal 2

16 Diagonal 3

17 Circumflex

11 Obtuse Marginal 1

12 Obtuse Marginal 2

13 Obtuse Marginal 3

10 Ramus

1 RCA

Definition:

Left Main

Proximal Left Anterior Descending

Middle Left Anterior Descending

Distal Left Anterior Descending

First Diagonal

Second Diagonal

Third Diagonal

Circumflex

First Obtuse Marginal

Second Obtuse Marginal

Third Obtuse Marginal

Ramus Intermedius

Right Coronary Artery

2	Acute Marginal (AM)	Acute Marginal
3	Posterior Descending (PDA)	Posterior Descending Artery
4	Posterolateral (PLB)	Posterolateral Branch
14	Other	Any other site

Long Name: CAB Proximal Site 08 *SeqNo:* 3160
Short Name: **CABProximalSite08** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate proximal site of the bypass graft.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CAB08
 ParentLongName: CAB 08
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	In Situ Mammary
2	Ascending aorta
3	Descending aorta
4	Subclavian artery
5	Innominate artery
6	T-graft off SVG
7	T-graft off Radial
8	T-graft off LIMA
9	T-graft off RIMA
10	Natural Y vein graft
11	Other

<i>Long Name:</i>	CAB Conduit 08	<i>SeqNo:</i>	3170
<i>Short Name:</i>	CABConduit08	<i>Core:</i>	Yes
<i>Section Name:</i>	Coronary Bypass	<i>Harvest:</i>	Yes

DBTableName Adultdata1

Definition: Indicate the conduit type used.

Data Source: User

Format: Text (categorical values specified by STS)

ParentShortName: CAB08

ParentLongName: CAB 08

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- | | |
|---|---------------------------|
| 1 | Vein graft |
| 2 | In Situ LIMA |
| 3 | In Situ RIMA |
| 4 | Free IMA |
| 8 | Composite artery-vein |
| 5 | Radial artery |
| 6 | Other arteries, homograft |
| 7 | Synthetic graft |

<i>Long Name:</i>	CAB Distal Position 08	<i>SeqNo:</i>	3175
<i>Short Name:</i>	CABDistPos08	<i>Core:</i>	Yes
<i>Section Name:</i>	Coronary Bypass	<i>Harvest:</i>	Yes

DBTableName Adultdata1

Definition: Indicate anastomotic position.

Data Source: User

Format: Text (categorical values specified by STS)

ParentShortName: CAB08

ParentLongName: CAB 08

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- | | |
|---|---------------------------|
| 1 | End to side |
| 2 | Sequential (side to side) |

Long Name: CAB Endarterectomy 08 *SeqNo:* 3180
Short Name: **CABEndArt08** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether endarterectomy was performed.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CAB08
ParentLongName: CAB 08
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: CAB Vein Patch Angioplasty 08 *SeqNo:* 3185
Short Name: **CABVeinPatAng08** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether a vein patch angioplasty was performed.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CAB08
ParentLongName: CAB 08
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: CAB 09 *SeqNo:* 3190
Short Name: **CAB09** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether a ninth Coronary Artery Bypass graft was done.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CAB08

ParentLongName: CAB 08

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: CAB Distal Site 09 *SeqNo:* 3210
Short Name: **CABDistSite09** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate distal insertion site of bypass.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CAB09

ParentLongName: CAB 09

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes and Value Definitions:

Code: Value:

15 Left Main

5 Prox LAD

6 Mid LAD

7 Distal LAD

8 Diagonal 1

9 Diagonal 2

16 Diagonal 3

17 Circumflex

11 Obtuse Marginal 1

12 Obtuse Marginal 2

13 Obtuse Marginal 3

10 Ramus

1 RCA

Definition:

Left Main

Proximal Left Anterior Descending

Middle Left Anterior Descending

Distal Left Anterior Descending

First Diagonal

Second Diagonal

Third Diagonal

Circumflex

First Obtuse Marginal

Second Obtuse Marginal

Third Obtuse Marginal

Ramus Intermedius

Right Coronary Artery

2	Acute Marginal (AM)	Acute Marginal
3	Posterior Descending (PDA)	Posterior Descending Artery
4	Posterolateral (PLB)	Posterolateral Branch
14	Other	Any other site

Long Name: CAB Proximal Site 09 *SeqNo:* 3220
Short Name: **CABProximalSite09** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate proximal site of the bypass graft.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CAB09
ParentLongName: CAB 09
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	In Situ Mammary
2	Ascending aorta
3	Descending aorta
4	Subclavian artery
5	Innominate artery
6	T-graft off SVG
7	T-graft off Radial
8	T-graft off LIMA
9	T-graft off RIMA
10	Natural Y vein graft
11	Other

<i>Long Name:</i>	CAB Conduit 09	<i>SeqNo:</i>	3230
<i>Short Name:</i>	CABConduit09	<i>Core:</i>	Yes
<i>Section Name:</i>	Coronary Bypass	<i>Harvest:</i>	Yes

DBTableName Adultdata1

Definition: Indicate the conduit type used.

Data Source: User

Format: Text (categorical values specified by STS)

ParentShortName: CAB09

ParentLongName: CAB 09

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Vein graft
- 2 In Situ LIMA
- 3 In Situ RIMA
- 4 Free IMA
- 8 Composite artery-vein
- 5 Radial artery
- 6 Other arteries, homograft
- 7 Synthetic graft

<i>Long Name:</i>	CAB Distal Position 09	<i>SeqNo:</i>	3235
<i>Short Name:</i>	CABDistPos09	<i>Core:</i>	Yes
<i>Section Name:</i>	Coronary Bypass	<i>Harvest:</i>	Yes

DBTableName Adultdata1

Definition: Indicate anastomotic position.

Data Source: User

Format: Text (categorical values specified by STS)

ParentShortName: CAB09

ParentLongName: CAB 09

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 End to side
- 2 Sequential (side to side)

Long Name: CAB Endarterectomy 09 *SeqNo:* 3240
Short Name: **CABEndArt09** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether endarterectomy was performed.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CAB09
ParentLongName: CAB 09
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:
Code: Value:
1 Yes
2 No

Long Name: CAB Vein Patch Angioplasty 09 *SeqNo:* 3245
Short Name: **CABVeinPatAng09** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether a vein patch angioplasty was performed.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CAB09
ParentLongName: CAB 09
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:
Code: Value:
1 Yes
2 No

Long Name: CAB 10 *SeqNo:* 3250
Short Name: **CAB10** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether a tenth Coronary Artery Bypass graft was done.
Data Source: User *Format:* Text (categorical values specified by STS)

 ParentShortName: CAB09
 ParentLongName: CAB 09
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: CAB Distal Site 10 *SeqNo:* 3270
Short Name: **CABDistSite10** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate distal insertion site of bypass.
Data Source: User *Format:* Text (categorical values specified by STS)

 ParentShortName: CAB10
 ParentLongName: CAB 10
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes and Value Definitions:

<u>Code:</u>	<u>Value:</u>	<u>Definition:</u>
15	Left Main	Left Main
5	Prox LAD	Proximal Left Anterior Descending
6	Mid LAD	Middle Left Anterior Descending
7	Distal LAD	Distal Left Anterior Descending
8	Diagonal 1	First Diagonal
9	Diagonal 2	Second Diagonal
16	Diagonal 3	Third Diagonal
17	Circumflex	Circumflex
11	Obtuse Marginal 1	First Obtuse Marginal
12	Obtuse Marginal 2	Second Obtuse Marginal
13	Obtuse Marginal 3	Third Obtuse Marginal
10	Ramus	Ramus Intermedius
1	RCA	Right Coronary Artery

2	Acute Marginal (AM)	Acute Marginal
3	Posterior Descending (PDA)	Posterior Descending Artery
4	Posterolateral (PLB)	Posterolateral Branch
14	Other	Any other site

Long Name: CAB Proximal Site 10 *SeqNo:* 3280
Short Name: **CABProximalSite10** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate proximal site of the bypass graft.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CAB10
 ParentLongName: CAB 10
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	In Situ Mammary
2	Ascending aorta
3	Descending aorta
4	Subclavian artery
5	Innominate artery
6	T-graft off SVG
7	T-graft off Radial
8	T-graft off LIMA
9	T-graft off RIMA
10	Natural Y vein graft
11	Other

<i>Long Name:</i>	CAB Conduit 10	<i>SeqNo:</i>	3290
<i>Short Name:</i>	CABConduit10	<i>Core:</i>	Yes
<i>Section Name:</i>	Coronary Bypass	<i>Harvest:</i>	Yes

DBTableName Adultdata1

Definition: Indicate the conduit type used.

Data Source: User

Format: Text (categorical values specified by STS)

ParentShortName: CAB10

ParentLongName: CAB 10

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- | | |
|---|---------------------------|
| 1 | Vein graft |
| 2 | In Situ LIMA |
| 3 | In Situ RIMA |
| 4 | Free IMA |
| 8 | Composite artery-vein |
| 5 | Radial artery |
| 6 | Other arteries, homograft |
| 7 | Synthetic graft |

<i>Long Name:</i>	CAB Distal Position 10	<i>SeqNo:</i>	3295
<i>Short Name:</i>	CABDistPos10	<i>Core:</i>	Yes
<i>Section Name:</i>	Coronary Bypass	<i>Harvest:</i>	Yes

DBTableName Adultdata1

Definition: Indicate anastomotic position.

Data Source: User

Format: Text (categorical values specified by STS)

ParentShortName: CAB10

ParentLongName: CAB 10

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- | | |
|---|---------------------------|
| 1 | End to side |
| 2 | Sequential (side to side) |

Long Name: CAB Endarterectomy 10 *SeqNo:* 3300
Short Name: **CABEndArt10** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether endarterectomy was performed.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CAB10
ParentLongName: CAB 10
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: CAB Vein Patch Angioplasty 10 *SeqNo:* 3305
Short Name: **CABVeinPatAng10** *Core:* Yes
Section Name: Coronary Bypass *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether a vein patch angioplasty was performed.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CAB10
ParentLongName: CAB 10
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Valve Prosthesis Explant *SeqNo:* 3310
Short Name: **ValExp** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether a prosthetic valve or annuloplasty was explanted during this procedure.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: OpValve
ParentLongName: Valve
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:
Code: Value:
1 Yes
2 No

Long Name: Valve Prosthesis Explant Position *SeqNo:* 3315
Short Name: **ValExpPos** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the location of the first explanted prosthetic valve or annuloplasty device.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: ValExp
ParentLongName: Valve Prosthesis Explant
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:
Code: Value:
1 Aortic
2 Mitral
3 Tricuspid
4 Pulmonic

Long Name: Valve Explant Type *SeqNo:* 3320
Short Name: **ValExpTyp** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the first type of valve device explanted or enter unknown.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: ValExp
ParentLongName: Valve Prosthesis Explant
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
2	Mechanical Valve
5	Leaflet clip
3	Bioprosthetic Valve
6	Transcatheter Device
7	Homograft
9	Other
4	Annuloplasty Device
1	Unknown

Long Name: Valve Explant Etiology *SeqNo:* 3325
Short Name: **ValExpEt** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the primary reason for explanting valve device.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: ValExp
ParentLongName: Valve Prosthesis Explant
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Endocarditis
2	Failed repair
3	Hemolysis
4	Incompetence
5	Pannus
6	Para-valvular leak
7	Prosthetic deterioration

-
- 8 Sizing/positioning issue
 - 9 Stenosis
 - 10 Thrombosis
 - 11 Other
 - 12 Unknown
-

Long Name: Valve Explant Device Known *SeqNo:* 3330

Short Name: **ValExpDevKnown** *Core:* Yes

Section Name: Valve Surgery *Harvest:* Yes

DBTableName Adultdata1

Definition: Indicate whether the type of explanted valve device is known.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: ValExp

ParentLongName: Valve Prosthesis Explant

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Valve Explant Device *SeqNo:* 3335

Short Name: **ValExpDev** *Core:* Yes

Section Name: Valve Surgery *Harvest:* Yes

DBTableName Adultdata1

Definition: Indicate the model number of the first prosthesis explanted.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: ValExpDevKnown

ParentLongName: Valve Explant Device Known

ParentHarvestCodes: 1

ParentValues: = "Yes"

Long Name: Valve Explant Unique Device Identifier (UDI) *SeqNo:* 3340
Short Name: **ValExpUDI** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1 *DataLength:* 50
Definition: Indicate the device UDI if available, otherwise leave blank.
Data Source: User *Format:* Text

ParentShortName: ValExpDevKnown
ParentLongName: Valve Explant Device Known
ParentHarvestCodes: 1
ParentValues: = "Yes"

#

Long Name: Second Valve Prosthesis Explant *SeqNo:* 3350
Short Name: **ValExp2** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether a second prosthetic valve or annuloplasty was explanted during this procedure.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: ValExp
ParentLongName: Valve Prosthesis Explant
ParentHarvestCodes: 1
ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Second Valve Prosthesis Explant Position *SeqNo:* 3355
Short Name: **ValExpPos2** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1

Definition: Indicate the location of the second explanted prosthetic valve or annuloplasty.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: ValExp2

ParentLongName: Second Valve Prosthesis Explant

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Aortic
 - 2 Mitral
 - 3 Tricuspid
 - 4 Pulmonic
-

Long Name: Second Valve Explant Type *SeqNo:* 3360
Short Name: **ValExpTyp2** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1

Definition: Indicate the second type of valve device explanted or enter unknown.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: ValExp2

ParentLongName: Second Valve Prosthesis Explant

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 2 Mechanical Valve
 - 5 Leaflet clip
 - 3 Bioprosthetic Valve
 - 6 Transcatheter Device
 - 7 Homograft
 - 9 Other
 - 4 Annuloplasty Device
 - 1 Unknown
-

<i>Long Name:</i>	Second Valve Explant Etiology	<i>SeqNo:</i>	3365
<i>Short Name:</i>	ValExpEt2	<i>Core:</i>	Yes
<i>Section Name:</i>	Valve Surgery	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate the primary reason for explanting valve device.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: ValExp2

ParentLongName: Second Valve Prosthesis Explant

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- | | |
|----|--------------------------|
| 1 | Endocarditis |
| 2 | Failed repair |
| 3 | Hemolysis |
| 4 | Incompetence |
| 5 | Pannus Formation |
| 6 | Para-valvular leak |
| 7 | Prosthetic deterioration |
| 8 | Sizing/positioning issue |
| 9 | Stenosis |
| 10 | Thrombosis |
| 11 | Other |
| 12 | Unknown |

<i>Long Name:</i>	Second Valve Explant Device Known	<i>SeqNo:</i>	3370
<i>Short Name:</i>	ValExpDevKnown2	<i>Core:</i>	Yes
<i>Section Name:</i>	Valve Surgery	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate whether the type of explanted valve device is known.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: ValExp2

ParentLongName: Second Valve Prosthesis Explant

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

Long Name: Second Valve Explant Device *SeqNo:* 3375
Short Name: **ValExpDev2** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the model number of the second prosthesis explanted.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: ValExpDevKnown2
 ParentLongName: Second Valve Explant Device Known
 ParentHarvestCodes: 1
 ParentValues: = "Yes"

Long Name: Second Valve Explant Device Unique Device Identifier (UDI) *SeqNo:* 3380
Short Name: **ValExpDevUDI** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1 *DataLength:* 50
Definition: Indicate the device UDI if available, otherwise leave blank.
Data Source: User *Format:* Text
 ParentShortName: ValExpDevKnown2
 ParentLongName: Second Valve Explant Device Known
 ParentHarvestCodes: 1
 ParentValues: = "Yes"

#

Long Name: VS-Aortic Valve *SeqNo:* 3390
Short Name: **VS AV** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether an aortic valve procedure was performed.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: OpValve
 ParentLongName: Valve
 ParentHarvestCodes: 1
 ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 3 Yes, planned
- 4 Yes, unplanned due to

- surgical complication
- 5 Yes, unplanned due to unsuspected disease or anatomy
- 2 No

Long Name: VS-Aortic Valve Procedure *SeqNo:* 3395

Short Name: **VSAVPr** *Core:* Yes

Section Name: Valve Surgery *Harvest:* Yes

DBTableName Adultdata1

Definition: Indicate the type of procedure that was performed on the aortic valve and/or ascending aorta.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VSAV

ParentLongName: VS-Aortic Valve

ParentHarvestCodes: 3|4|5

ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"

Harvest Codes:

Code: Value:

- 1 Replacement
- 2 Repair / Reconstruction

Long Name: VS-Aortic Transcatheter Valve Replacement *SeqNo:* 3400

Short Name: **VSTCV** *Core:* Yes

Section Name: Valve Surgery *Harvest:* Yes

DBTableName Adultdata1

Definition: Indicate whether the aortic valve replacement was done using a transcatheter valve device.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VSAVPr

ParentLongName: VS-Aortic Valve Procedure

ParentHarvestCodes: 1

ParentValues: = "Replacement"

Harvest Codes:

Code: Value:

- 1 Yes
- 2 No

<i>Long Name:</i>	VS-Transcatheter Valve Replacement Approach	<i>SeqNo:</i>	3405
<i>Short Name:</i>	VSTCVR	<i>Core:</i>	Yes
<i>Section Name:</i>	Valve Surgery	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate transcatheter valve replacement approach.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VSTCV

ParentLongName: VS-Aortic Transcatheter Valve Replacement

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Transapical
- 2 Transaxillary
- 3 Transfemoral
- 4 Transaortic
- 5 Subclavian
- 6 Other

<i>Long Name:</i>	VS-Aortic Surgical Valve Replacement	<i>SeqNo:</i>	3407
<i>Short Name:</i>	VSAVSurgRep	<i>Core:</i>	Yes
<i>Section Name:</i>	Valve Surgery	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate whether the aortic valve replacement was done using a surgical procedure.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VSAVPr

ParentLongName: VS-Aortic Valve Procedure

ParentHarvestCodes: 1

ParentValues: = "Replacement"

Harvest Codes:

Code: Value:

- 1 Yes
- 2 No

<i>Long Name:</i>	VS-Aortic Surgical Valve Replacement Device Type	<i>SeqNo:</i>	3408
<i>Short Name:</i>	VSAVSurgType	<i>Core:</i>	Yes
<i>Section Name:</i>	Valve Surgery	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate the type of device used to surgically replace the aortic valve.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VSAVSurgRep

ParentLongName: VS-Aortic Surgical Valve Replacement

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Mechanical
- 2 Bioprosthetic
- 3 Surgeon fashioned pericardium (Ozaki)
- 4 Other

<i>Long Name:</i>	VS-Aortic Surgical Bioprosthetic Replacement Valve Type	<i>SeqNo:</i>	3409
<i>Short Name:</i>	VSAVSurgBioT	<i>Core:</i>	Yes
<i>Section Name:</i>	Valve Surgery	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate the type of bioprosthetic device used to surgically replace the aortic valve.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VSAVSurgType

ParentLongName: VS-Aortic Surgical Valve Replacement Device Type

ParentHarvestCodes: 2

ParentValues: = "Bioprosthetic"

Harvest Codes:

Code: Value:

- 1 Stented
- 2 Stentless subcoronary valve only
- 3 Sutureless/rapid deployment

Long Name: VS-Aortic Valve Repair - Commissural Suture Annuloplasty *SeqNo:* 3410
Short Name: **VSAVRComA** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the aortic valve repair procedure included a commissural annuloplasty.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VSAVPr
ParentLongName: VS-Aortic Valve Procedure
ParentHarvestCodes: 2
ParentValues: = "Repair / Reconstruction"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: VS-Aortic Valve Repair - External Suture Annuloplasty *SeqNo:* 3411
Short Name: **VSAVRExSutAn** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the aortic valve repair procedure included an external suture annuloplasty.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VSAVPr
ParentLongName: VS-Aortic Valve Procedure
ParentHarvestCodes: 2
ParentValues: = "Repair / Reconstruction"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: VS-Aortic Valve Repair - Leaflet Plication *SeqNo:* 3415
Short Name: **VSAVRLPlic** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the aortic valve repair procedure included leaflet plication.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VSAVPr
ParentLongName: VS-Aortic Valve Procedure
ParentHarvestCodes: 2
ParentValues: = "Repair / Reconstruction"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: VS-Aortic Valve Repair - Nodular Release *SeqNo:* 3416
Short Name: **VSAVRNodRel** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the aortic valve repair procedure included nodular release.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VSAVPr
ParentLongName: VS-Aortic Valve Procedure
ParentHarvestCodes: 2
ParentValues: = "Repair / Reconstruction"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: VS-Aortic Valve Repair - Leaflet Free Edge Reinforcement (PTFE) Suture *SeqNo:* 3420
Short Name: **VSAVRPTFE** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the aortic valve repair procedure included leaflet free edge reinforcement (PTFE) suture.
Data Source: User *Format:* Text (categorical values specified by STS)
ParentShortName: VSAVPr
ParentLongName: VS-Aortic Valve Procedure
ParentHarvestCodes: 2
ParentValues: = "Repair / Reconstruction"
Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: VS-Aortic Valve Repair - Leaflet Commissural Resuspension Suture *SeqNo:* 3425
Short Name: **VSAVRComRS** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the aortic valve repair procedure included leaflet commissural resuspension suture.
Data Source: User *Format:* Text (categorical values specified by STS)
ParentShortName: VSAVPr
ParentLongName: VS-Aortic Valve Procedure
ParentHarvestCodes: 2
ParentValues: = "Repair / Reconstruction"
Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: VS-Aortic Valve Repair - Division of Fused Leaflet Raphe *SeqNo:* 3430
Short Name: **VSAVRRaphe** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the aortic valve repair procedure included division of fused leaflet raphe.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VSAVPr
ParentLongName: VS-Aortic Valve Procedure
ParentHarvestCodes: 2
ParentValues: = "Repair / Reconstruction"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: VS-Aortic Valve Repair - Ring Annuloplasty *SeqNo:* 3435
Short Name: **VSAVRRingA** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the aortic valve repair procedure included a ring annuloplasty.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VSAVPr
ParentLongName: VS-Aortic Valve Procedure
ParentHarvestCodes: 2
ParentValues: = "Repair / Reconstruction"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

<i>Long Name:</i>	VS-Aortic Valve Repair - Ring Annuloplasty - Type	<i>SeqNo:</i>	3436
<i>Short Name:</i>	VSAVRRingATy	<i>Core:</i>	Yes
<i>Section Name:</i>	Valve Surgery	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate the type of ring annuloplasty that was used in this procedure.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VSAVRRingA

ParentLongName: VS-Aortic Valve Repair - Ring Annuloplasty

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 External Ring
- 2 Internal Ring

<i>Long Name:</i>	VS-Aortic Valve Repair - Leaflet Resection Suture	<i>SeqNo:</i>	3440
<i>Short Name:</i>	VSAVRLResect	<i>Core:</i>	Yes
<i>Section Name:</i>	Valve Surgery	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate whether the aortic valve repair procedure included leaflet resection.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VSAVPr

ParentLongName: VS-Aortic Valve Procedure

ParentHarvestCodes: 2

ParentValues: = "Repair / Reconstruction"

Harvest Codes:

Code: Value:

- 1 Yes
- 2 No

Long Name: VS-Aortic Valve Repair - Leaflet Shaving *SeqNo:* 3441
Short Name: **VSAVRLeafShav** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the aortic valve repair procedure included leaflet shaving.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VSAVPr
ParentLongName: VS-Aortic Valve Procedure
ParentHarvestCodes: 2
ParentValues: = "Repair / Reconstruction"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: VS-Aortic Valve Repair - Leaflet Pericardial Patch *SeqNo:* 3445
Short Name: **VSAVRLPPatch** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the aortic valve repair procedure included leaflet pericardial patch.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VSAVPr
ParentLongName: VS-Aortic Valve Procedure
ParentHarvestCodes: 2
ParentValues: = "Repair / Reconstruction"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: VS-Aortic Valve Repair - Leaflet Debridement *SeqNo:* 3450
Short Name: **VSAVRDeb** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the aortic valve repair procedure included leaflet debridement.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VSAVPr
ParentLongName: VS-Aortic Valve Procedure
ParentHarvestCodes: 2
ParentValues: = "Repair / Reconstruction"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: VS-Aortic Valve Repair - Repair of Periprosthetic Leak *SeqNo:* 3455
Short Name: **VSAVRPeriLeak** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the aortic valve repair procedure included repair of a Periprosthetic leak.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VSAVPr
ParentLongName: VS-Aortic Valve Procedure
ParentHarvestCodes: 2
ParentValues: = "Repair / Reconstruction"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

<i>Long Name:</i>	VS-Aortic Proc-Aortic Annular Enlargement	<i>SeqNo:</i>	3460
<i>Short Name:</i>	AnlrEnl	<i>Core:</i>	Yes
<i>Section Name:</i>	Valve Surgery	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate whether an annular enlargement procedure was performed on the Aortic Valve. An aortic annular enlargement is defined as incision of the aortic annulus to enlarge the aortic orifice. Annular enlargement techniques include but are not limited to Manouguian, Konno and Nicks.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VSAV

ParentLongName: VS-Aortic Valve

ParentHarvestCodes: 3|4|5

ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"

Harvest Codes:

Code: Value:

1 Yes

2 No

<i>Long Name:</i>	VS-Aortic Proc-Aortic Annular Enlargement With Patch - Technique	<i>SeqNo:</i>	3461
<i>Short Name:</i>	AnlrEnlTech	<i>Core:</i>	Yes
<i>Section Name:</i>	Valve Surgery	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate the technique used for the aortic annular enlargement procedure.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: AnlrEnl

ParentLongName: VS-Aortic Proc-Aortic Annular Enlargement

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Nicks-Nunez

2 Manouguian

3 Konno

4 Other

5 Unknown

Long Name: VS-Aortic Root Procedure *SeqNo:* 3462
Short Name: **VSAVRroot** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether an aortic root procedure was performed during this operation.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: VSAV
 ParentLongName: VS-Aortic Valve
 ParentHarvestCodes: 3|4|5
 ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: VS-Aortic Root Procedure With Coronary Ostial Reimplantation (Bentall) *SeqNo:* 3463
Short Name: **VSAVRrootOREimp** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the root replacement procedure included coronary Ostial Reimplantation (Bentall).
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: VSAVRroot
 ParentLongName: VS-Aortic Root Procedure
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: VS-Aortic Root Procedure With Coronary Ostial Reimplantation (Bentall) - Type *SeqNo:* 3464
Short Name: **VSAVRrootOREimpTy** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the type of device used for root replacement.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VSAVRrootOREimp

ParentLongName: VS-Aortic Root Procedure With Coronary Ostial Reimplantation (Bentall)

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Mechanical
 - 2 Bioprosthetic
 - 3 Autograft with native pulmonary valve (Ross procedure)
 - 4 Homograft root replacement
-

Long Name: VS-Aortic Root Procedure With Coronary Ostial Reimplantation - Bioprosthetic Type *SeqNo:* 3465
Short Name: **VSAVRrepBioTy** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the type of bioprosthetic device used during the aortic root replacement with coronary Ostial Reimplantation
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VSAVRrootOREimpTy

ParentLongName: VS-Aortic Root Procedure With Coronary Ostial Reimplantation (Bentall) - Type

ParentHarvestCodes: 2

ParentValues: = "Bioprosthetic"

Harvest Codes:

Code: Value:

- 1 Stented valve composite graft
 - 2 Stentless biologic full root
-

Long Name: VS-Aortic Valve Sparing Root Operation Performed *SeqNo:* 3466
Short Name: **VSAVSparRt** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether a valve sparing root operation was performed.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: VSAVRoot
 ParentLongName: VS-Aortic Root Procedure
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: VS-Aortic Valve Sparing Root Operation *SeqNo:* 3467
Short Name: **VSAVSparRtOp** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the type of aortic valve sparing root operation that was performed.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: VSAVSparRt
 ParentLongName: VS-Aortic Valve Sparing Root Operation Performed
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:
 Code: Value:
 1 Resuspension AV without replacement of ascending aorta
 2 Resuspension AV with replacement of ascending aorta
 3 Valve sparing root reimplantation (David)
 4 Valve sparing root remodeling (Yacoub)
 5 Valve sparing root reconstruction (Florida Sleeve)

Long Name: VS-Aortic Valve Major Root Reconstruction *SeqNo:* 3468
Short Name: **VSAVRootRecon** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the procedure included aortic valve major root reconstruction / debridement with or without pericardial patch.
Data Source: User *Format:* Text (categorical values specified by STS)
ParentShortName: VSAVRoot
ParentLongName: VS-Aortic Root Procedure
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: VS-Aortic Valve Patch *SeqNo:* 3469
Short Name: **VSAVPat** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether a patch was used
Data Source: User *Format:* Text (categorical values specified by STS)
ParentShortName: VSAV
ParentLongName: VS-Aortic Valve
ParentHarvestCodes: 3|4|5
ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: VS-Aortic Valve Patch Type *SeqNo:* 3470
Short Name: **VSAVPatTy** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the type of patch used
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: VSAVPat
 ParentLongName: VS-Aortic Valve Patch
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:
 Code: Value:
 1 Synthetic
 2 Bioprosthetic
 3 Autologous

Long Name: VS-Aortic Valve Implant *SeqNo:* 3472
Short Name: **AorticImplant** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether an aortic valve or valve repair device was implanted.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: VSAV
 ParentLongName: VS-Aortic Valve
 ParentHarvestCodes: 3|4|5
 ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

<i>Long Name:</i>	VS-Aortic Implant - Type	<i>SeqNo:</i>	3475
<i>Short Name:</i>	AorticImplantTy	<i>Core:</i>	No
<i>Section Name:</i>	Valve Surgery	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the type of aortic valve or valve device implanted.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
<i>ParentShortName:</i>	AorticImplant		
<i>ParentLongName:</i>	VS-Aortic Valve Implant		
<i>ParentHarvestCodes:</i>	1		
<i>ParentValues:</i>	= "Yes"		
<i>Harvest Codes:</i>			
	<u>Code:</u>	<u>Value:</u>	
	1	Mechanical valve	
	2	Annuloplasty device	
	3	Bioprosthetic valve	
	4	Transcatheter device	
	5	Homograft	
	6	Other	
	7	Autograft (Ross)	

<i>Long Name:</i>	VS-Aortic Proc-Implant Model Number	<i>SeqNo:</i>	3480
<i>Short Name:</i>	VS AoIm	<i>Core:</i>	Yes
<i>Section Name:</i>	Valve Surgery	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the name of the prosthesis implanted. The names provided include the manufacturer's model number with "xx" substituting for the device size.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
<i>ParentShortName:</i>	AorticImplant		
<i>ParentLongName:</i>	VS-Aortic Valve Implant		
<i>ParentHarvestCodes:</i>	1		
<i>ParentValues:</i>	= "Yes"		

Long Name: VS-Aortic Proc-Imp-Size *SeqNo:* 3485
Short Name: **VS AoImSz** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the Aortic implant size.
Data Source: User *Format:* Integer
 Low Value: 5 High Value: 100 UsualRangeLow: 17 UsualRangeHigh: 33
 ParentShortName: AorticImplant
 ParentLongName: VS-Aortic Valve Implant
 ParentHarvestCodes: 1
 ParentValues: = "Yes"

Long Name: VS-Aortic Proc-Imp - Unique Device Identifier (UDI) *SeqNo:* 3490
Short Name: **VS AoImUDI** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1 *DataLength:* 50
Definition: Indicate the device UDI if available, otherwise leave blank.
Data Source: User *Format:* Text
 ParentShortName: AorticImplant
 ParentLongName: VS-Aortic Valve Implant
 ParentHarvestCodes: 1
 ParentValues: = "Yes"

#

Long Name: VS-Mitral Valve *SeqNo:* 3495
Short Name: **VSMV** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether a mitral valve procedure was performed.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: OpValve
 ParentLongName: Valve
 ParentHarvestCodes: 1
 ParentValues: = "Yes"

Harvest Codes:

Code: Value:

3 Yes, planned

-
- 4 Yes, unplanned due to surgical complication
 - 5 Yes, unplanned due to unsuspected disease or anatomy
 - 2 No
-

Long Name: VS-Mitral Valve Procedure *SeqNo:* 3500

Short Name: **VSMVPr** *Core:* Yes

Section Name: Valve Surgery *Harvest:* Yes

DBTableName Adultdata1

Definition: Indicate the type of procedure that was performed on the mitral valve.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VSMV

ParentLongName: VS-Mitral Valve

ParentHarvestCodes: 3|4|5

ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"

Harvest Codes:

Code: Value:

- 1 Repair
 - 2 Replacement
-

Long Name: VS-Mitral Valve - Repair Approach *SeqNo:* 3501

Short Name: **VSMVRepApp** *Core:* Yes

Section Name: Valve Surgery *Harvest:* Yes

DBTableName Adultdata1

Definition: Indicate the approach that was used to repair the Mitral Valve.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VSMVPr

ParentLongName: VS-Mitral Valve Procedure

ParentHarvestCodes: 1

ParentValues: = "Repair"

Harvest Codes:

Code: Value:

- 1 Transcatheter
 - 2 Surgical
-

Long Name: VS-Mitral Valve Repair - Annuloplasty *SeqNo:* 3505
Short Name: **VSMitRAnnulo** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the mitral valve repair procedure included an annuloplasty.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: VSMVRepApp
 ParentLongName: VS-Mitral Valve - Repair Approach
 ParentHarvestCodes: 2
 ParentValues: = "Surgical"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: VS-Mitral Valve Repair - Leaflet Resection *SeqNo:* 3510
Short Name: **VSMitRLeafRes** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the mitral valve repair procedure included a leaflet resection.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: VSMVRepApp
 ParentLongName: VS-Mitral Valve - Repair Approach
 ParentHarvestCodes: 2
 ParentValues: = "Surgical"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: VS-Mitral Leaflet Resection Type *SeqNo:* 3515
Short Name: **VSLeafResTyp** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the type of leaflet resection.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: VSMitRLeafRes
 ParentLongName: VS-Mitral Valve Repair - Leaflet Resection
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:
 Code: Value:
 1 Triangular
 2 Quadrangular
 3 Other

Long Name: VS-Mitral Repair Location *SeqNo:* 3516
Short Name: **VSLeafRepLoc** *Core:* No
Section Name: Valve Surgery *Harvest:* No
DBTableName Adultdata1
Definition: Indicate whether the repair involved the anterior, posterior, or both leaflets. Commissural closure stitches do not make a bileaflet repair.
 A commissurotomy is a bileaflet repair.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: VSMitRLeafRes
 ParentLongName: VS-Mitral Valve Repair - Leaflet Resection
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:
 Code: Value:
 1 Anterior
 2 Posterior
 4 Commissure

Long Name: VS-Mitral Repair Leaflet - Anterior Resection *SeqNo:* 3517
Short Name: **VSLeafAntRes** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether anterior MV leaflet resection was performed
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: VSMitRLeafRes
 ParentLongName: VS-Mitral Valve Repair - Leaflet Resection
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: VS-Mitral Repair Leaflet - Anterior Resection - Location Documented *SeqNo:* 3518
Short Name: **VSLeafAntResLocD** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the location of the anterior resection was documented.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: VSLeafAntRes
 ParentLongName: VS-Mitral Repair Leaflet - Anterior Resection
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: VS-Mitral Repair Leaflet - Anterior Resection - A1 *SeqNo:* 3519
Short Name: **VSLeafAntResA1** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the anterior leaflet resection included location A1
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VSLeafAntResLocD
ParentLongName: VS-Mitral Repair Leaflet - Anterior Resection - Location Documented
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: VS-Mitral Repair Leaflet - Anterior Resection - A2 *SeqNo:* 3520
Short Name: **VSLeafAntResA2** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the anterior leaflet resection included location A2
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VSLeafAntResLocD
ParentLongName: VS-Mitral Repair Leaflet - Anterior Resection - Location Documented
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: VS-Mitral Repair Leaflet - Anterior Resection - A3 *SeqNo:* 3521
Short Name: **VSLeafAntResA3** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the anterior leaflet resection included location A3
Data Source: User *Format:* Text (categorical values specified by STS)
ParentShortName: VSLeafAntResLocD
ParentLongName: VS-Mitral Repair Leaflet - Anterior Resection - Location Documented
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: VS-Mitral Repair Leaflet - Posterior Resection *SeqNo:* 3522
Short Name: **VSLeafPostRes** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether posterior MV leaflet resection was performed
Data Source: User *Format:* Text (categorical values specified by STS)
ParentShortName: VSMitRLeafRes
ParentLongName: VS-Mitral Valve Repair - Leaflet Resection
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

<i>Long Name:</i>	VS-Mitral Repair Leaflet - Posterior Resection - Location Documented	<i>SeqNo:</i>	3523
<i>Short Name:</i>	VSLeafPostResLocD	<i>Core:</i>	Yes
<i>Section Name:</i>	Valve Surgery	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate whether posterior MV leaflet resection location was documented

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VSLeafPostRes

ParentLongName: VS-Mitral Repair Leaflet - Posterior Resection

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

<i>Long Name:</i>	VS-Mitral Repair Leaflet - Posterior Resection - P1	<i>SeqNo:</i>	3524
<i>Short Name:</i>	VSLeafPostResP1	<i>Core:</i>	Yes
<i>Section Name:</i>	Valve Surgery	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate whether the posterior leaflet resection included location P1

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VSLeafPostResLocD

ParentLongName: VS-Mitral Repair Leaflet - Posterior Resection - Location Documented

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

<i>Long Name:</i>	VS-Mitral Repair Leaflet - Posterior Resection - P2	<i>SeqNo:</i>	3525
<i>Short Name:</i>	VSLeafPostResP2	<i>Core:</i>	Yes
<i>Section Name:</i>	Valve Surgery	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate whether the posterior leaflet resection included location P2

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VSLeafPostResLocD

ParentLongName: VS-Mitral Repair Leaflet - Posterior Resection - Location Documented

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

<i>Long Name:</i>	VS-Mitral Repair Leaflet - Posterior Resection - P3	<i>SeqNo:</i>	3526
<i>Short Name:</i>	VSLeafPostResP3	<i>Core:</i>	Yes
<i>Section Name:</i>	Valve Surgery	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate whether the posterior leaflet resection included location P3

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VSLeafPostResLocD

ParentLongName: VS-Mitral Repair Leaflet - Posterior Resection - Location Documented

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: VS-Mitral Repair Leaflet - Commissure Resection *SeqNo:* 3527
Short Name: **VSLeafComRes** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether resection of the mitral commissure was performed
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VSMitRLeafRes
ParentLongName: VS-Mitral Valve Repair - Leaflet Resection
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: VS-Mitral Repair Leaflet - Commissure Resection - Location *SeqNo:* 3528
Short Name: **VSLeafComResLoc** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the location of the mitral commissure resection
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VSLeafComRes
ParentLongName: VS-Mitral Repair Leaflet - Commissure Resection
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Medial (C2)
2	Lateral (C1)
3	Both
4	Not Documented

<i>Long Name:</i>	VS-Mitral Valve Repair - Leaflet Plication	<i>SeqNo:</i>	3529
<i>Short Name:</i>	VSMitRLeafPlic	<i>Core:</i>	No
<i>Section Name:</i>	Valve Surgery	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether the mitral valve repair procedure included leaflet plication.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
ParentShortName:	VSMVPr		
ParentLongName:	VS-Mitral Valve Procedure		
ParentHarvestCodes:	1		
ParentValues:	= "Repair"		
Harvest Codes:			
	<u>Code:</u>	<u>Value:</u>	
	1	Yes	
	2	No	

<i>Long Name:</i>	VS-Mitral Valve Repair - Leaflet Debridement	<i>SeqNo:</i>	3530
<i>Short Name:</i>	VSMitRLeafDeb	<i>Core:</i>	No
<i>Section Name:</i>	Valve Surgery	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether the mitral valve repair procedure included leaflet debridement.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
ParentShortName:	VSMVPr		
ParentLongName:	VS-Mitral Valve Procedure		
ParentHarvestCodes:	1		
ParentValues:	= "Repair"		
Harvest Codes:			
	<u>Code:</u>	<u>Value:</u>	
	1	Yes	
	2	No	

Long Name: VS-Mitral Valve Repair - Neochords (PTFE) *SeqNo:* 3532
Short Name: **VSMitRPTFE** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the mitral valve repair procedure included neochords (PTFE).
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: VSMVRepApp
 ParentLongName: VS-Mitral Valve - Repair Approach
 ParentHarvestCodes: 2
 ParentValues: = "Surgical"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: VS-Mitral Neochord Number *SeqNo:* 3533
Short Name: **VSNeoChNum** *Core:* No
Section Name: Valve Surgery *Harvest:* No
DBTableName Adultdata1
Definition: Indicate the number of neochords inserted - 1 neochord is created from 1 double arm suture.
Data Source: User *Format:* Integer
 Low Value: 1 High Value: 8
 ParentShortName: VSMitRPTFE
 ParentLongName: VS-Mitral Valve Repair - Neochords (PTFE)
 ParentHarvestCodes: 1
 ParentValues: = "Yes"

<i>Long Name:</i>	VS-Mitral Valve Repair - Anterior Neochords	<i>SeqNo:</i>	3534
<i>Short Name:</i>	VSNeoAnt	<i>Core:</i>	Yes
<i>Section Name:</i>	Valve Surgery	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether anterior neochords were placed		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: VSMitRPTFE
ParentLongName: VS-Mitral Valve Repair - Neochords (PTFE)
ParentHarvestCodes: 1
ParentValues: = "Yes"

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

<i>Long Name:</i>	VS-Mitral Valve Repair - Anterior Neochords - Location Documented	<i>SeqNo:</i>	3535
<i>Short Name:</i>	VSNeoAntLocD	<i>Core:</i>	Yes
<i>Section Name:</i>	Valve Surgery	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether location of anterior neochord placement was documented		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: VSNeoAnt
ParentLongName: VS-Mitral Valve Repair - Anterior Neochords
ParentHarvestCodes: 1
ParentValues: = "Yes"

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: VS-Mitral Valve Repair - Anterior Neochords - A1 *SeqNo:* 3536
Short Name: **VSNeoAntA1** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether neochord location included location A1
Data Source: User *Format:* Text (categorical values specified by STS)
ParentShortName: VSNeoAntLocD
ParentLongName: VS-Mitral Valve Repair - Anterior Neochords - Location Documented
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: VS-Mitral Valve Repair - Anterior Neochords - A2 *SeqNo:* 3537
Short Name: **VSNeoAntA2** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether neochord location included location A2
Data Source: User *Format:* Text (categorical values specified by STS)
ParentShortName: VSNeoAntLocD
ParentLongName: VS-Mitral Valve Repair - Anterior Neochords - Location Documented
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: VS-Mitral Valve Repair - Anterior Neochords - A3 *SeqNo:* 3538
Short Name: **VSNeoAntA3** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether neochord location included location A3
Data Source: User *Format:* Text (categorical values specified by STS)
ParentShortName: VSNeoAntLocD
ParentLongName: VS-Mitral Valve Repair - Anterior Neochords - Location Documented
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: VS-Mitral Valve Repair - Posterior Neochords *SeqNo:* 3539
Short Name: **VSNeoPost** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether posterior neochords were placed
Data Source: User *Format:* Text (categorical values specified by STS)
ParentShortName: VSMitRPTFE
ParentLongName: VS-Mitral Valve Repair - Neochords (PTFE)
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: VS-Mitral Valve Repair - Posterior Neochords - Location Documented *SeqNo:* 3540
Short Name: **VSNeoPostLocD** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether location of posterior neochord placement was documented
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VSNeoPost

ParentLongName: VS-Mitral Valve Repair - Posterior Neochords

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: VS-Mitral Valve Repair - Posterior Neochords - P1 *SeqNo:* 3541
Short Name: **VSNeoPostP1** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether posterior neochord location included location P1
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VSNeoPostLocD

ParentLongName: VS-Mitral Valve Repair - Posterior Neochords - Location Documented

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: VS-Mitral Valve Repair - Posterior Neochords - P2 *SeqNo:* 3542
Short Name: **VSNeoPostP2** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether posterior neochord location included location P2
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VSNeoPostLocD
ParentLongName: VS-Mitral Valve Repair - Posterior Neochords - Location Documented
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: VS-Mitral Valve Repair - Posterior Neochords - P3 *SeqNo:* 3543
Short Name: **VSNeoPostP3** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether posterior neochord location included location P3
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VSNeoPostLocD
ParentLongName: VS-Mitral Valve Repair - Posterior Neochords - Location Documented
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

<i>Long Name:</i>	VS-Mitral Valve Repair - Commissure Neochords	<i>SeqNo:</i>	3544
<i>Short Name:</i>	VSNeoCom	<i>Core:</i>	Yes
<i>Section Name:</i>	Valve Surgery	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether commissural neochords were placed		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: VSMitRPTFE

ParentLongName: VS-Mitral Valve Repair - Neochords (PTFE)

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

<i>Long Name:</i>	VS-Mitral Valve Repair - Commissure Neochords - Location	<i>SeqNo:</i>	3545
<i>Short Name:</i>	VSNeoComLoc	<i>Core:</i>	Yes
<i>Section Name:</i>	Valve Surgery	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate location of commissural neochord placement		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: VSNeoCom

ParentLongName: VS-Mitral Valve Repair - Commissure Neochords

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Medial (C2)

2 Lateral (C1)

3 Both

4 Not Documented

Long Name: VS-Mitral Valve Repair - Chordal / Leaflet Transfer *SeqNo:* 3550
Short Name: **VSMitRChord** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the mitral valve repair procedure included a chordal / leaflet transfer.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: VSMVRepApp
 ParentLongName: VS-Mitral Valve - Repair Approach
 ParentHarvestCodes: 1
 ParentValues: = "Surgical"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: VS-Mitral Valve Repair - Chordal Leaflet Transfer - Anterior *SeqNo:* 3551
Short Name: **VSChorLfAnt** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether chordal leaflet transfer was anterior
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: VSMitRChord
 ParentLongName: VS-Mitral Valve Repair - Chordal / Leaflet Transfer
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: VS-Mitral Valve Repair - Chordal Leaflet Transfer - Anterior Location Documented *SeqNo:* 3552
Short Name: **VSChorLfAntLocD** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether location of anterior chordal leaflet transfer was documented
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VSChorLfAnt

ParentLongName: VS-Mitral Valve Repair - Chordal Leaflet Transfer - Anterior

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: VS-Mitral Valve Repair - Chordal Leaflet Transfer - Anterior - A1 *SeqNo:* 3553
Short Name: **VSChorLfAntA1** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether anterior chordal leaflet transfer location was A1
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VSChorLfAntLocD

ParentLongName: VS-Mitral Valve Repair - Chordal Leaflet Transfer - Anterior Location Documented

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

<i>Long Name:</i>	VS-Mitral Valve Repair - Chordal Leaflet Transfer - Anterior - A2	<i>SeqNo:</i>	3554
<i>Short Name:</i>	VSChorLfAntA2	<i>Core:</i>	Yes
<i>Section Name:</i>	Valve Surgery	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate whether anterior chordal leaflet transfer location was A2

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VSChorLfAntLocD

ParentLongName: VS-Mitral Valve Repair - Chordal Leaflet Transfer - Anterior Location Documented

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

<i>Long Name:</i>	VS-Mitral Valve Repair - Chordal Leaflet Transfer - Anterior - A3	<i>SeqNo:</i>	3555
<i>Short Name:</i>	VSChorLfAntA3	<i>Core:</i>	Yes
<i>Section Name:</i>	Valve Surgery	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate whether anterior chordal leaflet transfer location was A3

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VSChorLfAntLocD

ParentLongName: VS-Mitral Valve Repair - Chordal Leaflet Transfer - Anterior Location Documented

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: VS-Mitral Valve Repair - Chordal Leaflet Transfer - Posterior *SeqNo:* 3556
Short Name: **VSChorLfPost** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether chordal leaflet transfer was posterior
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: VSMitRChord
 ParentLongName: VS-Mitral Valve Repair - Chordal / Leaflet Transfer
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: VS-Mitral Valve Repair - Chordal Leaflet Transfer - Posterior Location *SeqNo:* 3557
 Documented
Short Name: **VSChorLfPostLocD** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether location of posterior chordal leaflet transfer was documented
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: VSChorLfPost
 ParentLongName: VS-Mitral Valve Repair - Chordal Leaflet Transfer - Posterior
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: VS-Mitral Valve Repair - Chordal Leaflet Transfer - Posterior - P1 *SeqNo:* 3558
Short Name: **VSChorLfPostP1** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1

Definition: Indicate whether posterior chordal leaflet transfer location was P1

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VSChorLfPostLocD

ParentLongName: VS-Mitral Valve Repair - Chordal Leaflet Transfer - Posterior Location Documented

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: VS-Mitral Valve Repair - Chordal Leaflet Transfer - Posterior - P2 *SeqNo:* 3559
Short Name: **VSChorLfPostP2** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1

Definition: Indicate whether posterior chordal leaflet transfer location was P2

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VSChorLfPostLocD

ParentLongName: VS-Mitral Valve Repair - Chordal Leaflet Transfer - Posterior Location Documented

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: VS-Mitral Valve Repair - Chordal Leaflet Transfer - Posterior - P3 *SeqNo:* 3560
Short Name: **VSChorLfPostP3** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether posterior chordal leaflet transfer location was P3
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VSChorLfPostLocD

ParentLongName: VS-Mitral Valve Repair - Chordal Leaflet Transfer - Posterior Location Documented

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: VS-Mitral Valve Repair - Chordal Leaflet Transfer - Commissure *SeqNo:* 3561
Short Name: **VSChorLfCom** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether chordal leaflet transfer was commissural
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VSMitRChord

ParentLongName: VS-Mitral Valve Repair - Chordal / Leaflet Transfer

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: VS-Mitral Valve Repair - Chordal Leaflet Transfer - Commissure Location *SeqNo:* 3562
Short Name: **VSChorLfComLoc** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1

Definition: Indicate location of commissural leaflet transfer

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VSChorLfCom

ParentLongName: VS-Mitral Valve Repair - Chordal Leaflet Transfer - Commissure

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Medial (C2)
 - 2 Lateral (C1)
 - 3 Both
 - 4 Not Documented
-

Long Name: VS-Mitral Valve Repair - Folding Plasty *SeqNo:* 3565
Short Name: **VSMitRFold** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1

Definition: Indicate whether the mitral valve repair procedure included folding plasty.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VSMVPr

ParentLongName: VS-Mitral Valve Procedure

ParentHarvestCodes: 1

ParentValues: = "Repair"

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
-

Long Name: VS-Mitral Valve Repair - Sliding Plasty *SeqNo:* 3566
Short Name: **VSMitRSlidP** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the mitral valve repair procedure included a sliding plasty.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: VSMVPr
 ParentLongName: VS-Mitral Valve Procedure
 ParentHarvestCodes: 1
 ParentValues: = "Repair"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: VS-Mitral Valve Repair - Annular Decalcification / Debridement *SeqNo:* 3567
Short Name: **VSMitRADecalc** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the mitral valve repair procedure included an annular decalcification / debridement.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: VSMVPr
 ParentLongName: VS-Mitral Valve Procedure
 ParentHarvestCodes: 1
 ParentValues: = "Repair"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: VS-Mitral Valve Repair - Leaflet Extension / Replacement / Patch *SeqNo:* 3568
Short Name: **VSMitRLeafERP** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the mitral valve repair procedure included a leaflet extension / replacement / patch.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: VSMVPPr
 ParentLongName: VS-Mitral Valve Procedure
 ParentHarvestCodes: 1
 ParentValues: = "Repair"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: VS-Mitral Valve Repair - Leaflet Extension / Replacement / Patch - Location *SeqNo:* 3569
Short Name: **VSMitRLeafERPLOC** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the location of the mitral leaflet extension/replacement patch
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: VSMitRLeafERP
 ParentLongName: VS-Mitral Valve Repair - Leaflet Extension / Replacement / Patch
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:
 Code: Value:
 1 Anterior
 2 Posterior
 3 Both
 4 Not Documented

Long Name: VS-Mitral Valve Repair - Edge To Edge Repair *SeqNo:* 3570
Short Name: **VSMitREdge** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the mitral valve repair procedure included an edge to edge repair.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: VSMVPr
 ParentLongName: VS-Mitral Valve Procedure
 ParentHarvestCodes: 1
 ParentValues: = "Repair"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: VS-Mitral Valve Repair - Mitral Leaflet Clip *SeqNo:* 3575
Short Name: **VSMitRMLefClip** *Core:* No
Section Name: Valve Surgery *Harvest:* No
DBTableName Adultdata1
Definition: Indicate whether the mitral valve procedure included leaflet clip(s).
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: VSMVPr
 ParentLongName: VS-Mitral Valve Procedure
 ParentHarvestCodes: 1
 ParentValues: = "Repair"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: VS-Mitral Valve Repair - Mitral Commissurotomy *SeqNo:* 3580
Short Name: **VSMitRMitComm** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the mitral valve repair procedure included a mitral commissurotomy.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VSMVPr
ParentLongName: VS-Mitral Valve Procedure
ParentHarvestCodes: 1
ParentValues: = "Repair"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: VS-Mitral Valve Repair - Mitral Commissuroplasty *SeqNo:* 3585
Short Name: **VSMitRMitCplasty** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the mitral valve repair procedure included a mitral commissuroplasty.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VSMVPr
ParentLongName: VS-Mitral Valve Procedure
ParentHarvestCodes: 1
ParentValues: = "Repair"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: VS-Mitral Valve Repair - Mitral Cleft Repair (Scallop Closure) *SeqNo:* 3590
Short Name: **VSMitRMitCleft** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the mitral valve repair procedure included a mitral cleft repair.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VSMVPr
ParentLongName: VS-Mitral Valve Procedure
ParentHarvestCodes: 1
ParentValues: = "Repair"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: VS-Mitral Valve Repair - Paraprosthetic Leak Repair *SeqNo:* 3591
Short Name: **VSMitParaprosLeak** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether there was repair of a mitral paraprosthetic leak
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VSMVPr
ParentLongName: VS-Mitral Valve Procedure
ParentHarvestCodes: 1
ParentValues: = "Repair"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

<i>Long Name:</i>	VS-Mitral Valve Repair - Other Mitral Repair	<i>SeqNo:</i>	3595
<i>Short Name:</i>	VSMitRMitOth	<i>Core:</i>	No
<i>Section Name:</i>	Valve Surgery	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether the mitral valve repair involved a technique not listed above.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
ParentShortName:	VSMVPr		
ParentLongName:	VS-Mitral Valve Procedure		
ParentHarvestCodes:	1		
ParentValues:	= "Repair"		
Harvest Codes:			
	<u>Code:</u>	<u>Value:</u>	
	1	Yes	
	2	No	

<i>Long Name:</i>	VS-Mitral Repair Attempted	<i>SeqNo:</i>	3600
<i>Short Name:</i>	MitralIntent	<i>Core:</i>	Yes
<i>Section Name:</i>	Valve Surgery	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether a Mitral Valve Repair was attempted prior to the Mitral Valve Replacement.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
ParentShortName:	VSMVPr		
ParentLongName:	VS-Mitral Valve Procedure		
ParentHarvestCodes:	2		
ParentValues:	= "Replacement"		
Harvest Codes:			
	<u>Code:</u>	<u>Value:</u>	
	1	Yes	
	2	No	

Long Name: VS-Mitral Chordal Preservation *SeqNo:* 3605
Short Name: **VSChorPres** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether native chords were preserved.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: VSMVPr
 ParentLongName: VS-Mitral Valve Procedure
 ParentHarvestCodes: 2
 ParentValues: = "Replacement"
 Harvest Codes:
 Code: Value:
 2 Anterior
 3 Posterior
 4 Both
 1 None

Long Name: VS-Mitral Transcatheter Valve Replacement *SeqNo:* 3610
Short Name: **VSTCVMit** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the mitral valve replacement was done using a transcatheter valve device.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: VSMVPr
 ParentLongName: VS-Mitral Valve Procedure
 ParentHarvestCodes: 2
 ParentValues: = "Replacement"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: VS-Mitral Implant *SeqNo:* 3615
Short Name: **MitralImplant** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether a mitral valve or valve device was implanted.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: VSMV
 ParentLongName: VS-Mitral Valve
 ParentHarvestCodes: 3|4|5
 ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: VS-Mitral Implant - Type *SeqNo:* 3620
Short Name: **MitralImplantTy** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the type of mitral valve or valve device implanted.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: MitralImplant
 ParentLongName: VS-Mitral Implant
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:
 Code: Value:
 1 Mechanical valve
 3 Bioprosthetic valve
 5 Annuloplasty device
 2 Mitral leaflet clip
 4 Transcatheter device
 7 Surgically implanted transcatheter device
 6 Other

Long Name: VS-Mitral Proc-Implant Model Number *SeqNo:* 3625
Short Name: **VSMiIm** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the model number of the device implanted. The names provided include the manufacturer's model number with "xx" substituting for the device size.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: MitralImplant
 ParentLongName: VS-Mitral Implant
 ParentHarvestCodes: 1
 ParentValues: = "Yes"

Long Name: VS-Mitral Proc-Imp-Size *SeqNo:* 3630
Short Name: **VSMiImSz** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the Mitral implant size.
Data Source: User *Format:* Integer
 Low Value: 5 High Value: 100 UsualRangeLow: 21 UsualRangeHigh: 36
 ParentShortName: MitralImplant
 ParentLongName: VS-Mitral Implant
 ParentHarvestCodes: 1
 ParentValues: = "Yes"

Long Name: VS-Mitral Proc-Imp-Unique Device Identifier (UDI) *SeqNo:* 3635
Short Name: **VSMiImUDI** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1 *DataLength:* 50
Definition: Indicate the device UDI if available, otherwise leave blank.
Data Source: User *Format:* Text
 ParentShortName: MitralImplant
 ParentLongName: VS-Mitral Implant
 ParentHarvestCodes: 1
 ParentValues: = "Yes"

#

Long Name: VS-Tricuspid Valve *SeqNo:* 3640
Short Name: **VSTV** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether a tricuspid valve procedure was performed.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: OpValve
 ParentLongName: Valve
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:

<u>Code:</u>	<u>Value:</u>
3	Yes, planned
4	Yes, unplanned due to surgical complication
5	Yes, unplanned due to unsuspected disease or anatomy
2	No

Long Name: VS-Tricuspid Proc-Procedure *SeqNo:* 3645
Short Name: **OpTricus** *Core:* No
Section Name: Valve Surgery *Harvest:* No
DBTableName Adultdata1
Definition: Indicate the type of procedure that was performed on the tricuspid valve.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: VSTV
 ParentLongName: VS-Tricuspid Valve
 ParentHarvestCodes: 3|4|5
 ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"
 Harvest Codes:

<u>Code:</u>	<u>Value:</u>
2	Annuloplasty Only
3	Replacement
4	Reconstruction with Annuloplasty
5	Reconstruction without Annuloplasty
6	Valvectomy

Long Name: VS-Tricuspid Repair *SeqNo:* 3646
Short Name: **VSTrRepair** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether tricuspid repair was performed
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VSTV
ParentLongName: VS-Tricuspid Valve
ParentHarvestCodes: 3|4|5
ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: VS-Tricuspid Repair - Annuloplasty *SeqNo:* 3647
Short Name: **VSTrRepAnnulo** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the tricuspid repair included an annuloplasty
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VSTrRepair
ParentLongName: VS-Tricuspid Repair
ParentHarvestCodes: 1
ParentValues: = "Yes"

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: VS-Tricuspid Repair - Annuloplasty Type *SeqNo:* 3648
Short Name: **OpTricusAnTy** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate type of annuloplasty procedure.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VSTrRepAnnulo

ParentLongName: VS-Tricuspid Repair - Annuloplasty

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Pericardium
 - 2 Suture
 - 3 Prosthetic ring
 - 4 Prosthetic band
 - 5 Other
-

Long Name: VS-Tricuspid Repair - Leaflet Resection *SeqNo:* 3649
Short Name: **VSTrLeafRes** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the tricuspid repair included leaflet resection
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VSTrRepair

ParentLongName: VS-Tricuspid Repair

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
-

Long Name: VS-Tricuspid Replacement *SeqNo:* 3650
Short Name: **VSTrReplace** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether tricuspid replacement was performed
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: VSTV
 ParentLongName: VS-Tricuspid Valve
 ParentHarvestCodes: 3|4|5
 ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: VS-Tricuspid Transcatheter Valve Replacement *SeqNo:* 3652
Short Name: **VSTCVTri** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the tricuspid valve replacement was done using a transcatheter valve device.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: VSTrReplace
 ParentLongName: VS-Tricuspid Replacement
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: VS-Tricuspid Valvectomy *SeqNo:* 3653
Short Name: **VSTrValvec** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether tricuspid valvectomy was performed
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: VSTV
 ParentLongName: VS-Tricuspid Valve
 ParentHarvestCodes: 3|4|5
 ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: VS-Tricuspid Implant *SeqNo:* 3660
Short Name: **TricuspidImplant** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether a tricuspid valve or device was implanted.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: VSTV
 ParentLongName: VS-Tricuspid Valve
 ParentHarvestCodes: 3|4|5
 ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

<i>Long Name:</i>	VS-Tricuspid Implant - Type	<i>SeqNo:</i>	3665
<i>Short Name:</i>	TricusImplantTy	<i>Core:</i>	Yes
<i>Section Name:</i>	Valve Surgery	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate the type of tricuspid valve or valve device implanted.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: TricuspidImplant

ParentLongName: VS-Tricuspid Implant

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Mechanical valve
 - 2 Annuloplasty device
 - 3 Bioprosthetic valve
 - 4 Transcatheter device
 - 5 Homograft
 - 6 Other
-

<i>Long Name:</i>	VS-Tricuspid Proc-Implant Model Number	<i>SeqNo:</i>	3670
<i>Short Name:</i>	VSTrIm	<i>Core:</i>	Yes
<i>Section Name:</i>	Valve Surgery	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate the model number of the prosthesis implanted. The names provided include the manufacturer's model number with "xx" substituting for the device size.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: TricuspidImplant

ParentLongName: VS-Tricuspid Implant

ParentHarvestCodes: 1

ParentValues: = "Yes"

Long Name: VS-Tricuspid Proc-Imp-Size *SeqNo:* 3675
Short Name: **VSTrImSz** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the Tricuspid implant size.
Data Source: User *Format:* Integer
 Low Value: 5 High Value: 100 UsualRangeLow: 21 UsualRangeHigh: 36
 ParentShortName: TricuspidImplant
 ParentLongName: VS-Tricuspid Implant
 ParentHarvestCodes: 1
 ParentValues: = "Yes"

Long Name: VS-Tricuspid Proc-Imp-Unique Device Identifier (UDI) *SeqNo:* 3680
Short Name: **VSTrImUDI** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1 *DataLength:* 50
Definition: Indicate the device UDI if available, otherwise leave blank.
Data Source: User *Format:* Text
 ParentShortName: TricuspidImplant
 ParentLongName: VS-Tricuspid Implant
 ParentHarvestCodes: 1
 ParentValues: = "Yes"

#

Long Name: VS-Pulmonic Valve *SeqNo:* 3685
Short Name: **VSPV** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether a pulmonic valve procedure was performed.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: OpValve
 ParentLongName: Valve
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:
 Code: Value:
 3 Yes, planned

-
- 4 Yes, unplanned due to surgical complication
 - 5 Yes, unplanned due to unsuspected disease or anatomy
 - 2 No
-

Long Name: VS-Pulmonic Proc-Procedure *SeqNo:* 3690

Short Name: **OpPulm** *Core:* Yes

Section Name: Valve Surgery *Harvest:* Yes

DBTableName Adultdata1

Definition: Indicate the type of procedure that was performed on the pulmonic valve.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VSPV

ParentLongName: VS-Pulmonic Valve

ParentHarvestCodes: 3|4|5

ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"

Harvest Codes:

Code: Value:

- 3 Repair / Leaflet Reconstruction
 - 2 Replacement
 - 4 Valvectomy
-

Long Name: VS-Pulmonic Transcatheter Valve Replacement *SeqNo:* 3695

Short Name: **VSTCVPu** *Core:* Yes

Section Name: Valve Surgery *Harvest:* Yes

DBTableName Adultdata1

Definition: Indicate whether the pulmonic valve replacement was done using a transcatheter valve device.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: OpPulm

ParentLongName: VS-Pulmonic Proc-Procedure

ParentHarvestCodes: 2

ParentValues: = "Replacement"

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
-

Long Name: VS-Pulmonic Implant *SeqNo:* 3700
Short Name: **PulmonicImplant** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether a pulmonic valve or device was implanted.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VSPV
ParentLongName: VS-Pulmonic Valve
ParentHarvestCodes: 3|4|5
ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: VS-Pulmonic - Type Of Implant *SeqNo:* 3701
Short Name: **VSPuTypeImp** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the type of pulmonic implant
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: PulmonicImplant
ParentLongName: VS-Pulmonic Implant
ParentHarvestCodes: 1
ParentValues: = "Yes"

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Surgeon Fashioned
2	Commercially Supplied

Long Name: VS-Pulmonic - Surgeon Fashioned Implant Material *SeqNo:* 3702
Short Name: **VSPuImpMat** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the material used to fashion the pulmonic implant
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VSPuTypeImp
ParentLongName: VS-Pulmonic - Type Of Implant
ParentHarvestCodes: 1
ParentValues: = "Surgeon Fashioned"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	PTFE (Gore-Tex)
2	Pericardium
3	Other

Long Name: VS-Pulmonic Implant - Type *SeqNo:* 3705
Short Name: **PulmonicImplantTy** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the type of pulmonic valve or valve device implanted.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VSPuTypeImp
ParentLongName: VS-Pulmonic - Type Of Implant
ParentHarvestCodes: 2
ParentValues: = "Commercially Supplied"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Mechanical valve
3	Bioprosthetic valve
4	Transcatheter device
2	Annuloplasty device
5	Homograft
6	Other

Long Name: VS-Pulmonic Proc-Implant Model Number *SeqNo:* 3710
Short Name: **VSPuIm** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the model number of the prosthesis implanted. The names provided include the manufacturer's model number with "xx" substituting for the device size.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: PulmonicImplant
 ParentLongName: VS-Pulmonic Implant
 ParentHarvestCodes: 1
 ParentValues: = "Yes"

Long Name: VS-Pulmonic Proc-Imp-Size *SeqNo:* 3715
Short Name: **VSPuImSz** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the Pulmonic implant size.
Data Source: User *Format:* Integer
 Low Value: 5 High Value: 100 UsualRangeLow: 21 UsualRangeHigh: 31
 ParentShortName: PulmonicImplant
 ParentLongName: VS-Pulmonic Implant
 ParentHarvestCodes: 1
 ParentValues: = "Yes"

Long Name: VS-Pulmonic Proc-Imp-Unique Device Identifier *SeqNo:* 3720
Short Name: **VSPuImUDI** *Core:* Yes
Section Name: Valve Surgery *Harvest:* Yes
DBTableName Adultdata1 *DataLength:* 50
Definition: Indicate the device UDI if available, otherwise leave blank.
Data Source: User *Format:* Text
 ParentShortName: PulmonicImplant
 ParentLongName: VS-Pulmonic Implant
 ParentHarvestCodes: 1
 ParentValues: = "Yes"

#

<i>Long Name:</i>	IABP	<i>SeqNo:</i>	3725
<i>Short Name:</i>	IABP	<i>Core:</i>	Yes
<i>Section Name:</i>	Mechanical Cardiac Assist Devices	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether the patient was placed on an Intra-Aortic Balloon Pump (IABP).		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
- 2 No

<i>Long Name:</i>	IABP-When Inserted	<i>SeqNo:</i>	3730
<i>Short Name:</i>	IABPWhen	<i>Core:</i>	Yes
<i>Section Name:</i>	Mechanical Cardiac Assist Devices	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate when the IABP was inserted.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: IABP

ParentLongName: IABP

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Preop
- 2 Intraop
- 3 Postop

Long Name: IABP-Indication *SeqNo:* 3735
Short Name: **IABPInd** *Core:* Yes
Section Name: Mechanical Cardiac Assist Devices *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the primary reason for inserting the IABP.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: IABP

ParentLongName: IABP

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Hemodyn Instability
- 2 Procedural Support
- 3 Unstable Angina
- 4 Cardiopulmonary Bypass
(CPB) Weaning Failure
- 5 Prophylactic
- 6 Other

Long Name: Catheter Based Assist Device Used *SeqNo:* 3745
Short Name: **CathBasAssist** *Core:* Yes
Section Name: Mechanical Cardiac Assist Devices *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the patient was placed on a catheter based assist device (e.g., Impella).
Data Source: User *Format:* Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
- 2 No

Long Name: Catheter Based Assist Type *SeqNo:* 3755
Short Name: **CathBasAssistTy** *Core:* Yes
Section Name: Mechanical Cardiac Assist Devices *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the type of catheter based assist device.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CathBasAssist
ParentLongName: Catheter Based Assist Device Used
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	RV
2	LV
3	BiV

Long Name: Catheter Based Assist Device When Inserted *SeqNo:* 3760
Short Name: **CathBasAssistWhen** *Core:* Yes
Section Name: Mechanical Cardiac Assist Devices *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate when the catheter based assist device was inserted.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CathBasAssist
ParentLongName: Catheter Based Assist Device Used
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Preop
2	Intraop
3	Postop

Long Name: Catheter Based Assist Device Indication *SeqNo:* 3765
Short Name: **CathBasAssistInd** *Core:* Yes
Section Name: Mechanical Cardiac Assist Devices *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the primary reason for inserting the device.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CathBasAssist

ParentLongName: Catheter Based Assist Device Used

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Hemodynamic Instability
 - 2 Cardiopulmonary Bypass
(CPB) weaning failure
 - 3 PCI Failure
 - 5 Procedural support
 - 4 Other
-

Long Name: Extracorporeal Membrane Oxygenation *SeqNo:* 3775
Short Name: **ECMO** *Core:* Yes
Section Name: Mechanical Cardiac Assist Devices *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the patient was placed on ECMO.
Data Source: User *Format:* Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 3 Venovenous
 - 4 Venovenous converted to
Venovenous
 - 5 Venovenous converted to
Venovenous
 - 2 No
-

Long Name: ECMO When Initiated *SeqNo:* 3780
Short Name: **ECMOWhen** *Core:* Yes
Section Name: Mechanical Cardiac Assist Devices *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate when patient was placed on ECMO.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: ECMO

ParentLongName: Extracorporeal Membrane Oxygenation

ParentHarvestCodes: 3|4|5

ParentValues: = "Veno-venous", "Veno-atrial" or "Veno-venous converted to Veno-atrial"

Harvest Codes:

Code: Value:

- 1 Preop
 - 2 Intraop
 - 3 Postop
 - 4 Non-operative
-

Long Name: ECMO Indication *SeqNo:* 3785
Short Name: **ECMOInd** *Core:* Yes
Section Name: Mechanical Cardiac Assist Devices *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate clinical indication for placing patient on ECMO.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: ECMO

ParentLongName: Extracorporeal Membrane Oxygenation

ParentHarvestCodes: 3|4|5

ParentValues: = "Veno-venous", "Veno-atrial" or "Veno-venous converted to Veno-atrial"

Harvest Codes:

Code: Value:

- 1 Cardiac Failure
 - 2 Respiratory Failure
 - 3 Hypothermia
 - 4 Rescue/salvage
 - 5 Other
-

<i>Long Name:</i>	VAD-Patient Admitted With VAD	<i>SeqNo:</i>	3790
<i>Short Name:</i>	PrevVAD	<i>Core:</i>	Yes
<i>Section Name:</i>	Ventricular Assist Devices	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate if at the time of this procedure, the patient has a VAD in place that was inserted during a previous admission or from an outside hospital.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
- 2 No

<i>Long Name:</i>	Previous VAD Facility	<i>SeqNo:</i>	3795
<i>Short Name:</i>	PrevVADF	<i>Core:</i>	Yes
<i>Section Name:</i>	Ventricular Assist Devices	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate if the previously implanted assist device was implanted at another facility.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: PrevVAD

ParentLongName: VAD-Patient Admitted With VAD

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Yes
- 2 No

<i>Long Name:</i>	Previous VAD Insertion Date	<i>SeqNo:</i>	3800
<i>Short Name:</i>	PrevVADD	<i>Core:</i>	Yes
<i>Section Name:</i>	Ventricular Assist Devices	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate insertion date of previous VAD.		
<i>Data Source:</i>	User	<i>Format:</i>	Date mm/dd/yyyy

ParentShortName: PrevVAD

ParentLongName: VAD-Patient Admitted With VAD

ParentHarvestCodes: 1

ParentValues: = "Yes"

Long Name: Previous VAD Indication *SeqNo:* 3805
Short Name: **PrevVADIn** *Core:* Yes
Section Name: Ventricular Assist Devices *Harvest:* Yes
DBTableName Adultdata1
Definition: Specify indication for VAD insertion.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: PrevVAD

ParentLongName: VAD-Patient Admitted With VAD

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes and Value Definitions:

<u>Code:</u>	<u>Value:</u>	<u>Definition:</u>
1	Bridge to Transplantation	Includes those patients who are supported with a VAD until a heart transplant is possible.
2	Bridge to Recovery	Includes those patients who are expected to have ventricular recovery. (i.e. Myocarditis patients, postcardiotomy syndromes, viral cardiomyopathies, AMI w/ revascularization, and post-transplant reperfusion injury).
3	Destination	Includes those patients where a heart transplant is not an option. The VAD is placed for permanent life sustaining support.
4	Post Cardiotomy Ventricular Failure	Includes those postcardiotomy patients who receive a VAD because of failure to separate from the heart-lung machine. Postcardiotomy refers to those patients with the inability to wean from cardiopulmonary bypass secondary to left, right, or biventricular failure.
5	Device Malfunction	Includes those patients who are currently VAD supported and are experiencing device failure.
6	End of (Device) Life	Mechanical device pump has reached functional life expectancy and requires replacement.
7	Salvage	Moribund patients unresponsive to medical interventions

Long Name: Previous VAD Type *SeqNo:* 3810
Short Name: **PrevVADTy** *Core:* Yes
Section Name: Ventricular Assist Devices *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate type of VAD previously inserted.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: PrevVAD

ParentLongName: VAD-Patient Admitted With VAD

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes and Value Definitions:

<u>Code:</u>	<u>Value:</u>	<u>Definition:</u>
1	RVAD	Right Ventricular Assist Device
2	LVAD	Left Ventricular Assist Device
3	BiVAD	BiVentricular Assist Device
4	TAH	Total Artificial Heart

Long Name: Previous VAD Device Model Number *SeqNo:* 3815
Short Name: **PrevVADDevice** *Core:* Yes
Section Name: Ventricular Assist Devices *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate Previous VAD device.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: PrevVAD

ParentLongName: VAD-Patient Admitted With VAD

ParentHarvestCodes: 1

ParentValues: = "Yes"

Long Name: Previous VAD Unique Device Identifier (UDI) *SeqNo:* 3820
Short Name: **PrevVADUDI** *Core:* Yes
Section Name: Ventricular Assist Devices *Harvest:* Yes
DBTableName Adultdata1 *DataLength:* 50
Definition: Indicate the device UDI if available, otherwise leave blank.
Data Source: User *Format:* Text

ParentShortName: PrevVAD

ParentLongName: VAD-Patient Admitted With VAD

ParentHarvestCodes: 1

ParentValues: = "Yes"

#

Long Name: Previous VAD Explanted During This Admission *SeqNo:* 3825
Short Name: **PrevVADExp** *Core:* Yes
Section Name: Ventricular Assist Devices *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the previously inserted VAD was explanted during this hospitalization.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: PrevVAD

ParentLongName: VAD-Patient Admitted With VAD

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes and Value Definitions:

<u>Code:</u>	<u>Value:</u>	<u>Definition:</u>
1	Yes, not during this procedure	In a prior trip to the operating room.
2	Yes, during this procedure	
3	No	

Long Name: Previous VAD Explanted During This Admission - Reason *SeqNo:* 3830
Short Name: **PrevVADExpRsn** *Core:* Yes
Section Name: Ventricular Assist Devices *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the primary reason the VAD was explanted.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: PrevVADExp

ParentLongName: Previous VAD Explanted During This Admission

ParentHarvestCodes: 1|2

ParentValues: = "Yes, not during this procedure" or "Yes, during this procedure"

Harvest Codes:

Code: Value:

- 1 Cardiac transplant
 - 2 Recovery
 - 3 Device transfer
 - 4 Device-related infection
 - 5 Device malfunction
 - 6 End of (device) life
-

Long Name: Previous VAD Explanted During This Admission - Date *SeqNo:* 3835
Short Name: **PrevVADExpDt** *Core:* Yes
Section Name: Ventricular Assist Devices *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate date of explant.
Data Source: User *Format:* Date mm/dd/yyyy

ParentShortName: PrevVADExp

ParentLongName: Previous VAD Explanted During This Admission

ParentHarvestCodes: 1

ParentValues: = "Yes, not during this procedure"

Long Name: Ventricular Assist Device Implanted During This Hospitalization *SeqNo:* 3840
Short Name: **VADImp** *Core:* Yes
Section Name: Ventricular Assist Devices *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether a VAD was inserted during this hospitalization.
Data Source: User *Format:* Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
-

Long Name: VAD-Implant Timing *SeqNo:* 3845
Short Name: **VADImpTmg** *Core:* Yes
Section Name: Ventricular Assist Devices *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate timing of VAD insertion.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VADImp

ParentLongName: Ventricular Assist Device Implanted During This Hospitalization

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Pre-operative (during same hospitalization but not same OR trip as CV surgical procedure)
 - 2 Stand-alone VAD procedure
 - 3 In conjunction with CV surgical procedure (same trip to the OR) - planned
 - 4 In conjunction with CV surgical procedure (same trip to the OR) - unplanned
 - 5 Post-operative (after surgical procedure during reoperation)
-

Long Name: VAD-Indication for this VAD *SeqNo:* 3850
Short Name: **VADInd** *Core:* Yes
Section Name: Ventricular Assist Devices *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the reason for implanting a Ventricular Assist Device (VAD) during this hospitalization.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VADImp

ParentLongName: Ventricular Assist Device Implanted During This Hospitalization

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes and Value Definitions:

<u>Code:</u>	<u>Value:</u>	<u>Definition:</u>
1	Bridge to Transplantation	Includes those patients who are supported with a VAD until a heart transplant is possible.
2	Bridge to Recovery	Includes those patients who are expected to have ventricular recovery. (i.e. Myocarditis patients, postcardiotomy syndromes, viral cardiomyopathies, AMI w/ revascularization, and post-transplant reperfusion injury).
3	Destination	Includes those patients where a heart transplant is not an option. The VAD is placed for permanent life sustaining support.
4	Post Cardiotomy Ventricular Failure	Includes those postcardiotomy patients who receive a VAD because of failure to separate from the heart-lung machine. Postcardiotomy refers to those patients with the inability to wean from cardiopulmonary bypass secondary to left, right, or biventricular failure.
5	Device Malfunction	Includes those patients who are currently VAD supported and are experiencing device failure.
6	End of (Device) Life	Mechanical device pump has reached functional life expectancy and requires replacement.
7	Salvage	Moribund patients unresponsive to medical interventions

<i>Long Name:</i>	VAD-Implant Type	<i>SeqNo:</i>	3855
<i>Short Name:</i>	VImpTy	<i>Core:</i>	Yes
<i>Section Name:</i>	Ventricular Assist Devices	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate the first type of VAD implanted during this hospitalization.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VADImp

ParentLongName: Ventricular Assist Device Implanted During This Hospitalization

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Right VAD (RVAD)
 - 2 Left VAD (LVAD)
 - 3 Biventricular VAD (BiVAD)
 - 4 Total Artificial Heart (TAH)
-

<i>Long Name:</i>	VAD-Device	<i>SeqNo:</i>	3860
<i>Short Name:</i>	VProdTy	<i>Core:</i>	Yes
<i>Section Name:</i>	Ventricular Assist Devices	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate the VAD brand name implanted. Implant defined as physical placement of the VAD.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VADImp

ParentLongName: Ventricular Assist Device Implanted During This Hospitalization

ParentHarvestCodes: 1

ParentValues: = "Yes"

Long Name: VAD-Implant Date *SeqNo:* 3865
Short Name: **VImpDt** *Core:* Yes
Section Name: Ventricular Assist Devices *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the date the VAD was implanted.
Data Source: User *Format:* Date mm/dd/yyyy
 ParentShortName: VADImp
 ParentLongName: Ventricular Assist Device Implanted During This Hospitalization
 ParentHarvestCodes: 1
 ParentValues: = "Yes"

Long Name: VAD-Implant Unique Device Identifier (UDI) *SeqNo:* 3870
Short Name: **VImpUDI** *Core:* Yes
Section Name: Ventricular Assist Devices *Harvest:* Yes
DBTableName Adultdata1 *DataLength:* 50
Definition: Indicate the device UDI if available, otherwise leave blank.
Data Source: User *Format:* Text
 ParentShortName: VADImp
 ParentLongName: Ventricular Assist Device Implanted During This Hospitalization
 ParentHarvestCodes: 1
 ParentValues: = "Yes"

#

Long Name: VAD-Explant *SeqNo:* 3875
Short Name: **VExp** *Core:* Yes
Section Name: Ventricular Assist Devices *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate if the VAD was explanted. Explant is defined as physical removal of the VAD.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: VADImp
 ParentLongName: Ventricular Assist Device Implanted During This Hospitalization
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:

Code: Value:

- 3 Yes, not during this procedure
- 4 Yes, during this procedure

2 No

Long Name: VAD-Explant Reason *SeqNo:* 3880
Short Name: **VExpRsn** *Core:* Yes
Section Name: Ventricular Assist Devices *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the reason the VAD was explanted.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VExp

ParentLongName: VAD-Explant

ParentHarvestCodes: 3|4

ParentValues: = "Yes, not during this procedure" or "Yes, during this procedure"

Harvest Codes and Value Definitions:

<u>Code:</u>	<u>Value:</u>	<u>Definition:</u>
1	Cardiac Transplant	The VAD was explanted for Cardiac Transplant.
2	Recovery	The VAD was removed after cardiac recovery.
3	Device Transfer	The VAD was explanted in order to implant another assist device.
4	Device-Related Infection	An infection within the pump pocket, driveline, VAD Endocarditis, or other infection requiring explantation of the VAD. The body of the VAD has an active infection requiring removal to eliminate the infection. "Device-related infections" are defined as positive culture in the presence of leukocytosis, and /or fever requiring medical or surgical intervention.
5	Device Malfunction	The VAD pump itself is not functioning properly causing hemodynamic compromise, and/or requiring immediate intervention or VAD replacement.
6	End of (device) life	Mechanical device pump has reached functional life expectancy and requires replacement.

Long Name: VAD-Explant Date *SeqNo:* 3885
Short Name: **VExpDt** *Core:* Yes
Section Name: Ventricular Assist Devices *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the date the VAD was explanted.
Data Source: User *Format:* Date mm/dd/yyyy

ParentShortName: VExp

ParentLongName: VAD-Explant

ParentHarvestCodes: 3

ParentValues: = "Yes, not during this procedure"

<i>Long Name:</i>	VAD-Implant #2	<i>SeqNo:</i>	3895
<i>Short Name:</i>	VImp2	<i>Core:</i>	Yes
<i>Section Name:</i>	Ventricular Assist Devices	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate whether a second ventricular assist device was implanted.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VADImp

ParentLongName: Ventricular Assist Device Implanted During This Hospitalization

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

<i>Long Name:</i>	VAD-Implant Timing #2	<i>SeqNo:</i>	3900
<i>Short Name:</i>	VADImpTmg2	<i>Core:</i>	Yes
<i>Section Name:</i>	Ventricular Assist Devices	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate timing of VAD #2 insertion.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VImp2

ParentLongName: VAD-Implant #2

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- | | |
|---|---|
| 1 | Pre-operative (during same hospitalization but not same OR trip as CV surgical procedure) |
| 2 | Stand-alone VAD procedure |
| 3 | In conjunction with CV surgical procedure (same trip to the OR) - planned |
| 4 | In conjunction with CV surgical procedure (same trip to the OR) - unplanned |
| 5 | Post-operative (after surgical procedure during reoperation) |
-

Long Name: VAD-Indication for this VAD #2 *SeqNo:* 3905
Short Name: **VADInd2** *Core:* Yes
Section Name: Ventricular Assist Devices *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the reason for implanting a Ventricular Assist Device (VAD) #2 during this hospitalization.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VImp2

ParentLongName: VAD-Implant #2

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes and Value Definitions:

<u>Code:</u>	<u>Value:</u>	<u>Definition:</u>
1	Bridge to Transplantation	Includes those patients who are supported with a VAD until a heart transplant is possible.
2	Bridge to Recovery	Includes those patients who are expected to have ventricular recovery. (i.e. Myocarditis patients, postcardiotomy syndromes, viral cardiomyopathies, AMI w/ revascularization, and post-transplant reperfusion injury).
3	Destination	Includes those patients where a heart transplant is not an option. The VAD is placed for permanent life sustaining support.
4	Post Cardiotomy Ventricular Failure	Includes those postcardiotomy patients who receive a VAD because of failure to separate from the heart-lung machine. Postcardiotomy refers to those patients with the inability to wean from cardiopulmonary bypass secondary to left, right, or biventricular failure.
5	Device Malfunction	Includes those patients who are currently VAD supported and are experiencing device failure.
6	End of (Device) Life	Mechanical device pump has reached functional life expectancy and requires replacement.
7	Salvage	Moribund patients unresponsive to medical interventions

<i>Long Name:</i>	VAD-Implant Type #2	<i>SeqNo:</i>	3910
<i>Short Name:</i>	VImpTy2	<i>Core:</i>	Yes
<i>Section Name:</i>	Ventricular Assist Devices	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate the second type of ventricular assist device implanted.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VImp2

ParentLongName: VAD-Implant #2

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Right VAD (RVAD)
 - 2 Left VAD (LVAD)
 - 3 Biventricular VAD (BiVAD)
 - 4 Total Artificial Heart (TAH)
-

<i>Long Name:</i>	VAD-Device #2	<i>SeqNo:</i>	3915
<i>Short Name:</i>	VProdTy2	<i>Core:</i>	Yes
<i>Section Name:</i>	Ventricular Assist Devices	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate the specific product #2 implanted. Implant defined as physical placement of the VAD.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VImp2

ParentLongName: VAD-Implant #2

ParentHarvestCodes: 1

ParentValues: = "Yes"

Long Name: VAD-Implant Date #2 *SeqNo:* 3920
Short Name: **VImpDt2** *Core:* Yes
Section Name: Ventricular Assist Devices *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the date the VAD #2 was implanted.
Data Source: User *Format:* Date mm/dd/yyyy
 ParentShortName: VImp2
 ParentLongName: VAD-Implant #2
 ParentHarvestCodes: 1
 ParentValues: = "Yes"

Long Name: VAD-Implant Unique Device Identifier (UDI) #2 *SeqNo:* 3925
Short Name: **VImpUDI2** *Core:* Yes
Section Name: Ventricular Assist Devices *Harvest:* Yes
DBTableName Adultdata1 *DataLength:* 50
Definition: Indicate the device UDI if available, otherwise leave blank.
Data Source: User *Format:* Text
 ParentShortName: VImp2
 ParentLongName: VAD-Implant #2
 ParentHarvestCodes: 1
 ParentValues: = "Yes"

#

Long Name: VAD-Explant #2 *SeqNo:* 3930
Short Name: **VExp2** *Core:* Yes
Section Name: Ventricular Assist Devices *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate if the VAD #2 was explanted. Explant is defined as physical removal of the VAD.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: VImp2
 ParentLongName: VAD-Implant #2
 ParentHarvestCodes: 1
 ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 3 Yes, not during this procedure
- 4 Yes, during this procedure

2 No

Long Name: VAD-Explant Reason #2 *SeqNo:* 3935
Short Name: **VExpRsn2** *Core:* Yes
Section Name: Ventricular Assist Devices *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the reason the VAD #2 was explanted.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VExp2

ParentLongName: VAD-Explant #2

ParentHarvestCodes: 3|4

ParentValues: = "Yes, not during this procedure" or "Yes, during this procedure"

Harvest Codes and Value Definitions:

<u>Code:</u>	<u>Value:</u>	<u>Definition:</u>
1	Cardiac Transplant	The VAD was explanted for Cardiac Transplant.
2	Recovery	The VAD was removed after cardiac recovery.
3	Device Transfer	The VAD was explanted in order to implant another assist device.
4	Device-Related Infection	An infection within the pump pocket, driveline, VAD Endocarditis, or other infection requiring explantation of the VAD. The body of the VAD has an active infection requiring removal to eliminate the infection. "Device-related infections" are defined as positive culture in the presence of leukocytosis, and /or fever requiring medical or surgical intervention.
5	Device Malfunction	The VAD pump itself is not functioning properly causing hemodynamic compromise, and/or requiring immediate intervention or VAD replacement.
6	End of (device) life	Mechanical device pump has reached functional life expectancy and requires replacement.

Long Name: VAD-Explant Date #2 *SeqNo:* 3940
Short Name: **VExpDt2** *Core:* Yes
Section Name: Ventricular Assist Devices *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the date the VAD #2 was explanted.
Data Source: User *Format:* Date mm/dd/yyyy

ParentShortName: VExp2

ParentLongName: VAD-Explant #2

ParentHarvestCodes: 3

ParentValues: = "Yes, not during this procedure"

Long Name: VAD-Implant #3 *SeqNo:* 3950
Short Name: **VImp3** *Core:* Yes
Section Name: Ventricular Assist Devices *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether a third ventricular assist device was implanted.
Data Source: User *Format:* Text (categorical values specified by STS)

 ParentShortName: VImp2
 ParentLongName: VAD-Implant #2
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: VAD-Implant Timing #3 *SeqNo:* 3955
Short Name: **VADImpTmg3** *Core:* Yes
Section Name: Ventricular Assist Devices *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate timing of VAD #3 insertion.
Data Source: User *Format:* Text (categorical values specified by STS)

 ParentShortName: VImp3
 ParentLongName: VAD-Implant #3
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:
 Code: Value:
 1 Pre-operative (during same hospitalization but not same OR trip as CV surgical procedure)
 2 Stand-alone VAD procedure
 3 In conjunction with CV surgical procedure (same trip to the OR) - planned
 4 In conjunction with CV surgical procedure (same trip to the OR) - unplanned
 5 Post-operative (after surgical procedure during reoperation)

Long Name: VAD-Indication for this VAD #3 *SeqNo:* 3960
Short Name: **VADInd3** *Core:* Yes
Section Name: Ventricular Assist Devices *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the reason for implanting a Ventricular Assist Device (VAD)#3 during this hospitalization.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VImp3

ParentLongName: VAD-Implant #3

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes and Value Definitions:

<u>Code:</u>	<u>Value:</u>	<u>Definition:</u>
1	Bridge to Transplantation	Includes those patients who are supported with a VAD until a heart transplant is possible.
2	Bridge to Recovery	Includes those patients who are expected to have ventricular recovery. (i.e. Myocarditis patients, postcardiotomy syndromes, viral cardiomyopathies, AMI w/ revascularization, and post-transplant reperfusion injury).
3	Destination	Includes those patients where a heart transplant is not an option. The VAD is placed for permanent life sustaining support.
4	Post Cardiotomy Ventricular Failure	Includes those postcardiotomy patients who receive a VAD because of failure to separate from the heart-lung machine. Postcardiotomy refers to those patients with the inability to wean from cardiopulmonary bypass secondary to left, right, or biventricular failure.
5	Device Malfunction	Includes those patients who are currently VAD supported and are experiencing device failure.
6	End of (Device) Life	Mechanical device pump has reached functional life expectancy and requires replacement.
7	Salvage	Moribund patients unresponsive to medical interventions

<i>Long Name:</i>	VAD-Implant Type #3	<i>SeqNo:</i>	3965
<i>Short Name:</i>	VImpTy3	<i>Core:</i>	Yes
<i>Section Name:</i>	Ventricular Assist Devices	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate the third type of ventricular assist device implanted.

Data Source: User

Format: Text (categorical values specified by STS)

ParentShortName: VImp3

ParentLongName: VAD-Implant #3

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Right VAD (RVAD)
 - 2 Left VAD (LVAD)
 - 3 Biventricular VAD (BiVAD)
 - 4 Total Artificial Heart (TAH)
-

<i>Long Name:</i>	VAD-Device #3	<i>SeqNo:</i>	3970
<i>Short Name:</i>	VProdTy3	<i>Core:</i>	Yes
<i>Section Name:</i>	Ventricular Assist Devices	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate the specific product #3 implanted. Implant defined as physical placement of the VAD.

Data Source: User

Format: Text (categorical values specified by STS)

ParentShortName: VImp3

ParentLongName: VAD-Implant #3

ParentHarvestCodes: 1

ParentValues: = "Yes"

Long Name: VAD-Implant Date #3 *SeqNo:* 3975
Short Name: **VImpDt3** *Core:* Yes
Section Name: Ventricular Assist Devices *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the date the VAD #3 was implanted.
Data Source: User *Format:* Date mm/dd/yyyy
 ParentShortName: VImp3
 ParentLongName: VAD-Implant #3
 ParentHarvestCodes: 1
 ParentValues: = "Yes"

Long Name: VAD-Implant Unique Device Identifier (UDI) #3 *SeqNo:* 3980
Short Name: **VImpUDI3** *Core:* Yes
Section Name: Ventricular Assist Devices *Harvest:* Yes
DBTableName Adultdata1 *DataLength:* 50
Definition: Indicate the device UDI if available, otherwise leave blank.
Data Source: User *Format:* Text
 ParentShortName: VImp3
 ParentLongName: VAD-Implant #3
 ParentHarvestCodes: 1
 ParentValues: = "Yes"

#

Long Name: VAD-Explant #3 *SeqNo:* 3985
Short Name: **VExp3** *Core:* Yes
Section Name: Ventricular Assist Devices *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate if the VAD #3 was explanted. Explant is defined as physical removal of the VAD.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: VImp3
 ParentLongName: VAD-Implant #3
 ParentHarvestCodes: 1
 ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 3 Yes, not during this procedure
- 4 Yes, during this procedure

2 No

Long Name: VAD-Explant Reason #3 *SeqNo:* 3990
Short Name: **VExpRsn3** *Core:* Yes
Section Name: Ventricular Assist Devices *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the reason the VAD #3 was explanted.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VExp3

ParentLongName: VAD-Explant #3

ParentHarvestCodes: 3|4

ParentValues: = "Yes, not during this procedure" or "Yes, during this procedure"

Harvest Codes and Value Definitions:

<u>Code:</u>	<u>Value:</u>	<u>Definition:</u>
1	Cardiac Transplant	The VAD was explanted for Cardiac Transplant.
2	Recovery	The VAD was removed after cardiac recovery.
3	Device Transfer	The VAD was explanted in order to implant another assist device.
4	Device-Related Infection	An infection within the pump pocket, driveline, VAD Endocarditis, or other infection requiring explantation of the VAD. The body of the VAD has an active infection requiring removal to eliminate the infection. "Device-related infections" are defined as positive culture in the presence of leukocytosis, and /or fever requiring medical or surgical intervention.
5	Device Malfunction	The VAD pump itself is not functioning properly causing hemodynamic compromise, and/or requiring immediate intervention or VAD replacement.
6	End of (device) life	Mechanical device pump has reached functional life expectancy and requires replacement.

Long Name: VAD-Explant Date #3 *SeqNo:* 3995
Short Name: **VExpDt3** *Core:* Yes
Section Name: Ventricular Assist Devices *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the date the VAD #3 was explanted.
Data Source: User *Format:* Date mm/dd/yyyy

ParentShortName: VExp3

ParentLongName: VAD-Explant #3

ParentHarvestCodes: 3

ParentValues: = "Yes, not during this procedure"

<i>Long Name:</i>	Complications Related To Mechanical Assist Device(s)	<i>SeqNo:</i>	4010
<i>Short Name:</i>	CompMAD	<i>Core:</i>	No
<i>Section Name:</i>	Ventricular Assist Devices	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether complications resulted from mechanical assist device(s).		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 No
- 2 Yes, IABP
- 3 Yes, CBAD
- 4 Yes, ECMO
- 5 Yes, VAD
- 6 Yes, multiple devices

<i>Long Name:</i>	Complications Related To Mechanical Assist Device(s) #1	<i>SeqNo:</i>	4015
<i>Short Name:</i>	CompMAD1	<i>Core:</i>	No
<i>Section Name:</i>	Ventricular Assist Devices	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate complication related to mechanical assist device(s).		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: CompMAD

ParentLongName: Complications Related To Mechanical Assist Device(s)

ParentHarvestCodes: 2|3|4|5|6

ParentValues: = "Yes, IABP", "Yes, CBAD", "Yes, ECMO", "Yes, VAD" or "Yes, multiple devices"

Harvest Codes:

Code: Value:

- 2 Cannula / insertion site issue
- 3 Cardiac
- 4 GI
- 5 Hemorrhagic
- 6 Hemolytic
- 7 Infection
- 8 Metabolic
- 9 Neurologic
- 10 Pulmonary
- 11 Other

<i>Long Name:</i>	Complications Related To Mechanical Assist Device(s) #2	<i>SeqNo:</i>	4020
<i>Short Name:</i>	CompMAD2	<i>Core:</i>	No
<i>Section Name:</i>	Ventricular Assist Devices	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate additional complication or choose no additional complications.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
<i>ParentShortName:</i>	CompMAD		
<i>ParentLongName:</i>	Complications Related To Mechanical Assist Device(s)		
<i>ParentHarvestCodes:</i>	2 3 4 5 6		
<i>ParentValues:</i>	= "Yes, IABP", "Yes, CBAD", "Yes, ECMO", "Yes, VAD" or "Yes, multiple devices"		
<i>Harvest Codes:</i>			
<u>Code:</u>	<u>Value:</u>		
1	No additional complications		
2	Cannula / insertion site issue		
3	Cardiac		
4	GI		
5	Hemorrhagic		
6	Hemolytic		
7	Infection		
8	Metabolic		
9	Neurologic		
10	Pulmonary		
11	Other		

<i>Long Name:</i>	Complications Related To Mechanical Assist Device(s) #3	<i>SeqNo:</i>	4025
<i>Short Name:</i>	CompMAD3	<i>Core:</i>	No
<i>Section Name:</i>	Ventricular Assist Devices	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate additional complication or choose no additional complications.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
<i>ParentShortName:</i>	CompMAD2		
<i>ParentLongName:</i>	Complications Related To Mechanical Assist Device(s) #2		
<i>ParentHarvestCodes:</i>	<>1 And Is Not Missing		
<i>ParentValues:</i>	Is Not "No additional complications" And Is Not Missing		
<i>Harvest Codes:</i>			
<u>Code:</u>	<u>Value:</u>		
1	No additional complications		
2	Cannula / insertion site issue		
3	Cardiac		
4	GI		

- 5 Hemorrhagic
- 6 Hemolytic
- 7 Infection
- 8 Metabolic
- 9 Neurologic
- 10 Pulmonary
- 11 Other

Long Name: Other Card-ASD Repair - PFO Type *SeqNo:* 4030
Short Name: **OCarASDPFO** *Core:* Yes
Section Name: Other Cardiac Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether a patent foramen ovale (PFO) was repaired.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: OpOCard
 ParentLongName: Other Card
 ParentHarvestCodes: 3|4|5
 ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"

Harvest Codes:

Code: Value:

- 1 Yes
- 2 No

Long Name: Other Card-ASD Repair - Secundum Or Sinus Venosus *SeqNo:* 4035
Short Name: **OCarASDSec** *Core:* Yes
Section Name: Other Cardiac Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether a secundum or sinus venosus ASD was repaired.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: OpOCard
 ParentLongName: Other Card
 ParentHarvestCodes: 3|4|5
 ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"

Harvest Codes:

Code: Value:

- 1 Yes
- 2 No

Long Name: Other Card-AFib Intracardiac Lesions *SeqNo:* 4040
Short Name: **OCarAFibIntraLes** *Core:* Yes
Section Name: Other Cardiac Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether intracardiac lesions were created for the purpose of AFib ablation.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: OpOCard
ParentLongName: Other Card
ParentHarvestCodes: 3|4|5
ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Other Card-AFib Epicardial Lesions *SeqNo:* 4045
Short Name: **OCarAFibEpLes** *Core:* Yes
Section Name: Other Cardiac Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether epicardial lesions were created for the purpose of AFib ablation.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: OpOCard
ParentLongName: Other Card
ParentHarvestCodes: 3|4|5
ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Other Card-Atrial Appendage Procedure *SeqNo:* 4050
Short Name: **OCarAAProc** *Core:* Yes
Section Name: Other Cardiac Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether atrial appendage ligation/exclusion was performed.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: OpOCard
 ParentLongName: Other Card
 ParentHarvestCodes: 3|4|5
 ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"
 Harvest Codes:
 Code: Value:
 1 RAA
 2 LAA
 3 Both
 4 No

Long Name: Other Card-Atrial Appendage Ligation/Exclusion Method *SeqNo:* 4051
Short Name: **OCarAAMeth** *Core:* Yes
Section Name: Other Cardiac Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the method used to ligate/exclude the atrial appendage
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: OCarAAProc
 ParentLongName: Other Card-Atrial Appendage Procedure
 ParentHarvestCodes: 1|2|3
 ParentValues: = "RAA", "LAA" or "Both"
 Harvest Codes:
 Code: Value:
 1 Intra-atrial oversewing
 2 Epicardial suture ligation
 3 Amputation with oversewing
 4 Stapler (cutting)
 5 Stapler (noncutting)
 6 Epicardially applied occlusion device

Long Name: Other Card-Atrial Appendage Ligation/Exclusion Model *SeqNo:* 4052
Short Name: **OCarAAModel** *Core:* Yes
Section Name: Other Cardiac Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the epicardial occlusion device model used
Data Source: User *Format:* Text
 ParentShortName: OCarAAMeth
 ParentLongName: Other Card-Atrial Appendage Ligation/Exclusion Method
 ParentHarvestCodes: 6
 ParentValues: = "Epicardially applied occlusion device"

Long Name: Other Card-Atrial Appendage Ligation/Exclusion UDI *SeqNo:* 4053
Short Name: **OCarAAUDI** *Core:* Yes
Section Name: Other Cardiac Procedures *Harvest:* Yes
DBTableName Adultdata1 *DataLength:* 50
Definition: Indicate the Unique Device Identifier of the epicardial occlusion device
Data Source: User *Format:* Text
 ParentShortName: OCarAAMeth
 ParentLongName: Other Card-Atrial Appendage Ligation/Exclusion Method
 ParentHarvestCodes: 6
 ParentValues: = "Epicardially applied occlusion device"

#

Long Name: Other Card-Arrhythmia Device Surgery *SeqNo:* 4055
Short Name: **OCarACD** *Core:* Yes
Section Name: Other Cardiac Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate which arrhythmia correction device was surgically placed in conjunction with the primary surgical procedure.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: OpOCard
 ParentLongName: Other Card
 ParentHarvestCodes: 3|4|5
 ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"

Harvest Codes and Value Definitions:

Code: Value:Definition:

2	Permanent Pacemaker	An internal electronic generator that controls the heart rate.
3	Permanent Pacemaker with Cardiac Resynchronization Technique (CRT)	An internal permanent pacemaker that uses biventricular electrical stimulation to synchronize ventricular contraction.
4	Implantable Cardioverter Defibrillator (ICD)	An internal device that defibrillates the heart.
5	ICD with CRT	An internal AICD that uses biventricular electrical stimulation to synchronize ventricular contraction.
6	Implantable recorder	
1	None	

Long Name: Other Card-Lead Insertion *SeqNo:* 4060

Short Name: **OCarLeadInsert** *Core:* Yes

Section Name: Other Cardiac Procedures *Harvest:* Yes

DBTableName Adultdata1

Definition: Indicate whether lead(s) insertion was performed. Do not capture temporary lead placement.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: OpOCard

ParentLongName: Other Card

ParentHarvestCodes: 3|4|5

ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Other Card-Arrhythmia Correction Surgery-Lead Extraction *SeqNo:* 4065

Short Name: **OCarACDLE** *Core:* Yes

Section Name: Other Cardiac Procedures *Harvest:* Yes

DBTableName Adultdata1

Definition: Indicate whether procedure included lead extraction for a device intended to treat cardiac arrhythmias.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: OpOCard

ParentLongName: Other Card

ParentHarvestCodes: 3|4|5

ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"

Harvest Codes:

Code: Value:

3 Yes, planned

-
- 4 Yes, unplanned due to surgical complication
 - 5 Yes, unplanned due to unsuspected disease or anatomy
 - 2 No
-

Long Name: Other Card-Congenital *SeqNo:* 4070
Short Name: **OCarCong** *Core:* Yes
Section Name: Other Cardiac Procedures *Harvest:* Yes
DBTableName Adultdata1

Definition: Indicate whether the patient had a congenital defect repair either in conjunction with, or as the primary surgical procedure. Do not include bicuspid Aortic valve or PFO here as these are captured elsewhere.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: OpOCard

ParentLongName: Other Card

ParentHarvestCodes: 3|4|5

ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
-

Long Name: Other Card-LVA *SeqNo:* 4075
Short Name: **OCarLVA** *Core:* Yes
Section Name: Other Cardiac Procedures *Harvest:* Yes
DBTableName Adultdata1

Definition: Indicate whether the patient had a Left Ventricular Aneurysm Repair either in conjunction with, or as the primary surgical procedure.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: OpOCard

ParentLongName: Other Card

ParentHarvestCodes: 3|4|5

ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
-

Long Name: Other Card-Myocardial Stem Cell Therapy *SeqNo:* 4080
Short Name: **OCarStemCell** *Core:* Yes
Section Name: Other Cardiac Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether myocardial stem cell procedure was performed.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: OpOCard
ParentLongName: Other Card
ParentHarvestCodes: 3|4|5
ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Other Card-Pulmonary Thromboembolectomy *SeqNo:* 4085
Short Name: **OCPulThromDis** *Core:* Yes
Section Name: Other Cardiac Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the patient had surgery for pulmonary thromboembolic disease.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: OpOCard
ParentLongName: Other Card
ParentHarvestCodes: 3|4|5
ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
2	Yes, Acute
3	Yes, Chronic
1	No

Long Name: Other Card-Subaortic Stenosis Resection *SeqNo:* 4090
Short Name: **OCarSubaStenRes** *Core:* Yes
Section Name: Other Cardiac Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether resection of subaortic stenosis was performed.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: OpOCard
 ParentLongName: Other Card
 ParentHarvestCodes: 3|4|5
 ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: Other Card-Subaortic Stenosis Resection Type *SeqNo:* 4100
Short Name: **OCarSubaStenResTy** *Core:* Yes
Section Name: Other Cardiac Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the type of subaortic stenosis.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: OCarSubaStenRes
 ParentLongName: Other Card-Subaortic Stenosis Resection
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:
 Code: Value:
 1 Muscle
 2 Ring
 3 Membrane
 4 Web
 5 Not reported

<i>Long Name:</i>	Other Card-Surgical Ventricular Restoration	<i>SeqNo:</i>	4105
<i>Short Name:</i>	OCarSVR	<i>Core:</i>	Yes
<i>Section Name:</i>	Other Cardiac Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate whether the patient had a Surgical Ventricular Restoration either in conjunction with, or as the primary surgical procedure. Surgical Ventricular Restorations are procedures that restore the geometry of the heart after an anterior MI. They include the Dor procedure or the SAVER procedure. This SVR procedure is distinct from an anterior left ventricular aneurysmectomy (LVA) and from a Batista procedure (left ventricular volume reduction procedure).

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: OpOCard

ParentLongName: Other Card

ParentHarvestCodes: 3|4|5

ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"

Harvest Codes:

Code: Value:

1 Yes

2 No

<i>Long Name:</i>	Other Card-Transmyocardial Laser Revascularization	<i>SeqNo:</i>	4110
<i>Short Name:</i>	OCarLasr	<i>Core:</i>	Yes
<i>Section Name:</i>	Other Cardiac Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate whether the patient underwent the creation of multiple channels in left ventricular myocardium with a laser fiber either in conjunction with, or as the primary surgical procedure.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: OpOCard

ParentLongName: Other Card

ParentHarvestCodes: 3|4|5

ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Other Card-Tumor *SeqNo:* 4115
Short Name: **OCTumor** *Core:* Yes
Section Name: Other Cardiac Procedures *Harvest:* Yes
DBTableName Adultdata1

Definition: Indicate whether the patient had resection of an intracardiac tumor.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: OpOCard

ParentLongName: Other Card

ParentHarvestCodes: 3|4|5

ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"

Harvest Codes:

Code: Value:

- 2 Myxoma
 - 3 Fibroelastoma
 - 4 Hypernephroma
 - 5 Sarcoma
 - 6 Other
 - 1 No
-

Long Name: Other Card-Card Tx *SeqNo:* 4120
Short Name: **OCarCrTx** *Core:* Yes
Section Name: Other Cardiac Procedures *Harvest:* Yes
DBTableName Adultdata1

Definition: Indicate whether the patient had a Heterotopic or Orthotopic heart transplantation either in conjunction with, or as the primary surgical procedure.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: OpOCard

ParentLongName: Other Card

ParentHarvestCodes: 3|4|5

ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
-

Long Name: Other Card-Cardiac Trauma *SeqNo:* 4125
Short Name: **OCarTrma** *Core:* Yes
Section Name: Other Cardiac Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the patient had a surgical procedure for an injury due to Cardiac Trauma either in conjunction with, or as the primary surgical procedure.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: OpOCard
 ParentLongName: Other Card
 ParentHarvestCodes: 3|4|5
 ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: Other Card-VSD *SeqNo:* 4130
Short Name: **OCarVSD** *Core:* Yes
Section Name: Other Cardiac Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the patient had a Ventricular Septal Defect Repair either in conjunction with, or as the primary surgical procedure.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: OpOCard
 ParentLongName: Other Card
 ParentHarvestCodes: 3|4|5
 ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"
 Harvest Codes:
 Code: Value:
 3 Yes, congenital
 4 Yes, acquired
 2 No

Long Name: Other Card-Other *SeqNo:* 4135
Short Name: **OCarOthr** *Core:* Yes
Section Name: Other Cardiac Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the patient had another cardiac procedure performed either in conjunction with, or as the primary surgical procedure that is not included within this section.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: OpOCard
 ParentLongName: Other Card
 ParentHarvestCodes: 3|4|5
 ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: AFib Lesion Location *SeqNo:* 4191
Short Name: **OCarAFibLesLoc** *Core:* Yes
Section Name: Atrial Fibrillation Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the location of the majority of lesions created to treat atrial fibrillation.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: AFibProc
 ParentLongName: Atrial Fibrillation Procedure Performed
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:
 Code: Value:
 1 Primarily epicardial
 2 Primarily Intracardiac

Long Name: Atrial Fibrillation Surgical Procedure-Method of Lesion Creation - Radio Frequency *SeqNo:* 4200

Short Name: **OCarAFibMethRad** *Core:* Yes

Section Name: Atrial Fibrillation Procedures *Harvest:* Yes

DBTableName Adultdata1

Definition: Indicate whether the method used to create the lesion(s) for the AFib ablation procedure included radio frequency.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: AFibProc

ParentLongName: Atrial Fibrillation Procedure Performed

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Atrial Fibrillation Surgical Procedure-Method of Lesion Creation - Radio Frequency - Bipolar *SeqNo:* 4205

Short Name: **OCarAFibMethRadBi** *Core:* Yes

Section Name: Atrial Fibrillation Procedures *Harvest:* Yes

DBTableName Adultdata1

Definition: Indicate whether the radiofrequency method used to create the lesion(s) for the AFib ablation was bipolar.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: OCarAFibMethRad

ParentLongName: Atrial Fibrillation Surgical Procedure-Method of Lesion Creation - Radio Frequency

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Atrial Fibrillation Surgical Procedure-Method of Lesion Creation - Cut-And-Sew *SeqNo:* 4210

Short Name: **OCarAFibMethCAS** *Core:* Yes

Section Name: Atrial Fibrillation Procedures *Harvest:* Yes

DBTableName Adultdata1

Definition: Indicate whether the method used to create the lesion(s) for the AFib ablation procedure included cut-and-sew.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: AFibProc

ParentLongName: Atrial Fibrillation Procedure Performed

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Atrial Fibrillation Surgical Procedure-Method of Lesion Creation - Cryo *SeqNo:* 4215

Short Name: **OCarAFibMethCryo** *Core:* Yes

Section Name: Atrial Fibrillation Procedures *Harvest:* Yes

DBTableName Adultdata1

Definition: Indicate whether the method used to create the lesion(s) for the AFib ablation procedure included cryoablation.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: AFibProc

ParentLongName: Atrial Fibrillation Procedure Performed

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

<i>Long Name:</i>	Lesions Documented	<i>SeqNo:</i>	4240
<i>Short Name:</i>	OCarLesDoc	<i>Core:</i>	Yes
<i>Section Name:</i>	Atrial Fibrillation Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether the lesions created during the atrial fibrillation surgery are documented.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: AFibProc

ParentLongName: Atrial Fibrillation Procedure Performed

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

<i>Long Name:</i>	AFib Lesion Location - Bilateral Pulmonary Vein Isolation	<i>SeqNo:</i>	4250
<i>Short Name:</i>	AFibLes1	<i>Core:</i>	Yes
<i>Section Name:</i>	Atrial Fibrillation Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether the AFib lesion was pulmonary vein isolation.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: OCarLesDoc

ParentLongName: Lesions Documented

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: AFib Lesion Location - Box Lesion Only *SeqNo:* 4255
Short Name: **AFibLes2** *Core:* Yes
Section Name: Atrial Fibrillation Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the AFib lesion was a box lesion
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: OCarLesDoc
ParentLongName: Lesions Documented
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:
Code: Value:
1 Yes
2 No

Long Name: AFib Lesion Location - Inferior Pulmonary Vein Connecting Lesion *SeqNo:* 4260
Short Name: **AFibLes3a** *Core:* Yes
Section Name: Atrial Fibrillation Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the AFib lesion was an Inferior Pulmonary Vein Connecting Lesion
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: OCarLesDoc
ParentLongName: Lesions Documented
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:
Code: Value:
1 Yes
2 No

<i>Long Name:</i>	AFib Lesion Location - Superior Pulmonary Vein Connecting Lesion	<i>SeqNo:</i>	4265
<i>Short Name:</i>	AFibLes3b	<i>Core:</i>	Yes
<i>Section Name:</i>	Atrial Fibrillation Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate whether the AFib lesion was a Superior Pulmonary Vein Connecting Lesion

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: OCarLesDoc

ParentLongName: Lesions Documented

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

<i>Long Name:</i>	AFib Lesion Location - Posterior Mitral Annular Line Lesion	<i>SeqNo:</i>	4270
<i>Short Name:</i>	AFibLes4	<i>Core:</i>	Yes
<i>Section Name:</i>	Atrial Fibrillation Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate whether the AFib lesion was a Posterior Mitral Annular Line

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: OCarLesDoc

ParentLongName: Lesions Documented

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: AFib Lesion Location - Pulmonary Vein Connecting Lesion to Anterior Mitral Annulus *SeqNo:* 4275

Short Name: **AFibLes5** *Core:* Yes

Section Name: Atrial Fibrillation Procedures *Harvest:* Yes

DBTableName Adultdata1

Definition: Indicate whether the AFib lesion was a - Pulmonary Vein Connecting Lesion to Anterior Mitral Annulus lesion.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: OCarLesDoc

ParentLongName: Lesions Documented

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: AFib Lesion Location - Mitral Valve Annular Lesion *SeqNo:* 4280

Short Name: **AFibLes6** *Core:* Yes

Section Name: Atrial Fibrillation Procedures *Harvest:* Yes

DBTableName Adultdata1

Definition: Indicate whether the AFib lesion was a Mitral Valve Cryo Lesion

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: OCarLesDoc

ParentLongName: Lesions Documented

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: AFib Lesion Location - LAA Ligation/Removal/Obliteration *SeqNo:* 4285
Short Name: **AFibLes7** *Core:* Yes
Section Name: Atrial Fibrillation Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the left Atrial Appendage was ligated or removed
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: OCarLesDoc
ParentLongName: Lesions Documented
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: AFib Lesion Location - Pulmonary Vein to LAA Lesion *SeqNo:* 4290
Short Name: **AFibLes8** *Core:* Yes
Section Name: Atrial Fibrillation Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the AFib lesion was a Pulmonary Vein to LAA lesion
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: OCarLesDoc
ParentLongName: Lesions Documented
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: AFib Lesion Location - Intercaval Line to Tricuspid Annulus ('T' lesion) *SeqNo:* 4295
Short Name: **AFibLes9** *Core:* Yes
Section Name: Atrial Fibrillation Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the AFib lesion was an Intercaval Line to Tricuspid Annulus ('T' lesion)
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: OCarLesDoc
ParentLongName: Lesions Documented
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: AFib Lesion Location - Tricuspid Cryo Lesion, Medial (10) *SeqNo:* 4300
Short Name: **AFibLes10** *Core:* Yes
Section Name: Atrial Fibrillation Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the AFib lesion was a Tricuspid Cryo Lesion, Medial (10)
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: OCarLesDoc
ParentLongName: Lesions Documented
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: AFib Lesion Location - Intercaval Line (SVC and IVC) *SeqNo:* 4305
Short Name: **AFibLes11** *Core:* Yes
Section Name: Atrial Fibrillation Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the AFib lesion was an Intercaval Line
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: OCarLesDoc
ParentLongName: Lesions Documented
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: AFib Lesion Location - Tricuspid Annular Line to RAA *SeqNo:* 4310
Short Name: **AFibLes12** *Core:* Yes
Section Name: Atrial Fibrillation Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the AFib lesion was a Tricuspid Annular Line to RAA lesion
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: OCarLesDoc
ParentLongName: Lesions Documented
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: AFib Lesion Location - Tricuspid Cryo Lesion (13) *SeqNo:* 4315
Short Name: **AFibLes13** *Core:* Yes
Section Name: Atrial Fibrillation Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the AFib lesion was a Tricuspid Cryo Lesion (13)
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: OCarLesDoc
ParentLongName: Lesions Documented
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: AFib Lesion Location - RAA Ligation/Removal/Obliteration *SeqNo:* 4320
Short Name: **AFibLes14** *Core:* Yes
Section Name: Atrial Fibrillation Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the Right Atrial Appendage was ligated or removed
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: OCarLesDoc
ParentLongName: Lesions Documented
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: AFib Lesion Location - RAA Lateral Wall (Short) *SeqNo:* 4325
Short Name: **AFibLes15a** *Core:* Yes
Section Name: Atrial Fibrillation Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the AFib lesion was a RAA Lateral Wall (Short) lesion
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: OCarLesDoc
ParentLongName: Lesions Documented
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:
Code: Value:
1 Yes
2 No

Long Name: AFib Lesion Location - RAA Lateral Wall to 'T' Lesion *SeqNo:* 4330
Short Name: **AFibLes15b** *Core:* Yes
Section Name: Atrial Fibrillation Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the AFib lesion was a RAA Lateral Wall to 'T' Lesion
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: OCarLesDoc
ParentLongName: Lesions Documented
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:
Code: Value:
1 Yes
2 No

<i>Long Name:</i>	AFib Lesion Location - Other	<i>SeqNo:</i>	4335
<i>Short Name:</i>	AFibLes16	<i>Core:</i>	No
<i>Section Name:</i>	Atrial Fibrillation Procedures	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether the AFib lesion was a lesion other than those previously described		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
ParentShortName:	OCarLesDoc		
ParentLongName:	Lesions Documented		
ParentHarvestCodes:	1		
ParentValues:	= "Yes"		
Harvest Codes:			
	<u>Code:</u>	<u>Value:</u>	
	1	Yes	
	2	No	

<i>Long Name:</i>	AFib Lesion Location - Coronary Sinus Lesion	<i>SeqNo:</i>	4336
<i>Short Name:</i>	AFitLesCSL	<i>Core:</i>	Yes
<i>Section Name:</i>	Atrial Fibrillation Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether the AFib lesion was a Coronary Sinus Lesion.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
ParentShortName:	OCarLesDoc		
ParentLongName:	Lesions Documented		
ParentHarvestCodes:	1		
ParentValues:	= "Yes"		
Harvest Codes:			
	<u>Code:</u>	<u>Value:</u>	
	1	Yes	
	2	No	

<i>Long Name:</i>	Aortic Procedure Location - Root	<i>SeqNo:</i>	4340
<i>Short Name:</i>	AortProcRoot	<i>Core:</i>	No
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether the aortic procedure location involved the aortic root.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
<i>ParentShortName:</i>	AortProc		
<i>ParentLongName:</i>	Aorta Procedure Performed		
<i>ParentHarvestCodes:</i>	3 4 5		
<i>ParentValues:</i>	= "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"		
<i>Harvest Codes:</i>			
	<u>Code:</u>	<u>Value:</u>	
	1	Yes	
	2	No	

<i>Long Name:</i>	Aortic Procedure Location - Ascending	<i>SeqNo:</i>	4345
<i>Short Name:</i>	AortProcAsc	<i>Core:</i>	No
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether the aortic procedure location involved the ascending aorta.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
<i>ParentShortName:</i>	AortProc		
<i>ParentLongName:</i>	Aorta Procedure Performed		
<i>ParentHarvestCodes:</i>	3 4 5		
<i>ParentValues:</i>	= "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"		
<i>Harvest Codes:</i>			
	<u>Code:</u>	<u>Value:</u>	
	1	Yes	
	2	No	

<i>Long Name:</i>	Aortic Procedure Location - Hemi-Arch	<i>SeqNo:</i>	4350
<i>Short Name:</i>	AortProcHemi	<i>Core:</i>	No
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether the aortic procedure location involved the hemi arch		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
ParentShortName:	AortProc		
ParentLongName:	Aorta Procedure Performed		
ParentHarvestCodes:	3 4 5		
ParentValues:	= "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"		
Harvest Codes:			
<u>Code:</u>	<u>Value:</u>		
1	Yes		
2	No		

<i>Long Name:</i>	Aortic Procedure Location - Total Arch	<i>SeqNo:</i>	4355
<i>Short Name:</i>	AortProcTotArch	<i>Core:</i>	No
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether the aortic procedure location involved the total arch		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
ParentShortName:	AortProc		
ParentLongName:	Aorta Procedure Performed		
ParentHarvestCodes:	3 4 5		
ParentValues:	= "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"		
Harvest Codes:			
<u>Code:</u>	<u>Value:</u>		
1	Yes		
2	No		

<i>Long Name:</i>	Aortic Procedure Location - Descending - Proximal	<i>SeqNo:</i>	4360
<i>Short Name:</i>	AortProcDesProx	<i>Core:</i>	No
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether the aortic procedure location involved the proximal descending aorta.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
ParentShortName:	AortProc		
ParentLongName:	Aorta Procedure Performed		
ParentHarvestCodes:	3 4 5		
ParentValues:	= "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"		
Harvest Codes:			
	<u>Code:</u>	<u>Value:</u>	
	1	Yes	
	2	No	

<i>Long Name:</i>	Aortic Procedure Location - Descending - Mid	<i>SeqNo:</i>	4365
<i>Short Name:</i>	AortProcDesMid	<i>Core:</i>	No
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether the aortic procedure location involved the mid descending aorta.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
ParentShortName:	AortProc		
ParentLongName:	Aorta Procedure Performed		
ParentHarvestCodes:	3 4 5		
ParentValues:	= "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"		
Harvest Codes:			
	<u>Code:</u>	<u>Value:</u>	
	1	Yes	
	2	No	

<i>Long Name:</i>	Aortic Procedure Location - Descending - Distal	<i>SeqNo:</i>	4370
<i>Short Name:</i>	AortProcDesDist	<i>Core:</i>	No
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether the aortic procedure location involved the distal descending aorta.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
ParentShortName:	AortProc		
ParentLongName:	Aorta Procedure Performed		
ParentHarvestCodes:	3 4 5		
ParentValues:	= "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"		
Harvest Codes:			
	<u>Code:</u>	<u>Value:</u>	
	1	Yes	
	2	No	

<i>Long Name:</i>	Aortic Procedure Location - Thoracoabdominal	<i>SeqNo:</i>	4375
<i>Short Name:</i>	AortProcThora	<i>Core:</i>	No
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether the aortic procedure location involved the thoracoabdominal aorta.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
ParentShortName:	AortProc		
ParentLongName:	Aorta Procedure Performed		
ParentHarvestCodes:	3 4 5		
ParentValues:	= "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"		
Harvest Codes:			
	<u>Code:</u>	<u>Value:</u>	
	1	Yes	
	2	No	

<i>Long Name:</i>	Aortic Procedure Synthetic Graft Used	<i>SeqNo:</i>	4380
<i>Short Name:</i>	SynthGft	<i>Core:</i>	No
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether a synthetic graft was used in the aortic procedure.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
<i>ParentShortName:</i>	AortProc		
<i>ParentLongName:</i>	Aorta Procedure Performed		
<i>ParentHarvestCodes:</i>	3 4 5		
<i>ParentValues:</i>	= "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"		
<i>Harvest Codes:</i>			
	<u>Code:</u>	<u>Value:</u>	
	1	Yes	
	2	No	

<i>Long Name:</i>	Aortic Procedure Synthetic Graft Type - Intercostal Vessels Re-implanted	<i>SeqNo:</i>	4385
<i>Short Name:</i>	SynthGftInter	<i>Core:</i>	No
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether intercostal vessels were reimplanted in conjunction with use of the synthetic graft.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
<i>ParentShortName:</i>	SynthGft		
<i>ParentLongName:</i>	Aortic Procedure Synthetic Graft Used		
<i>ParentHarvestCodes:</i>	1		
<i>ParentValues:</i>	= "Yes"		
<i>Harvest Codes:</i>			
	<u>Code:</u>	<u>Value:</u>	
	1	Yes	
	2	No	

<i>Long Name:</i>	Aortic Procedure Synthetic Graft Type - CSF Drainage Utilized	<i>SeqNo:</i>	4390
<i>Short Name:</i>	SynthGftCSF	<i>Core:</i>	No
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether Cerebrospinal fluid drainage was utilized in conjunction with use of the synthetic graft.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
ParentShortName:	SynthGft		
ParentLongName:	Aortic Procedure Synthetic Graft Used		
ParentHarvestCodes:	1		
ParentValues:	= "Yes"		
Harvest Codes:			
	<u>Code:</u>	<u>Value:</u>	
	1	Yes	
	2	No	

<i>Long Name:</i>	Aortic Procedure Synthetic Graft Type - Elephant Trunk	<i>SeqNo:</i>	4395
<i>Short Name:</i>	SynthGftEleph	<i>Core:</i>	No
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether an 'elephant trunk' synthetic graft was utilized.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
ParentShortName:	SynthGft		
ParentLongName:	Aortic Procedure Synthetic Graft Used		
ParentHarvestCodes:	1		
ParentValues:	= "Yes"		
Harvest Codes:			
	<u>Code:</u>	<u>Value:</u>	
	1	Yes	
	2	No	

<i>Long Name:</i>	Coil Embolization of Aortic False Lumen	<i>SeqNo:</i>	4400
<i>Short Name:</i>	AortProcCoil	<i>Core:</i>	No
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether a coil embolization of the false lumen was performed.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
<i>ParentShortName:</i>	AortProc		
<i>ParentLongName:</i>	Aorta Procedure Performed		
<i>ParentHarvestCodes:</i>	3 4 5		
<i>ParentValues:</i>	= "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"		
<i>Harvest Codes:</i>			
	<u>Code:</u>	<u>Value:</u>	
	1	Yes	
	2	No	

<i>Long Name:</i>	Aortic Procedure TEVAR	<i>SeqNo:</i>	4405
<i>Short Name:</i>	AortProcTEVAR	<i>Core:</i>	No
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether the aortic procedure was a thoracic endovascular aneurysm repair (TEVAR).		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
<i>ParentShortName:</i>	AortProc		
<i>ParentLongName:</i>	Aorta Procedure Performed		
<i>ParentHarvestCodes:</i>	3 4 5		
<i>ParentValues:</i>	= "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"		
<i>Harvest Codes:</i>			
	<u>Code:</u>	<u>Value:</u>	
	1	Yes, with debranching	
	2	Yes, without debranching	
	3	No	

<i>Long Name:</i>	Aortic Procedure - Other	<i>SeqNo:</i>	4410
<i>Short Name:</i>	AortProcOther	<i>Core:</i>	No
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether the aortic procedure was a procedure other than those previously described.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
ParentShortName:	AortProc		
ParentLongName:	Aorta Procedure Performed		
ParentHarvestCodes:	3 4 5		
ParentValues:	= "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"		
Harvest Codes:			
<u>Code:</u>	<u>Value:</u>		
1	Yes		
2	No		

<i>Long Name:</i>	Family History Of Disease Of The Aorta	<i>SeqNo:</i>	4500
<i>Short Name:</i>	FamHistAorta	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether there is a family history of disease of the aorta		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
ParentShortName:	AortProc		
ParentLongName:	Aorta Procedure Performed		
ParentHarvestCodes:	3 4 5		
ParentValues:	= "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"		
Harvest Codes:			
<u>Code:</u>	<u>Value:</u>		
1	Aneurysm		
2	Dissection		
3	Both Aneurysm and Dissection		
4	Sudden Death		
5	None		
6	Unknown		

Long Name: Genetic History *SeqNo:* 4505
Short Name: **PatGenHist** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the genetic history of the patient
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: AortProc

ParentLongName: Aorta Procedure Performed

ParentHarvestCodes: 3|4|5

ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"

Harvest Codes:

Code: Value:

- 1 Marfan
 - 2 Ehlers-Danlos
 - 3 Loeys-Dietz
 - 4 Non-Specific familial thoracic aortic syndrome
 - 5 Bicuspid AV
 - 6 Turner syndrome
 - 7 Other
 - 8 None
 - 9 Unknown
-

Long Name: Prior Aortic Intervention *SeqNo:* 4510
Short Name: **PriorAorta** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the patient had prior aortic intervention
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: AortProc

ParentLongName: Aorta Procedure Performed

ParentHarvestCodes: 3|4|5

ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
 - 3 Unknown
-

Long Name: Prior Aortic Intervention - Previous Repair - Root *SeqNo:* 4520
Short Name: **PriorRepRoot** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the prior intervention involved the aortic root
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: PriorAorta

ParentLongName: Prior Aortic Intervention

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Prior Aortic Intervention - Previous Repair Type - Root *SeqNo:* 4521
Short Name: **PriorRepTyRoot** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the type of prior root repair
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: PriorRepRoot

ParentLongName: Prior Aortic Intervention - Previous Repair - Root

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Open

2 Endovascular

3 Hybrid

Long Name: Prior Aortic Intervention - Repair Failure - Root *SeqNo:* 4522
Short Name: **PriorFailRoot** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether there is failure of the prior root repair
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: PriorRepRoot

ParentLongName: Prior Aortic Intervention - Previous Repair - Root

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Prior Aortic Intervention - Disease Progression - Root *SeqNo:* 4523
Short Name: **PriorProgRoot** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether there is progression of disease following the prior root repair
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: PriorRepRoot

ParentLongName: Prior Aortic Intervention - Previous Repair - Root

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

<i>Long Name:</i>	Prior Aortic Intervention - Previous Repair - Ascending	<i>SeqNo:</i>	4525
<i>Short Name:</i>	PriorRepAsc	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether the prior intervention involved the ascending aorta		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: PriorAorta

ParentLongName: Prior Aortic Intervention

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

<i>Long Name:</i>	Prior Aortic Intervention - Previous Repair Type - Ascending	<i>SeqNo:</i>	4526
<i>Short Name:</i>	PriorRepTyAsc	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the type of prior ascending aorta repair		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: PriorRepAsc

ParentLongName: Prior Aortic Intervention - Previous Repair - Ascending

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Open

2 Endovascular

3 Hybrid

<i>Long Name:</i>	Prior Aortic Intervention - Repair Failure - Ascending	<i>SeqNo:</i>	4527
<i>Short Name:</i>	PriorFailAsc	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether there is failure of the prior ascending repair		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: PriorRepAsc

ParentLongName: Prior Aortic Intervention - Previous Repair - Ascending

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

<i>Long Name:</i>	Prior Aortic Intervention - Disease Progression - Ascending	<i>SeqNo:</i>	4528
<i>Short Name:</i>	PriorProgAsc	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether there is progression of disease following the prior ascending aorta repair		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: PriorRepAsc

ParentLongName: Prior Aortic Intervention - Previous Repair - Ascending

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Prior Aortic Intervention - Previous Repair - Arch *SeqNo:* 4530
Short Name: **PriorRepArch** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the prior intervention involved the aortic arch
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: PriorAorta
ParentLongName: Prior Aortic Intervention
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Prior Aortic Intervention - Previous Repair Type - Arch *SeqNo:* 4531
Short Name: **PriorRepTyArch** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the type of prior arch repair
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: PriorRepArch
ParentLongName: Prior Aortic Intervention - Previous Repair - Arch
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Open
2	Endovascular
3	Hybrid

Long Name: Prior Aortic Intervention - Repair Failure - Arch *SeqNo:* 4532
Short Name: **PriorFailArch** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether there is failure of the prior arch repair
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: PriorRepArch
ParentLongName: Prior Aortic Intervention - Previous Repair - Arch
ParentHarvestCodes: 1
ParentValues: = "Yes"

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Prior Aortic Intervention - Disease Progression - Arch *SeqNo:* 4533
Short Name: **PriorProgArch** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether there is progression of disease following the prior arch repair
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: PriorRepArch
ParentLongName: Prior Aortic Intervention - Previous Repair - Arch
ParentHarvestCodes: 1
ParentValues: = "Yes"

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Prior Aortic Intervention - Previous Repair - Descending *SeqNo:* 4535
Short Name: **PriorRepDesc** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the prior intervention involved the descending aorta
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: PriorAorta

ParentLongName: Prior Aortic Intervention

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Prior Aortic Intervention - Previous Repair Type - Descending *SeqNo:* 4536
Short Name: **PriorRepTyDesc** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the type of prior descending aorta repair
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: PriorRepDesc

ParentLongName: Prior Aortic Intervention - Previous Repair - Descending

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Open

2 Endovascular

3 Hybrid

Long Name: Prior Aortic Intervention - Repair Failure - Descending *SeqNo:* 4537
Short Name: **PriorFailDesc** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether there is failure of the prior descending repair
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: PriorRepDesc

ParentLongName: Prior Aortic Intervention - Previous Repair - Descending

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Prior Aortic Intervention - Disease Progression - Descending *SeqNo:* 4538
Short Name: **PriorProgDesc** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether there is progression of disease following the prior descending aorta repair
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: PriorRepDesc

ParentLongName: Prior Aortic Intervention - Previous Repair - Descending

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Prior Aortic Intervention - Previous Repair - Suprarenal Abdominal *SeqNo:* 4540
Short Name: **PriorRepSupraAb** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the prior intervention involved the suprarenal abdominal aorta
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: PriorAorta

ParentLongName: Prior Aortic Intervention

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Prior Aortic Intervention - Previous Repair Type - Suprarenal Abdominal *SeqNo:* 4541
Short Name: **PriorRepTySupraAb** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the type of prior suprarenal abdominal aorta repair
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: PriorRepSupraAb

ParentLongName: Prior Aortic Intervention - Previous Repair - Suprarenal Abdominal

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Open

2 Endovascular

3 Hybrid

Long Name: Prior Aortic Intervention - Repair Failure - Suprarenal Abdominal *SeqNo:* 4542
Short Name: **PriorFailSupraAb** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether there is failure of the prior suprarenal abdominal repair
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: PriorRepSupraAb
ParentLongName: Prior Aortic Intervention - Previous Repair - Suprarenal Abdominal
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Prior Aortic Intervention - Disease Progression - Suprarenal Abdominal *SeqNo:* 4543
Short Name: **PriorProgSupraAb** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether there is progression of disease following the prior suprarenal abdominal aorta repair
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: PriorRepSupraAb
ParentLongName: Prior Aortic Intervention - Previous Repair - Suprarenal Abdominal
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Prior Aortic Intervention - Previous Repair - Infrarenal Abdominal *SeqNo:* 4545
Short Name: **PriorRepInfraAb** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the prior intervention involved the infrarenal abdominal aorta
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: PriorAorta

ParentLongName: Prior Aortic Intervention

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Prior Aortic Intervention - Previous Repair Type - Infrarenal Abdominal *SeqNo:* 4546
Short Name: **PriorRepTyInfraAb** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the type of prior infrarenal abdominal aorta repair
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: PriorRepInfraAb

ParentLongName: Prior Aortic Intervention - Previous Repair - Infrarenal Abdominal

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Open

2 Endovascular

3 Hybrid

Long Name: Prior Aortic Intervention - Repair Failure - Infrarenal Abdominal *SeqNo:* 4547
Short Name: **PriorFailInfraAb** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether there is failure of the prior infrarenal abdominal repair
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: PriorRepInfraAb

ParentLongName: Prior Aortic Intervention - Previous Repair - Infrarenal Abdominal

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Prior Aortic Intervention - Disease Progression - Infrarenal Abdominal *SeqNo:* 4548
Short Name: **PriorProgInfraAb** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether there is progression of disease following the prior infrarenal abdominal aorta repair
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: PriorRepInfraAb

ParentLongName: Prior Aortic Intervention - Previous Repair - Infrarenal Abdominal

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Endoleak *SeqNo:* 4620
Short Name: **Endoleak** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether endoleak is present
Data Source: User *Format:* Text (categorical values specified by STS)

 ParentShortName: AortProc
 ParentLongName: Aorta Procedure Performed
 ParentHarvestCodes: 3|4|5
 ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No
 3 Unknown

Long Name: Endoleak - Type I - Leak At Graft Attachment Site *SeqNo:* 4625
Short Name: **EndoleakTypeI** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether endoleak is type I
Data Source: User *Format:* Text (categorical values specified by STS)

 ParentShortName: Endoleak
 ParentLongName: Endoleak
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: Endoleak - Type I - Location *SeqNo:* 4630
Short Name: **EndoleakTyILoc** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the location of the type I endoleak
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: EndoleakTypeI
ParentLongName: Endoleak - Type I - Leak At Graft Attachment Site
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Ia-Proximal
2	Ib-Distal
3	Ic-Iliac occluder

Long Name: Endoleak - Type II - Aneurysm Sac Filling Via Branch Vessel *SeqNo:* 4635
Short Name: **EndoleakTypeII** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether endoleak is type II
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: Endoleak
ParentLongName: Endoleak
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Endoleak - Type II - Number Of Vessels *SeqNo:* 4640
Short Name: **EndoleakVessNum** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the number of vessels involved in the type II endoleak
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: EndoleakTypeII
 ParentLongName: Endoleak - Type II - Aneurysm Sac Filling Via Branch Vessel
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:
 Code: Value:
 1 Ila-Single vessel
 2 I Ib-Two vessels or more

Long Name: Endoleak - Type III - Leak Through Defect In Graft *SeqNo:* 4645
Short Name: **EndoleakTypeIII** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether endoleak is type III
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: Endoleak
 ParentLongName: Endoleak
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

<i>Long Name:</i>	Endoleak - Type III - Graft Defect Type	<i>SeqNo:</i>	4650
<i>Short Name:</i>	EndoleakType	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the graft defect type		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: EndoleakTypeIII

ParentLongName: Endoleak - Type III - Leak Through Defect In Graft

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 IIIa-Junctional separation of modular components
- 2 IIIb-Endograft fractures or holes

<i>Long Name:</i>	Endoleak - Type IV - Leak Through Graft Fabric - Porosity	<i>SeqNo:</i>	4655
<i>Short Name:</i>	EndoleakTypeIV	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether endoleak is type IV		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: Endoleak

ParentLongName: Endoleak

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Yes
- 2 No

Long Name: Endoleak - Type V - Endotension-Expansion Aneurysm Sac Without Leak *SeqNo:* 4660
Short Name: **EndoleakTypeV** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether endoleak is type V
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: Endoleak
ParentLongName: Endoleak
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: Aorta Infection *SeqNo:* 4665
Short Name: **Infection** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether infection is present
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: AortProc
ParentLongName: Aorta Procedure Performed
ParentHarvestCodes: 3|4|5
ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"
Harvest Codes:
 Code: Value:
 1 Yes
 2 No
 3 Unknown

Long Name: Aorta Infection Type *SeqNo:* 4670
Short Name: **InfectType** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the type of aortic infection
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: Infection

ParentLongName: Aorta Infection

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Graft infection
 - 2 Valvular endocarditis
 - 3 Nonvalvular endocarditis
 - 4 Native aorta
 - 5 Multiple infection types
-

Long Name: Aorta Trauma *SeqNo:* 4675
Short Name: **Trauma** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether there was aortic trauma
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: AortProc

ParentLongName: Aorta Procedure Performed

ParentHarvestCodes: 3|4|5

ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
 - 3 Unknown
-

Long Name: Trauma Location - Root *SeqNo:* 4680
Short Name: **TraumacRoot** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the aortic trauma involved the root
Data Source: User *Format:* Text (categorical values specified by STS)
ParentShortName: Trauma
ParentLongName: Aorta Trauma
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:
Code: Value:
1 Yes
2 No

Long Name: Trauma Location - Ascending *SeqNo:* 4685
Short Name: **TraumaAsc** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the aortic trauma involved the ascending aorta
Data Source: User *Format:* Text (categorical values specified by STS)
ParentShortName: Trauma
ParentLongName: Aorta Trauma
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:
Code: Value:
1 Yes
2 No

Long Name: Trauma Location - Arch *SeqNo:* 4690
Short Name: **TraumaArch** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the aortic trauma involved the arch
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: Trauma
ParentLongName: Aorta Trauma
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:
Code: Value:
1 Yes
2 No

Long Name: Trauma Location - Descending *SeqNo:* 4695
Short Name: **TraumaDesc** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the aortic trauma involved the descending aorta
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: Trauma
ParentLongName: Aorta Trauma
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:
Code: Value:
1 Yes
2 No

Long Name: Trauma Location - Thoracoabdominal *SeqNo:* 4700
Short Name: **TraumaThorac** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the aortic trauma involved the thoracoabdominal aorta
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: Trauma
ParentLongName: Aorta Trauma
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:
Code: Value:
1 Yes
2 No

Long Name: Trauma Location - Abdominal *SeqNo:* 4705
Short Name: **TraumaAbdom** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the aortic trauma involved the abdominal aorta
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: Trauma
ParentLongName: Aorta Trauma
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:
Code: Value:
1 Yes
2 No

Long Name: Aorta Presentation *SeqNo:* 4710
Short Name: **Presentation** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the clinical presentation
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: AortProc

ParentLongName: Aorta Procedure Performed

ParentHarvestCodes: 3|4|5

ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"

Harvest Codes:

Code: Value:

- 1 Pain
 - 2 CHF
 - 3 Cardiac Arrest
 - 4 Syncope
 - 5 Stroke
 - 6 Limb numbness
 - 7 Paralysis
 - 8 Fatigue
 - 9 Infection
 - 10 Weakness
 - 11 Hoarseness (vocal cord dysfunction)
 - 12 Asymptomatic
-

Long Name: Aorta Primary indication *SeqNo:* 4715
Short Name: **PrimIndic** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the primary indication for intervention
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: AortProc

ParentLongName: Aorta Procedure Performed

ParentHarvestCodes: 3|4|5

ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"

Harvest Codes:

Code: Value:

- 1 Aneurysm

-
- 2 Dissection
 - 3 Valvular Dysfunction
 - 4 Obstruction
 - 5 Intramural Hematoma
 - 6 Infection
 - 7 Stenosis
 - 8 Coarctation
-

Long Name: Aneurysm - Etiology *SeqNo:* 4720
Short Name: **AnEtiology** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the aneurysm etiology
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: PrimIndic

ParentLongName: Aorta Primary indication

ParentHarvestCodes: 1

ParentValues: = "Aneurysm"

Harvest Codes:

Code: Value:

- 1 Atherosclerosis
 - 2 Infection
 - 3 Inflammatory
 - 4 Connective Tissue Disorder
 - 5 Penetrating Ulcer
 - 6 Pseudoaneurysm
 - 7 Mycotic
 - 8 Traumatic transection
 - 9 Intercostal visceral patch
 - 10 Anastomotic site
 - 11 Unknown
-

Long Name: Aneurysm - Type *SeqNo:* 4725
Short Name: **AnType** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the aneurysm type
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: PrimIndic
ParentLongName: Aorta Primary indication
ParentHarvestCodes: 1
ParentValues: = "Aneurysm"

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Fusiform
2	Saccular
3	Unknown

Long Name: Aneurysm - Rupture *SeqNo:* 4730
Short Name: **AnRupt** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the aneurysm ruptured
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: PrimIndic
ParentLongName: Aorta Primary indication
ParentHarvestCodes: 1
ParentValues: = "Aneurysm"

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Aneurysm - Rupture - Contained *SeqNo:* 4735
Short Name: **AnRuptCon** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the rupture was contained
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: AnRupt
 ParentLongName: Aneurysm - Rupture
 ParentHarvestCodes: 1
 ParentValues: = "Aneurysm"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: Aneurysm - Location *SeqNo:* 4740
Short Name: **AnLoc** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the location of the aneurysm
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: PrimIndic
 ParentLongName: Aorta Primary indication
 ParentHarvestCodes: 1
 ParentValues: = "Aneurysm"
 Harvest Codes:
 Code: Value:
 1 Below STJ
 2 STJ-midascending
 3 Midascending to distal ascending
 4 Zone 1
 5 Zone 2
 6 Zone 3
 7 Zone 4
 8 Zone 5
 9 Zone 6
 10 Zone 7
 11 Zone 8
 12 Zone 9

13 Zone 10

14 Zone 11

Long Name: Dissection - Timing *SeqNo:* 4745
Short Name: **DisTiming** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1

Definition: Indicate the timing of the aortic dissection

Data Source: User

Format: Text (categorical values specified by STS)

ParentShortName: PrimIndic

ParentLongName: Aorta Primary indication

ParentHarvestCodes: 2

ParentValues: = "Dissection"

Harvest Codes:

Code: Value:

- 1 Hyperacute (< 48 hours)
- 2 Acute (\geq 48 hours, < 2 weeks)
- 3 Subacute (\geq 2 weeks, <90 days)
- 4 Chronic ($>$ 90 days)
- 5 Acute on chronic
- 6 Unknown

Long Name: Dissection Onset Date Known *SeqNo:* 4746
Short Name: **DisOnsetDtKnown** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1

Definition: Indicate whether the date of dissection onset is known

Data Source: User

Format: Text (categorical values specified by STS)

ParentShortName: PrimIndic

ParentLongName: Aorta Primary indication

ParentHarvestCodes: 2

ParentValues: = "Dissection"

Harvest Codes:

Code: Value:

- 1 Yes
- 2 No

Long Name: Dissection Onset Date *SeqNo:* 4747
Short Name: **DisOnsetDt** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate dissection onset date
Data Source: User *Format:* Date mm/dd/yyyy
 ParentShortName: DisOnsetDtKnown
 ParentLongName: Dissection Onset Date Known
 ParentHarvestCodes: 1
 ParentValues: = "Yes"

Long Name: Dissection - Primry Tear Location *SeqNo:* 4750
Short Name: **DisTearLoc** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate location of the primary tear
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: PrimIndic
 ParentLongName: Aorta Primary indication
 ParentHarvestCodes: 2
 ParentValues: = "Dissection"

Harvest Codes:

Code: Value:

- 1 Below STJ
 - 2 STJ-midascending
 - 3 Midascending to distal ascending
 - 4 Zone 1
 - 5 Zone 2
 - 6 Zone 3
 - 7 Zone 4
 - 8 Zone 5
 - 9 Zone 6
 - 10 Zone 7
 - 11 Zone 8
 - 12 Zone 9
 - 13 Zone 10
 - 14 Zone 11
-

<i>Long Name:</i>	Dissection - Secondary Tear Location	<i>SeqNo:</i>	4755
<i>Short Name:</i>	DisSecLoc	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate location of secondary tear		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: PrimIndic

ParentLongName: Aorta Primary indication

ParentHarvestCodes: 2

ParentValues: = "Dissection"

Harvest Codes:

Code: Value:

- | | |
|----|----------------------------------|
| 1 | Below STJ |
| 2 | STJ-midascending |
| 3 | Midascending to distal ascending |
| 4 | Zone 1 |
| 5 | Zone 2 |
| 6 | Zone 3 |
| 7 | Zone 4 |
| 8 | Zone 5 |
| 9 | Zone 6 |
| 10 | Zone 7 |
| 11 | Zone 8 |
| 12 | Zone 9 |
| 13 | Zone 10 |
| 14 | Zone 11 |

<i>Long Name:</i>	Dissection - Retrograde Extension	<i>SeqNo:</i>	4760
<i>Short Name:</i>	DisRetExt	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether there was retrograde extension		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: PrimIndic

ParentLongName: Aorta Primary indication

ParentHarvestCodes: 2

ParentValues: = "Dissection"

Harvest Codes:

Code: Value:

-
- 1 Yes
 - 2 No
 - 3 Unknown
-

Long Name: Dissection - Retrograde Location *SeqNo:* 4765
Short Name: **DisRetLoc** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1

Definition: Indicate location of retrograde extension

Data Source: User

Format: Text (categorical values specified by STS)

ParentShortName: DisRetExt

ParentLongName: Dissection - Retrograde Extension

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Below STJ
 - 2 STJ-midascending
 - 3 Midascending to distal ascending
 - 4 Zone 1
 - 5 Zone 2
 - 6 Zone 3
 - 7 Zone 4
-

Long Name: Dissection - Post TEVAR *SeqNo:* 4770
Short Name: **DisPosTEVAR** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1

Definition: Indicate whether dissection occurred following TEVAR

Data Source: User

Format: Text (categorical values specified by STS)

ParentShortName: DisRetExt

ParentLongName: Dissection - Retrograde Extension

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
-

Long Name: Dissection - Distal Extension *SeqNo:* 4775
Short Name: **DistalExt** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether there is distal extension
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: PrimIndic

ParentLongName: Aorta Primary indication

ParentHarvestCodes: 2

ParentValues: = "Dissection"

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
 - 3 Unknown
-

Long Name: Dissection - Distal Extension Location *SeqNo:* 4780
Short Name: **DistalExtLoc** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate location of distal extension
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: DistalExt

ParentLongName: Dissection - Distal Extension

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Below STJ
- 2 STJ-midascending
- 3 Midascending to distal ascending
- 4 Zone 1
- 5 Zone 2
- 6 Zone 3
- 7 Zone 4
- 8 Zone 5
- 9 Zone 6
- 10 Zone 7
- 11 Zone 8

12 Zone 9
13 Zone 10
14 Zone 11

Long Name: Dissection - Malperfusion *SeqNo:* 4785
Short Name: **DisMal** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1

Definition: Indicate whether malperfusion was present

Data Source: User

Format: Text (categorical values specified by STS)

ParentShortName: PrimIndic

ParentLongName: Aorta Primary indication

ParentHarvestCodes: 2

ParentValues: = "Dissection"

Harvest Codes:

Code: Value:

1 Yes
2 No
3 Unknown

Long Name: Dissection - Malperfusion - Coronary *SeqNo:* 4790
Short Name: **DisMalCor** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1

Definition: Indicate whether coronary malperfusion was present

Data Source: User

Format: Text (categorical values specified by STS)

ParentShortName: DisMal

ParentLongName: Dissection - Malperfusion

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes
2 No

Long Name: Dissection - Malperfusion - Right Subclavian *SeqNo:* 4791
Short Name: **DisMalRtSubclav** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether right subclavian malperfusion was present
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: DisMal
ParentLongName: Dissection - Malperfusion
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Dissection - Malperfusion - Right Common Carotid *SeqNo:* 4792
Short Name: **DisMalRtComCar** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether right common carotid malperfusion was present
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: DisMal
ParentLongName: Dissection - Malperfusion
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

<i>Long Name:</i>	Dissection - Malperfusion - Left Common Carotid	<i>SeqNo:</i>	4800
<i>Short Name:</i>	DisMalComL	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether left common carotid malperfusion was present		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: DisMal

ParentLongName: Dissection - Malperfusion

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

<i>Long Name:</i>	Dissection - Malperfusion - Left Subclavian	<i>SeqNo:</i>	4805
<i>Short Name:</i>	DisMalSubL	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether left subclavian malperfusion was present		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: DisMal

ParentLongName: Dissection - Malperfusion

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Dissection - Malperfusion - Celiac *SeqNo:* 4810
Short Name: **DisMalCel** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether celiac malperfusion was present
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: DisMal
ParentLongName: Dissection - Malperfusion
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Dissection - Malperfusion - Superior Mesenteric *SeqNo:* 4815
Short Name: **DisMalSup** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether superior mesenteric malperfusion was present
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: DisMal
ParentLongName: Dissection - Malperfusion
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Dissection - Malperfusion - Renal, Left *SeqNo:* 4820
Short Name: **DisMalRenL** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether left renal malperfusion was present
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: DisMal
ParentLongName: Dissection - Malperfusion
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Dissection - Malperfusion - Renal, Right *SeqNo:* 4825
Short Name: **DisMalRenR** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether right renal malperfusion was present
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: DisMal
ParentLongName: Dissection - Malperfusion
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Dissection - Malperfusion - Iliofemoral *SeqNo:* 4830
Short Name: **DisMalIlio** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether iliofemoral malperfusion was present
Data Source: User *Format:* Text (categorical values specified by STS)
ParentShortName: DisMal
ParentLongName: Dissection - Malperfusion
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:
Code: Value:
1 Yes
2 No

Long Name: Dissection - Malperfusion - Spinal *SeqNo:* 4835
Short Name: **DisMalSpin** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether spinal malperfusion was present
Data Source: User *Format:* Text (categorical values specified by STS)
ParentShortName: DisMal
ParentLongName: Dissection - Malperfusion
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:
Code: Value:
1 Yes
2 No

<i>Long Name:</i>	Dissection - lower Extremity Motor Function	<i>SeqNo:</i>	4836
<i>Short Name:</i>	DisLowMotFun	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate status of lower extremity motor function		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: PrimIndic

ParentLongName: Aorta Primary indication

ParentHarvestCodes: 2

ParentValues: = "Dissection"

Harvest Codes:

Code: Value:

- 1 No deficit
- 2 Weakness
- 3 Paralysis
- 4 Unknown

<i>Long Name:</i>	Dissection - Lower Extremity Sensory Deficit	<i>SeqNo:</i>	4837
<i>Short Name:</i>	DisLowSenDef	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether lower extremity sensory deficit is present		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: PrimIndic

ParentLongName: Aorta Primary indication

ParentHarvestCodes: 2

ParentValues: = "Dissection"

Harvest Codes:

Code: Value:

- 1 Yes
- 2 No
- 3 Unknown

<i>Long Name:</i>	Dissection - Rupture	<i>SeqNo:</i>	4840
<i>Short Name:</i>	DisRupt	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether dissection ruptured		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: PrimIndic
ParentLongName: Aorta Primary indication
ParentHarvestCodes: 2
ParentValues: = "Dissection"

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

<i>Long Name:</i>	Dissection - Rupture - Contained	<i>SeqNo:</i>	4845
<i>Short Name:</i>	DisRuptCon	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether the rupture was contained		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: DisRupt
ParentLongName: Dissection - Rupture
ParentHarvestCodes: 1
ParentValues: = "Yes"

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

<i>Long Name:</i>	Dissection - Rupture Location	<i>SeqNo:</i>	4850
<i>Short Name:</i>	DisRuptLoc	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the rupture location		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: DisRupt

ParentLongName: Dissection - Rupture

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- | | |
|----|----------------------------------|
| 1 | Below STJ |
| 2 | STJ-midascending |
| 3 | Midascending to distal ascending |
| 4 | Zone 1 |
| 5 | Zone 2 |
| 6 | Zone 3 |
| 7 | Zone 4 |
| 8 | Zone 5 |
| 9 | Zone 6 |
| 10 | Zone 7 |
| 11 | Zone 8 |
| 12 | Zone 9 |
| 13 | Zone 10 |
| 14 | Zone 11 |
-

Long Name: Root - Aorto-Annular Ectasia *SeqNo:* 4855
Short Name: **RootAAnnEctasia** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether aorto-annular ectasia is present
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: AortProc
ParentLongName: Aorta Procedure Performed
ParentHarvestCodes: 3|4|5
ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"
Harvest Codes:
Code: Value:
1 Yes
2 No
3 Unknown

Long Name: Root - Asymmetric Root Dilatation *SeqNo:* 4870
Short Name: **RootDilaAsym** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether asymmetric root dilatation is present
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: AortProc
ParentLongName: Aorta Procedure Performed
ParentHarvestCodes: 3|4|5
ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"
Harvest Codes:
Code: Value:
1 Yes
2 No
3 Unknown

Long Name: Root - Asymmetric Root Dilatation - Location *SeqNo:* 4875
Short Name: **RootDilaAsym** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate location of asymmetric root dilatation
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: RootDilaAsym

ParentLongName: Root - Asymmetric Root Dilatation

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Right
 - 2 Left
 - 3 Non-coronary
-

Long Name: Root - Sinus Of Valsalva Aneurysm *SeqNo:* 4880
Short Name: **RootSinus** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether there is a sinus of valsalva aneurysm
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: AortProc

ParentLongName: Aorta Procedure Performed

ParentHarvestCodes: 3|4|5

ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
 - 3 Unknown
-

Long Name: Root - Sinus Of Valsalva Aneurysm - Location *SeqNo:* 4881
Short Name: **RootSinusLoc** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate location of sinus of valsalva aneurysm
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: RootSinus

ParentLongName: Root - Sinus Of Valsalva Aneurysm

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Right
 - 2 Left
 - 3 Non-coronary
-

Long Name: Arch Type *SeqNo:* 4882
Short Name: **ArchType** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate arch type
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: AortProc

ParentLongName: Aorta Procedure Performed

ParentHarvestCodes: 3|4|5

ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"

Harvest Codes:

Code: Value:

- 1 Left
 - 2 Right
-

Long Name: Arch - Aberrant Right Subclavian *SeqNo:* 4884
Short Name: **ArchAbRtSub** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the right subclavian is aberrant
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: AortProc
 ParentLongName: Aorta Procedure Performed
 ParentHarvestCodes: 3|4|5
 ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: Arch - Aberrant Left Subclavian *SeqNo:* 4885
Short Name: **ArchAbLtSub** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the left subclavian is aberrant
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: AortProc
 ParentLongName: Aorta Procedure Performed
 ParentHarvestCodes: 3|4|5
 ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: Arch - Kommerell *SeqNo:* 4886
Short Name: **ArchKom** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether Kommerell arch type is present
Data Source: User *Format:* Text (categorical values specified by STS)

 ParentShortName: AortProc
 ParentLongName: Aorta Procedure Performed
 ParentHarvestCodes: 3|4|5
 ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: Arch - Bovine *SeqNo:* 4887
Short Name: **ArchBovine** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether bovine arch type is present
Data Source: User *Format:* Text (categorical values specified by STS)

 ParentShortName: AortProc
 ParentLongName: Aorta Procedure Performed
 ParentHarvestCodes: 3|4|5
 ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: Arch - Variant Vertebral Origin *SeqNo:* 4888
Short Name: **ArchVarVertOr** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether there is variant origin of the vertebral
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: AortProc
ParentLongName: Aorta Procedure Performed
ParentHarvestCodes: 3|4|5
ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"

Harvest Codes:
Code: Value:
1 Yes
2 No

Long Name: Arch - Patent Internal Mammary Artery Bypass Graft *SeqNo:* 4889
Short Name: **ArchPatIMA** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether there is a patent internal mammary bypass graft present
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: AortProc
ParentLongName: Aorta Procedure Performed
ParentHarvestCodes: 3|4|5
ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"

Harvest Codes:
Code: Value:
1 Yes
2 No

Long Name: Ascending Asymmetric Dilation *SeqNo:* 4891
Short Name: **AscAsymDil** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether there is asymmetric dilatation of the ascending aorta
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: AortProc
ParentLongName: Aorta Procedure Performed
ParentHarvestCodes: 3|4|5
ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No
3	Unknown

Long Name: Ascending Proximal Coronary Bypass Grafts *SeqNo:* 4892
Short Name: **AscProxGr** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether proximal bypass grafts are present on the aorta
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: AortProc
ParentLongName: Aorta Procedure Performed
ParentHarvestCodes: 3|4|5
ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No
3	Unknown

Long Name: 3-D Reconstruction Aortic Diameter Measurements Available *SeqNo:* 4895
Short Name: **Diameter3DMeas** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1

Definition: Indicate whether 3-D reconstruction aortic diameter measurements are available

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: AortProc

ParentLongName: Aorta Procedure Performed

ParentHarvestCodes: 3|4|5

ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Diameter Measurements 3D - Annulus *SeqNo:* 4900
Short Name: **Diam3DAnnulus** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1

Definition: Indicate diameter of the annulus

Data Source: User *Format:* Integer

Low Value: 10 High Value: 120

ParentShortName: Diameter3DMeas

ParentLongName: 3-D Reconstruction Aortic Diameter Measurements Available

ParentHarvestCodes: 1

ParentValues: = "Yes"

<i>Long Name:</i>	Diameter Measurements 3D - Sinus Segment	<i>SeqNo:</i>	4905
<i>Short Name:</i>	Diam3DSinus	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate diameter of the sinus segment		
<i>Data Source:</i>	User	<i>Format:</i>	Integer
Low Value:	10	High Value:	120
ParentShortName:	Diameter3DMeas		
ParentLongName:	3-D Reconstruction Aortic Diameter Measurements Available		
ParentHarvestCodes:	1		
ParentValues:	= "Yes"		

<i>Long Name:</i>	Diameter Measurements 3D - Sinotubular Junction	<i>SeqNo:</i>	4910
<i>Short Name:</i>	Diam3DSinotubular	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the diameter of the sinotubular junction		
<i>Data Source:</i>	User	<i>Format:</i>	Integer
Low Value:	10	High Value:	120
ParentShortName:	Diameter3DMeas		
ParentLongName:	3-D Reconstruction Aortic Diameter Measurements Available		
ParentHarvestCodes:	1		
ParentValues:	= "Yes"		

<i>Long Name:</i>	Diameter Measurements 3D - Mid-ascending	<i>SeqNo:</i>	4915
<i>Short Name:</i>	Diam3DMidAsc	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the diameter of the mid-ascending aorta		
<i>Data Source:</i>	User	<i>Format:</i>	Integer
Low Value:	10	High Value:	120
ParentShortName:	Diameter3DMeas		
ParentLongName:	3-D Reconstruction Aortic Diameter Measurements Available		
ParentHarvestCodes:	1		
ParentValues:	= "Yes"		

<i>Long Name:</i>	Diameter Measurements 3D - Distal Ascending	<i>SeqNo:</i>	4920
<i>Short Name:</i>	Diam3DDistalAsc	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the diameter of the distal ascending aorta		
<i>Data Source:</i>	User	<i>Format:</i>	Integer
Low Value:	10	High Value:	120
ParentShortName:	Diameter3DMeas		
ParentLongName:	3-D Reconstruction Aortic Diameter Measurements Available		
ParentHarvestCodes:	1		
ParentValues:	= "Yes"		

<i>Long Name:</i>	Diameter Measurements 3D - Zone 1	<i>SeqNo:</i>	4925
<i>Short Name:</i>	Diam3DZone1	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the diameter of zone 1		
<i>Data Source:</i>	User	<i>Format:</i>	Integer
Low Value:	10	High Value:	120
ParentShortName:	Diameter3DMeas		
ParentLongName:	3-D Reconstruction Aortic Diameter Measurements Available		
ParentHarvestCodes:	1		
ParentValues:	= "Yes"		

<i>Long Name:</i>	Diameter Measurements 3D - Zone 2	<i>SeqNo:</i>	4930
<i>Short Name:</i>	Diam3DZone2	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the diameter of zone 2		
<i>Data Source:</i>	User	<i>Format:</i>	Integer
Low Value:	10	High Value:	120
ParentShortName:	Diameter3DMeas		
ParentLongName:	3-D Reconstruction Aortic Diameter Measurements Available		
ParentHarvestCodes:	1		
ParentValues:	= "Yes"		

<i>Long Name:</i>	Diameter Measurements 3D - Zone 3	<i>SeqNo:</i>	4935
<i>Short Name:</i>	Diam3DZone3	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the diameter of zone 3		
<i>Data Source:</i>	User	<i>Format:</i>	Integer
Low Value:	10	High Value:	120
ParentShortName:	Diameter3DMeas		
ParentLongName:	3-D Reconstruction Aortic Diameter Measurements Available		
ParentHarvestCodes:	1		
ParentValues:	= "Yes"		

<i>Long Name:</i>	Diameter Measurements 3D - Zone 4	<i>SeqNo:</i>	4940
<i>Short Name:</i>	Diam3DZone4	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the diameter of zone 4		
<i>Data Source:</i>	User	<i>Format:</i>	Integer
Low Value:	10	High Value:	120
ParentShortName:	Diameter3DMeas		
ParentLongName:	3-D Reconstruction Aortic Diameter Measurements Available		
ParentHarvestCodes:	1		
ParentValues:	= "Yes"		

<i>Long Name:</i>	Diameter Measurements 3D - Zone 5	<i>SeqNo:</i>	4941
<i>Short Name:</i>	Diam3DZone5	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the diameter of zone 5		
<i>Data Source:</i>	User	<i>Format:</i>	Integer
Low Value:	10	High Value:	120
ParentShortName:	Diameter3DMeas		
ParentLongName:	3-D Reconstruction Aortic Diameter Measurements Available		
ParentHarvestCodes:	1		
ParentValues:	= "Yes"		

<i>Long Name:</i>	Diameter Measurements 3D - Zone 6	<i>SeqNo:</i>	4942
<i>Short Name:</i>	Diam3DZone6	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the diameter of zone 6		
<i>Data Source:</i>	User	<i>Format:</i>	Integer
Low Value:	10	High Value:	120
ParentShortName:	Diameter3DMeas		
ParentLongName:	3-D Reconstruction Aortic Diameter Measurements Available		
ParentHarvestCodes:	1		
ParentValues:	= "Yes"		

<i>Long Name:</i>	Diameter Measurements 3D - Zone 7	<i>SeqNo:</i>	4943
<i>Short Name:</i>	Diam3DZone7	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the diameter of zone 7		
<i>Data Source:</i>	User	<i>Format:</i>	Integer
Low Value:	10	High Value:	120
ParentShortName:	Diameter3DMeas		
ParentLongName:	3-D Reconstruction Aortic Diameter Measurements Available		
ParentHarvestCodes:	1		
ParentValues:	= "Yes"		

<i>Long Name:</i>	Diameter Measurements 3D - Zone 8	<i>SeqNo:</i>	4944
<i>Short Name:</i>	Diam3DZone8	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the diameter of zone 8		
<i>Data Source:</i>	User	<i>Format:</i>	Integer
Low Value:	10	High Value:	120
ParentShortName:	Diameter3DMeas		
ParentLongName:	3-D Reconstruction Aortic Diameter Measurements Available		
ParentHarvestCodes:	1		
ParentValues:	= "Yes"		

<i>Long Name:</i>	Diameter Measurements 3D - Zone 9	<i>SeqNo:</i>	4945
<i>Short Name:</i>	Diam3DZone9	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the diameter of zone 9		
<i>Data Source:</i>	User	<i>Format:</i>	Integer
Low Value:	10	High Value:	120
ParentShortName:	Diameter3DMeas		
ParentLongName:	3-D Reconstruction Aortic Diameter Measurements Available		
ParentHarvestCodes:	1		
ParentValues:	= "Yes"		

<i>Long Name:</i>	Diameter Measurements 3D - Zone 10	<i>SeqNo:</i>	4946
<i>Short Name:</i>	Diam3DZone10	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the diameter of zone 10		
<i>Data Source:</i>	User	<i>Format:</i>	Integer
Low Value:	10	High Value:	120
ParentShortName:	Diameter3DMeas		
ParentLongName:	3-D Reconstruction Aortic Diameter Measurements Available		
ParentHarvestCodes:	1		
ParentValues:	= "Yes"		

<i>Long Name:</i>	Diameter Measurements 3D - Zone 11	<i>SeqNo:</i>	4947
<i>Short Name:</i>	Diam3DZone11	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the diameter of zone 11		
<i>Data Source:</i>	User	<i>Format:</i>	Integer
Low Value:	10	High Value:	120
ParentShortName:	Diameter3DMeas		
ParentLongName:	3-D Reconstruction Aortic Diameter Measurements Available		
ParentHarvestCodes:	1		
ParentValues:	= "Yes"		

<i>Long Name:</i>	Diameter Measurements Largest - Annulus	<i>SeqNo:</i>	4948
<i>Short Name:</i>	DiamLgstAnnulus	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate diameter of the annulus		
<i>Data Source:</i>	User	<i>Format:</i>	Integer
Low Value:	10	High Value:	120
ParentShortName:	AortProc		
ParentLongName:	Aorta Procedure Performed		
ParentHarvestCodes:	3 4 5		
ParentValues:	= "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"		

<i>Long Name:</i>	Diameter Measurements Largest - Sinus Segment	<i>SeqNo:</i>	4949
<i>Short Name:</i>	DiamLgstSinus	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate diameter of the sinus segment		
<i>Data Source:</i>	User	<i>Format:</i>	Integer
Low Value:	10	High Value:	120
ParentShortName:	AortProc		
ParentLongName:	Aorta Procedure Performed		
ParentHarvestCodes:	3 4 5		
ParentValues:	= "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"		

Long Name: Diameter Measurements Largest - Sinotubular Junction *SeqNo:* 4950
Short Name: **DiamLgstSinotubular** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the diameter of the sinotubular junction
Data Source: User *Format:* Integer
Low Value: 10 High Value: 120
ParentShortName: AortProc
ParentLongName: Aorta Procedure Performed
ParentHarvestCodes: 3|4|5
ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"

Long Name: Diameter Measurements Largest - Mid-ascending *SeqNo:* 4951
Short Name: **DiamLgstMidAsc** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the diameter of the mid-ascending aorta
Data Source: User *Format:* Integer
Low Value: 10 High Value: 120
ParentShortName: AortProc
ParentLongName: Aorta Procedure Performed
ParentHarvestCodes: 3|4|5
ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"

<i>Long Name:</i>	Diameter Measurements Largest - Distal Ascending	<i>SeqNo:</i>	4952
<i>Short Name:</i>	DiamLgstDistalAsc	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the diameter of the distal ascending aorta		
<i>Data Source:</i>	User	<i>Format:</i>	Integer
Low Value:	10	High Value:	120
ParentShortName:	AortProc		
ParentLongName:	Aorta Procedure Performed		
ParentHarvestCodes:	3 4 5		
ParentValues:	= "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"		

<i>Long Name:</i>	Diameter Measurements Largest - Zone 1	<i>SeqNo:</i>	4953
<i>Short Name:</i>	DiamLgstZone1	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the diameter of zone 1		
<i>Data Source:</i>	User	<i>Format:</i>	Integer
Low Value:	10	High Value:	120
ParentShortName:	AortProc		
ParentLongName:	Aorta Procedure Performed		
ParentHarvestCodes:	3 4 5		
ParentValues:	= "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"		

<i>Long Name:</i>	Diameter Measurements Largest - Zone 2	<i>SeqNo:</i>	4954
<i>Short Name:</i>	DiamLgstZone2	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the diameter of zone 2		
<i>Data Source:</i>	User	<i>Format:</i>	Integer
Low Value:	10	High Value:	120
ParentShortName:	AortProc		
ParentLongName:	Aorta Procedure Performed		
ParentHarvestCodes:	3 4 5		
ParentValues:	= "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"		

<i>Long Name:</i>	Diameter Measurements Largest - Zone 3	<i>SeqNo:</i>	4955
<i>Short Name:</i>	DiamLgstZone3	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the diameter of zone 3		
<i>Data Source:</i>	User	<i>Format:</i>	Integer
Low Value:	10	High Value:	120
ParentShortName:	AortProc		
ParentLongName:	Aorta Procedure Performed		
ParentHarvestCodes:	3 4 5		
ParentValues:	= "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"		

<i>Long Name:</i>	Diameter Measurements Largest - Zone 4	<i>SeqNo:</i>	4956
<i>Short Name:</i>	DiamLgstZone4	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the diameter of zone 4		
<i>Data Source:</i>	User	<i>Format:</i>	Integer
Low Value:	10	High Value:	120
ParentShortName:	AortProc		
ParentLongName:	Aorta Procedure Performed		
ParentHarvestCodes:	3 4 5		
ParentValues:	= "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"		

<i>Long Name:</i>	Diameter Measurements Largest - Zone 5	<i>SeqNo:</i>	4957
<i>Short Name:</i>	DiamLgstZone5	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the diameter of zone 5		
<i>Data Source:</i>	User	<i>Format:</i>	Integer
Low Value:	10	High Value:	120
ParentShortName:	AortProc		
ParentLongName:	Aorta Procedure Performed		
ParentHarvestCodes:	3 4 5		
ParentValues:	= "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"		

<i>Long Name:</i>	Diameter Measurements Largest - Zone 6	<i>SeqNo:</i>	4958
<i>Short Name:</i>	DiamLgstZone6	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the diameter of zone 6		
<i>Data Source:</i>	User	<i>Format:</i>	Integer
Low Value:	10	High Value:	120
ParentShortName:	AortProc		
ParentLongName:	Aorta Procedure Performed		
ParentHarvestCodes:	3 4 5		
ParentValues:	= "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"		

<i>Long Name:</i>	Diameter Measurements Largest - Zone 7	<i>SeqNo:</i>	4959
<i>Short Name:</i>	DiamLgstZone7	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the diameter of zone 7		
<i>Data Source:</i>	User	<i>Format:</i>	Integer
Low Value:	10	High Value:	120
ParentShortName:	AortProc		
ParentLongName:	Aorta Procedure Performed		
ParentHarvestCodes:	3 4 5		
ParentValues:	= "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"		

<i>Long Name:</i>	Diameter Measurements Largest - Zone 8	<i>SeqNo:</i>	4960
<i>Short Name:</i>	DiamLgstZone8	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the diameter of zone 8		
<i>Data Source:</i>	User	<i>Format:</i>	Integer
Low Value:	10	High Value:	120
ParentShortName:	AortProc		
ParentLongName:	Aorta Procedure Performed		
ParentHarvestCodes:	3 4 5		
ParentValues:	= "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"		

<i>Long Name:</i>	Diameter Measurements Largest - Zone 9	<i>SeqNo:</i>	4961
<i>Short Name:</i>	DiamLgstZone9	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the diameter of zone 9		
<i>Data Source:</i>	User	<i>Format:</i>	Integer
Low Value:	10	High Value:	120
ParentShortName:	AortProc		
ParentLongName:	Aorta Procedure Performed		
ParentHarvestCodes:	3 4 5		
ParentValues:	= "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"		

<i>Long Name:</i>	Diameter Measurements Largest - Zone 10	<i>SeqNo:</i>	4962
<i>Short Name:</i>	DiamLgstZone10	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the diameter of zone 10		
<i>Data Source:</i>	User	<i>Format:</i>	Integer
Low Value:	10	High Value:	120
ParentShortName:	AortProc		
ParentLongName:	Aorta Procedure Performed		
ParentHarvestCodes:	3 4 5		
ParentValues:	= "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"		

<i>Long Name:</i>	Diameter Measurements Largest - Zone 11	<i>SeqNo:</i>	4963
<i>Short Name:</i>	DiamLgstZone11	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the diameter of zone 11		
<i>Data Source:</i>	User	<i>Format:</i>	Integer
Low Value:	10	High Value:	120
ParentShortName:	AortProc		
ParentLongName:	Aorta Procedure Performed		
ParentHarvestCodes:	3 4 5		
ParentValues:	= "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"		

Long Name: Planned Staged Hybrid *SeqNo:* 4970
Short Name: **PlanStagHybrid** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the procedure was a planned staged hybrid
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: AortProc
 ParentLongName: Aorta Procedure Performed
 ParentHarvestCodes: 3|4|5
 ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: Open Arch Procedure *SeqNo:* 4975
Short Name: **ArchProc** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether there was an open arch procedure
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: AortProc
 ParentLongName: Aorta Procedure Performed
 ParentHarvestCodes: 3|4|5
 ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

<i>Long Name:</i>	Open Arch Procedure - Distal Technique	<i>SeqNo:</i>	4980
<i>Short Name:</i>	ArchDisTech	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate the distal technique for the arch procedure

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: ArchProc

ParentLongName: Open Arch Procedure

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Open
 - 2 Clamped
-

<i>Long Name:</i>	Open Arch Procedure - Distal Site	<i>SeqNo:</i>	4985
<i>Short Name:</i>	ArchDiscSite	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate the distal site

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: ArchProc

ParentLongName: Open Arch Procedure

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Ascending Aorta
 - 2 Hemiarch
 - 3 Zone 1
 - 4 Zone 2
 - 5 Zone 3
 - 6 Zone 4
-

<i>Long Name:</i>	Open Arch Procedure - Distal Extention	<i>SeqNo:</i>	4990
<i>Short Name:</i>	ArchDisExt	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate distal extension type		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: ArchProc
ParentLongName: Open Arch Procedure
ParentHarvestCodes: 1
ParentValues: = "Yes"

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Elephant trunk
2	Frozen Elephant trunk
3	No

<i>Long Name:</i>	Open Arch Procedure - Arch Branch Reimplantation	<i>SeqNo:</i>	4995
<i>Short Name:</i>	ArchBranReimp	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether arch branch reimplantation was performed		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: ArchProc
ParentLongName: Open Arch Procedure
ParentHarvestCodes: 1
ParentValues: = "Yes"

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Open Arch Procedure - Arch Branch Reimplantation - Innominate *SeqNo:* 5000
Short Name: **ArchBranInnom** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether arch branch reimplantation included the innominate artery
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: ArchBranReimp

ParentLongName: Open Arch Procedure - Arch Branch Reimplantation

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Open Arch Procedure - Arch Branch Reimplantation - Right Subclavian *SeqNo:* 5001
Short Name: **ArchBranRSub** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether arch branch reimplantation included the right subclavian artery
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: ArchBranReimp

ParentLongName: Open Arch Procedure - Arch Branch Reimplantation

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Open Arch Procedure - Arch Branch Reimplantation - Right Common Carotid *SeqNo:* 5002

Short Name: **ArchBranRComm** *Core:* Yes

Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes

DBTableName Adultdata1

Definition: Indicate whether arch branch reimplantation included the right common carotid artery

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: ArchBranReimp

ParentLongName: Open Arch Procedure - Arch Branch Reimplantation

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Open Arch Procedure - Arch Branch Reimplantation - Left Common Carotid *SeqNo:* 5005

Short Name: **ArchBranLComm** *Core:* Yes

Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes

DBTableName Adultdata1

Definition: Indicate whether arch branch reimplantation included the left common carotid artery

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: ArchBranReimp

ParentLongName: Open Arch Procedure - Arch Branch Reimplantation

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Open Arch Procedure - Arch Branch Reimplantation - Left Subclavian *SeqNo:* 5010
Short Name: **ArchBranLSub** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether arch branch reimplantation included the left subclavian artery
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: ArchBranReimp

ParentLongName: Open Arch Procedure - Arch Branch Reimplantation

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Open Arch Procedure - Arch Branch Reimplantation - Left Vertebral *SeqNo:* 5011
Short Name: **ArchBranLVert** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether arch branch reimplantation included the left vertebral artery
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: ArchBranReimp

ParentLongName: Open Arch Procedure - Arch Branch Reimplantation

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Open Arch Procedure - Arch Branch Reimplantation - Other *SeqNo:* 5012
Short Name: **ArchBranOth** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether arch branch reimplantation included any other artery
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: ArchBranReimp

ParentLongName: Open Arch Procedure - Arch Branch Reimplantation

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Open Descending Thoracic Aorta or Thoracoabdominal Procedure *SeqNo:* 5015
Short Name: **DescAortaProc** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether there was an open procedure of the descending thoracic or thoracoabdominal aorta
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: AortProc

ParentLongName: Aorta Procedure Performed

ParentHarvestCodes: 3|4|5

ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Proximal Location *SeqNo:* 5020
Short Name: **DescAortaLoc** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the proximal location of the descending aorta procedure
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: DescAortaProc

ParentLongName: Open Descending Thoracic Aorta or Thoracoabdominal Procedure

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Reverse Hemiarch
 - 2 Zone 0
 - 3 Zone 1
 - 4 Zone 2
 - 5 Zone 3
 - 6 Zone 4
 - 7 Zone 5
 - 8 Zone 6
 - 9 Zone 7
 - 10 Zone 8
 - 11 Zone 9
-

Long Name: Intercostal Reimplantation *SeqNo:* 5030
Short Name: **AortaInterReimp** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether intercostal vessels were reimplanted
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: DescAortaProc

ParentLongName: Open Descending Thoracic Aorta or Thoracoabdominal Procedure

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
-

Long Name: Distal Location *SeqNo:* 5035
Short Name: **AortaDisZone** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the distal location of the descending/thoracoabdominal procedure
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: DescAortaProc

ParentLongName: Open Descending Thoracic Aorta or Thoracoabdominal Procedure

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Zone 3
 - 2 Zone 4
 - 3 Zone 5
 - 4 Zone 6
 - 5 Zone 7
 - 6 Zone 8
 - 7 Zone 9
 - 8 Zone 10
 - 9 Zone 11
-

Long Name: Visceral Vessel Intervention *SeqNo:* 5045
Short Name: **AortaVisceral** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether there was visceral vessel intervention
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: DescAortaProc

ParentLongName: Open Descending Thoracic Aorta or Thoracoabdominal Procedure

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
-

Long Name: Visceral Vessel Intervention - Celiac *SeqNo:* 5050
Short Name: **AortaViscCel** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the visceral vessel intervention involved the celiac artery
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: AortaVisceral
ParentLongName: Visceral Vessel Intervention
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Reimplantation
2	Branch Graft
3	None

Long Name: Visceral Vessel Intervention - Superior Mesenteric *SeqNo:* 5055
Short Name: **AortaViscSup** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the visceral vessel intervention involved the superior mesenteric artery
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: AortaVisceral
ParentLongName: Visceral Vessel Intervention
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Reimplantation
2	Branch Graft
3	None

Long Name: Visceral Vessel Intervention - Right Renal *SeqNo:* 5060
Short Name: **AortaViscRenR** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the visceral vessel intervention involved the right renal artery
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: AortaVisceral
ParentLongName: Visceral Vessel Intervention
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Reimplantation
2	Branch Graft
3	None

Long Name: Visceral Vessel Intervention - Left Renal *SeqNo:* 5065
Short Name: **AortaViscRenL** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the visceral vessel intervention involved the left renal artery
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: AortaVisceral
ParentLongName: Visceral Vessel Intervention
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Reimplantation
2	Branch Graft
3	None

Long Name: Endovascular Procedures *SeqNo:* 5066
Short Name: **EndovasProc** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether there was an endovascular procedure
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: AortProc
ParentLongName: Aorta Procedure Performed
ParentHarvestCodes: 3|4|5
ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"

Harvest Codes:
Code: Value:
1 Yes
2 No

Long Name: Endovascular Procedures - Access *SeqNo:* 5067
Short Name: **EndovasAccess** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the access used for the endovascular procedure
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: EndovasProc
ParentLongName: Endovascular Procedures
ParentHarvestCodes: 1
ParentValues: = "Yes"

Harvest Codes:
Code: Value:
1 Femoral
2 Iliac
3 Abdominal Aorta
4 Left Subclavian
5 Right Subclavian
6 Ascending Aorta
7 LV Apex

Long Name: Endovascular Procedures - Percutaneous Access *SeqNo:* 5068
Short Name: **EndovasPercAcc** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether access was percutaneous
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: EndovasProc
 ParentLongName: Endovascular Procedures
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: Endovascular Procedures - Proximal Landing Zone *SeqNo:* 5070
Short Name: **EndoProxZone** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the proximal landing zone
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: EndovasProc
 ParentLongName: Endovascular Procedures
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:
 Code: Value:
 1 Below STJ
 2 STJ-midascending
 3 Midascending to distal
 ascending
 4 Zone 1
 5 Zone 2
 6 Zone 3
 7 Zone 4
 8 Zone 5
 9 Zone 6
 10 Zone 7
 11 Zone 8
 12 Zone 9

13 Zone 10
14 Zone 11

Long Name: Endovascular Procedures - Distal Landing Zone *SeqNo:* 5080
Short Name: **EndoDistalZone** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the distal landing zone
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: EndovasProc

ParentLongName: Endovascular Procedures

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Below STJ
2 STJ-midascending
3 Midascending to distal
ascending
4 Zone 1
5 Zone 2
6 Zone 3
7 Zone 4
8 Zone 5
9 Zone 6
10 Zone 7
11 Zone 8
12 Zone 9
13 Zone 10
14 Zone 11

Long Name: Endovascular Procedures - TAVR *SeqNo:* 5090
Short Name: **EndovasTAVR** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether there was a transcatheter aortic valve procedure component
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: EndovasProc
ParentLongName: Endovascular Procedures
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Endovascular Procedures - Ascending TEVAR *SeqNo:* 5095
Short Name: **EndovasTEVAR** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether an ascending TEVAR was performed
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: EndovasProc
ParentLongName: Endovascular Procedures
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Dedicated IDE
2	Off Label Stent
3	No

Long Name: Arch Vessel Management - Innominate *SeqNo:* 5100
Short Name: **Innominate** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the management of the innominate artery
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: EndovasProc

ParentLongName: Endovascular Procedures

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Native Flow
 - 2 Endovascular Branch Graft
 - 3 Endovascular Parallel Graft
 - 4 Extra-anatomic Bypass
 - 5 Fenestrated
-

Long Name: Innominate - Extra-Anatomic Bypass - Aorta-Innominate *SeqNo:* 5105
Short Name: **InAortaInnom** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the extra-anatomic bypass was an aorta to innominate bypass
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: Innominate

ParentLongName: Arch Vessel Management - Innominate

ParentHarvestCodes: 4

ParentValues: = "Extra-anatomic Bypass"

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
-

Long Name: Innominate - Extra-Anatomic Bypass - Aorta-Right Carotid *SeqNo:* 5110
Short Name: **InAortaCarotid** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the extra-anatomic bypass was an aorta to right carotid bypass
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: Innominate

ParentLongName: Arch Vessel Management - Innominate

ParentHarvestCodes: 4

ParentValues: = "Extra-anatomic Bypass"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Innominate - Extra-Anatomic Bypass - Aorta-Right Subclavian *SeqNo:* 5115
Short Name: **InAortaSubclav** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the extra-anatomic bypass was an aorta to right subclavian bypass
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: Innominate

ParentLongName: Arch Vessel Management - Innominate

ParentHarvestCodes: 4

ParentValues: = "Extra-anatomic Bypass"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Innominate - Extra-Anatomic Bypass - Right Carotid - Right Subclavian *SeqNo:* 5125
Short Name: **InCaroSubclav** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the extra-anatomic bypass was a right carotid to right subclavian bypass
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: Innominate

ParentLongName: Arch Vessel Management - Innominate

ParentHarvestCodes: 4

ParentValues: = "Extra-anatomic Bypass"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Innominate - Extra-Anatomic Bypass - Other *SeqNo:* 5135
Short Name: **InOther** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether any other extra-anatomic innominate bypass was performed
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: Innominate

ParentLongName: Arch Vessel Management - Innominate

ParentHarvestCodes: 4

ParentValues: = "Extra-anatomic Bypass"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Arch Vessel Management - Left Carotid *SeqNo:* 5140
Short Name: **LeftCarotid** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the management of the left carotid artery
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: EndovasProc

ParentLongName: Endovascular Procedures

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Native Flow
 - 2 Endovascular Branch Graft
 - 3 Endovascular Parallel Graft
 - 4 Extra-anatomic Bypass
 - 5 Fenestrated
-

Long Name: Left Carotid - Extra-Anatomic Bypass - Aorta-Left Carotid *SeqNo:* 5150
Short Name: **LTCaroAortaCaro** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the extra-anatomic bypass was an aorta to left carotid bypass
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: LeftCarotid

ParentLongName: Arch Vessel Management - Left Carotid

ParentHarvestCodes: 4

ParentValues: = "Extra-anatomic Bypass"

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
-

Long Name: Left Carotid - Extra-Anatomic Bypass - Innominate-Left Carotid *SeqNo:* 5160
Short Name: **LTCaroInnomCaro** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the extra-anatomic bypass was an innominate to left carotid bypass
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: LeftCarotid

ParentLongName: Arch Vessel Management - Left Carotid

ParentHarvestCodes: 4

ParentValues: = "Extra-anatomic Bypass"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Left Carotid - Extra-Anatomic Bypass - Right Carotid - Left Carotid *SeqNo:* 5170
Short Name: **LTCaroCarotid** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the extra-anatomic bypass was a right carotid to left carotid bypass
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: LeftCarotid

ParentLongName: Arch Vessel Management - Left Carotid

ParentHarvestCodes: 4

ParentValues: = "Extra-anatomic Bypass"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Left Carotid - Extra-Anatomic Bypass - Other *SeqNo:* 5175
Short Name: **LTCaroOther** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether any other extra-anatomic left carotid bypass was performed
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: LeftCarotid

ParentLongName: Arch Vessel Management - Left Carotid

ParentHarvestCodes: 4

ParentValues: = "Extra-anatomic Bypass"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Arch Vessel Management - Left Subclavian *SeqNo:* 5180
Short Name: **LeftSubclavian** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the management of the left subclavian artery
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: EndovasProc

ParentLongName: Endovascular Procedures

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Native Flow

2 Endovascular Branch Graft

3 Endovascular Parallel Graft

4 Extra-anatomic Bypass

5 Fenestrated

<i>Long Name:</i>	Left Subclavian - Extra-Anatomic Bypass - Aorta-Left Subclavian	<i>SeqNo:</i>	5195
<i>Short Name:</i>	LTSubAortaSub	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate whether the extra-anatomic bypass was an aorta to left subclavian bypass

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: LeftSubclavian

ParentLongName: Arch Vessel Management - Left Subclavian

ParentHarvestCodes: 4

ParentValues: = "Extra-anatomic Bypass"

Harvest Codes:

Code: Value:

1 Yes

2 No

<i>Long Name:</i>	Left Subclavian - Extra-Anatomic Bypass - Left Carotid-Left Subclavian	<i>SeqNo:</i>	5205
<i>Short Name:</i>	LTSubCarotidSub	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate whether the extra-anatomic bypass was a left carotid to left subclavian bypass

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: LeftSubclavian

ParentLongName: Arch Vessel Management - Left Subclavian

ParentHarvestCodes: 4

ParentValues: = "Extra-anatomic Bypass"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Left Subclavian - Extra-Anatomic Bypass - Other *SeqNo:* 5213
Short Name: **LTSubOther** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether any other extra-anatomic left subclavian bypass was performed
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: LeftSubclavian

ParentLongName: Arch Vessel Management - Left Subclavian

ParentHarvestCodes: 4

ParentValues: = "Extra-anatomic Bypass"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Arch Vessel Management - Other Arch Vessels Extra-Anatomic Bypass *SeqNo:* 5214
Short Name: **OthArchVes** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether other arch vessel extra-anatomic bypass was performed
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: EndovasProc

ParentLongName: Endovascular Procedures

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Other - Extra-Anatomic Bypass - Innominate - Carotid *SeqNo:* 5215
Short Name: **OthInnomCaro** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the extra-anatomic bypass was innominate to carotid
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: OthArchVes

ParentLongName: Arch Vessel Management - Other Arch Vessels Extra-Anatomic Bypass

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Other - Extra-Anatomic Bypass - Innominate - Subclavian *SeqNo:* 5216
Short Name: **OthInnomSub** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the extra-anatomic bypass was innominate to subclavian
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: OthArchVes

ParentLongName: Arch Vessel Management - Other Arch Vessels Extra-Anatomic Bypass

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Other - Extra-Anatomic Bypass - Subclavian - Subclavian *SeqNo:* 5217
Short Name: **OthSubSub** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the extra-anatomic bypass was subclavian to subclavian
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: OthArchVes

ParentLongName: Arch Vessel Management - Other Arch Vessels Extra-Anatomic Bypass

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Other - Extra-Anatomic Bypass - Other *SeqNo:* 5218
Short Name: **OthOther** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether any other extra-anatomic arch vessel bypass was performed
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: OthArchVes

ParentLongName: Arch Vessel Management - Other Arch Vessels Extra-Anatomic Bypass

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

<i>Long Name:</i>	Visceral Vessel Management - Celiac	<i>SeqNo:</i>	5220
<i>Short Name:</i>	Celiac	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate management of the celiac artery		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: EndovasProc

ParentLongName: Endovascular Procedures

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Native Flow
 - 2 Endovascular Branch Graft
 - 3 Endovascular Parallel Graft
 - 4 Extra-anatomic Bypass
 - 5 Fenestrated
-

<i>Long Name:</i>	Celiac - Extra-Anatomic Bypass - Aorta-Celiac	<i>SeqNo:</i>	5225
<i>Short Name:</i>	CeliacAortaCeli	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether the extra-anatomic bypass was aorta to celiac		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: Celiac

ParentLongName: Visceral Vessel Management - Celiac

ParentHarvestCodes: 4

ParentValues: = "Extra-anatomic Bypass"

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
-

Long Name: Celiac - Extra-Anatomic Bypass - Iliac-Celiac *SeqNo:* 5245
Short Name: **CeliacIliacCeliac** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the extra-anatomic bypass was iliac to celiac
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: Celiac
ParentLongName: Visceral Vessel Management - Celiac
ParentHarvestCodes: 4
ParentValues: = "Extra-anatomic Bypass"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Celiac - Extra-Anatomic Bypass - Other *SeqNo:* 5265
Short Name: **CeliacOther** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether another extra-anatomic celiac bypass was performed
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: Celiac
ParentLongName: Visceral Vessel Management - Celiac
ParentHarvestCodes: 4
ParentValues: = "Extra-anatomic Bypass"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Visceral Vessel Management - Superior Mesenteric *SeqNo:* 5270
Short Name: **SupMesenteric** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate management of the superior mesenteric artery
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: EndovasProc

ParentLongName: Endovascular Procedures

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Native Flow
- 2 Endovascular Branch Graft
- 3 Endovascular Parallel Graft
- 4 Extra-anatomic Bypass
- 5 Fenestrated

Long Name: Superior Mesenteric - Extra-Anatomic Bypass - Aorta-Superior Mesenteric *SeqNo:* 5280
Short Name: **SupMesAortaSuMe** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the extra-anatomic bypass was aorta to superior mesenteric
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: SupMesenteric

ParentLongName: Visceral Vessel Management - Superior Mesenteric

ParentHarvestCodes: 4

ParentValues: = "Extra-anatomic Bypass"

Harvest Codes:

Code: Value:

- 1 Yes
- 2 No

<i>Long Name:</i>	Superior Mesenteric - Extra-Anatomic Bypass - Iliac-Superior Mesenteric	<i>SeqNo:</i>	5300
<i>Short Name:</i>	SupMesIliacSupMe	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate whether the extra-anatomic bypass was iliac to superior mesenteric

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: SupMesenteric

ParentLongName: Visceral Vessel Management - Superior Mesenteric

ParentHarvestCodes: 4

ParentValues: = "Extra-anatomic Bypass"

Harvest Codes:

Code: Value:

1 Yes

2 No

<i>Long Name:</i>	Superior Mesenteric - Extra-Anatomic Bypass - Other	<i>SeqNo:</i>	5315
<i>Short Name:</i>	SupMesOther	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate whether another extra-anatomic superior mesenteric bypass was performed

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: SupMesenteric

ParentLongName: Visceral Vessel Management - Superior Mesenteric

ParentHarvestCodes: 4

ParentValues: = "Extra-anatomic Bypass"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Visceral Vessel Management - Right Renal *SeqNo:* 5320
Short Name: **RightRenal** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate management of the right renal artery
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: EndovasProc

ParentLongName: Endovascular Procedures

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Native Flow
 - 2 Endovascular Branch Graft
 - 3 Endovascular Parallel Graft
 - 4 Extra-anatomic Bypass
 - 5 Fenestrated
-

Long Name: Right Renal - Extra-Anatomic Bypass - Aorta-Right Renal *SeqNo:* 5335
Short Name: **RtRenAortaRtRe** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the extra-anatomic bypass was aorta to right renal
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: RightRenal

ParentLongName: Visceral Vessel Management - Right Renal

ParentHarvestCodes: 4

ParentValues: = "Extra-anatomic Bypass"

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
-

<i>Long Name:</i>	Right Renal - Extra-Anatomic Bypass - Iliac-Right Renal	<i>SeqNo:</i>	5355
<i>Short Name:</i>	RtRenIliacRtRen	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether the extra-anatomic bypass was iliac to right renal		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: RightRenal

ParentLongName: Visceral Vessel Management - Right Renal

ParentHarvestCodes: 4

ParentValues: = "Extra-anatomic Bypass"

Harvest Codes:

Code: Value:

1 Yes

2 No

<i>Long Name:</i>	Right Renal - Extra-Anatomic Bypass - Other	<i>SeqNo:</i>	5365
<i>Short Name:</i>	RtRenOther	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether another extra-anatomic right renal bypass was performed		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: RightRenal

ParentLongName: Visceral Vessel Management - Right Renal

ParentHarvestCodes: 4

ParentValues: = "Extra-anatomic Bypass"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Visceral Vessel Management - Left Renal *SeqNo:* 5370
Short Name: **LeftRenal** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate management of the left renal artery
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: EndovasProc

ParentLongName: Endovascular Procedures

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Native Flow
 - 2 Endovascular Branch Graft
 - 3 Endovascular Parallel Graft
 - 4 Extra-anatomic Bypass
 - 5 Fenestrated
-

Long Name: Left Renal - Extra-Anatomic Bypass - Aorta-Left Renal *SeqNo:* 5375
Short Name: **LtRenAortaLtRe** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the extra-anatomic bypass was aorta to left renal
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: LeftRenal

ParentLongName: Visceral Vessel Management - Left Renal

ParentHarvestCodes: 4

ParentValues: = "Extra-anatomic Bypass"

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
-

<i>Long Name:</i>	Left Renal - Extra-Anatomic Bypass - Iliac-Left Renal	<i>SeqNo:</i>	5380
<i>Short Name:</i>	LtRenIliacLtRen	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether the extra-anatomic bypass was iliac to left renal		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: LeftRenal

ParentLongName: Visceral Vessel Management - Left Renal

ParentHarvestCodes: 4

ParentValues: = "Extra-anatomic Bypass"

Harvest Codes:

Code: Value:

1 Yes

2 No

<i>Long Name:</i>	Left Renal - Extra-Anatomic Bypass - Other	<i>SeqNo:</i>	5385
<i>Short Name:</i>	LtRenOther	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether another extra-anatomic left renal bypass was performed		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: LeftRenal

ParentLongName: Visceral Vessel Management - Left Renal

ParentHarvestCodes: 4

ParentValues: = "Extra-anatomic Bypass"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Visceral Vessel Management - Right Iliac *SeqNo:* 5390
Short Name: **RightIliac** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate management of the right iliac artery
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: EndovasProc
ParentLongName: Endovascular Procedures
ParentHarvestCodes: 1
ParentValues: = "Yes"

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Native flow
2	Bifurcated graft
3	Extra-anatomic bypass

Long Name: Visceral Vessel Management - Right Iliac - Femoral-Femoral *SeqNo:* 5391
Short Name: **RtIliacFemFem** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the extra-anatomic bypass was femoral to femoral
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: RightIliac
ParentLongName: Visceral Vessel Management - Right Iliac
ParentHarvestCodes: 3
ParentValues: = "Extra-anatomic bypass"

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Visceral Vessel Management - Right Iliac - Other *SeqNo:* 5392
Short Name: **RtIliacOther** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether another right iliac extra-anatomic bypass was performed
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: RightIliac

ParentLongName: Visceral Vessel Management - Right Iliac

ParentHarvestCodes: 3

ParentValues: = "Extra-anatomic bypass"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Visceral Vessel Management - Left Iliac *SeqNo:* 5393
Short Name: **LeftIliac** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate management of the left iliac artery
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: EndovasProc

ParentLongName: Endovascular Procedures

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Native flow

2 Bifurcated graft

3 Extra-anatomic bypass

<i>Long Name:</i>	Visceral Vessel Management - Left Iliac - Femoral-Femoral	<i>SeqNo:</i>	5394
<i>Short Name:</i>	LtIliacFemFem	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether the extra-anatomic bypass was femoral to femoral		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: LeftIliac

ParentLongName: Visceral Vessel Management - Left Iliac

ParentHarvestCodes: 3

ParentValues: = "Extra-anatomic bypass"

Harvest Codes:

Code: Value:

1 Yes

2 No

<i>Long Name:</i>	Visceral Vessel Management - Left Iliac - Other	<i>SeqNo:</i>	5395
<i>Short Name:</i>	LtIliacOther	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate whether another left iliac extra-anatomic bypass was performed		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: LeftIliac

ParentLongName: Visceral Vessel Management - Left Iliac

ParentHarvestCodes: 3

ParentValues: = "Extra-anatomic bypass"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Visceral Vessel Management - Internal Iliac Preserved *SeqNo:* 5396
Short Name: **IntIliacPres** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the internal iliac was preserved
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: EndovasProc
ParentLongName: Endovascular Procedures
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Right iliac only
2	Left iliac only
3	Both
4	No

Long Name: Visceral Vessel Management - Other visceral Vessels Extra-Anatomic Bypass *SeqNo:* 5397
Short Name: **OthVisVes** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether extra-anatomic bypass of other visceral vessels was performed
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: EndovasProc
ParentLongName: Endovascular Procedures
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Visceral Vessel Management - Other visceral Vessels Extra-Anatomic Bypass - Aorta-Other *SeqNo:* 5398

Short Name: **OthVisAortOth** *Core:* Yes

Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes

DBTableName Adultdata1

Definition: Indicate whether other extra-anatomic bypass included an aorta to other bypass

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: OthVisVes

ParentLongName: Visceral Vessel Management - Other visceral Vessels Extra-Anatomic Bypass

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Visceral Vessel Management - Other visceral Vessels Extra-Anatomic Bypass - Iliac-Other *SeqNo:* 5399

Short Name: **OthVisIliacOth** *Core:* Yes

Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes

DBTableName Adultdata1

Definition: Indicate whether other extra-anatomic bypass included an iliac to other bypass

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: OthVisVes

ParentLongName: Visceral Vessel Management - Other visceral Vessels Extra-Anatomic Bypass

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Visceral Vessel Management - Other visceral Vessels Extra-Anatomic Bypass - Other *SeqNo:* 5400
Short Name: **OthVisOther** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether any other visceral vessel extra-anatomic bypass was performed
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: OthVisVes

ParentLongName: Visceral Vessel Management - Other visceral Vessels Extra-Anatomic Bypass

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Dissection Proximal Entry Tear Covered *SeqNo:* 5401
Short Name: **DisProxTearCov** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether the proximal entry tear was covered
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: EndovasProc

ParentLongName: Endovascular Procedures

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Endoleak At End Of Procedure *SeqNo:* 5402
Short Name: **EndoEndProc** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether there was endoleak present at the end of the procedure
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: EndovasProc

ParentLongName: Endovascular Procedures

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Endoleak At End Of Procedure - Type *SeqNo:* 5403
Short Name: **EndoEndProcTy** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the type of endoleak present
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: EndoEndProc

ParentLongName: Endoleak At End Of Procedure

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Ia

2 Ib

3 II

4 III

5 IV

6 V

Long Name: Conversion To Open *SeqNo:* 5404
Short Name: **ConvToOpen** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether there was an unplanned conversion to an open procedure
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: EndovasProc
 ParentLongName: Endovascular Procedures
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: Conversion To Open - Reason *SeqNo:* 5405
Short Name: **ConvToOpenRes** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the reason for conversion to open procedure
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: ConvToOpen
 ParentLongName: Conversion To Open
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:
 Code: Value:
 1 Deployment failure
 2 Endoleak
 3 Rupture
 4 Occlusion / loss of branch

Long Name: Intraop Dissection Extension *SeqNo:* 5406
Short Name: **IntDisExten** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether there was intraoperative dissection extension
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: EndovasProc
ParentLongName: Endovascular Procedures
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	None
2	Antegrade
3	Retrograde
4	Both

Long Name: Unintentional Rupture Of Dissection Septum *SeqNo:* 5407
Short Name: **UnintRup** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether there was unintentional rupture of the dissection septum
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: EndovasProc
ParentLongName: Endovascular Procedures
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

<i>Long Name:</i>	Unintentional Rupture Of Dissection Septum - Location	<i>SeqNo:</i>	5408
<i>Short Name:</i>	UnintRupLoc	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the location of the unintentional rupture of the dissection septum		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: UnintRup

ParentLongName: Unintentional Rupture Of Dissection Septum

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- | | |
|----|----------------------------------|
| 1 | Below STJ |
| 2 | STJ-midascending |
| 3 | Midascending to distal ascending |
| 4 | Zone 1 |
| 5 | Zone 2 |
| 6 | Zone 3 |
| 7 | Zone 4 |
| 8 | Zone 5 |
| 9 | Zone 6 |
| 10 | Zone 7 |
| 11 | Zone 8 |
| 12 | Zone 9 |
| 13 | Zone 10 |
| 14 | Zone 11 |
-

Long Name: Spinal Drain *SeqNo:* 5420
Short Name: **SpinalDrain** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate when/if a spinal drain was placed
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: AortProc
ParentLongName: Aorta Procedure Performed
ParentHarvestCodes: 3|4|5
ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"

Harvest Codes:
Code: Value:
1 Pre-aortic procedure
2 Post-aortic procedure
3 None

Long Name: IntraOp Motor Evoked Potential *SeqNo:* 5425
Short Name: **MotorEvoke** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether motor evoked potential was measured intraoperatively
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: AortProc
ParentLongName: Aorta Procedure Performed
ParentHarvestCodes: 3|4|5
ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"

Harvest Codes:
Code: Value:
1 Yes
2 No

Long Name: IntraOp Motor Evoked Potential - Documented MEP Abnormality *SeqNo:* 5426
Short Name: **MotorEvokeAb** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether any abnormality of motor evoked potential was documented
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: MotorEvoke

ParentLongName: IntraOp Motor Evoked Potential

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
 - 3 Unknown
-

Long Name: IntraOp Somatosensory Evoked Potential *SeqNo:* 5430
Short Name: **SomatEvoke** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: indicate whether somatosensory evoked potential was measured intraoperatively
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: AortProc

ParentLongName: Aorta Procedure Performed

ParentHarvestCodes: 3|4|5

ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
-

Long Name: IntraOp Somatosensory Evoked Potential - Documented SEP Abnormality *SeqNo:* 5431
Short Name: **SomatEvokeAb** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether any abnormality of somatosensory evoked potential was documented
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: SomatEvoke

ParentLongName: IntraOp Somatosensory Evoked Potential

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Yes
- 2 No
- 3 Unknown

Long Name: IntraOp EEG *SeqNo:* 5432
Short Name: **IntraOpEEG** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether EEG was monitored intraoperatively
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: AortProc

ParentLongName: Aorta Procedure Performed

ParentHarvestCodes: 3|4|5

ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"

Harvest Codes:

Code: Value:

- 1 Yes
- 2 No

Long Name: IntraOp EEG - Documented EEG Abnormality *SeqNo:* 5433
Short Name: **IntraOpEEGAb** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether any abnormality of intraoperative EEG was documented
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: IntraOpEEG
ParentLongName: IntraOp EEG
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No
3	Unknown

Long Name: IntraOp Intravascular Ultrasound (IVUS) *SeqNo:* 5434
Short Name: **IntraOpIVUS** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: indicate whether intravascular ultrasound was used interoperatively
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: AortProc
ParentLongName: Aorta Procedure Performed
ParentHarvestCodes: 3|4|5
ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: IntraOp Transcutaneous Doppler *SeqNo:* 5435
Short Name: **TransDoppler** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether a transcutaneous doppler was used intraoperatively
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: AortProc
 ParentLongName: Aorta Procedure Performed
 ParentHarvestCodes: 3|4|5
 ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: IntraOp Angiogram *SeqNo:* 5436
Short Name: **IntraOpAng** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether an intraoperative angiogram was performed
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: AortProc
 ParentLongName: Aorta Procedure Performed
 ParentHarvestCodes: 3|4|5
 ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

<i>Long Name:</i>	IntraOp Angiogram - Volume Of Contrast	<i>SeqNo:</i>	5437
<i>Short Name:</i>	IntraOpAngVol	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the total volume of contrast given intraoperatively		
<i>Data Source:</i>	User	<i>Format:</i>	Integer
Low Value:	0	High Value:	2000
ParentShortName:	IntraOpAng		
ParentLongName:	IntraOp Angiogram		
ParentHarvestCodes:	1		
ParentValues:	= "Yes"		

<i>Long Name:</i>	IntraOp Angiogram - Fluoroscopy Time In Minutes	<i>SeqNo:</i>	5438
<i>Short Name:</i>	IntraOpAngFlTm	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the total intraoperative fluoroscopy time in minutes		
<i>Data Source:</i>	User	<i>Format:</i>	Integer
Low Value:	0	High Value:	300
ParentShortName:	IntraOpAng		
ParentLongName:	IntraOp Angiogram		
ParentHarvestCodes:	1		
ParentValues:	= "Yes"		

Long Name: Aorta Device Inserted *SeqNo:* 5440
Short Name: **ADevIns** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1

Definition: Indicate whether one or more devices were inserted into the aorta.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: AortProc

ParentLongName: Aorta Procedure Performed

ParentHarvestCodes: 3|4|5

ParentValues: = "Yes, planned", "Yes, unplanned due to surgical complication" or "Yes, unplanned due to unsuspected disease or anatomy"

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
-

Long Name: Aorta Device - Location #01 *SeqNo:* 5450
Short Name: **ADevLoc01** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1

Definition: Indicate the location within the aorta where device #01 was inserted.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: ADevIns

ParentLongName: Aorta Device Inserted

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 2 Below sinotubular junction
- 3 Sinotubular junction to mid ascending
- 4 Mid ascending to distal ascending
- 5 Zone 1 (between innominate and left carotid)
- 6 Zone 2 (between left carotid and left subclavian)
- 7 Zone 3 (first 2 cm. distal to left subclavian)
- 8 Zone 4 (end of zone 3 to mid descending aorta - T6)

-
- 9 Zone 5 (mid descending aorta to celiac)
 - 10 Zone 6 (celiac to superior mesenteric)
 - 11 Zone 7 (superior mesenteric to renals)
 - 12 Zone 8 (renal to infra-renal abdominal aorta)
 - 13 Zone 9 (infrarenal abdominal aorta)
 - 14 Zone 10 (common iliac)
 - 15 Zone 11 (external iliacs)
-

Long Name: Aorta Device - Delivery Method #01 *SeqNo:* 5455

Short Name: **ADevDelMeth01** *Core:* Yes

Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes

DBTableName Adultdata1

Definition: Indicate the delivery method used to insert device #01 within the aorta.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: ADevIns

ParentLongName: Aorta Device Inserted

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Open

2 Endovascular

Long Name: Aorta Device - Outcome #01 *SeqNo:* 5460

Short Name: **ADevOut01** *Core:* Yes

Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes

DBTableName Adultdata1

Definition: Indicate the outcome of the attempt to insert device #01.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: ADevIns

ParentLongName: Aorta Device Inserted

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Maldeployed

-
- 2 Deployed and removed
 - 3 Successfully deployed
-

Long Name: Aorta Device - Model Number #01 *SeqNo:* 5465
Short Name: **ADevModel01** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the model number of aorta device #01.
Data Source: User *Format:* Text
 ParentShortName: ADevIns
 ParentLongName: Aorta Device Inserted
 ParentHarvestCodes: 1
 ParentValues: = "Yes"

Long Name: Aorta Device - Unique Device Identifier #01 *SeqNo:* 5470
Short Name: **ADevUDI01** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1 *DataLength:* 50
Definition: Indicate the Unique Device Identifier (UDI) of aorta device #01 if available, otherwise leave blank. Note that the UDI is not the same as the serial number.
Data Source: User *Format:* Text
 ParentShortName: ADevIns
 ParentLongName: Aorta Device Inserted
 ParentHarvestCodes: 1
 ParentValues: = "Yes"

#

<i>Long Name:</i>	Aorta Device - Location #02	<i>SeqNo:</i>	5475
<i>Short Name:</i>	ADevLoc02	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate the location within the aorta where device #02 was inserted, or indicate that no additional devices were inserted.

Data Source: User

Format: Text (categorical values specified by STS)

ParentShortName: ADevIns

ParentLongName: Aorta Device Inserted

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 No additional devices inserted
- 2 Below sinotubular junction
- 3 Sinotubular junction to mid ascending
- 4 Mid ascending to distal ascending
- 5 Zone 1 (between innominate and left carotid)
- 6 Zone 2 (between left carotid and left subclavian)
- 7 Zone 3 (first 2 cm. distal to left subclavian)
- 8 Zone 4 (end of zone 3 to mid descending aorta - T6)
- 9 Zone 5 (mid descending aorta to celiac)
- 10 Zone 6 (celiac to superior mesenteric)
- 11 Zone 7 (superior mesenteric to renals)
- 12 Zone 8 (renal to infra-renal abdominal aorta)
- 13 Zone 9 (infrarenal abdominal aorta)
- 14 Zone 10 (common iliac)
- 15 Zone 11 (external iliacs)

Long Name: Aorta Device - Delivery Method #02 *SeqNo:* 5480
Short Name: **ADevDelMeth02** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the delivery method used to insert device #02 within the aorta.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: ADevLoc02
ParentLongName: Aorta Device - Location #02
ParentHarvestCodes: <>1 And Is Not Missing
ParentValues: <>"No additional devices inserted." And Is Not Missing
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Open
2	Endovascular

Long Name: Aorta Device - Outcome #02 *SeqNo:* 5485
Short Name: **ADevOut02** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the outcome of the attempt to insert device #02.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: ADevLoc02
ParentLongName: Aorta Device - Location #02
ParentHarvestCodes: <>1 And Is Not Missing
ParentValues: <>"No additional devices inserted." And Is Not Missing
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Maldeployed
2	Deployed and removed
3	Successfully deployed

Long Name: Aorta Device - Model Number #02 *SeqNo:* 5490
Short Name: **ADevModel02** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the model number of aorta device #02.
Data Source: User *Format:* Text
 ParentShortName: ADevLoc02
 ParentLongName: Aorta Device - Location #02
 ParentHarvestCodes: <>1 And Is Not Missing
 ParentValues: <>"No additional devices inserted." And Is Not Missing

Long Name: Aorta Device - Unique Device Identifier #02 *SeqNo:* 5495
Short Name: **ADevUDI02** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1 *DataLength:* 50
Definition: Indicate the Unique Device Identifier (UDI) of aorta device #02 if available, otherwise leave blank. Note that the UDI is not the same as the serial number.
Data Source: User *Format:* Text
 ParentShortName: ADevLoc02
 ParentLongName: Aorta Device - Location #02
 ParentHarvestCodes: <>1 And Is Not Missing
 ParentValues: <>"No additional devices inserted." And Is Not Missing

#

Long Name: Aorta Device - Location #03 *SeqNo:* 5500
Short Name: **ADevLoc03** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the location within the aorta where device #03 was inserted, or indicate that no additional devices were inserted.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: ADevLoc02
 ParentLongName: Aorta Device - Location #02
 ParentHarvestCodes: <>1 And Is Not Missing
 ParentValues: <>"No additional devices inserted." And Is Not Missing
 Harvest Codes:
 Code: Value:

-
- 1 No additional devices inserted
 - 2 Below sinotubular junction
 - 3 Sinotubular junction to mid ascending
 - 4 Mid ascending to distal ascending
 - 5 Zone 1 (between innominate and left carotid)
 - 6 Zone 2 (between left carotid and left subclavian)
 - 7 Zone 3 (first 2 cm. distal to left subclavian)
 - 8 Zone 4 (end of zone 3 to mid descending aorta - T6)
 - 9 Zone 5 (mid descending aorta to celiac)
 - 10 Zone 6 (celiac to superior mesenteric)
 - 11 Zone 7 (superior mesenteric to renals)
 - 12 Zone 8 (renal to infra-renal abdominal aorta)
 - 13 Zone 9 (infrarenal abdominal aorta)
 - 14 Zone 10 (common iliac)
 - 15 Zone 11 (external iliacs)
-

Long Name: Aorta Device - Delivery Method #03

SeqNo: 5505

Short Name: **ADevDelMeth03**

Core: Yes

Section Name: Aorta And Aortic Root Procedures

Harvest: Yes

DBTableName Adultdata1

Definition: Indicate the delivery method used to insert device #03 within the aorta.

Data Source: User

Format: Text (categorical values specified by STS)

ParentShortName: ADevLoc03

ParentLongName: Aorta Device - Location #03

ParentHarvestCodes: <>1 And Is Not Missing

ParentValues: <>"No additional devices inserted." And Is Not Missing

Harvest Codes:

Code: Value:

- 1 Open
 - 2 Endovascular
-

<i>Long Name:</i>	Aorta Device - Outcome #03	<i>SeqNo:</i>	5510
<i>Short Name:</i>	ADevOut03	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the outcome of the attempt to insert device #03.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: ADevLoc03

ParentLongName: Aorta Device - Location #03

ParentHarvestCodes: <>1 And Is Not Missing

ParentValues: <>"No additional devices inserted." And Is Not Missing

Harvest Codes:

Code: Value:

- 1 Maldeployed
- 2 Deployed and removed
- 3 Successfully deployed

<i>Long Name:</i>	Aorta Device - Model Number #03	<i>SeqNo:</i>	5515
<i>Short Name:</i>	ADevModel03	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the model number of aorta device #03.		
<i>Data Source:</i>	User	<i>Format:</i>	Text

ParentShortName: ADevLoc03

ParentLongName: Aorta Device - Location #03

ParentHarvestCodes: <>1 And Is Not Missing

ParentValues: <>"No additional devices inserted." And Is Not Missing

Long Name: Aorta Device - Unique Device Identifier #03 *SeqNo:* 5520
Short Name: **ADevUDI03** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1 *DataLength:* 50
Definition: Indicate the Unique Device Identifier (UDI) of aorta device #03 if available, otherwise leave blank. Note that the UDI is not the same as the serial number.
Data Source: User *Format:* Text

ParentShortName: ADevLoc03

ParentLongName: Aorta Device - Location #03

ParentHarvestCodes: <>1 And Is Not Missing

ParentValues: <>"No additional devices inserted." And Is Not Missing

#

Long Name: Aorta Device - Location #04 *SeqNo:* 5525
Short Name: **ADevLoc04** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the location within the aorta where device #04 was inserted, or indicate that no additional devices were inserted.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: ADevLoc03

ParentLongName: Aorta Device - Location #03

ParentHarvestCodes: <>1 And Is Not Missing

ParentValues: <>"No additional devices inserted." And Is Not Missing

Harvest Codes:

Code: Value:

- 1 No additional devices inserted
- 2 Below sinotubular junction
- 3 Sinotubular junction to mid ascending
- 4 Mid ascending to distal ascending
- 5 Zone 1 (between innominate and left carotid)
- 6 Zone 2 (between left carotid and left subclavian)
- 7 Zone 3 (first 2 cm. distal to left subclavian)
- 8 Zone 4 (end of zone 3 to mid descending aorta - T6)
- 9 Zone 5 (mid descending aorta to celiac)

-
- 10 Zone 6 (celiac to superior mesenteric)
 - 11 Zone 7 (superior mesenteric to renals)
 - 12 Zone 8 (renal to infra-renal abdominal aorta)
 - 13 Zone 9 (infrarenal abdominal aorta)
 - 14 Zone 10 (common iliac)
 - 15 Zone 11 (external iliacs)
-

Long Name: Aorta Device - Delivery Method #04 *SeqNo:* 5530

Short Name: **ADevDelMeth04** *Core:* Yes

Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes

DBTableName Adultdata1

Definition: Indicate the delivery method used to insert device #04 within the aorta.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: ADevLoc04

ParentLongName: Aorta Device - Location #04

ParentHarvestCodes: <>1 And Is Not Missing

ParentValues: <>"No additional devices inserted." And Is Not Missing

Harvest Codes:

Code: Value:

- 1 Open
 - 2 Endovascular
-

Long Name: Aorta Device - Outcome #04 *SeqNo:* 5535

Short Name: **ADevOut04** *Core:* Yes

Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes

DBTableName Adultdata1

Definition: Indicate the outcome of the attempt to insert device #04.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: ADevLoc04

ParentLongName: Aorta Device - Location #04

ParentHarvestCodes: <>1 And Is Not Missing

ParentValues: <>"No additional devices inserted." And Is Not Missing

Harvest Codes:

Code: Value:

- 1 Maldeployed
- 2 Deployed and removed
- 3 Successfully deployed

<i>Long Name:</i>	Aorta Device - Model Number #04	<i>SeqNo:</i>	5540
<i>Short Name:</i>	ADevModel04	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the model number of aorta device #04.		
<i>Data Source:</i>	User	<i>Format:</i>	Text
ParentShortName: ADevLoc04			
ParentLongName: Aorta Device - Location #04			
ParentHarvestCodes: <>1 And Is Not Missing			
ParentValues: <>"No additional devices inserted." And Is Not Missing			

<i>Long Name:</i>	Aorta Device - Unique Device Identifier #04	<i>SeqNo:</i>	5545
<i>Short Name:</i>	ADevUDI04	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1	<i>DataLength:</i>	50
<i>Definition:</i>	Indicate the Unique Device Identifier (UDI) of aorta device #04 if available, otherwise leave blank. Note that the UDI is not the same as the serial number.		
<i>Data Source:</i>	User	<i>Format:</i>	Text
ParentShortName: ADevLoc04			
ParentLongName: Aorta Device - Location #04			
ParentHarvestCodes: <>1 And Is Not Missing			
ParentValues: <>"No additional devices inserted." And Is Not Missing			

#

<i>Long Name:</i>	Aorta Device - Location #05	<i>SeqNo:</i>	5550
<i>Short Name:</i>	ADevLoc05	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate the location within the aorta where device #05 was inserted, or indicate that no additional devices were inserted.

Data Source: User

Format: Text (categorical values specified by STS)

ParentShortName: ADevLoc04

ParentLongName: Aorta Device - Location #04

ParentHarvestCodes: <>1 And Is Not Missing

ParentValues: <>"No additional devices inserted." And Is Not Missing

Harvest Codes:

Code: Value:

- 1 No additional devices inserted
- 2 Below sinotubular junction
- 3 Sinotubular junction to mid ascending
- 4 Mid ascending to distal ascending
- 5 Zone 1 (between innominate and left carotid)
- 6 Zone 2 (between left carotid and left subclavian)
- 7 Zone 3 (first 2 cm. distal to left subclavian)
- 8 Zone 4 (end of zone 3 to mid descending aorta - T6)
- 9 Zone 5 (mid descending aorta to celiac)
- 10 Zone 6 (celiac to superior mesenteric)
- 11 Zone 7 (superior mesenteric to renals)
- 12 Zone 8 (renal to infra-renal abdominal aorta)
- 13 Zone 9 (infrarenal abdominal aorta)
- 14 Zone 10 (common iliac)
- 15 Zone 11 (external iliacs)

Long Name: Aorta Device - Delivery Method #05 *SeqNo:* 5555
Short Name: **ADevDelMeth05** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the delivery method used to insert device #05 within the aorta.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: ADevLoc05
ParentLongName: Aorta Device - Location #05
ParentHarvestCodes: <>1 And Is Not Missing
ParentValues: <>"No additional devices inserted." And Is Not Missing
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Open
2	Endovascular

Long Name: Aorta Device - Outcome #05 *SeqNo:* 5560
Short Name: **ADevOut05** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the outcome of the attempt to insert device #05.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: ADevLoc05
ParentLongName: Aorta Device - Location #05
ParentHarvestCodes: <>1 And Is Not Missing
ParentValues: <>"No additional devices inserted." And Is Not Missing
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Maldeployed
2	Deployed and removed
3	Successfully deployed

<i>Long Name:</i>	Aorta Device - Model Number #05	<i>SeqNo:</i>	5565
<i>Short Name:</i>	ADevModel05	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the model number of aorta device #05.		
<i>Data Source:</i>	User	<i>Format:</i>	Text
ParentShortName: ADevLoc05			
ParentLongName: Aorta Device - Location #05			
ParentHarvestCodes: <>1 And Is Not Missing			
ParentValues: <>"No additional devices inserted." And Is Not Missing			

<i>Long Name:</i>	Aorta Device - Unique Device Identifier #05	<i>SeqNo:</i>	5570
<i>Short Name:</i>	ADevUDI05	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1	<i>DataLength:</i>	50
<i>Definition:</i>	Indicate the Unique Device Identifier (UDI) of aorta device #05 if available, otherwise leave blank. Note that the UDI is not the same as the serial number.		
<i>Data Source:</i>	User	<i>Format:</i>	Text
ParentShortName: ADevLoc05			
ParentLongName: Aorta Device - Location #05			
ParentHarvestCodes: <>1 And Is Not Missing			
ParentValues: <>"No additional devices inserted." And Is Not Missing			

#

<i>Long Name:</i>	Aorta Device - Location #06	<i>SeqNo:</i>	5575
<i>Short Name:</i>	ADevLoc06	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the location within the aorta where device #06 was inserted, or indicate that no additional devices were inserted.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
ParentShortName: ADevLoc05			
ParentLongName: Aorta Device - Location #05			
ParentHarvestCodes: <>1 And Is Not Missing			
ParentValues: <>"No additional devices inserted." And Is Not Missing			
Harvest Codes:			
	<u>Code:</u>	<u>Value:</u>	

-
- 1 No additional devices inserted
 - 2 Below sinotubular junction
 - 3 Sinotubular junction to mid ascending
 - 4 Mid ascending to distal ascending
 - 5 Zone 1 (between innominate and left carotid)
 - 6 Zone 2 (between left carotid and left subclavian)
 - 7 Zone 3 (first 2 cm. distal to left subclavian)
 - 8 Zone 4 (end of zone 3 to mid descending aorta - T6)
 - 9 Zone 5 (mid descending aorta to celiac)
 - 10 Zone 6 (celiac to superior mesenteric)
 - 11 Zone 7 (superior mesenteric to renals)
 - 12 Zone 8 (renal to infra-renal abdominal aorta)
 - 13 Zone 9 (infrarenal abdominal aorta)
 - 14 Zone 10 (common iliac)
 - 15 Zone 11 (external iliacs)
-

Long Name: Aorta Device - Delivery Method #06

SeqNo: 5580

Short Name: **ADevDelMeth06**

Core: Yes

Section Name: Aorta And Aortic Root Procedures

Harvest: Yes

DBTableName Adultdata1

Definition: Indicate the delivery method used to insert device #06 within the aorta.

Data Source: User

Format: Text (categorical values specified by STS)

ParentShortName: ADevLoc06

ParentLongName: Aorta Device - Location #06

ParentHarvestCodes: <>1 And Is Not Missing

ParentValues: <>"No additional devices inserted." And Is Not Missing

Harvest Codes:

Code: Value:

- 1 Open
 - 2 Endovascular
-

Long Name: Aorta Device - Outcome #06 *SeqNo:* 5585
Short Name: **ADevOut06** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the outcome of the attempt to insert device #06.
Data Source: User *Format:* Text (categorical values specified by STS)

 ParentShortName: ADevLoc06
 ParentLongName: Aorta Device - Location #06
 ParentHarvestCodes: <>1 And Is Not Missing
 ParentValues: <>"No additional devices inserted." And Is Not Missing
 Harvest Codes:
 Code: Value:
 1 Maldeployed
 2 Deployed and removed
 3 Successfully deployed

Long Name: Aorta Device - Model Number #06 *SeqNo:* 5590
Short Name: **ADevModel06** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the model number of aorta device #06.
Data Source: User *Format:* Text

 ParentShortName: ADevLoc06
 ParentLongName: Aorta Device - Location #06
 ParentHarvestCodes: <>1 And Is Not Missing
 ParentValues: <>"No additional devices inserted." And Is Not Missing

Long Name: Aorta Device - Unique Device Identifier #06 *SeqNo:* 5595
Short Name: **ADevUDI06** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1 *DataLength:* 50
Definition: Indicate the Unique Device Identifier (UDI) of aorta device #06 if available, otherwise leave blank. Note that the UDI is not the same as the serial number.
Data Source: User *Format:* Text

ParentShortName: ADevLoc06

ParentLongName: Aorta Device - Location #06

ParentHarvestCodes: <>1 And Is Not Missing

ParentValues: <>"No additional devices inserted." And Is Not Missing

#

Long Name: Aorta Device - Location #07 *SeqNo:* 5600
Short Name: **ADevLoc07** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the location within the aorta where device #07 was inserted, or indicate that no additional devices were inserted.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: ADevLoc06

ParentLongName: Aorta Device - Location #06

ParentHarvestCodes: <>1 And Is Not Missing

ParentValues: <>"No additional devices inserted." And Is Not Missing

Harvest Codes:

Code: Value:

- 1 No additional devices inserted
- 2 Below sinotubular junction
- 3 Sinotubular junction to mid ascending
- 4 Mid ascending to distal ascending
- 5 Zone 1 (between innominate and left carotid)
- 6 Zone 2 (between left carotid and left subclavian)
- 7 Zone 3 (first 2 cm. distal to left subclavian)
- 8 Zone 4 (end of zone 3 to mid descending aorta - T6)
- 9 Zone 5 (mid descending aorta to celiac)

-
- 10 Zone 6 (celiac to superior mesenteric)
 - 11 Zone 7 (superior mesenteric to renals)
 - 12 Zone 8 (renal to infra-renal abdominal aorta)
 - 13 Zone 9 (infrarenal abdominal aorta)
 - 14 Zone 10 (common iliac)
 - 15 Zone 11 (external iliacs)
-

Long Name: Aorta Device - Delivery Method #07 *SeqNo:* 5605

Short Name: **ADevDelMeth07** *Core:* Yes

Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes

DBTableName Adultdata1

Definition: Indicate the delivery method used to insert device #07 within the aorta.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: ADevLoc07

ParentLongName: Aorta Device - Location #07

ParentHarvestCodes: <>1 And Is Not Missing

ParentValues: <>"No additional devices inserted." And Is Not Missing

Harvest Codes:

Code: Value:

- 1 Open
 - 2 Endovascular
-

Long Name: Aorta Device - Outcome #07 *SeqNo:* 5610

Short Name: **ADevOut07** *Core:* Yes

Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes

DBTableName Adultdata1

Definition: Indicate the outcome of the attempt to insert device #07.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: ADevLoc07

ParentLongName: Aorta Device - Location #07

ParentHarvestCodes: <>1 And Is Not Missing

ParentValues: <>"No additional devices inserted." And Is Not Missing

Harvest Codes:

Code: Value:

- 1 Maldeployed
- 2 Deployed and removed
- 3 Successfully deployed

<i>Long Name:</i>	Aorta Device - Model Number #07	<i>SeqNo:</i>	5615
<i>Short Name:</i>	ADevModel07	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the model number of aorta device #07.		
<i>Data Source:</i>	User	<i>Format:</i>	Text
ParentShortName: ADevLoc07			
ParentLongName: Aorta Device - Location #07			
ParentHarvestCodes: <>1 And Is Not Missing			
ParentValues: <>"No additional devices inserted." And Is Not Missing			

<i>Long Name:</i>	Aorta Device - Unique Device Identifier #07	<i>SeqNo:</i>	5620
<i>Short Name:</i>	ADevUDI07	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1	<i>DataLength:</i>	50
<i>Definition:</i>	Indicate the Unique Device Identifier (UDI) of aorta device #07 if available, otherwise leave blank. Note that the UDI is not the same as the serial number.		
<i>Data Source:</i>	User	<i>Format:</i>	Text
ParentShortName: ADevLoc07			
ParentLongName: Aorta Device - Location #07			
ParentHarvestCodes: <>1 And Is Not Missing			
ParentValues: <>"No additional devices inserted." And Is Not Missing			

#

<i>Long Name:</i>	Aorta Device - Location #08	<i>SeqNo:</i>	5625
<i>Short Name:</i>	ADevLoc08	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate the location within the aorta where device #08 was inserted, or indicate that no additional devices were inserted.

Data Source: User

Format: Text (categorical values specified by STS)

ParentShortName: ADevLoc07

ParentLongName: Aorta Device - Location #07

ParentHarvestCodes: <>1 And Is Not Missing

ParentValues: <>"No additional devices inserted." And Is Not Missing

Harvest Codes:

Code: Value:

- 1 No additional devices inserted
- 2 Below sinotubular junction
- 3 Sinotubular junction to mid ascending
- 4 Mid ascending to distal ascending
- 5 Zone 1 (between innominate and left carotid)
- 6 Zone 2 (between left carotid and left subclavian)
- 7 Zone 3 (first 2 cm. distal to left subclavian)
- 8 Zone 4 (end of zone 3 to mid descending aorta - T6)
- 9 Zone 5 (mid descending aorta to celiac)
- 10 Zone 6 (celiac to superior mesenteric)
- 11 Zone 7 (superior mesenteric to renals)
- 12 Zone 8 (renal to infra-renal abdominal aorta)
- 13 Zone 9 (infrarenal abdominal aorta)
- 14 Zone 10 (common iliac)
- 15 Zone 11 (external iliacs)

Long Name: Aorta Device - Delivery Method #08 *SeqNo:* 5630
Short Name: **ADevDelMeth08** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the delivery method used to insert device #08 within the aorta.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: ADevLoc08
ParentLongName: Aorta Device - Location #08
ParentHarvestCodes: <>1 And Is Not Missing
ParentValues: <>"No additional devices inserted." And Is Not Missing
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Open
2	Endovascular

Long Name: Aorta Device - Outcome #08 *SeqNo:* 5635
Short Name: **ADevOut08** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the outcome of the attempt to insert device #08.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: ADevLoc08
ParentLongName: Aorta Device - Location #08
ParentHarvestCodes: <>1 And Is Not Missing
ParentValues: <>"No additional devices inserted." And Is Not Missing
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Maldeployed
2	Deployed and removed
3	Successfully deployed

Long Name: Aorta Device - Model Number #08 *SeqNo:* 5640
Short Name: **ADevModel08** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the model number of aorta device #08.
Data Source: User *Format:* Text
 ParentShortName: ADevLoc08
 ParentLongName: Aorta Device - Location #08
 ParentHarvestCodes: <>1 And Is Not Missing
 ParentValues: <>"No additional devices inserted." And Is Not Missing

Long Name: Aorta Device - Unique Device Identifier #08 *SeqNo:* 5645
Short Name: **ADevUDI08** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1 *DataLength:* 50
Definition: Indicate the Unique Device Identifier (UDI) of aorta device #08 if available, otherwise leave blank. Note that the UDI is not the same as the serial number.
Data Source: User *Format:* Text
 ParentShortName: ADevLoc08
 ParentLongName: Aorta Device - Location #08
 ParentHarvestCodes: <>1 And Is Not Missing
 ParentValues: <>"No additional devices inserted." And Is Not Missing

#

Long Name: Aorta Device - Location #09 *SeqNo:* 5650
Short Name: **ADevLoc09** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the location within the aorta where device #09 was inserted, or indicate that no additional devices were inserted.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: ADevLoc08
 ParentLongName: Aorta Device - Location #08
 ParentHarvestCodes: <>1 And Is Not Missing
 ParentValues: <>"No additional devices inserted." And Is Not Missing
 Harvest Codes:
 Code: Value:

-
- 1 No additional devices inserted
 - 2 Below sinotubular junction
 - 3 Sinotubular junction to mid ascending
 - 4 Mid ascending to distal ascending
 - 5 Zone 1 (between innominate and left carotid)
 - 6 Zone 2 (between left carotid and left subclavian)
 - 7 Zone 3 (first 2 cm. distal to left subclavian)
 - 8 Zone 4 (end of zone 3 to mid descending aorta - T6)
 - 9 Zone 5 (mid descending aorta to celiac)
 - 10 Zone 6 (celiac to superior mesenteric)
 - 11 Zone 7 (superior mesenteric to renals)
 - 12 Zone 8 (renal to infra-renal abdominal aorta)
 - 13 Zone 9 (infrarenal abdominal aorta)
 - 14 Zone 10 (common iliac)
 - 15 Zone 11 (external iliacs)
-

Long Name: Aorta Device - Delivery Method #09

SeqNo: 5655

Short Name: **ADevDelMeth09**

Core: Yes

Section Name: Aorta And Aortic Root Procedures

Harvest: Yes

DBTableName Adultdata1

Definition: Indicate the delivery method used to insert device #09 within the aorta.

Data Source: User

Format: Text (categorical values specified by STS)

ParentShortName: ADevLoc09

ParentLongName: Aorta Device - Location #09

ParentHarvestCodes: <>1 And Is Not Missing

ParentValues: <>"No additional devices inserted." And Is Not Missing

Harvest Codes:

Code: Value:

- 1 Open
 - 2 Endovascular
-

<i>Long Name:</i>	Aorta Device - Outcome #09	<i>SeqNo:</i>	5660
<i>Short Name:</i>	ADevOut09	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the outcome of the attempt to insert device #09.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: ADevLoc09

ParentLongName: Aorta Device - Location #09

ParentHarvestCodes: <>1 And Is Not Missing

ParentValues: <>"No additional devices inserted." And Is Not Missing

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Maldeployed
2	Deployed and removed
3	Successfully deployed

<i>Long Name:</i>	Aorta Device - Model Number #09	<i>SeqNo:</i>	5665
<i>Short Name:</i>	ADevModel09	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the model number of aorta device #09.		
<i>Data Source:</i>	User	<i>Format:</i>	Text

ParentShortName: ADevLoc09

ParentLongName: Aorta Device - Location #09

ParentHarvestCodes: <>1 And Is Not Missing

ParentValues: <>"No additional devices inserted." And Is Not Missing

Long Name: Aorta Device - Unique Device Identifier #09 *SeqNo:* 5670
Short Name: **ADevUDI09** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1 *DataLength:* 50
Definition: Indicate the Unique Device Identifier (UDI) of aorta device #09 if available, otherwise leave blank. Note that the UDI is not the same as the serial number.
Data Source: User *Format:* Text

ParentShortName: ADevLoc09

ParentLongName: Aorta Device - Location #09

ParentHarvestCodes: <>1 And Is Not Missing

ParentValues: <>"No additional devices inserted." And Is Not Missing

#

Long Name: Aorta Device - Location #10 *SeqNo:* 5675
Short Name: **ADevLoc10** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the location within the aorta where device #10 was inserted, or indicate that no additional devices were inserted.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: ADevLoc09

ParentLongName: Aorta Device - Location #09

ParentHarvestCodes: <>1 And Is Not Missing

ParentValues: <>"No additional devices inserted." And Is Not Missing

Harvest Codes:

Code: Value:

- 1 No additional devices inserted
- 2 Below sinotubular junction
- 3 Sinotubular junction to mid ascending
- 4 Mid ascending to distal ascending
- 5 Zone 1 (between innominate and left carotid)
- 6 Zone 2 (between left carotid and left subclavian)
- 7 Zone 3 (first 2 cm. distal to left subclavian)
- 8 Zone 4 (end of zone 3 to mid descending aorta - T6)
- 9 Zone 5 (mid descending aorta to celiac)

-
- 10 Zone 6 (celiac to superior mesenteric)
 - 11 Zone 7 (superior mesenteric to renals)
 - 12 Zone 8 (renal to infra-renal abdominal aorta)
 - 13 Zone 9 (infrarenal abdominal aorta)
 - 14 Zone 10 (common iliac)
 - 15 Zone 11 (external iliacs)
-

Long Name: Aorta Device - Delivery Method #10 *SeqNo:* 5680

Short Name: **ADevDelMeth10** *Core:* Yes

Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes

DBTableName Adultdata1

Definition: Indicate the delivery method used to insert device #10 within the aorta.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: ADevLoc10

ParentLongName: Aorta Device - Location #10

ParentHarvestCodes: <>1 And Is Not Missing

ParentValues: <>"No additional devices inserted." And Is Not Missing

Harvest Codes:

Code: Value:

- 1 Open
 - 2 Endovascular
-

Long Name: Aorta Device - Outcome #10 *SeqNo:* 5685

Short Name: **ADevOut10** *Core:* Yes

Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes

DBTableName Adultdata1

Definition: Indicate the outcome of the attempt to insert device #10.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: ADevLoc10

ParentLongName: Aorta Device - Location #10

ParentHarvestCodes: <>1 And Is Not Missing

ParentValues: <>"No additional devices inserted." And Is Not Missing

Harvest Codes:

Code: Value:

- 1 Maldeployed
- 2 Deployed and removed
- 3 Successfully deployed

<i>Long Name:</i>	Aorta Device - Model Number #10	<i>SeqNo:</i>	5690
<i>Short Name:</i>	ADevModel10	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the model number of aorta device #10.		
<i>Data Source:</i>	User	<i>Format:</i>	Text
ParentShortName: ADevLoc10			
ParentLongName: Aorta Device - Location #10			
ParentHarvestCodes: <>1 And Is Not Missing			
ParentValues: <>"No additional devices inserted." And Is Not Missing			

<i>Long Name:</i>	Aorta Device - Unique Device Identifier #10	<i>SeqNo:</i>	5695
<i>Short Name:</i>	ADevUDI10	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1	<i>DataLength:</i>	50
<i>Definition:</i>	Indicate the Unique Device Identifier (UDI) of aorta device #10 if available, otherwise leave blank. Note that the UDI is not the same as the serial number.		
<i>Data Source:</i>	User	<i>Format:</i>	Text
ParentShortName: ADevLoc10			
ParentLongName: Aorta Device - Location #10			
ParentHarvestCodes: <>1 And Is Not Missing			
ParentValues: <>"No additional devices inserted." And Is Not Missing			

#

<i>Long Name:</i>	Aorta Device - Location #11	<i>SeqNo:</i>	5700
<i>Short Name:</i>	ADevLoc11	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate the location within the aorta where device #11 was inserted, or indicate that no additional devices were inserted.

Data Source: User

Format: Text (categorical values specified by STS)

ParentShortName: ADevLoc10

ParentLongName: Aorta Device - Location #10

ParentHarvestCodes: <>1 And Is Not Missing

ParentValues: <>"No additional devices inserted." And Is Not Missing

Harvest Codes:

Code: Value:

- 1 No additional devices inserted
- 2 Below sinotubular junction
- 3 Sinotubular junction to mid ascending
- 4 Mid ascending to distal ascending
- 5 Zone 1 (between innominate and left carotid)
- 6 Zone 2 (between left carotid and left subclavian)
- 7 Zone 3 (first 2 cm. distal to left subclavian)
- 8 Zone 4 (end of zone 3 to mid descending aorta - T6)
- 9 Zone 5 (mid descending aorta to celiac)
- 10 Zone 6 (celiac to superior mesenteric)
- 11 Zone 7 (superior mesenteric to renals)
- 12 Zone 8 (renal to infra-renal abdominal aorta)
- 13 Zone 9 (infrarenal abdominal aorta)
- 14 Zone 10 (common iliac)
- 15 Zone 11 (external iliacs)

Long Name: Aorta Device - Delivery Method #11 *SeqNo:* 5705
Short Name: **ADevDelMeth11** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the delivery method used to insert device #11 within the aorta.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: ADevLoc11
ParentLongName: Aorta Device - Location #11
ParentHarvestCodes: <>1 And Is Not Missing
ParentValues: <>"No additional devices inserted." And Is Not Missing
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Open
2	Endovascular

Long Name: Aorta Device - Outcome #11 *SeqNo:* 5710
Short Name: **ADevOut11** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the outcome of the attempt to insert device #11.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: ADevLoc11
ParentLongName: Aorta Device - Location #11
ParentHarvestCodes: <>1 And Is Not Missing
ParentValues: <>"No additional devices inserted." And Is Not Missing
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Maldeployed
2	Deployed and removed
3	Successfully deployed

Long Name: Aorta Device - Model Number #11 *SeqNo:* 5715
Short Name: **ADevModel11** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the model number of aorta device #11.
Data Source: User *Format:* Text
 ParentShortName: ADevLoc11
 ParentLongName: Aorta Device - Location #11
 ParentHarvestCodes: <>1 And Is Not Missing
 ParentValues: <>"No additional devices inserted." And Is Not Missing

Long Name: Aorta Device - Unique Device Identifier #11 *SeqNo:* 5720
Short Name: **ADevUDI11** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1 *DataLength:* 50
Definition: Indicate the Unique Device Identifier (UDI) of aorta device #11 if available, otherwise leave blank. Note that the UDI is not the same as the serial number.
Data Source: User *Format:* Text
 ParentShortName: ADevLoc11
 ParentLongName: Aorta Device - Location #11
 ParentHarvestCodes: <>1 And Is Not Missing
 ParentValues: <>"No additional devices inserted." And Is Not Missing

#

Long Name: Aorta Device - Location #12 *SeqNo:* 5725
Short Name: **ADevLoc12** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the location within the aorta where device #12 was inserted, or indicate that no additional devices were inserted.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: ADevLoc11
 ParentLongName: Aorta Device - Location #11
 ParentHarvestCodes: <>1 And Is Not Missing
 ParentValues: <>"No additional devices inserted." And Is Not Missing
 Harvest Codes:
 Code: Value:

-
- 1 No additional devices inserted
 - 2 Below sinotubular junction
 - 3 Sinotubular junction to mid ascending
 - 4 Mid ascending to distal ascending
 - 5 Zone 1 (between innominate and left carotid)
 - 6 Zone 2 (between left carotid and left subclavian)
 - 7 Zone 3 (first 2 cm. distal to left subclavian)
 - 8 Zone 4 (end of zone 3 to mid descending aorta - T6)
 - 9 Zone 5 (mid descending aorta to celiac)
 - 10 Zone 6 (celiac to superior mesenteric)
 - 11 Zone 7 (superior mesenteric to renals)
 - 12 Zone 8 (renal to infra-renal abdominal aorta)
 - 13 Zone 9 (infrarenal abdominal aorta)
 - 14 Zone 10 (common iliac)
 - 15 Zone 11 (external iliacs)
-

Long Name: Aorta Device - Delivery Method #12

SeqNo: 5730

Short Name: **ADevDelMeth12**

Core: Yes

Section Name: Aorta And Aortic Root Procedures

Harvest: Yes

DBTableName Adultdata1

Definition: Indicate the delivery method used to insert device #12 within the aorta.

Data Source: User

Format: Text (categorical values specified by STS)

ParentShortName: ADevLoc12

ParentLongName: Aorta Device - Location #12

ParentHarvestCodes: <>1 And Is Not Missing

ParentValues: <>"No additional devices inserted." And Is Not Missing

Harvest Codes:

Code: Value:

- 1 Open
 - 2 Endovascular
-

Long Name: Aorta Device - Outcome #12 *SeqNo:* 5735
Short Name: **ADevOut12** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the outcome of the attempt to insert device #12.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: ADevLoc12
ParentLongName: Aorta Device - Location #12
ParentHarvestCodes: <>1 And Is Not Missing
ParentValues: <>"No additional devices inserted." And Is Not Missing
Harvest Codes:
 Code: Value:
 1 Maldeployed
 2 Deployed and removed
 3 Successfully deployed

Long Name: Aorta Device - Model Number #12 *SeqNo:* 5740
Short Name: **ADevModel12** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the model number of aorta device #12.
Data Source: User *Format:* Text

ParentShortName: ADevLoc12
ParentLongName: Aorta Device - Location #12
ParentHarvestCodes: <>1 And Is Not Missing
ParentValues: <>"No additional devices inserted." And Is Not Missing

Long Name: Aorta Device - Unique Device Identifier #12 *SeqNo:* 5745
Short Name: **ADevUDI12** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1 *DataLength:* 50
Definition: Indicate the Unique Device Identifier (UDI) of aorta device #12 if available, otherwise leave blank. Note that the UDI is not the same as the serial number.
Data Source: User *Format:* Text

ParentShortName: ADevLoc12

ParentLongName: Aorta Device - Location #12

ParentHarvestCodes: <>1 And Is Not Missing

ParentValues: <>"No additional devices inserted." And Is Not Missing

#

Long Name: Aorta Device - Location #13 *SeqNo:* 5750
Short Name: **ADevLoc13** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the location within the aorta where device #13 was inserted, or indicate that no additional devices were inserted.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: ADevLoc12

ParentLongName: Aorta Device - Location #12

ParentHarvestCodes: <>1 And Is Not Missing

ParentValues: <>"No additional devices inserted." And Is Not Missing

Harvest Codes:

Code: Value:

- 1 No additional devices inserted
- 2 Below sinotubular junction
- 3 Sinotubular junction to mid ascending
- 4 Mid ascending to distal ascending
- 5 Zone 1 (between innominate and left carotid)
- 6 Zone 2 (between left carotid and left subclavian)
- 7 Zone 3 (first 2 cm. distal to left subclavian)
- 8 Zone 4 (end of zone 3 to mid descending aorta - T6)
- 9 Zone 5 (mid descending aorta to celiac)

-
- 10 Zone 6 (celiac to superior mesenteric)
 - 11 Zone 7 (superior mesenteric to renals)
 - 12 Zone 8 (renal to infra-renal abdominal aorta)
 - 13 Zone 9 (infrarenal abdominal aorta)
 - 14 Zone 10 (common iliac)
 - 15 Zone 11 (external iliacs)
-

Long Name: Aorta Device - Delivery Method #13 *SeqNo:* 5755

Short Name: **ADevDelMeth13** *Core:* Yes

Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes

DBTableName Adultdata1

Definition: Indicate the delivery method used to insert device #13 within the aorta.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: ADevLoc13

ParentLongName: Aorta Device - Location #13

ParentHarvestCodes: <>1 And Is Not Missing

ParentValues: <>"No additional devices inserted." And Is Not Missing

Harvest Codes:

Code: Value:

- 1 Open
 - 2 Endovascular
-

Long Name: Aorta Device - Outcome #13 *SeqNo:* 5760

Short Name: **ADevOut13** *Core:* Yes

Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes

DBTableName Adultdata1

Definition: Indicate the outcome of the attempt to insert device #13.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: ADevLoc13

ParentLongName: Aorta Device - Location #13

ParentHarvestCodes: <>1 And Is Not Missing

ParentValues: <>"No additional devices inserted." And Is Not Missing

Harvest Codes:

Code: Value:

- 1 Maldeployed
- 2 Deployed and removed
- 3 Successfully deployed

<i>Long Name:</i>	Aorta Device - Model Number #13	<i>SeqNo:</i>	5765
<i>Short Name:</i>	ADevModel13	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the model number of aorta device #13.		
<i>Data Source:</i>	User	<i>Format:</i>	Text
ParentShortName: ADevLoc13			
ParentLongName: Aorta Device - Location #13			
ParentHarvestCodes: <>1 And Is Not Missing			
ParentValues: <>"No additional devices inserted." And Is Not Missing			

<i>Long Name:</i>	Aorta Device - Unique Device Identifier #13	<i>SeqNo:</i>	5770
<i>Short Name:</i>	ADevUDI13	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1	<i>DataLength:</i>	50
<i>Definition:</i>	Indicate the Unique Device Identifier (UDI) of aorta device #13 if available, otherwise leave blank. Note that the UDI is not the same as the serial number.		
<i>Data Source:</i>	User	<i>Format:</i>	Text
ParentShortName: ADevLoc13			
ParentLongName: Aorta Device - Location #13			
ParentHarvestCodes: <>1 And Is Not Missing			
ParentValues: <>"No additional devices inserted." And Is Not Missing			

#

<i>Long Name:</i>	Aorta Device - Location #14	<i>SeqNo:</i>	5775
<i>Short Name:</i>	ADevLoc14	<i>Core:</i>	Yes
<i>Section Name:</i>	Aorta And Aortic Root Procedures	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		

Definition: Indicate the location within the aorta where device #14 was inserted, or indicate that no additional devices were inserted.

Data Source: User

Format: Text (categorical values specified by STS)

ParentShortName: ADevLoc13

ParentLongName: Aorta Device - Location #13

ParentHarvestCodes: <>1 And Is Not Missing

ParentValues: <>"No additional devices inserted." And Is Not Missing

Harvest Codes:

Code: Value:

- 1 No additional devices inserted
- 2 Below sinotubular junction
- 3 Sinotubular junction to mid ascending
- 4 Mid ascending to distal ascending
- 5 Zone 1 (between innominate and left carotid)
- 6 Zone 2 (between left carotid and left subclavian)
- 7 Zone 3 (first 2 cm. distal to left subclavian)
- 8 Zone 4 (end of zone 3 to mid descending aorta - T6)
- 9 Zone 5 (mid descending aorta to celiac)
- 10 Zone 6 (celiac to superior mesenteric)
- 11 Zone 7 (superior mesenteric to renals)
- 12 Zone 8 (renal to infra-renal abdominal aorta)
- 13 Zone 9 (infrarenal abdominal aorta)
- 14 Zone 10 (common iliac)
- 15 Zone 11 (external iliacs)

Long Name: Aorta Device - Delivery Method #14 *SeqNo:* 5780
Short Name: **ADevDelMeth14** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the delivery method used to insert device #14 within the aorta.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: ADevLoc14
ParentLongName: Aorta Device - Location #14
ParentHarvestCodes: <>1 And Is Not Missing
ParentValues: <>"No additional devices inserted." And Is Not Missing
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Open
2	Endovascular

Long Name: Aorta Device - Outcome #14 *SeqNo:* 5785
Short Name: **ADevOut14** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the outcome of the attempt to insert device #14.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: ADevLoc14
ParentLongName: Aorta Device - Location #14
ParentHarvestCodes: <>1 And Is Not Missing
ParentValues: <>"No additional devices inserted." And Is Not Missing
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Maldeployed
2	Deployed and removed
3	Successfully deployed

Long Name: Aorta Device - Model Number #14 *SeqNo:* 5790
Short Name: **ADevModel14** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the model number of aorta device #14.
Data Source: User *Format:* Text
 ParentShortName: ADevLoc14
 ParentLongName: Aorta Device - Location #14
 ParentHarvestCodes: <>1 And Is Not Missing
 ParentValues: <>"No additional devices inserted." And Is Not Missing

Long Name: Aorta Device - Unique Device Identifier #14 *SeqNo:* 5795
Short Name: **ADevUDI14** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1 *DataLength:* 50
Definition: Indicate the Unique Device Identifier (UDI) of aorta device #14 if available, otherwise leave blank. Note that the UDI is not the same as the serial number.
Data Source: User *Format:* Text
 ParentShortName: ADevLoc14
 ParentLongName: Aorta Device - Location #14
 ParentHarvestCodes: <>1 And Is Not Missing
 ParentValues: <>"No additional devices inserted." And Is Not Missing

#

Long Name: Aorta Device - Location #15 *SeqNo:* 5800
Short Name: **ADevLoc15** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the location within the aorta where device #15 was inserted, or indicate that no additional devices were inserted.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: ADevLoc14
 ParentLongName: Aorta Device - Location #14
 ParentHarvestCodes: <>1 And Is Not Missing
 ParentValues: <>"No additional devices inserted." And Is Not Missing
 Harvest Codes:
 Code: Value:

-
- 1 No additional devices inserted
 - 2 Below sinotubular junction
 - 3 Sinotubular junction to mid ascending
 - 4 Mid ascending to distal ascending
 - 5 Zone 1 (between innominate and left carotid)
 - 6 Zone 2 (between left carotid and left subclavian)
 - 7 Zone 3 (first 2 cm. distal to left subclavian)
 - 8 Zone 4 (end of zone 3 to mid descending aorta - T6)
 - 9 Zone 5 (mid descending aorta to celiac)
 - 10 Zone 6 (celiac to superior mesenteric)
 - 11 Zone 7 (superior mesenteric to renals)
 - 12 Zone 8 (renal to infra-renal abdominal aorta)
 - 13 Zone 9 (infrarenal abdominal aorta)
 - 14 Zone 10 (common iliac)
 - 15 Zone 11 (external iliacs)
-

Long Name: Aorta Device - Delivery Method #15

SeqNo: 5805

Short Name: **ADevDelMeth15**

Core: Yes

Section Name: Aorta And Aortic Root Procedures

Harvest: Yes

DBTableName Adultdata1

Definition: Indicate the delivery method used to insert device #15 within the aorta.

Data Source: User

Format: Text (categorical values specified by STS)

ParentShortName: ADevLoc15

ParentLongName: Aorta Device - Location #15

ParentHarvestCodes: <>1 And Is Not Missing

ParentValues: <>"No additional devices inserted." And Is Not Missing

Harvest Codes:

Code: Value:

- 1 Open
 - 2 Endovascular
-

Long Name: Aorta Device - Outcome #15 *SeqNo:* 5810
Short Name: **ADevOut15** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the outcome of the attempt to insert device #15.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: ADevLoc15
 ParentLongName: Aorta Device - Location #15
 ParentHarvestCodes: <>1 And Is Not Missing
 ParentValues: <>"No additional devices inserted." And Is Not Missing
 Harvest Codes:
 Code: Value:
 1 Maldeployed
 2 Deployed and removed
 3 Successfully deployed

Long Name: Aorta Device - Model Number #15 *SeqNo:* 5815
Short Name: **ADevModel15** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the model number of aorta device #15.
Data Source: User *Format:* Text
 ParentShortName: ADevLoc15
 ParentLongName: Aorta Device - Location #15
 ParentHarvestCodes: <>1 And Is Not Missing
 ParentValues: <>"No additional devices inserted." And Is Not Missing

Long Name: Aorta Device - Unique Device Identifier #15 *SeqNo:* 5820
Short Name: **ADevUDI15** *Core:* Yes
Section Name: Aorta And Aortic Root Procedures *Harvest:* Yes
DBTableName Adultdata1 *DataLength:* 50
Definition: Indicate the Unique Device Identifier (UDI) of aorta device #15 if available, otherwise leave blank. Note that the UDI is not the same as the serial number.
Data Source: User *Format:* Text

ParentShortName: ADevLoc15

ParentLongName: Aorta Device - Location #15

ParentHarvestCodes: <>1 And Is Not Missing

ParentValues: <>"No additional devices inserted." And Is Not Missing

#

Long Name: Other Card-Congenital Diagnosis 1 *SeqNo:* 6500
Short Name: **OCarCongDiag1** *Core:* Yes
Section Name: Congenital Defect Repair *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the first of the three most significant congenital diagnoses.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: OCarCong

ParentLongName: Other Card-Congenital

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes and Value Definitions:

Code: Value:

10 PFO

Definition:

A small interatrial communication (or potential communication) confined to the region of the oval fossa (fossa ovalis) characterized by no deficiency of the primary atrial septum (septum primum) and a normal limbus with no deficiency of the septum secundum (superior interatrial fold).

20 ASD, Secundum

A congenital cardiac malformation in which there is an interatrial communication confined to the region of the oval fossa (fossa ovalis), most commonly due to a deficiency of the primary atrial septum (septum primum) but deficiency of the septum secundum (superior interatrial fold) may also contribute.

30 ASD, Sinus venosus

A congenital cardiac malformation in which there is a caval vein (vena cava) and/or pulmonary vein (or veins) that overrides the atrial septum or the septum secundum (superior interatrial fold) producing an interatrial or anomalous venoatrial communication. Although the term sinus venosus atrial septal defect is commonly used, the lesion is more properly termed a sinus venosus communication because, while it functions as an interatrial communication, this lesion is not a defect of the atrial

		septum.
40	ASD, Coronary sinus	A congenital cardiac malformation in which there is a deficiency of the walls separating the left atrium from the coronary sinus allowing interatrial communication through the coronary sinus ostium.
50	ASD, Common atrium (single atrium)	Complete absence of the interatrial septum. "Single atrium" is applied to defects with no associated malformation of the atrioventricular valves. "Common atrium" is applied to defects with associated malformation of the atrioventricular valves.
2150	ASD, Postoperative interatrial communication	A surgically created communication between the atria.
71	VSD, Type 1 (Subarterial) (Supracristal) (Conal septal defect) (Infundibular)	A VSD that lies beneath the semilunar valve(s) in the conal or outlet septum.
73	VSD, Type 2 (Perimembranous) (Paramembranous) (Conoventricular)	A VSD that is confluent with and involves the membranous septum and is bordered by an atrioventricular valve, not including type 3 VSDs.
75	VSD, Type 3 (Inlet) (AV canal type)	A VSD that involves the inlet of the right ventricular septum immediately inferior to the AV valve apparatus.
77	VSD, Type 4 (Muscular)	A VSD completely surrounded by muscle.
79	VSD, Type: Gerbode type (LV-RA communication)	A rare form of VSD in which the defect is at the membranous septum; the communication is between the left ventricle and right atrium.
80	VSD, Multiple	More than one VSD exists. Each individual VSD may be coded separately to specify the individual VSD types.
100	AVC (AVSD), Complete (CAVSD)	Indicate if the patient has the diagnosis of "AVC (AVSD), Complete (CAVSD)". An "AVC (AVSD), Complete (CAVSD)" is a "complete atrioventricular canal" or a "complete atrioventricular septal defect" and occurs in a heart with the phenotypic feature of a common atrioventricular junction. An "AVC (AVSD), Complete (CAVSD)" is defined as an AVC with a common AV valve and both a defect in the atrial septum just above the AV valve (ostium primum ASD [a usually crescent-shaped ASD in the inferior (posterior) portion of the atrial septum just above the AV valve]) and a defect in the ventricular septum just below the AV valve. The AV valve is one valve that bridges both the right and left sides of the heart. Balanced AVC is an AVC with two essentially appropriately sized ventricles. Unbalanced AVC is an AVC defect with two ventricles in which one ventricle is inappropriately small. Such a patient may be thought to be a candidate for biventricular repair, or, alternatively, may be managed as having a functionally univentricular heart. AVC lesions with unbalanced ventricles so severe as to preclude biventricular repair should be classified as single ventricles. Rastelli type A: The common superior (anterior) bridging leaflet is effectively split in two at the septum. The left superior (anterior) leaflet is entirely over the left ventricle and the right superior (anterior) leaflet is similarly entirely over the right ventricle. The division of the common superior (anterior) bridging leaflet into left and right components is caused by

		extensive attachment of the superior (anterior) bridging leaflet to the crest of the ventricular septum by chordae tendineae. Rastelli type B: Rare, involves anomalous papillary muscle attachment from the right side of the ventricular septum to the left side of the common superior (anterior) bridging leaflet. Rastelli type C: Marked bridging of the ventricular septum by the superior (anterior) bridging leaflet, which floats freely (often termed a "free-floater") over the ventricular septum without chordal attachment to the crest of the ventricular septum.
110	AVC (AVSD), Intermediate (transitional)	An AVC with two distinct left and right AV valve orifices but also with both an ASD just above and a VSD just below the AV valves. While these AV valves in the intermediate form do form two separate orifices they remain abnormal valves. The VSD is often restrictive.
120	AVC (AVSD), Partial (incomplete) (PAVSD) (ASD, primum)	An AVC with an ostium primum ASD (a usually crescent-shaped ASD in the inferior (posterior) portion of the atrial septum just above the AV valve) and varying degrees of malformation of the left AV valve leading to varying degrees of left AV valve regurgitation. No VSD is present.
140	AP window (aortopulmonary window)	Indicate if the patient has the diagnosis of "AP window (aortopulmonary window)". An "AP window (aortopulmonary window)" is defined as a defect with side-to-side continuity of the lumens of the aorta and pulmonary arterial tree, which is distinguished from common arterial trunk (truncus arteriosus) by the presence of two arterial valves or their atretic remnants. (In other words, an aortopulmonary window is a communication between the main pulmonary artery and ascending aorta in the presence of two separate semilunar [pulmonary and aortic] valves. The presence of two separate semilunar valves distinguishes AP window from truncus arteriosus. Type 1 proximal defect: AP window located just above the sinus of Valsalva, a few millimeters above the semilunar valves, with a superior rim but little inferior rim separating the AP window from the semilunar valves. Type 2 distal defect: AP window located in the uppermost portion of the ascending aorta, with a well-formed inferior rim but little superior rim. Type 3 total defect: AP window involving the majority of the ascending aorta, with little superior and inferior rims. The intermediate type of AP window is similar to the total defect but with adequate superior and inferior rims. In the event of AP window occurring in association with interrupted aortic arch, code "Interrupted aortic arch + AP window (aortopulmonary window)", and then use additional (secondary) diagnostic codes to describe the interrupted aortic arch and AP window separately to provide further documentation about the individual interrupted arch and AP window types.)
150	Pulmonary artery origin from ascending aorta (hemitruncus)	One pulmonary artery arises from the ascending aorta and the other pulmonary artery arises from the right ventricle. DOES NOT include origin of the right or left pulmonary artery from the innominate artery or the aortic arch via a patent ductus arteriosus or collateral artery.
160	Truncus arteriosus	Indicate if the patient has the diagnosis of "Truncus

		arteriosus". A truncus arteriosus is also known as a common arterial trunk and is defined as a heart in which a single arterial trunk arises from the heart, giving origin to the coronary arteries, the pulmonary arteries, and the systemic arterial circulation. In the majority of instances there is a ventricular septal defect and a single semilunar valve which may contain two, three, four, or more leaflets and is occasionally dysplastic. Often, the infundibular septum is virtually absent superiorly. In most instances the truncal valve overrides the true interventricular septum (and thus both ventricles), but very rarely the truncal valve may override the right ventricle entirely. In such instances, there may be no ventricular septal defect or a very small ventricular septal defect, in which case the left ventricle and mitral valve may be extremely hypoplastic.
170	Truncal valve insufficiency	Functional abnormality - insufficiency - of the truncal valve. May be further subdivided into grade of insufficiency (I, II, III, IV or mild, moderate, severe).
2470	Truncal valve stenosis	
2010	Truncus arteriosus + Interrupted aortic arch	Indicate if the patient has the diagnosis of "Truncus arteriosus + Interrupted aortic arch". {A truncus arteriosus is also known as a common arterial trunk and is defined as a heart in which a single arterial trunk arises from the heart, giving origin to the coronary arteries, the pulmonary arteries, and the systemic arterial circulation. In the majority of instances there is a ventricular septal defect and a single semilunar valve which may contain two, three, four, or more leaflets and is occasionally dysplastic. The infundibular septum is virtually absent superiorly. In most instances the truncal valve overrides the true interventricular septum (and thus both ventricles), but very rarely the truncal valve may override the right ventricle entirely. If in such case there is no ventricular septal defect, then the left ventricle and mitral valve may be extremely hypoplastic.} {Interrupted aortic arch is defined as the loss of luminal continuity between the ascending and descending aorta. In most cases blood flow to the descending thoracic aorta is through a PDA, and there is a large VSD. Arch interruption is further defined by site of interruption. In type A, interruption is distal to the left subclavian artery; in type B interruption is between the left carotid and left subclavian arteries; and in type C interruption occurs between the innominate and left carotid arteries.}
180	Partial anomalous pulmonary venous connection (PAPVC)	Some, but not all of the pulmonary veins connect to the right atrium or to one or more of its venous tributaries. This definition excludes sinus venosus defects with normally connected but abnormally draining pulmonary veins (the pulmonary veins may drain abnormally into the right atrium via the atrial septal defect).
190	Partial anomalous pulmonary venous connection (PAPVC), scimitar	The right pulmonary vein(s) connect anomalously to the inferior vena cava or to the right atrium at the insertion of the inferior vena cava. The descending vertical vein resembles a scimitar (Turkish sword) on frontal chest x-ray. Frequently associated with: hypoplasia of the right lung with bronchial anomalies; dextroposition and/or dextrorotation of the heart;

		hypoplasia of the right pulmonary artery; and anomalous subdiaphragmatic systemic arterial supply to the lower lobe of the right lung directly from the aorta or its main branches.
200	Total anomalous pulmonary venous connection (TAPVC), Type 1 (supracardiac)	All of the pulmonary veins connect anomalously with the right atrium or to one or more of its venous tributaries. None of the pulmonary veins connect normally to the left atrium. In Type 1 (supracardiac) TAPVC, the anomalous connection is at the supracardiac level and can be obstructed or nonobstructed.
210	Total anomalous pulmonary venous connection (TAPVC), Type 2 (cardiac)	All of the pulmonary veins connect anomalously with the right atrium or to one or more of its venous tributaries. None of the pulmonary veins connect normally to the left atrium. In Type 2 (cardiac) TAPVC, the anomalous connection is to the heart, either to the right atrium directly or to the coronary sinus. Most patients with type 2 TAPVC are nonobstructed.
220	Total anomalous pulmonary venous connection (TAPVC), Type 3 (infracardiac)	All of the pulmonary veins connect anomalously with the right atrium or to one or more of its venous tributaries. None of the pulmonary veins connect normally to the left atrium. In Type 3 (infracardiac) TAPVC, the anomalous connection is at the infracardiac level (below the diaphragm), with the pulmonary venous return entering the right atrium ultimately via the inferior vena cava. In the vast majority of patients infracardiac TAPVC is obstructed.
230	Total anomalous pulmonary venous connection (TAPVC), Type 4 (mixed)	All of the pulmonary veins connect anomalously with the right atrium or to one or more of its venous tributaries. None of the pulmonary veins connect normally to the left atrium. In Type 4 (mixed) TAPVC, the anomalous connection is at two or more of the above levels (supracardiac, cardiac, infracardiac) and can be obstructed or nonobstructed.
250	Cor triatriatum	In the classic form of cor triatriatum a membrane divides the left atrium (LA) into a posterior accessory chamber that receives the pulmonary veins and an anterior chamber (LA) that communicates with the mitral valve. In differentiating cor triatriatum from supravalar mitral ring, in cor triatriatum the posterior compartment contains the pulmonary veins while the anterior contains the left atrial appendage and the mitral valve orifice; in supravalar mitral ring, the anterior compartment contains only the mitral valve orifice. Cor triatriatum dexter (prominent venous valve producing obstruction of the IVC and tricuspid valve) is to be coded as a systemic venous obstruction, not as a form of cor triatriatum.
260	Pulmonary venous stenosis	Any pathologic narrowing of one or more pulmonary veins. Can be further subdivided by etiology (congenital, acquired-postoperative, acquired-nonpostoperative) and extent of stenosis (diffusely hypoplastic, long segment focal/tubular stenosis, discrete stenosis).
270	Systemic venous anomaly	Anomalies of the systemic venous system (superior vena cava (SVC), inferior vena cava (IVC), brachiocephalic veins (often the innominate vein), azygos vein, coronary sinus, levo-atrial cardinal vein) arising from one or more anomalies of origin, duplication, course, or connection. Examples include abnormal or absent right SVC with LSVC, bilateral SVC, interrupted right or left IVC, azygos continuation of IVC, and anomalies of hepatic drainage. Bilateral SVC may have, among other

	configurations: 1) RSVC draining to the RA and the LSVC to the LA with completely unroofed coronary sinus, 2) RSVC draining to the RA and LSVC to the coronary sinus which drains (normally) into the RA, or 3) RSVC to the coronary sinus which drains (abnormally) into the LA and LSVC to LA. Anomalies of the inferior vena caval system include, among others: 1) left IVC to LA, 2) biatrial drainage, or 3) interrupted IVC (left or right) with azygos continuation to an LSVC or RSVC.	
280	Systemic venous obstruction	Obstruction of the systemic venous system (superior vena cava (SVC), inferior vena cava (IVC), brachiocephalic veins (often the innominate vein), azygos vein, coronary sinus, levo-atrial cardinal vein) arising from congenital or acquired stenosis or occlusion. Cor triatriatum dexter (prominent venous valve producing obstruction of the IVC and tricuspid valve) is to be coded as a systemic venous obstruction, not as a form of cor triatriatum.
290	TOF	Indicate if the patient has the diagnosis of “TOF”. Only use this diagnosis if it is NOT known if the patient has one of the following four more specific diagnoses: (1). “TOF, Pulmonary stenosis”, (2). “TOF, AVC (AVSD)”, (3). “TOF, Absent pulmonary valve”, (4). “Pulmonary atresia, VSD (Including TOF, PA)”, or (5). “Pulmonary atresia, VSD-MAPCA (pseudotruncus)”. {“TOF” is “Tetralogy of Fallot” and is defined as a group of malformations with biventricular atrioventricular alignments or connections characterized by anterosuperior deviation of the conal or outlet septum or its fibrous remnant, narrowing or atresia of the pulmonary outflow, a ventricular septal defect of the malalignment type, and biventricular origin of the aorta. Hearts with tetralogy of Fallot will always have a ventricular septal defect, narrowing or atresia of the pulmonary outflow, and aortic override; hearts with tetralogy of Fallot will most often have right ventricular hypertrophy.} (An additional, often muscular [Type 4] VSD may be seen with TOF and should be coded separately as a secondary diagnosis as “VSD, Type 4 (Muscular)”. Pulmonary arteries may be diminutive or there may be an absent left or right pulmonary artery; additional coding for pulmonary artery and/or branch pulmonary artery stenoses may be found under RVOT obstruction. Abnormal coronary artery distribution may also be associated with tetralogy of Fallot and may be coded separately under coronary artery anomalies. The presence of associated anomalies such as additional VSD, atrial septal defect, right aortic arch, left superior vena cava, and coronary artery anomalies must be subspecified as an additional or secondary diagnosis under the primary TOF diagnosis. TOF with absent pulmonary valve or TOF with associated complete atrioventricular canal are NOT to be secondary diagnoses under TOF - they are separate entities and should be coded as such. Controversy surrounds the differentiation between TOF and double outlet right ventricle [DORV]; in the nomenclature used here, DORV is defined as a type of ventriculoarterial connection in which both great vessels arise predominantly

2140 TOF, Pulmonary stenosis	<p>from the right ventricle. TOF with pulmonary atresia is to be coded under "Pulmonary atresia-VSD.")</p> <p>Indicate if the patient has the diagnosis of "TOF, Pulmonary stenosis". Use this diagnosis if the patient has tetralogy of Fallot and pulmonary stenosis. Do not use this diagnosis if the patient has tetralogy of Fallot and pulmonary atresia. Do not use this diagnosis if the patient has tetralogy of Fallot and absent pulmonary valve. Do not use this diagnosis if the patient has tetralogy of Fallot and atrioventricular canal. {Tetralogy of Fallot is defined as a group of malformations with biventricular atrioventricular alignments or connections characterized by anterosuperior deviation of the conal or outlet septum or its fibrous remnant, narrowing or atresia of the pulmonary outflow, a ventricular septal defect of the malalignment type, and biventricular origin of the aorta. Hearts with tetralogy of Fallot will always have a ventricular septal defect, narrowing or atresia of the pulmonary outflow, and aortic override; hearts with tetralogy of Fallot will most often have right ventricular hypertrophy. (An additional, often muscular [Type 4] VSD may be seen with TOF and should be coded separately as a secondary diagnosis as "VSD, Type 4 (Muscular)". Pulmonary arteries may be diminutive or there may be an absent left or right pulmonary artery; additional coding for pulmonary artery and/or branch pulmonary artery stenoses may be found under RVOT obstruction. Abnormal coronary artery distribution may also be associated with tetralogy of Fallot and may be coded separately under coronary artery anomalies. The presence of associated anomalies such as additional VSD, atrial septal defect, right aortic arch, left superior vena cava, and coronary artery anomalies must be subspecified as an additional or secondary diagnosis under the primary TOF diagnosis. TOF with absent pulmonary valve or TOF with associated complete atrioventricular canal are NOT to be secondary diagnoses under TOF - they are separate entities and should be coded as such. Controversy surrounds the differentiation between TOF and double outlet right ventricle [DORV]; in the nomenclature used here, DORV is defined as a type of ventriculoarterial connection in which both great vessels arise predominantly from the right ventricle. TOF with pulmonary atresia is to be coded under "Pulmonary atresia-VSD.")}</p>
300 TOF, AVC (AVSD)	<p>TOF with complete common atrioventricular canal defect is a rare variant of common atrioventricular canal defect with the associated conotruncal abnormality of TOF. The anatomy of the endocardial cushion defect is that of Rastelli type C in almost all cases.</p>
310 TOF, Absent pulmonary valve	<p>Indicate if the patient has the diagnosis of "TOF, Absent pulmonary valve". "TOF, Absent pulmonary valve" is "Tetralogy of Fallot with Absent pulmonary valve" and is defined as a malformation with all of the morphologic characteristics of tetralogy of Fallot (anterosuperior deviation of the conal or outlet septum or its fibrous remnant, narrowing of the pulmonary outflow, a ventricular septal defect of the malalignment type, and biventricular origin of the aorta), in</p>

which the ventriculo-arterial junction of the right ventricle with the main pulmonary artery features an atypical valve with rudimentary cusps that lack the anatomical semi-lunar features of normal valve cusps and which functionally do not achieve central coaptation. The physiologic consequence is usually a combination of variable degrees of both stenosis and regurgitation of the pulmonary valve. A developmental accompaniment of this anatomy and physiology is dilatation of the main pulmonary artery and central right and left pulmonary arteries, which when extreme, is associated with abnormal arborization of lobar and segmental pulmonary artery branches and with compression of the trachea and mainstem bronchi. One theory holds that absence of the arterial duct or ductal ligament (which is a nearly constant finding in cases of tetralogy of Fallot with absent pulmonary valve) in combination with pulmonary valve stenosis and regurgitation, comprise the physiologic conditions which predispose to central pulmonary artery dilatation during fetal development. (Tetralogy of Fallot with Absent Pulmonary Valve Syndrome is a term frequently used to describe the clinical presentation when it features both circulatory alterations and respiratory distress secondary to airway compression.)

320 Pulmonary atresia

Pulmonary atresia defects which do not readily fall into pulmonary atresia-intact ventricular septum or pulmonary atresia-VSD (with or without MAPCAs) categories. These may include complex lesions in which pulmonary atresia is a secondary diagnosis, for example, complex single ventricle malformations with associated pulmonary atresia.

330 Pulmonary atresia, IVS

Pulmonary atresia (PA) and intact ventricular septum (IVS) is a duct-dependent congenital malformation that forms a spectrum of lesions including atresia of the pulmonary valve, a varying degree of right ventricle and tricuspid valve hypoplasia, and anomalies of the coronary circulation. An RV dependent coronary artery circulation is present when coronary artery fistulas (coronary sinusoids) are associated with a proximal coronary artery stenosis. Associated Ebstein's anomaly of the tricuspid valve can be present; the tricuspid diameter is enlarged and the prognosis is poor.

340 Pulmonary atresia, VSD
(Including TOF, PA)

Pulmonary atresia (PA) and ventricular septal defect (VSD) is a heterogeneous group of congenital cardiac malformations in which there is lack of luminal continuity and absence of blood flow from either ventricle (in cases with ventriculo-arterial discordance) and the pulmonary artery, in a biventricular heart that has an opening or a hole in the interventricular septum (VSD). The malformation forms a spectrum of lesions including tetralogy of Fallot with pulmonary atresia. Tetralogy of Fallot with PA is a specific type of PA-VSD where the intracardiac malformation is more accurately defined (extreme underdevelopment of the RV infundibulum with marked anterior and leftward displacement of the infundibular septum often fused with the anterior wall of the RV resulting in complete obstruction of blood flow into the pulmonary artery and associated with a large outlet, subaortic ventricular septal

- defect). In the vast majority of cases of PA-VSD the intracardiac anatomy is that of TOF. The pulmonary circulation in PA-VSD is variable in terms of origin of blood flow, presence or absence of native pulmonary arteries, presence or absence of major aortopulmonary collateral arteries (MAPCA(s)), and distal distribution (pulmonary parenchymal segment arborization) abnormalities. Native pulmonary arteries may be present or absent. If MAPCAs are present this code should not be used; instead, Pulmonary atresia, VSD-MAPCA (pseudotruncus) should be used.
- 350 Pulmonary atresia, VSD-MAPCA
MAPCA(s) are large and distinct arteries, highly variable in number, that usually arise from the descending thoracic aorta, but uncommonly may originate from the aortic arch or the subclavian, carotid or even the coronary arteries. MAPCA(s) may be associated with present or absent native pulmonary arteries. If present, the native pulmonary arteries may be hypoplastic, and either confluent or nonconfluent. Systemic pulmonary collateral arteries have been categorized into 3 types based on their site of origin and the way they connect to the pulmonary circulation: direct aortopulmonary collaterals, indirect aortopulmonary collaterals, and true bronchial arteries. Only the first two should be considered MAPCA(s). If MAPCA(s) are associated with PA-VSD or TOF, PA this code should be used.
- 360 MAPCA(s) (major aortopulmonary collateral[s]) (without PA-VSD)
Rarely MAPCA(s) may occur in patients who do not have PA-VSD, but have severe pulmonary stenosis. The intracardiac anatomy in patients who have MAPCA(s) without PA should be specifically coded in each case as well.
- 370 Ebstein's anomaly
Indicate if the patient has the diagnosis of "Ebstein's anomaly". Ebstein's anomaly is a malformation of the tricuspid valve and right ventricle that is characterized by a spectrum of several features: (1) incomplete delamination of tricuspid valve leaflets from the myocardium of the right ventricle; (2) downward (apical) displacement of the functional annulus; (3) dilation of the "atrialized" portion of the right ventricle with variable degrees of hypertrophy and thinning of the wall; (4) redundancy, fenestrations, and tethering of the anterior leaflets; and (5) dilation of the right atrioventricular junction (the true tricuspid annulus). These anatomical and functional abnormalities cause tricuspid regurgitation (and rarely tricuspid stenosis) that results in right atrial and right ventricular dilatation and atrial and ventricular arrhythmias. With increasing degrees of anatomic severity of malformation, the fibrous transformation of leaflets from their muscular precursors remains incomplete, with the septal leaflet being most severely involved, the posterior leaflet less severely involved, and the anterior leaflet usually the least severely involved. Associated cardiac anomalies include an interatrial communication, the presence of accessory conduction pathways often associated with Wolff-Parkinson-White syndrome, and dilation of the right atrium and right ventricle in patients with severe Ebstein's anomaly. (Varying degrees of right ventricular outflow tract obstruction may be present, including pulmonary

		<p>atresia in some cases. Such cases of Ebstein's anomaly with pulmonary atresia should be coded with a Primary Diagnosis of "Ebstein's anomaly", and a Secondary Diagnosis of "Pulmonary atresia".) (Some patients with atrioventricular discordance and ventriculoarterial discordance in situs solitus [congenitally corrected transposition] have an Ebstein-like deformity of the left-sided morphologically tricuspid valve. The nature of the displacement of the septal and posterior leaflets is similar to that in right-sided Ebstein's anomaly in patients with atrioventricular concordance and ventriculoarterial concordance in situs solitus. These patients with "Congenitally corrected TGA" and an Ebstein-like deformity of the left-sided morphologically tricuspid valve should be coded with a Primary Diagnosis of "Congenitally corrected TGA", and a Secondary Diagnosis of "Ebstein's anomaly".)</p>
380	Tricuspid regurgitation, non-Ebstein's related	<p>Non-Ebstein's tricuspid regurgitation may be due to congenital factors (primary annular dilation, prolapse, leaflet underdevelopment, absent papillary muscle/chordae) or acquired (post cardiac surgery or secondary to rheumatic fever, endocarditis, trauma, tumor, cardiomyopathy, iatrogenic or other causes).</p>
390	Tricuspid stenosis	<p>Tricuspid stenosis may be due to congenital factors (valvar hypoplasia, abnormal subvalvar apparatus, double-orifice valve, parachute deformity) or acquired (post cardiac surgery or secondary to carcinoid, rheumatic fever, tumor, systemic disease, iatrogenic, or other causes).</p>
400	Tricuspid regurgitation and tricuspid stenosis	<p>Tricuspid regurgitation present with tricuspid stenosis may be due to congenital factors or acquired.</p>
410	Tricuspid valve, Other	<p>Tricuspid valve pathology not otherwise specified in diagnosis definitions 370, 380, 390 and 400.</p>
420	Pulmonary stenosis, Valvar	<p>Pulmonary stenosis, Valvar ranges from critical neonatal pulmonic valve stenosis with hypoplasia of the right ventricle to valvar pulmonary stenosis in the infant, child, or adult, usually better tolerated but potentially associated with infundibular stenosis. Pulmonary branch hypoplasia can be associated. Only 10% of neonates with Pulmonary stenosis, Valvar with intact ventricular septum have RV-to-coronary artery fistula(s). An RV dependent coronary artery circulation is present when coronary artery fistulas (coronary sinusoids) are associated with a proximal coronary artery stenosis; this occurs in only 2% of neonates with Pulmonary stenosis, Valvar with IVS.</p>
430	Pulmonary artery stenosis (hypoplasia), Main (trunk)	<p>Indicate if the patient has the diagnosis of "Pulmonary artery stenosis (hypoplasia), Main (trunk)". "Pulmonary artery stenosis (hypoplasia), Main (trunk)" is defined as a congenital or acquired anomaly with pulmonary trunk (main pulmonary artery) narrowing or hypoplasia. The stenosis or hypoplasia may be isolated or associated with other cardiac lesions. Since the narrowing is distal to the pulmonic valve, it may also be known as supra-valvar pulmonary stenosis.</p>
440	Pulmonary artery stenosis, Branch, Central (within the hilar bifurcation)	<p>Indicate if the patient has the diagnosis of "Pulmonary artery stenosis, Branch, Central (within the hilar bifurcation)". "Pulmonary artery stenosis, Branch, Central (within the hilar</p>

		bifurcation)” is defined as a congenital or acquired anomaly with central pulmonary artery branch (within the hilar bifurcation involving the right or left pulmonary artery, or both) narrowing or hypoplasia. The stenosis or hypoplasia may be isolated or associated with other cardiac lesions. Coarctation of the pulmonary artery is related to abnormal extension of the ductus arteriosus into a pulmonary branch, more frequently the left branch.
450	Pulmonary artery stenosis, Branch, Peripheral (at or beyond the hilar bifurcation)	Indicate if the patient has the diagnosis of “Pulmonary artery stenosis, Branch, Peripheral (at or beyond the hilar bifurcation)”. “Pulmonary artery stenosis, Branch, Peripheral (at or beyond the hilar bifurcation)” is defined as a congenital or acquired anomaly with peripheral pulmonary artery narrowing or hypoplasia (at or beyond the hilar bifurcation). The stenosis or hypoplasia may be isolated or associated with other cardiac lesions.
470	Pulmonary artery, Discontinuous	Indicate if the patient has the diagnosis of “Pulmonary artery, Discontinuous”. Pulmonary artery, Discontinuous” is defined as a congenital or acquired anomaly with discontinuity between the branch pulmonary arteries or between a branch pulmonary artery and the main pulmonary artery trunk.
490	Pulmonary stenosis, Subvalvar	Subvalvar (infundibular) pulmonary stenosis is a narrowing of the outflow tract of the right ventricle below the pulmonic valve. It may be due to a localized fibrous diaphragm just below the valve, an obstructing muscle bundle or to a long narrow fibromuscular channel.
500	DCRV	The double chambered right ventricle is characterized by a low infundibular (subvalvar) stenosis rather than the rare isolated infundibular stenosis that develops more superiorly in the infundibulum, and is often associated with one or several closing VSDs. In some cases, the VSD is already closed. The stenosis creates two chambers in the RV, one inferior including the inlet and trabecular portions of the RV and one superior including the infundibulum.
510	Pulmonary valve, Other	Other anomalies of the pulmonary valve may be listed here including but not restricted to absent pulmonary valve.
530	Pulmonary insufficiency	Pulmonary valve insufficiency or regurgitation may be due to congenital factors (primary annular dilation, prolapse, leaflet underdevelopment, etc.) or acquired (for example, post cardiac surgery for repair of tetralogy of Fallot, etc.).
540	Pulmonary insufficiency and pulmonary stenosis	Pulmonary valve insufficiency and pulmonary stenosis beyond the neonatal period, in infancy and childhood, may be secondary to leaflet tissue that has become thickened and myxomatous. Retraction of the commissure attachment frequently creates an associated supra-valvar stenosis.
2130	Shunt failure	Indicate if the patient has the diagnosis of “Shunt failure”. This diagnostic subgroup includes failure of any of a variety of shunts (“Shunt, Systemic to pulmonary, Modified Blalock-Taussig Shunt (MBTS)”, “Shunt, Systemic to pulmonary, Central (from aorta or to main pulmonary artery)”, “Shunt, Systemic to pulmonary, Other”, and “Sano Shunt”), secondary to any of the following etiologies: shunt thrombosis, shunt

occlusion, shunt stenosis, shunt obstruction, and shunt outgrowth. This diagnosis (“Shunt failure”) would be the primary diagnosis in a patient with, for example, “Hypoplastic left heart syndrome (HLHS)” who underwent a “Norwood procedure” with a “Modified Blalock-Taussig Shunt” and now requires reoperation for thrombosis of the “Modified Blalock-Taussig Shunt”. The underlying or fundamental diagnosis in this patient is “Hypoplastic left heart syndrome (HLHS)”, but the primary diagnosis for the operation to be performed to treat the thrombosis of the “Modified Blalock-Taussig Shunt” would be “Shunt failure”.

Please note that the choice “2130 Shunt failure” does not include “520 Conduit failure”.

520 Conduit failure

Indicate if the patient has the diagnosis of “Conduit failure”. This diagnostic subgroup includes failure of any of a variety of conduits (ventricular [right or left]-to-PA conduits, as well as a variety of other types of conduits [ventricular {right or left}-to-aorta, RA-to-RV, etc.]), secondary to any of the following etiologies: conduit outgrowth, obstruction, stenosis, insufficiency, or insufficiency and stenosis. This diagnosis (“Conduit failure”) would be the primary diagnosis in a patient with, for example, “Truncus arteriosus” repaired in infancy who years later is hospitalized because of conduit stenosis/insufficiency. The underlying or fundamental diagnosis in this patient is “Truncus arteriosus”, but the primary diagnosis for the operation to be performed during the hospitalization (in this case, “Conduit reoperation”) would be “Conduit failure”.

Please note that the choice “520 Conduit failure” does not include “2130 Shunt failure”.

550 Aortic stenosis, Subvalvar

Subaortic obstruction can be caused by different lesions: subaortic membrane or tunnel, accessory mitral valve tissue, abnormal insertion of the mitral anterior leaflet to the ventricular septum, deviation of the outlet septum (seen in coarctation of the aorta and interrupted aortic arch), or a restrictive bulboventricular foramen in single ventricle complexes. The Shone complex consists of subvalvar aortic stenosis in association with supra-aortic mitral ring, parachute mitral valve, and coarctation of aorta. Subvalvar aortic stenosis may be categorized into two types: localized subvalvar aortic stenosis, which consists of a fibrous or fibromuscular ridge, and diffuse tunnel subvalvar aortic stenosis, in which circumferential narrowing commences at the annular level and extends downward for 1-3 cm. Idiopathic hypertrophic subaortic stenosis (IHSS) is also known as hypertrophic obstructive cardiomyopathy (HOCM), and is characterized by a primary hypertrophy of the myocardium. The obstructive forms involve different degrees of dynamic subvalvar aortic obstruction from a thickened ventricular wall and anterior motion of the mitral valve. Definitive nomenclature and therapeutic options for IHSS are listed under cardiomyopathy.

- 560 Aortic stenosis, Valvar Valvar aortic stenosis may be congenital or acquired. In its congenital form there are two types: critical (infantile), seen in the newborn in whom systemic perfusion depends on a patent ductus arteriosus, and noncritical, seen in infancy or later. Acquired valvar stenosis may be seen after as a result of rheumatic valvar disease, or from stenotic changes of an aortic valve prosthesis. Congenital valvar stenosis may result: (1) from complete fusion of commissures (acommissural) that results in a dome-shaped valve with a pinpoint opening (seen most commonly in infants with critical aortic valve stenosis); (2) from a unicommissural valve with one defined commissure and eccentric orifice (often with two raphe radiating from the ostium indicating underdeveloped commissures of a tricuspid aortic valve); (3) from a bicuspid aortic valve, with leaflets that can be equal in size or discrepant, and in left-right or anterior-posterior position; and finally (4) from a dysplastic tricuspid valve, which may have a gelatinous appearance with thick rarely equal in size leaflets, often obscuring the commissures. The dysplastic, tricuspid or bicuspid form of aortic valve deformity may not be initially obstructive but may become stenotic later in life due to leaflet thickening and calcification.
- 570 Aortic stenosis, Supravalvar Congenital supravalvar aortic stenosis is described as three forms: an hourglass deformity, a fibrous membrane, and a diffuse narrowing of the ascending aorta. The disease can be inherited as an autosomal dominant trait or part of Williams-Beuren syndrome in association with mental retardation, elfin facies, failure to thrive, and occasionally infantile hypercalcemia. Supravalvar aortic stenosis may involve the coronary artery ostia, and the aortic leaflets may be tethered. The coronary arteries can become tortuous and dilated due to elevated pressures and early atherosclerosis may ensue. Supravalvar aortic stenosis may also be acquired: (1) after a neo-aortic reconstruction such as arterial switch, Ross operation, or Norwood procedure; (2) at a suture line from a previous aortotomy or cannulation; and (3) from a narrowed conduit.
- 590 Aortic valve atresia Aortic valve atresia will most often be coded under the Hypoplastic left heart syndrome/complex diagnostic codes since it most often occurs as part of a spectrum of cardiac malformations. However, there is a small subset of patients with aortic valve atresia who have a well-developed left ventricle and mitral valve and a large VSD (nonrestrictive or restrictive). The diagnostic code "Aortic valve atresia" enables users to report those patients with aortic valve atresia and a well-developed systemic ventricle without recourse to either a hypoplastic left heart syndrome/complex diagnosis or a single ventricle diagnosis.
- 600 Aortic insufficiency Congenital aortic regurgitation/insufficiency is rare as an isolated entity. There are rare reports of congenital malformation of the aortic valve that result in aortic insufficiency shortly after birth from an absent or underdeveloped aortic valve cusp. Aortic insufficiency is more commonly seen with other associated cardiac anomalies: (1) in stenotic aortic valves (commonly stenotic congenital bicuspid

		<p>aortic valves) with some degree of aortic regurgitation due to aortic leaflet abnormality; (2) in association with a VSD (especially in supracristal or conal type I VSD, more commonly seen in Asian populations); (3) secondary to aortic-left ventricular tunnel; (4) secondary to tethering or retraction of aortic valve leaflets in cases of supra-aortic stenosis that may involve the aortic valve; and similarly (5) secondary to encroachment on an aortic cusp by a subaortic membrane; or (6) turbulence caused by a stenotic jet can create progressive aortic regurgitation. Aortic insufficiency may also result from: (1) post-procedure such as closed or open valvotomy or aortic valve repair, VSD closure, balloon valvotomy, or diagnostic catheterization; (2) in the neo-aorta post arterial switch, pulmonary autograft (Ross) procedure, homograft placement, Norwood procedure, or Damus-Kaye-Stansel procedure; (3) as a result of endocarditis secondary to perforated or prolapsed leaflets or annular dehiscence; (4) secondary to annulo-aortic ectasia with prolapsed or noncoapting leaflets; (5) secondary to trauma, blunt or penetrating; or (6) as a result of aortitis, bacterial, viral or autoimmune. Aortic regurgitation secondary to prosthetic failure should be coded first as either conduit failure or prosthetic valve failure, as applicable, and secondarily as aortic regurgitation secondary to prosthetic failure (perivalvar or due to structural failure). The underlying fundamental diagnosis that led to the initial conduit or valve prosthesis placement should also be described.</p>
610	Aortic insufficiency and aortic stenosis	<p>Aortic insufficiency is often seen in association with stenotic aortic valve, commonly the stenotic congenital bicuspid aortic valve. The degree of aortic regurgitation is due to the severity of the aortic leaflet abnormality.</p>
620	Aortic valve, Other	<p>This diagnostic subgroup may be used to delineate aortic valve cusp number (unicuspid, bicuspid, tricuspid, more than three cusps), commissural fusion (normal, partially fused, completely fused), and valve leaflet (normal, thickened, dysplastic, calcified, gelatinous), annulus (normal, hypoplastic, calcified), or sinus description (normal, dilated). Note that any extensive descriptors chosen within those made available by a vendor will be converted, at harvest, to Aortic valve, Other.</p>
630	Sinus of Valsalva aneurysm	<p>The sinus of Valsalva is defined as that portion of the aortic root between the aortic root annulus and the sinotubular ridge. A congenital sinus of Valsalva aneurysm is a dilation usually of a single sinus of Valsalva. These most commonly originate from the right sinus (65%-85%), less commonly from the noncoronary sinus (10%-30%), and rarely from the left sinus (<5%). A true sinus of Valsalva aneurysm presents above the aortic annulus. The hierarchical coding system distinguishes between congenital versus acquired, ruptured versus nonruptured, sinus of origin, and chamber/site of penetration (right atrium, right ventricle, left atrium, left ventricle, pulmonary artery, pericardium). A nonruptured congenital sinus of Valsalva aneurysm may vary from a mild dilation of a single aortic sinus to an extensive windsock deformity. Rupture of a congenital sinus of Valsalva aneurysm into an adjacent</p>

- chamber occurs most commonly between the ages of 15-30 years. Rupture may occur spontaneously, after trauma, after strenuous physical exertion, or from acute bacterial endocarditis. Congenital etiology is supported by the frequent association of sinus of Valsalva aneurysms with VSDs. Other disease processes are also associated with sinus of Valsalva aneurysm and include: syphilis, endocarditis, cystic medial necrosis, atherosclerosis, and trauma. Acquired sinus of Valsalva aneurysms more frequently involve multiple sinuses of Valsalva; when present in multiple form they are more appropriately classified as aneurysms of the aortic root.
- 640 LV to aorta tunnel
- The aortico-left ventricular tunnel (LV-to-aorta tunnel) is an abnormal paravalvular (alongside or in the vicinity of a valve) communication between the aorta and left ventricle, commonly divided into 4 types: (1) type I, a simple tunnel with a slit-like opening at the aortic end and no aortic valve distortion; (2) type II, a large extracardiac aortic wall aneurysm of the tunnel with an oval opening at the aortic end, with or without ventricular distortion; (3) type III, intracardiac aneurysm of the septal portion of the tunnel, with or without right ventricular outflow obstruction; and (4) type IV, a combination of types II and III. Further differentiation within these types may be notation of right coronary artery arising from the wall of the tunnel. If a LV-to-aorta tunnel communicates with the right ventricle, many feel that the defect is really a ruptured sinus of Valsalva aneurysm.
- 650 Mitral stenosis, Supravalvar mitral ring
- Supravalvar mitral ring is formed by a circumferential ridge of tissue that is attached to the anterior mitral valve leaflet (also known as the aortic leaflet) slightly below its insertion on the annulus and to the atrium slightly above the attachment of the posterior mitral valve leaflet (also known as the mural leaflet). Depending on the diameter of the ring orifice, varying degrees of obstruction exist. The underlying valve is usually abnormal and frequently stenotic or hypoplastic. Supravalvar mitral ring is commonly associated with other stenotic lesions such as parachute or hammock valve (subvalvar stenosis), papillary muscle fusion (subvalvar stenosis), and double orifice mitral valve (valvar stenosis). Differentiation from cor triatriatum focuses on the compartments created by the supravalvar ring. In cor triatriatum the posterior compartment contains the pulmonary veins; the anterior contains the left atrial appendage and the mitral valve orifice. In supravalvar mitral ring, the posterior compartment contains the pulmonary veins and the left atrial appendage; the anterior compartment contains only the mitral valve orifice. When coding multiple mitral valvar lesions the predominant defect causing the functional effect (regurgitation, stenosis, or regurgitation and stenosis) should be listed as the primary defect.
- 660 Mitral stenosis, Valvar
- Valvar mitral stenosis may arise from congenital (annular and / or leaflet) or acquired causes, both surgical (after mitral valve repair or replacement or other cardiac surgery) and non-surgical (post rheumatic heart disease, infective endocarditis, ischemia, myxomatous degeneration, trauma, or cardiomyopathy). Mitral valve annular hypoplasia is distinguished from severe mitral

		valve hypoplasia and mitral valve atresia, which are typically components of hypoplastic left heart syndrome. When coding multiple mitral valvar lesions the predominant defect causing the functional effect (regurgitation, stenosis, or regurgitation and stenosis) should be listed as the primary defect.
670	Mitral stenosis, Subvalvar	Congenital subvalvar mitral stenosis may be due to obstructive pathology of either the chordae tendineae and / or papillary muscles which support the valve leaflets. When coding multiple mitral valvar lesions the predominant defect causing the functional effect (regurgitation, stenosis, or regurgitation and stenosis) should be listed as the primary defect.
680	Mitral stenosis, Subvalvar, Parachute	In parachute mitral valve, all chordae are attached to a single papillary muscle originating from the posterior ventricular wall. When the interchordal spaces are partially obliterated valvar stenosis results. This defect also causes valvar insufficiency, most commonly due to a cleft leaflet, a poorly developed anterior leaflet, short chordae, or annular dilatation. This lesion is also part of Shone's anomaly, which consists of the parachute mitral valve, supravalvar mitral ring, subaortic stenosis, and coarctation of the aorta. When coding multiple mitral valvar lesions the predominant defect causing the functional effect (regurgitation, stenosis, or regurgitation and stenosis) should be listed as the primary defect.
695	Mitral stenosis	Stenotic lesions of the mitral valve not otherwise specified in the diagnosis definitions 650, 660, 670, and 680.
700	Mitral regurgitation and mitral stenosis	Mitral regurgitation and mitral stenosis may arise from congenital or acquired causes or after cardiac surgery. Additional details to aid in coding specific components of the diagnosis are available in the individual mitral stenosis or mitral regurgitation field definitions. When coding multiple mitral valve lesions the predominant defect causing the functional effect (regurgitation, stenosis, or regurgitation and stenosis) should be listed as the primary defect.
710	Mitral regurgitation	Mitral regurgitation may arise from congenital (at the annular, leaflet or subvalvar level) or acquired causes both surgical (after mitral valve repair or replacement, subaortic stenosis repair, atrioventricular canal repair, cardiac transplantation, or other cardiac surgery) and non-surgical (post rheumatic heart disease, infective endocarditis, ischemia (with chordal rupture or papillary muscle infarct), myxomatous degeneration including Barlow's syndrome, trauma, or cardiomyopathy). Congenital lesions at the annular level include annular dilatation or deformation (usually deformation is consequent to associated lesions). At the valve leaflet level, mitral regurgitation may be due to a cleft, hypoplasia or agenesis of leaflet(s), excessive leaflet tissue, or a double orifice valve. At the subvalvar level, mitral regurgitation may be secondary to chordae tendineae anomalies (agenesis, rupture, elongation, or shortening as in funnel valve), or to papillary muscle anomalies (hypoplasia or agenesis, shortening, elongation, single-parachute, or multiple-hammock valve). When coding multiple mitral valvar lesions the predominant defect causing the functional effect (regurgitation, stenosis, or regurgitation and

720	Mitral valve, Other	stenosis) should be listed as the primary defect. Mitral valve pathology not otherwise coded in diagnosis definitions 650 through 710.
730	Hypoplastic left heart syndrome (HLHS)	Hypoplastic left heart syndrome (HLHS) is a spectrum of cardiac malformations characterized by a severe underdevelopment of the left heart-aorta complex, consisting of aortic and/or mitral valve atresia, stenosis, or hypoplasia with marked hypoplasia or absence of the left ventricle, and hypoplasia of the ascending aorta and of the aortic arch with coarctation of the aorta. Hypoplastic left heart complex is a subset of patients at the favorable end of the spectrum of HLHS characterized by hypoplasia of the structures of the left heart-aorta complex, consisting of aortic and mitral valve hypoplasia without valve stenosis or atresia, hypoplasia of the left ventricle, hypoplasia of the left ventricular outflow tract, hypoplasia of the ascending aorta and of the aortic arch, with or without coarctation of the aorta.
2080	Shone's syndrome	Shone's syndrome is a syndrome of multilevel hypoplasia and obstruction of left sided cardiovascular structures including more than one of the following lesions: (1) supralvalvar ring of the left atrium, (2) a parachute deformity of the mitral valve, (3) subaortic stenosis, and (4) aortic coarctation. The syndrome is based on the original report from Shone [1] that was based on analysis of 8 autopsied cases and described the tendency of these four obstructive, or potentially obstructive, conditions to coexist. Only 2 of the 8 cases exhibited all four conditions, with the other cases exhibiting only two or three of the anomalies [2]. [1] Shone JD, Sellers RD, Anderson RG, Adams P, Lillehei CW, Edwards JE. The developmental complex of "parachute mitral valve", supralvalvar ring of left atrium, subaortic stenosis, and coarctation of the aorta. <i>Am J Cardiol</i> 1963; 11: 714–725. [2]. Tchervenkov CI, Jacobs JP, Weinberg PM, Aiello VD, Beland MJ, Colan SD, Elliott MJ, Franklin RC, Gaynor JW, Krogmann ON, Kurosawa H, Maruszewski B, Stellin G. The nomenclature, definition and classification of hypoplastic left heart syndrome. <i>Cardiology in the Young</i> , 2006; 16(4): 339–368, August 2006.
740	Cardiomyopathy (including dilated, restrictive, and hypertrophic)	Please note that the term "2080 Shone's syndrome" may be the "Fundamental Diagnosis" of a patient; however, the term "2080 Shone's syndrome" may not be the "Primary Diagnosis" of an operation. The term "2080 Shone's syndrome" may be a "Secondary Diagnosis" of an operation. Cardiomyopathy is a term applied to a wide spectrum of cardiac diseases in which the predominant feature is poor myocardial function in the absence of any anatomic abnormalities. Cardiomyopathies can be divided into three relatively easily distinguishable entities: (1) dilated, characterized by ventricular dilatation and systolic dysfunction; (2) hypertrophic, characterized by physiologically inappropriate hypertrophy of the left ventricle; and (3) restrictive, characterized by diastolic dysfunction, with a presentation often identical to constrictive pericarditis. Also included in this diagnostic category are

		patients with a cardiomyopathy or syndrome confined to the right ventricle, for example: (1) arrhythmogenic right ventricular dysplasia; (2) Uhl's syndrome (hypoplasia of right ventricular myocardium, parchment heart); or (3) spongiform cardiomyopathy.
750	Cardiomyopathy, End-stage congenital heart disease	Myocardial abnormality in which there is systolic and/or diastolic dysfunction in the presence of structural congenital heart disease without any (or any further) surgically correctable lesions.
760	Pericardial effusion	Inflammatory stimulation of the pericardium that results in the accumulation of appreciable amounts of pericardial fluid (also known as effusive pericarditis). The effusion may be idiopathic or acquired (e.g., postoperative, infectious, uremic, neoplastic, traumatic, drug-induced).
770	Pericarditis	Inflammatory process of the pericardium that leads to either (1) effusive pericarditis with accumulation of appreciable amounts of pericardial fluid or (2) constrictive pericarditis that leads to pericardial thickening and compression of the cardiac chambers, ultimately with an associated significant reduction in cardiac function. Etiologies are varied and include idiopathic or acquired (e.g., postoperative, infectious, uremic, neoplastic, traumatic, drug-induced) pericarditis.
780	Pericardial disease, Other	A structural or functional abnormality of the visceral or parietal pericardium that may, or may not, have a significant impact on cardiac function. Included are absence or partial defects of the pericardium.
790	Single ventricle, DILV	A congenital cardiac malformation in which both atria connect to a single, morphologically left ventricle.

The version of the IPCCC derived from the International Congenital Heart Surgery Nomenclature and Database Project of the EACTS and STS uses the term "single ventricle" as synonymous for the "functionally univentricular heart".

The term "functionally univentricular heart" describes a spectrum of congenital cardiovascular malformations in which the ventricular mass may not readily lend itself to partitioning that commits one ventricular pump to the systemic circulation, and another to the pulmonary circulation. A heart may be functionally univentricular because of its anatomy or because of the lack of feasibility or lack of advisability of surgically partitioning the ventricular mass. Common lesions in this category typically include double inlet right ventricle (DIRV), double inlet left ventricle (DILV), tricuspid atresia, mitral atresia, and hypoplastic left heart syndrome. Other lesions which sometimes may be considered to be a functionally univentricular heart include complex forms of atrioventricular septal defect, double outlet right ventricle, congenitally corrected transposition, pulmonary atresia with intact ventricular septum, and other cardiovascular malformations. Specific diagnostic codes should be used whenever possible, and not the term "functionally univentricular heart".

800 Single ventricle, DIRV

Reference: Jacobs JP, Franklin RCG, Jacobs ML, Colan SD, Tchervenkov CI, Maruszewski B, Gaynor JW, Spray TL, Stellin G, Aiello VD, Béland MJ, Krogmann ON, Kurosawa H, Weinberg PM, Elliott MJ, Mavroudis C, Anderson R. Classification of the Functionally Univentricular Heart: Unity from mapped codes. In 2006 Supplement to Cardiology in the Young: Controversies and Challenges in the Management of the Functionally Univentricular Heart, Jacobs JP, Wernovsky G, Gaynor JW, and Anderson RH (editors). Cardiology in the Young, Volume 16, Supplement 1: 9 - 21, February 2006.

A congenital cardiac malformation in which both atria connect to a single, morphologically right ventricle

The version of the IPCCC derived from the International Congenital Heart Surgery Nomenclature and Database Project of the EACTS and STS uses the term "single ventricle" as synonymous for the "functionally univentricular heart".

The term "functionally univentricular heart" describes a spectrum of congenital cardiovascular malformations in which the ventricular mass may not readily lend itself to partitioning that commits one ventricular pump to the systemic circulation, and another to the pulmonary circulation. A heart may be functionally univentricular because of its anatomy or because of the lack of feasibility or lack of advisability of surgically partitioning the ventricular mass. Common lesions in this category typically include double inlet right ventricle (DIRV), double inlet left ventricle (DILV), tricuspid atresia, mitral atresia, and hypoplastic left heart syndrome. Other lesions which sometimes may be considered to be a functionally univentricular heart include complex forms of atrioventricular septal defect, double outlet right ventricle, congenitally corrected transposition, pulmonary atresia with intact ventricular septum, and other cardiovascular malformations. Specific diagnostic codes should be used whenever possible, and not the term "functionally univentricular heart".

810 Single ventricle, Mitral atresia

Reference: Jacobs JP, Franklin RCG, Jacobs ML, Colan SD, Tchervenkov CI, Maruszewski B, Gaynor JW, Spray TL, Stellin G, Aiello VD, Béland MJ, Krogmann ON, Kurosawa H, Weinberg PM, Elliott MJ, Mavroudis C, Anderson R. Classification of the Functionally Univentricular Heart: Unity from mapped codes. In 2006 Supplement to Cardiology in the Young: Controversies and Challenges in the Management of the Functionally Univentricular Heart, Jacobs JP, Wernovsky G, Gaynor JW, and Anderson RH (editors). Cardiology in the Young, Volume 16, Supplement 1: 9 - 21, February 2006.

A congenital cardiac malformation in which there is no orifice of mitral valve

The version of the IPCCC derived from the International Congenital Heart Surgery Nomenclature and Database Project of the EACTS and STS uses the term "single ventricle" as

synonymous for the "functionally univentricular heart".

The term "functionally univentricular heart" describes a spectrum of congenital cardiovascular malformations in which the ventricular mass may not readily lend itself to partitioning that commits one ventricular pump to the systemic circulation, and another to the pulmonary circulation. A heart may be functionally univentricular because of its anatomy or because of the lack of feasibility or lack of advisability of surgically partitioning the ventricular mass. Common lesions in this category typically include double inlet right ventricle (DIRV), double inlet left ventricle (DILV), tricuspid atresia, mitral atresia, and hypoplastic left heart syndrome. Other lesions which sometimes may be considered to be a functionally univentricular heart include complex forms of atrioventricular septal defect, double outlet right ventricle, congenitally corrected transposition, pulmonary atresia with intact ventricular septum, and other cardiovascular malformations. Specific diagnostic codes should be used whenever possible, and not the term "functionally univentricular heart".

Reference: Jacobs JP, Franklin RCG, Jacobs ML, Colan SD, Tchervenkov CI, Maruszewski B, Gaynor JW, Spray TL, Stellin G, Aiello VD, Béland MJ, Krogmann ON, Kurosawa H, Weinberg PM, Elliott MJ, Mavroudis C, Anderson R.

Classification of the Functionally Univentricular Heart: Unity from mapped codes. In 2006 Supplement to Cardiology in the Young: Controversies and Challenges in the Management of the Functionally Univentricular Heart, Jacobs JP, Wernovsky G, Gaynor JW, and Anderson RH (editors). Cardiology in the Young, Volume 16, Supplement 1: 9 - 21, February 2006.

820 Single ventricle, Tricuspid atresia

A congenital cardiac malformation in which there is no orifice of tricuspid valve.

The version of the IPCCC derived from the International Congenital Heart Surgery Nomenclature and Database Project of the EACTS and STS uses the term "single ventricle" as synonymous for the "functionally univentricular heart".

The term "functionally univentricular heart" describes a spectrum of congenital cardiovascular malformations in which the ventricular mass may not readily lend itself to partitioning that commits one ventricular pump to the systemic circulation, and another to the pulmonary circulation. A heart may be functionally univentricular because of its anatomy or because of the lack of feasibility or lack of advisability of surgically partitioning the ventricular mass. Common lesions in this category typically include double inlet right ventricle (DIRV), double inlet left ventricle (DILV), tricuspid atresia, mitral atresia, and hypoplastic left heart syndrome. Other lesions which sometimes may be considered to be a functionally univentricular heart include complex forms of atrioventricular septal defect, double outlet right ventricle, congenitally corrected transposition, pulmonary atresia with intact

- ventricular septum, and other cardiovascular malformations. Specific diagnostic codes should be used whenever possible, and not the term "functionally univentricular heart".
- Reference: Jacobs JP, Franklin RCG, Jacobs ML, Colan SD, Tchervakov CI, Maruszewski B, Gaynor JW, Spray TL, Stellin G, Aiello VD, Béland MJ, Krogmann ON, Kurosawa H, Weinberg PM, Elliott MJ, Mavroudis C, Anderson R. Classification of the Functionally Univentricular Heart: Unity from mapped codes. In 2006 Supplement to Cardiology in the Young: Controversies and Challenges in the Management of the Functionally Univentricular Heart, Jacobs JP, Wernovsky G, Gaynor JW, and Anderson RH (editors). Cardiology in the Young, Volume 16, Supplement 1: 9 - 21, February 2006.
- 830 Single ventricle, Unbalanced AV canal
- Single ventricle anomalies with a common atrioventricular (AV) valve and only one completely well developed ventricle. If the common AV valve opens predominantly into the morphologic left ventricle, the defect is termed a left ventricular (LV)-type or LV-dominant AV septal defect. If the common AV valve opens predominantly into the morphologic right ventricle, the defect is termed a right ventricular (RV)-type or RV-dominant AV septal defect.
- The version of the IPCCC derived from the International Congenital Heart Surgery Nomenclature and Database Project of the EACTS and STS uses the term "single ventricle" as synonymous for the "functionally univentricular heart".
- The term "functionally univentricular heart" describes a spectrum of congenital cardiovascular malformations in which the ventricular mass may not readily lend itself to partitioning that commits one ventricular pump to the systemic circulation, and another to the pulmonary circulation. A heart may be functionally univentricular because of its anatomy or because of the lack of feasibility or lack of advisability of surgically partitioning the ventricular mass. Common lesions in this category typically include double inlet right ventricle (DIRV), double inlet left ventricle (DILV), tricuspid atresia, mitral atresia, and hypoplastic left heart syndrome. Other lesions which sometimes may be considered to be a functionally univentricular heart include complex forms of atrioventricular septal defect, double outlet right ventricle, congenitally corrected transposition, pulmonary atresia with intact ventricular septum, and other cardiovascular malformations. Specific diagnostic codes should be used whenever possible, and not the term "functionally univentricular heart".
- 840 Single ventricle, Heterotaxia syndrome
- "Heterotaxia syndrome" is synonymous with "heterotaxy", "visceral heterotaxy", and "heterotaxy syndrome". Heterotaxy is defined as an abnormality where the internal thoraco-abdominal organs demonstrate abnormal arrangement across the left-right axis of the body. By convention, heterotaxy does not include patients with either the expected usual or normal arrangement of the internal organs along the left-right axis, also

known as 'situs solitus', nor patients with complete mirror-imaged arrangement of the internal organs along the left-right axis also known as 'situs inversus'.

The version of the IPCCC derived from the International Congenital Heart Surgery Nomenclature and Database Project of the EACTS and STS uses the term "single ventricle" as synonymous for the "functionally univentricular heart".

The term "functionally univentricular heart" describes a spectrum of congenital cardiovascular malformations in which the ventricular mass may not readily lend itself to partitioning that commits one ventricular pump to the systemic circulation, and another to the pulmonary circulation. A heart may be functionally univentricular because of its anatomy or because of the lack of feasibility or lack of advisability of surgically partitioning the ventricular mass. Common lesions in this category typically include double inlet right ventricle (DIRV), double inlet left ventricle (DILV), tricuspid atresia, mitral atresia, and hypoplastic left heart syndrome. Other lesions which sometimes may be considered to be a functionally univentricular heart include complex forms of atrioventricular septal defect, double outlet right ventricle, congenitally corrected transposition, pulmonary atresia with intact ventricular septum, and other cardiovascular malformations. Specific diagnostic codes should be used whenever possible, and not the term "functionally univentricular heart".

Reference: Jacobs JP, Franklin RCG, Jacobs ML, Colan SD, Tchervenkov CI, Maruszewski B, Gaynor JW, Spray TL, Stellin G, Aiello VD, Béland MJ, Krogmann ON, Kurosawa H, Weinberg PM, Elliott MJ, Mavroudis C, Anderson R.

Classification of the Functionally Univentricular Heart: Unity from mapped codes. In 2006 Supplement to Cardiology in the Young: Controversies and Challenges in the Management of the Functionally Univentricular Heart, Jacobs JP, Wernovsky G, Gaynor JW, and Anderson RH (editors). Cardiology in the Young, Volume 16, Supplement 1: 9 - 21, February 2006.

850 Single ventricle, Other

If the single ventricle is of primitive or indeterminate type, other is chosen in coding. It is recognized that a considerable variety of other structural cardiac malformations (e.g., biventricular hearts with straddling atrioventricular valves, pulmonary atresia with intact ventricular septum, some complex forms of double outlet right ventricle) may at times be best managed in a fashion similar to that which is used to treat univentricular hearts. They are not to be coded in this section of the nomenclature, but according to the underlying lesions.

The version of the IPCCC derived from the International Congenital Heart Surgery Nomenclature and Database Project of the EACTS and STS uses the term "single ventricle" as synonymous for the "functionally univentricular heart".

The term "functionally univentricular heart" describes a

spectrum of congenital cardiovascular malformations in which the ventricular mass may not readily lend itself to partitioning that commits one ventricular pump to the systemic circulation, and another to the pulmonary circulation. A heart may be functionally univentricular because of its anatomy or because of the lack of feasibility or lack of advisability of surgically partitioning the ventricular mass. Common lesions in this category typically include double inlet right ventricle (DIRV), double inlet left ventricle (DILV), tricuspid atresia, mitral atresia, and hypoplastic left heart syndrome. Other lesions which sometimes may be considered to be a functionally univentricular heart include complex forms of atrioventricular septal defect, double outlet right ventricle, congenitally corrected transposition, pulmonary atresia with intact ventricular septum, and other cardiovascular malformations. Specific diagnostic codes should be used whenever possible, and not the term "functionally univentricular heart".

Reference: Jacobs JP, Franklin RCG, Jacobs ML, Colan SD, Tchervenkov CI, Maruszewski B, Gaynor JW, Spray TL, Stellin G, Aiello VD, Béland MJ, Krogmann ON, Kurosawa H, Weinberg PM, Elliott MJ, Mavroudis C, Anderson R.

Classification of the Functionally Univentricular Heart: Unity from mapped codes. In 2006 Supplement to Cardiology in the Young: Controversies and Challenges in the Management of the Functionally Univentricular Heart, Jacobs JP, Wernovsky G, Gaynor JW, and Anderson RH (editors). Cardiology in the Young, Volume 16, Supplement 1: 9 - 21, February 2006.

851 Single Ventricle + Total
anomalous pulmonary venous
connection (TAPVC)

Indicate if the patient has the diagnosis of "Single Ventricle + Total anomalous pulmonary venous connection (TAPVC)". In the event of Single Ventricle occurring in association with Total anomalous pulmonary venous connection (TAPVC), code "Single Ventricle + Total anomalous pulmonary venous connection (TAPVC)", and then use additional (secondary) diagnostic codes to describe the Single Ventricle and the Total anomalous pulmonary venous connection (TAPVC) separately to provide further documentation about the Single Ventricle and Total anomalous pulmonary venous connection (TAPVC) types. {"Total anomalous pulmonary venous connection (TAPVC)" is defined as a heart where all of the pulmonary veins connect anomalously with the right atrium or to one or more of its venous tributaries. None of the pulmonary veins connect normally to the left atrium.}

The version of the IPCCC derived from the International Congenital Heart Surgery Nomenclature and Database Project of the EACTS and STS uses the term "single ventricle" as synonymous for the "functionally univentricular heart".

The term "functionally univentricular heart" describes a spectrum of congenital cardiovascular malformations in which the ventricular mass may not readily lend itself to partitioning that commits one ventricular pump to the systemic circulation, and another to the pulmonary circulation. A heart may be

functionally univentricular because of its anatomy or because of the lack of feasibility or lack of advisability of surgically partitioning the ventricular mass. Common lesions in this category typically include double inlet right ventricle (DIRV), double inlet left ventricle (DILV), tricuspid atresia, mitral atresia, and hypoplastic left heart syndrome. Other lesions which sometimes may be considered to be a functionally univentricular heart include complex forms of atrioventricular septal defect, double outlet right ventricle, congenitally corrected transposition, pulmonary atresia with intact ventricular septum, and other cardiovascular malformations. Specific diagnostic codes should be used whenever possible, and not the term "functionally univentricular heart".

Reference: Jacobs JP, Franklin RCG, Jacobs ML, Colan SD, Tchervenkov CI, Maruszewski B, Gaynor JW, Spray TL, Stellin G, Aiello VD, Béland MJ, Krogmann ON, Kurosawa H, Weinberg PM, Elliott MJ, Mavroudis C, Anderson R.

Classification of the Functionally Univentricular Heart: Unity from mapped codes. In 2006 Supplement to Cardiology in the Young: Controversies and Challenges in the Management of the Functionally Univentricular Heart, Jacobs JP, Wernovsky G, Gaynor JW, and Anderson RH (editors). Cardiology in the Young, Volume 16, Supplement 1: 9 - 21, February 2006.

870 Congenitally corrected TGA

Indicate if the patient has the diagnosis of "Congenitally corrected TGA". Congenitally corrected transposition is synonymous with the terms 'corrected transposition' and 'discordant atrioventricular connections with discordant ventriculo-arterial connections', and is defined as a spectrum of cardiac malformations where the atrial chambers are joined to morphologically inappropriate ventricles, and the ventricles then support morphologically inappropriate arterial trunks [1].
[1] Jacobs JP, Franklin RCG, Wilkinson JL, Cochrane AD, Karl TR, Aiello VD, Béland MJ, Colan SD, Elliott, MJ, Gaynor JW, Krogmann ON, Kurosawa H, Maruszewski B, Stellin G, Tchervenkov CI, Weinberg PM. The nomenclature, definition and classification of discordant atrioventricular connections. In 2006 Supplement to Cardiology in the Young: Controversies and Challenges of the Atrioventricular Junctions and Other Challenges Facing Paediatric Cardiovascular Practitioners and their Patients, Jacobs JP, Wernovsky G, Gaynor JW, and Anderson RH (editors). Cardiology in the Young, Volume 16 (Supplement 3): 72-84, September 2006.

872 Congenitally corrected TGA, IVS

Indicate if the patient has the diagnosis of "Congenitally corrected TGA, IVS". "Congenitally corrected TGA, IVS" is "Congenitally corrected transposition with an intact ventricular septum", in other words, "Congenitally corrected transposition with no VSD". (Congenitally corrected transposition is synonymous with the terms 'corrected transposition' and 'discordant atrioventricular connections with discordant ventriculo-arterial connections', and is defined as a spectrum of cardiac malformations where the atrial chambers are joined to morphologically inappropriate ventricles, and the ventricles

- then support morphologically inappropriate arterial trunks [1].
 [1] Jacobs JP, Franklin RCG, Wilkinson JL, Cochrane AD, Karl TR, Aiello VD, Béland MJ, Colan SD, Elliott, MJ, Gaynor JW, Krogmann ON, Kurosawa H, Maruszewski B, Stellin G, Tchervenkov CI, Weinberg PM. The nomenclature, definition and classification of discordant atrioventricular connections. In 2006 Supplement to Cardiology in the Young: Controversies and Challenges of the Atrioventricular Junctions and Other Challenges Facing Paediatric Cardiovascular Practitioners and their Patients, Jacobs JP, Wernovsky G, Gaynor JW, and Anderson RH (editors). Cardiology in the Young, Volume 16 (Supplement 3): 72-84, September 2006.)
- 874 Congenitally corrected TGA, IVS-LVOTO
 Indicate if the patient has the diagnosis of “Congenitally corrected TGA, IVS-LVOTO”. “Congenitally corrected TGA, IVS-LVOTO” is “Congenitally corrected transposition with an intact ventricular septum and left ventricular outflow tract obstruction”, in other words, “Congenitally corrected transposition with left ventricular outflow tract obstruction and no VSD”. (Congenitally corrected transposition is synonymous with the terms ‘corrected transposition’ and ‘discordant atrioventricular connections with discordant ventriculo-arterial connections’, and is defined as a spectrum of cardiac malformations where the atrial chambers are joined to morphologically inappropriate ventricles, and the ventricles then support morphologically inappropriate arterial trunks [1].
 [1] Jacobs JP, Franklin RCG, Wilkinson JL, Cochrane AD, Karl TR, Aiello VD, Béland MJ, Colan SD, Elliott, MJ, Gaynor JW, Krogmann ON, Kurosawa H, Maruszewski B, Stellin G, Tchervenkov CI, Weinberg PM. The nomenclature, definition and classification of discordant atrioventricular connections. In 2006 Supplement to Cardiology in the Young: Controversies and Challenges of the Atrioventricular Junctions and Other Challenges Facing Paediatric Cardiovascular Practitioners and their Patients, Jacobs JP, Wernovsky G, Gaynor JW, and Anderson RH (editors). Cardiology in the Young, Volume 16 (Supplement 3): 72-84, September 2006.)
- 876 Congenitally corrected TGA, VSD
 Indicate if the patient has the diagnosis of “Congenitally corrected TGA, VSD”. “Congenitally corrected TGA, VSD” is “Congenitally corrected transposition with a VSD”. (Congenitally corrected transposition is synonymous with the terms ‘corrected transposition’ and ‘discordant atrioventricular connections with discordant ventriculo-arterial connections’, and is defined as a spectrum of cardiac malformations where the atrial chambers are joined to morphologically inappropriate ventricles, and the ventricles then support morphologically inappropriate arterial trunks [1]. [1] Jacobs JP, Franklin RCG, Wilkinson JL, Cochrane AD, Karl TR, Aiello VD, Béland MJ, Colan SD, Elliott, MJ, Gaynor JW, Krogmann ON, Kurosawa H, Maruszewski B, Stellin G, Tchervenkov CI, Weinberg PM. The nomenclature, definition and classification of discordant atrioventricular connections. In 2006 Supplement to Cardiology in the Young: Controversies and Challenges of the Atrioventricular Junctions and Other Challenges Facing

		Paediatric Cardiovascular Practitioners and their Patients, Jacobs JP, Wernovsky G, Gaynor JW, and Anderson RH (editors). Cardiology in the Young, Volume 16 (Supplement 3): 72-84, September 2006.)
878	Congenitally corrected TGA, VSD-LVOTO	<p>Indicate if the patient has the diagnosis of “Congenitally corrected TGA, VSD-LVOTO”. “Congenitally corrected TGA, VSD-LVOTO” is “Congenitally corrected transposition with a VSD and left ventricular outflow tract obstruction”.</p> <p>(Congenitally corrected transposition is synonymous with the terms ‘corrected transposition’ and ‘discordant atrioventricular connections with discordant ventriculo-arterial connections’, and is defined as a spectrum of cardiac malformations where the atrial chambers are joined to morphologically inappropriate ventricles, and the ventricles then support morphologically inappropriate arterial trunks [1]. [1] Jacobs JP, Franklin RCG, Wilkinson JL, Cochrane AD, Karl TR, Aiello VD, Béland MJ, Colan SD, Elliott, MJ, Gaynor JW, Krogmann ON, Kurosawa H, Maruszewski B, Stellin G, Tchervenkov CI, Weinberg PM. The nomenclature, definition and classification of discordant atrioventricular connections. In 2006 Supplement to Cardiology in the Young: Controversies and Challenges of the Atrioventricular Junctions and Other Challenges Facing Paediatric Cardiovascular Practitioners and their Patients, Jacobs JP, Wernovsky G, Gaynor JW, and Anderson RH (editors). Cardiology in the Young, Volume 16 (Supplement 3): 72-84, September 2006.)</p>
880	TGA, IVS	<p>A malformation of the heart in which there is atrioventricular concordance and ventriculoarterial discordance with an intact ventricular septum. There may be d, l, or ambiguous transposition (segmental diagnoses include S,D,D, S,D,L, S,D,A). Also to be included in this diagnostic grouping are those defects with situs inversus, L-loop ventricles and either d or l transposition (segmental diagnosis of I,L,L and I,L,D) and occasionally those defects with ambiguous situs of the atria which behave as physiologically uncorrected transposition and are treated with arterial switch (segmental diagnoses include A,L,L and A,D,D).</p>
890	TGA, IVS-LVOTO	<p>A malformation of the heart in which there is atrioventricular concordance and ventriculoarterial discordance with an intact ventricular septum and associated left ventricular obstruction. There may be d, l, or ambiguous transposition (segmental diagnoses include S,D,D, S,D,L, S,D,A). Also to be included in this diagnostic grouping are those defects with situs inversus, L-loop ventricles and either d or l transposition (segmental diagnosis of I,L,L and I,L,D) and occasionally those defects with ambiguous situs of the atria which behave as physiologically uncorrected transposition and are treated with arterial switch (segmental diagnoses include A,L,L and A,D,D).</p>
900	TGA, VSD	<p>A malformation of the heart in which there is atrioventricular concordance and ventriculoarterial discordance with one or more ventricular septal defects. There may be d, l, or ambiguous transposition (segmental diagnoses include S,D,D, S,D,L, S,D,A). Also to be included in this diagnostic grouping</p>

	are those defects with situs inversus, L-loop ventricles and either d or l transposition (segmental diagnosis of I,L,L and I,L,D) and occasionally those defects with ambiguous situs of the atria which behave as physiologically uncorrected transposition and are treated with arterial switch (segmental diagnoses include A,L,L and A,D,D).
910 TGA, VSD-LVOTO	A malformation of the heart in which there is atrioventricular concordance and ventriculoarterial discordance with one or more ventricular septal defects and left ventricular outflow tract obstruction. There may be d, l, or ambiguous transposition (segmental diagnoses include S,D,D, S,D,L, S,D,A). Also to be included in this diagnostic grouping are those defects with situs inversus, L-loop ventricles and either d or l transposition (segmental diagnosis of I,L,L and I,L,D) and occasionally those defects with ambiguous situs of the atria which behave as physiologically uncorrected transposition and are treated with arterial switch (segmental diagnoses include A,L,L and A,D,D).
930 DORV, VSD type	Double outlet right ventricle is a type of ventriculoarterial connection in which both great vessels arise entirely or predominantly from the right ventricle. In double outlet right ventricle, VSD type, there is an associated subaortic or doubly-committed VSD and no pulmonary outflow tract obstruction. Subaortic VSD's are located beneath the aortic valve. Doubly-committed VSD's lie beneath the leaflets of the aortic and pulmonary valves (juxtaarterial). In the nomenclature developed for DORV, there must be usual atrial arrangements and concordant atrioventricular connections, and normal or near-normal sized ventricles. Discordant atrioventricular connection with DORV is to be coded under congenitally corrected TGA. DORV associated with univentricular atrioventricular connections, atrioventricular valve atresia, or atrial isomerism is to be coded under the appropriate single ventricle listing.
940 DORV, TOF type	Double outlet right ventricle is a type of ventriculoarterial connection in which both great vessels arise entirely or predominantly from the right ventricle. In double outlet right ventricle, TOF type, there is an associated subaortic or doubly-committed VSD and pulmonary outflow tract obstruction. Subaortic VSD's are located beneath the aortic valve. Doubly-committed VSD's lie beneath the leaflets of the aortic and pulmonary valves (juxtaarterial). DORV can occur in association with pulmonary atresia, keeping in mind in coding that in the nomenclature developed for DORV, there must be usual atrial arrangements and concordant atrioventricular connections, and normal or near-normal sized ventricles (in this situation DORV is coded as a primary diagnosis). Discordant atrioventricular connection with DORV is to be coded under congenitally corrected TGA. DORV associated with univentricular atrioventricular connections, atrioventricular valve atresia, or atrial isomerism is to be coded under the appropriate Single ventricle listing.
950 DORV, TGA type	Double outlet right ventricle is a type of ventriculoarterial connection in which both great vessels arise entirely or

		<p>predominantly from the right ventricle. In double outlet right ventricle, TGA type, there is an associated subpulmonary VSD. Most frequently, there is no pulmonary outflow tract obstruction (Taussig-Bing heart). The aorta is usually to the right and slightly anterior to or side-by-side with the pulmonary artery. Associated aortic outflow tract stenosis (subaortic, aortic arch obstruction) is commonly associated with the Taussig-Bing heart and if present should be coded as a secondary diagnosis. Rarely, there is associated pulmonary outflow tract obstruction. In the nomenclature developed for DORV, there must be usual atrial arrangements and concordant atrioventricular connections, and normal or near-normal sized ventricles. Discordant atrioventricular connection with DORV is to be coded under congenitally corrected TGA. DORV associated with univentricular atrioventricular connections, atrioventricular valve atresia, or atrial isomerism is to be coded under the appropriate single ventricle listing.</p>
960	DORV, Remote VSD (uncommitted VSD)	<p>Double outlet right ventricle is a type of ventriculoarterial connection in which both great vessels arise entirely or predominantly from the right ventricle. In double outlet right ventricle, Remote VSD type, there is a remote or noncommitted VSD. The VSD is far removed from both the aortic and pulmonary valves, usually within the inlet septum. Many of these VSD's are in hearts with DORV and common atrioventricular canal/septal defect. In the nomenclature developed for DORV, there must be usual atrial arrangements and concordant atrioventricular connections, and normal or near-normal sized ventricles. Discordant atrioventricular connection with DORV is to be coded under congenitally corrected TGA. DORV associated with univentricular atrioventricular connections, atrioventricular valve atresia, or atrial isomerism is to be coded under the appropriate single ventricle listing.</p>
2030	DORV + AVSD (AV Canal)	<p>Indicate if the patient has the diagnosis of "DORV + AVSD (AV Canal)". In the event of DORV occurring in association with AVSD (AV Canal), code "DORV + AVSD (AV Canal)", and then use additional (secondary) diagnostic codes to describe the DORV and the AVSD (AV Canal) separately to provide further documentation about the DORV and AVSD (AV Canal) types. {"DORV" is "Double outlet right ventricle" and is defined as a type of ventriculoarterial connection in which both great vessels arise entirely or predominantly from the right ventricle.} In this case, the DORV exists in combination with an atrioventricular septal defect and common atrioventricular junction guarded by a common atrioventricular valve.</p>
975	DORV, IVS	<p>Double outlet right ventricle is a type of ventriculoarterial connection in which both great vessels arise entirely or predominantly from the right ventricle. In the rare case of double outlet right ventricle with IVS the ventricular septum is intact. In the nomenclature developed for DORV, there must be usual atrial arrangements and concordant atrioventricular connections, and normal or near-normal sized ventricles.</p>

		Discordant atrioventricular connections with DORV are to be coded under congenitally corrected TGA. DORV associated with univentricular atrioventricular connections, atrioventricular valve atresia, or atrial isomerism is to be coded under the appropriate single ventricle listing.
980	DOLV	Double outlet left ventricle is a type of ventriculoarterial connection in which both great vessels arise entirely or predominantly from the left ventricle. In the nomenclature developed for DOLV, there must be usual atrial arrangements and concordant atrioventricular connections, and normal or near-normal sized ventricles. Discordant atrioventricular connection with DOLV is to be coded under congenitally corrected TGA. DOLV associated with univentricular atrioventricular connections, atrioventricular valve atresia, or atrial isomerism is to be coded under the appropriate single ventricle listing.
990	Coarctation of aorta	Indicate if the patient has the diagnosis of "Coarctation of aorta". A "Coarctation of the aorta" generally indicates a narrowing of the descending thoracic aorta just distal to the left subclavian artery. However, the term may also be accurately used to refer to a region of narrowing anywhere in the thoracic or abdominal aorta.
1000	Aortic arch hypoplasia	Hypoplasia of the aortic arch is hypoplasia of the proximal or distal transverse arch or the aortic isthmus. The isthmus (arch between the left subclavian and insertion of the patent ductus arteriosus / ligamentum arteriosum) is hypoplastic if its diameter is less than 40% of the diameter of the ascending aorta. The proximal transverse arch (arch between the innominate and left carotid arteries) and distal transverse arch (arch between the left carotid and left subclavian arteries) are hypoplastic if their diameters are less than 60% and 50%, respectively, of the diameter of the ascending aorta.
92	VSD + Aortic arch hypoplasia	A ventricular septal defect, any type, associated with hypoplasia of the aortic arch. (See diagnosis definition 1000 for a definition of hypoplasia of the aortic arch.)
94	VSD + Coarctation of aorta	Indicate if the patient has the diagnosis of "VSD + Coarctation of aorta". In the event of a VSD occurring in association with Coarctation of aorta, code "VSD + Coarctation of aorta", and then use additional (secondary) diagnostic codes to describe the VSD and the Coarctation of aorta separately to provide further documentation about the individual VSD and Coarctation of aorta types. {A "VSD" is a "Ventricular Septal Defect" and is also known as an "Interventricular communication". A VSD is defined as "a hole between the ventricular chambers or their remnants". (The VSD is defined on the basis of its margins as seen from the aspect of the morphologically right ventricle. In the setting of double outlet right ventricle, the defect provides the outflow from the morphologically left ventricle. In univentricular atrioventricular connections with functionally single left ventricle with an outflow chamber, the communication is referred to by some as a bulboventricular foramen.))} {A "Coarctation of the aorta" generally indicates a narrowing of the descending thoracic aorta just distal to the left

		subclavian artery. However, the term may also be accurately used to refer to a region of narrowing anywhere in the thoracic or abdominal aorta.}
1010	Coronary artery anomaly, Anomalous aortic origin of coronary artery (AAOCA)	Anomalous aortic origins of the coronary arteries include a spectrum of anatomic variations of the normal coronary artery origins. Coronary artery anomalies of aortic origin to be coded under this diagnostic field include: anomalies of take-off (high take-off), origin (sinus), branching, and number. An anomalous course of the coronary artery vessels is also significant, particularly those coronary arteries that arise or course between the great vessels.
1020	Coronary artery anomaly, Anomalous pulmonary origin (includes ALCAPA)	In patients with anomalous pulmonary origin of the coronary artery, the coronary artery (most commonly the left coronary artery) arises from the pulmonary artery rather than from the aorta. Rarely, the right coronary artery, the circumflex, or both coronary arteries may arise from the pulmonary artery.
1030	Coronary artery anomaly, Fistula	The most common of coronary artery anomalies, a coronary arteriovenous fistula is a communication between a coronary artery and either a chamber of the heart (coronary-cameral fistula) or any segment of the systemic or pulmonary circulation (coronary arteriovenous fistula). They may be congenital or acquired (traumatic, infectious, iatrogenic) in origin, and are mostly commonly seen singly, but occasionally multiple fistulas are present. Nomenclature schemes have been developed that further categorize the fistulas by vessel of origin and chamber of termination, and one angiographic classification scheme by Sakakibara has surgical implications. Coronary artery fistulas can be associated with other congenital heart anomalies such as tetralogy of Fallot, atrial septal defect, ventricular septal defect, and pulmonary atresia with intact ventricular septum, among others. The major cardiac defect should be listed as the primary diagnosis and the coronary artery fistula should be as an additional secondary diagnoses.
1040	Coronary artery anomaly, Aneurysm	Coronary artery aneurysms are defined as dilations of a coronary vessel 1.5 times the adjacent normal coronaries. There are two forms, saccular and fusiform (most common), and both may be single or multiple. These aneurysms may be congenital or acquired (atherosclerotic, Kawasaki, systemic diseases other than Kawasaki, iatrogenic, infectious, or traumatic) in origin.
2420	Coronary artery anomaly, Ostial Atresia	
1050	Coronary artery anomaly, Other	Coronary artery anomalies which may fall within this category include coronary artery bridging and coronary artery stenosis, as well as secondary coronary artery variations seen in congenital heart defects such as tetralogy of Fallot, transposition of the great arteries, and truncus arteriosus (with the exception of variations that can be addressed by a more specific coronary artery anomaly code).
1070	Interrupted aortic arch	Indicate if the patient has the diagnosis of "Interrupted aortic arch". Interrupted aortic arch is defined as the loss of luminal continuity between the ascending and descending aorta. In most cases blood flow to the descending thoracic aorta is through a

		<p>PDA, and there is a large VSD. Arch interruption is further defined by site of interruption. In type A, interruption is distal to the left subclavian artery; in type B interruption is between the left carotid and left subclavian arteries; and in type C interruption occurs between the innominate and left carotid arteries.</p>
2020	Interrupted aortic arch + VSD	<p>Indicate if the patient has the diagnosis of “Interrupted aortic arch + VSD”. In the event of interrupted aortic arch occurring in association with VSD, code “Interrupted aortic arch + VSD”, and then use additional (secondary) diagnostic codes to describe the interrupted aortic arch and the VSD separately to provide further documentation about the individual interrupted aortic arch and VSD types. {Interrupted aortic arch is defined as the loss of luminal continuity between the ascending and descending aorta. In most cases blood flow to the descending thoracic aorta is through a PDA, and there is a large VSD. Arch interruption is further defined by site of interruption. In type A, interruption is distal to the left subclavian artery; in type B interruption is between the left carotid and left subclavian arteries; and in type C interruption occurs between the innominate and left carotid arteries.} {A "VSD" is a "Ventricular Septal Defect" and is also known as an "Interventricular communication". A VSD is defined as "a hole between the ventricular chambers or their remnants". (The VSD is defined on the basis of its margins as seen from the aspect of the morphologically right ventricle. In the setting of double outlet right ventricle, the defect provides the outflow from the morphologically left ventricle. In univentricular atrioventricular connections with functionally single left ventricle with an outflow chamber, the communication is referred to by some as a bulboventricular foramen.)}</p>
2000	Interrupted aortic arch + AP window (aortopulmonary window)	<p>Indicate if the patient has the diagnosis of “Interrupted aortic arch + AP window (aortopulmonary window)”. In the event of interrupted aortic arch occurring in association with AP window, code “Interrupted aortic arch + AP window (aortopulmonary window)”, and then use additional (secondary) diagnostic codes to describe the interrupted aortic arch and the AP window separately to provide further documentation about the individual interrupted aortic arch and AP window types. {Interrupted aortic arch is defined as the loss of luminal continuity between the ascending and descending aorta. In most cases blood flow to the descending thoracic aorta is through a PDA, and there is a large VSD. Arch interruption is further defined by site of interruption. In type A, interruption is distal to the left subclavian artery; in type B interruption is between the left carotid and left subclavian arteries; and in type C interruption occurs between the innominate and left carotid arteries.} {An “AP window (aortopulmonary window)” is defined as a defect with side-to-side continuity of the lumens of the aorta and pulmonary arterial tree, which is distinguished from common arterial trunk (truncus arteriosus) by the presence of two arterial valves or their atretic remnants. (In other words, an aortopulmonary window is a communication between the</p>

- main pulmonary artery and ascending aorta in the presence of two separate semilunar [pulmonary and aortic] valves. The presence of two separate semilunar valves distinguishes AP window from truncus arteriosus. Type 1 proximal defect: AP window located just above the sinus of Valsalva, a few millimeters above the semilunar valves, with a superior rim but little inferior rim separating the AP window from the semilunar valves. Type 2 distal defect: AP window located in the uppermost portion of the ascending aorta, with a well-formed inferior rim but little superior rim. Type 3 total defect: AP window involving the majority of the ascending aorta, with little superior and inferior rims. The intermediate type of AP window is similar to the total defect but with adequate superior and inferior rims. In the event of AP window occurring in association with interrupted aortic arch, code “Interrupted aortic arch + AP window (aortopulmonary window)”, and then use additional (secondary) diagnostic codes to describe the interrupted aortic arch and AP window separately to provide further documentation about the individual interrupted arch and AP window types.)}
- 1080 Patent ductus arteriosus Indicate if the patient has the diagnosis of “Patent ductus arteriosus”. The ductus arteriosus (arterial duct) is an essential feature of fetal circulation, connecting the main pulmonary trunk with the descending aorta, distal to the origin of the left subclavian artery. In most patients it is on the left side. If a right aortic arch is present, it may be on the right or the left; very rarely it is bilateral. When luminal patency of the duct persists post-natally, it is referred to as patent ductus arteriosus (patent arterial duct). The length and diameter may vary considerably from case to case. The media of the ductus consists mainly of smooth muscle that is arranged spirally, and the intima is much thicker than that of the aorta. (A patent ductus arteriosus is a vascular arterial connection between the thoracic aorta and the pulmonary artery. Most commonly a PDA has its origin from the descending thoracic aorta, just distal and opposite the origin of the left subclavian artery. The insertion of the ductus is most commonly into the very proximal left pulmonary artery at its junction with the main pulmonary artery. Origination and insertion sites can be variable, however.)
- 1090 Vascular ring The term vascular ring refers to a group of congenital vascular anomalies that encircle and compress the esophagus and trachea. The compression may be from a complete anatomic ring (double aortic arch or right aortic arch with a left ligamentum) or from a compressive effect of an aberrant vessel (innominate artery compression syndrome).
- 1100 Pulmonary artery sling In pulmonary artery sling, the left pulmonary artery originates from the right pulmonary artery and courses posteriorly between the trachea and esophagus in its route to the left lung hilum, causing a sling-like compression of the trachea.
- 1110 Aortic aneurysm (including pseudoaneurysm) An aneurysm of the aorta is defined as a localized dilation or enlargement of the aorta at any site along its length (from aortic annulus to aortoiliac bifurcation). A true aortic aneurysm

		involves all layers of the aortic wall. A false aortic aneurysm (pseudoaneurysm) is defined as a dilated segment of the aorta not containing all layers of the aortic wall and may include postoperative or post-procedure false aneurysms at anastomotic sites, traumatic aortic injuries or transections, and infectious processes leading to a contained rupture.
1120	Aortic dissection	Aortic dissection is a separation of the layers of the aortic wall. Extension of the plane of the dissection may progress to free rupture into the pericardium, mediastinum, or pleural space if not contained by the outer layers of the media and adventitia. Dissections may be classified as acute or chronic (if they have been present for more than 14 days).
1130	Lung disease, Benign	Lung disease arising from any etiology (congenital or acquired) which does not result in death or lung or heart-lung transplant; examples might be non-life threatening asthma or emphysema, benign cysts.
1140	Lung disease, Malignant	Lung disease arising from any etiology (congenital or acquired, including pulmonary parenchymal disease, pulmonary vascular disease, congenital heart disease, neoplasm, etc.) which may result in death or lung or heart-lung transplant.
1160	Tracheal stenosis	Tracheal stenosis is a reduction in the anatomic luminal diameter of the trachea by more than 50% of the remaining trachea. This stenosis may be congenital or acquired (as in post-intubation or traumatic tracheal stenosis).
2430	Tracheomalacia	
1170	Airway disease, Other	Included in this diagnostic category would be airway pathology not included under the definition of tracheal stenosis such as tracheomalacia, bronchotracheomalacia, tracheal right upper lobe, bronchomalacia, subglottic stenosis, bronchial stenosis, etc.
1430	Pleural disease, Benign	Benign diseases of the mediastinal or visceral pleura.
1440	Pleural disease, Malignant	Malignant diseases of the mediastinal or visceral pleura.
1450	Pneumothorax	A collection of air or gas in the pleural space.
1460	Pleural effusion	Abnormal accumulation of fluid in the pleural space.
1470	Chylothorax	The presence of lymphatic fluid in the pleural space secondary to a leak from the thoracic duct or its branches. Chylothorax is a specific type of pleural effusion.
1480	Empyema	A collection of purulent material in the pleural space, usually secondary to an infection.
1490	Esophageal disease, Benign	Any benign disease of the esophagus.
1500	Esophageal disease, Malignant	Any malignant disease of the esophagus.
1505	Mediastinal disease	Any disease of the mediastinum awaiting final benign/malignant pathology determination.
1510	Mediastinal disease, Benign	Any benign disease of the mediastinum.
1520	Mediastinal disease, Malignant	Any malignant disease of the mediastinum.
1540	Diaphragm paralysis	Paralysis of diaphragm, unilateral or bilateral.
1550	Diaphragm disease, Other	Any disease of the diaphragm other than paralysis.
2160	Rib tumor, Benign	Non-cancerous tumor of rib(s) (e.g., fibrous dysplasia)
2170	Rib tumor, Malignant	Cancerous tumor of rib(s)- primary (e.g., osteosarcoma, chondrosarcoma)

2180	Rib tumor, Metastatic	Cancerous tumor metastasized to rib(s) from a different primary location
2190	Sternal tumor, Benign	Non-cancerous tumor of sternum (e.g., fibrous dysplasia)
2200	Sternal tumor, Malignant	Cancerous tumor of sternum - primary (e.g., osteosarcoma, chondrosarcoma)
2210	Sternal tumor, Metastatic	Cancerous tumor metastasized to sternum from a different primary location
2220	Pectus carinatum	Pectus carinatum represents a spectrum of protrusion abnormalities of the anterior chest wall. Severe deformity may result in dyspnea and decreased endurance. Some patients develop rigidity of the chest wall with decreased lung compliance, progressive emphysema, and increased frequency of respiratory tract infections.
2230	Pectus excavatum	Pectus excavatum is a congenital chest wall deformity in which several ribs and the sternum grow abnormally, producing a concave, or caved-in, appearance in the anterior chest wall. Pectus excavatum is the most common type of congenital chest wall abnormality. It occurs in an estimated 1 in 300-400 births, with male predominance (male-to-female ratio of 3:1). The condition is typically noticed at birth, and more than 90% of cases are diagnosed within the first year of life. Worsening of the chest's appearance and the onset of respiratory symptoms are usually reported during rapid bone growth in the early teenage years.
2240	Thoracic outlet syndrome	Thoracic outlet syndrome (TOS) is caused by compression at the superior thoracic outlet wherein excess pressure is placed on a neurovascular bundle passing between the anterior scalene and middle scalene muscles. It can affect the brachial plexus (nerves that pass into the arm from the neck), the subclavian artery, and - rarely - the vein, which does not normally pass through the scalene hiatus. TOS may occur due to a positional cause - for example, by abnormal compression from the clavicle (collarbone) and shoulder girdle on arm movement. There are also several static forms, caused by abnormalities, enlargement, or spasm of the various muscles surrounding the arteries, veins, and/or brachial plexus, a fixation of a first rib, or a cervical rib. The most common causes of thoracic outlet syndrome include physical trauma from a car accident, repetitive injuries from a job such as frequent non-ergonomic use of a keyboard, sports-related activities, anatomical defects such as having an extra rib, and pregnancy.
1180	Arrhythmia	Any cardiac rhythm other than normal sinus rhythm.
2440	Arrhythmia, Atrial, Atrial fibrillation	
2450	Arrhythmia, Atrial, Atrial flutter	
2460	Arrhythmia, Atrial, Other	
2050	Arrhythmia, Junctional	Indicate if the patient has the diagnosis of "Arrhythmia, Junctional". "Arrhythmias arising from the atrioventricular junction; may be bradycardia, tachycardia, premature beats, or escape rhythm [1]. [1]. Jacobs JP. (Editor). 2008 Supplement to Cardiology in the Young: Databases and The Assessment of

		Complications associated with The Treatment of Patients with Congenital Cardiac Disease, Prepared by: The Multi-Societal Database Committee for Pediatric and Congenital Heart Disease, Cardiology in the Young, Volume 18, Supplement S2, pages 1 –530, December 9, 2008, page 379.
2060	Arrhythmia, Ventricular	Indicate if the patient has the diagnosis of “Arrhythmia, Ventricular”. “Arrhythmia, Ventricular” ROOT Definition = Abnormal rhythm originating from the ventricles [1]. [1]. Jacobs JP. (Editor). 2008 Supplement to Cardiology in the Young: Databases and The Assessment of Complications associated with The Treatment of Patients with Congenital Cardiac Disease, Prepared by: The Multi-Societal Database Committee for Pediatric and Congenital Heart Disease, Cardiology in the Young, Volume 18, Supplement S2, pages 1 –530, December 9, 2008, page 393.
1185	Arrhythmia, Heart block	Atrioventricular block may be congenital or acquired, and may be of varying degree (first, second, or third degree).
1190	Arrhythmia, Heart block, Acquired	Atrioventricular block, when acquired, may be post-surgical, or secondary to myocarditis or other etiologies; the block may be first, second or third degree.
1200	Arrhythmia, Heart block, Congenital	Atrioventricular block, when congenital, may be first, second or third degree block.
1220	Arrhythmia, Pacemaker, Indication for replacement	Indications for pacemaker replacement may include end of generator life, malfunction, or infection.
1230	Atrial Isomerism, Left	In isomerism, both appendages are of like morphology or structure; in left atrial isomerism both the right atrium and left atrium appear to be a left atrium structurally.
1240	Atrial Isomerism, Right	In isomerism, both appendages are of like morphology or structure; in right atrial isomerism both the right atrium and left atrium appear to be a right atrium structurally.
2090	Dextrocardia	Indicate if the patient has the diagnosis of “Dextrocardia”. “Dextrocardia” is most usually considered synonymous with a right-sided ventricular mass, whilst “dextroversion” is frequently defined as a configuration where the ventricular apex points to the right. In a patient with the usual atrial arrangement, or situs solitus, dextroversion, therefore, implies a turning to the right of the heart [1]. [1]. Jacobs JP, Anderson RH, Weinberg P, Walters III HL, Tchervenkov CI, Del Duca D, Franklin RCG, Aiello VD, Béland MJ, Colan SD, Gaynor JW, Krogmann ON, Kurosawa H, Maruszewski B, Stellin G, Elliott MJ. The nomenclature, definition and classification of cardiac structures in the setting of heterotaxy. In 2007 Supplement to Cardiology in the Young: Controversies and Challenges Facing Paediatric Cardiovascular Practitioners and their Patients, Anderson RH, Jacobs JP, and Wernovsky G, editors. Cardiology in the Young, Volume 17, Supplement 2, pages 1–28, doi: 10.1017/S1047951107001138, September 2007.
2100	Levocardia	Indicate if the patient has the diagnosis of “Levocardia”. “Levocardia” usually considered synonymous with a left-sided ventricular mass, whilst “levoverision” is frequently defined as a configuration where the ventricular apex points to the left [1].

- [1]. Jacobs JP, Anderson RH, Weinberg P, Walters III HL, Tchervakov CI, Del Duca D, Franklin RCG, Aiello VD, Béland MJ, Colan SD, Gaynor JW, Krogmann ON, Kurosawa H, Maruszewski B, Stellin G, Elliott MJ. The nomenclature, definition and classification of cardiac structures in the setting of heterotaxy. In 2007 Supplement to Cardiology in the Young: Controversies and Challenges Facing Paediatric Cardiovascular Practitioners and their Patients, Anderson RH, Jacobs JP, and Wernovsky G, editors. Cardiology in the Young, Volume 17, Supplement 2, pages 1–28, doi: 10.1017/S1047951107001138, September 2007.
- 2110 Mesocardia
- Indicate if the patient has the diagnosis of “Mesocardia”. “Mesocardia” is most usually considered synonymous with the ventricular mass occupying the midline [1]. [1]. Jacobs JP, Anderson RH, Weinberg P, Walters III HL, Tchervakov CI, Del Duca D, Franklin RCG, Aiello VD, Béland MJ, Colan SD, Gaynor JW, Krogmann ON, Kurosawa H, Maruszewski B, Stellin G, Elliott MJ. The nomenclature, definition and classification of cardiac structures in the setting of heterotaxy. In 2007 Supplement to Cardiology in the Young: Controversies and Challenges Facing Paediatric Cardiovascular Practitioners and their Patients, Anderson RH, Jacobs JP, and Wernovsky G, editors. Cardiology in the Young, Volume 17, Supplement 2, pages 1–28, doi: 10.1017/S1047951107001138, September 2007.
- 2120 Situs inversus
- Indicate if the patient has the diagnosis of “Situs inversus” of the atrial chambers. The development of morphologically right-sided structures on one side of the body, and morphologically left-sided structures on the other side, is termed lateralization. Normal lateralization, the usual arrangement, is also known as “situs solitus”. The mirror-imaged arrangement is also known as “situs inversus”. The term “visceroatrial situs” is often used to refer to the situs of the viscera and atria when their situs is in agreement. The arrangement of the organs themselves, and the arrangement of the atrial chambers, is not always the same. Should such disharmony be encountered, the sidedness of the organs and atrial chambers must be separately specified [1]. [1]. Jacobs JP, Anderson RH, Weinberg P, Walters III HL, Tchervakov CI, Del Duca D, Franklin RCG, Aiello VD, Béland MJ, Colan SD, Gaynor JW, Krogmann ON, Kurosawa H, Maruszewski B, Stellin G, Elliott MJ. The nomenclature, definition and classification of cardiac structures in the setting of heterotaxy. In 2007 Supplement to Cardiology in the Young: Controversies and Challenges Facing Paediatric Cardiovascular Practitioners and their Patients, Anderson RH, Jacobs JP, and Wernovsky G, editors. Cardiology in the Young, Volume 17, Supplement 2, pages 1–28, doi: 10.1017/S1047951107001138, September 2007.
- 1250 Aneurysm, Ventricular, Right (including pseudoaneurysm)
- An aneurysm of the right ventricle is defined as a localized dilation or enlargement of the right ventricular wall.
- 1260 Aneurysm, Ventricular, Left (including pseudoaneurysm)
- An aneurysm of the left ventricle is defined as a localized dilation or enlargement of the left ventricular wall.
- 1270 Aneurysm, Pulmonary artery
- An aneurysm of the pulmonary artery is defined as a localized

		dilation or enlargement of the pulmonary artery trunk and its central branches (right and left pulmonary artery).
1280	Aneurysm, Other	A localized dilation or enlargement of a cardiac vessel or chamber not coded in specific fields available for aortic aneurysm, sinus of Valsalva aneurysm, coronary artery aneurysm, right ventricular aneurysm, left ventricular aneurysm, or pulmonary artery aneurysm.
1290	Hypoplastic RV	Small size of the right ventricle. This morphological abnormality usually is an integral part of other congenital cardiac anomalies and, therefore, frequently does not need to be coded separately. It should, however, be coded as secondary to an accompanying congenital cardiac anomaly if the right ventricular hypoplasia is not considered an integral and understood part of the primary congenital cardiac diagnosis. It would rarely be coded as a primary and/or isolated diagnosis.
1300	Hypoplastic LV	Small size of the left ventricle. This morphological abnormality usually is an integral part of other congenital cardiac anomalies and, therefore, frequently does not need to be coded separately. It should, however, be coded as secondary to an accompanying congenital cardiac anomaly if the left ventricular hypoplasia is not considered an integral and understood part of the primary congenital cardiac diagnosis. It would rarely be coded as a primary and/or isolated diagnosis.
2070	Postoperative bleeding	Indicate if the patient has the diagnosis of "Postoperative bleeding".
1310	Mediastinitis	Inflammation/infection of the mediastinum, the cavity between the lungs which holds the heart, great vessels, trachea, esophagus, thymus, and connective tissues. In the United States mediastinitis occurs most commonly following chest surgery.
1320	Endocarditis	An infection of the endocardial surface of the heart, which may involve one or more heart valves (native or prosthetic) or septal defects or prosthetic patch material placed at previous surgery.
1325	Rheumatic heart disease	Heart disease, usually valvar (e.g., mitral or aortic), following an infection with group A streptococci
1330	Prosthetic valve failure	Indicate if the patient has the diagnosis of "Prosthetic valve failure". This diagnosis is the primary diagnosis to be entered for patients undergoing replacement of a previously placed valve (not conduit) prosthesis, whatever type (e.g., bioprosthetic, mechanical, etc.). Failure may be due to, among others, patient somatic growth, malfunction of the prosthesis, or calcification or overgrowth of the prosthesis (e.g., pannus formation). Secondary or fundamental diagnosis would relate to the underlying valve disease entity. As an example, a patient undergoing removal or replacement of a prosthetic pulmonary valve previously placed for pulmonary insufficiency after repair of tetralogy of Fallot would have as a primary diagnosis "Prosthetic valve failure", as a secondary diagnosis "Pulmonary insufficiency", and as a fundamental diagnosis "Tetralogy of Fallot".
1340	Myocardial infarction	A myocardial infarction is the development of myocardial necrosis caused by a critical imbalance between the oxygen supply and demand of the myocardium. While a myocardial

		<p>infarction may be caused by any process that causes this imbalance it most commonly results from plaque rupture with thrombus formation in a coronary vessel, resulting in an acute reduction of blood supply to a portion of the myocardium. Myocardial infarction is a usual accompaniment of anomalous left coronary artery from the pulmonary artery (ALCAPA).</p>
1350	Cardiac tumor	<p>An abnormal growth of tissue in or on the heart, demonstrating partial or complete lack of structural organization, and no functional coordination with normal cardiac tissue. Commonly, a mass is recognized which is distinct from the normal structural components of the heart. A primary cardiac tumor is one that arises directly from tissues of the heart, (e.g., myxoma, fibroelastoma, rhabdomyoma, fibroma, lipoma, pheochromocytoma, teratoma, hemangioma, mesothelioma, sarcoma). A secondary cardiac tumor is one that arises from tissues distant from the heart, with subsequent spread to the otherwise normal tissues of the heart, (e.g., renal cell tumor with caval extension from the kidney to the level of the heart or tumor with extension from other organs or areas of the body (hepatic, adrenal, uterine, infradiaphragmatic)). N.B., in the nomenclature system developed, cardiac thrombus and cardiac vegetation are categorized as primary cardiac tumors.</p>
1360	Pulmonary AV fistula	<p>An abnormal intrapulmonary connection (fistula) between an artery and vein that occurs in the blood vessels of the lungs. Pulmonary AV fistulas may be seen in association with congenital heart defects; the associated cardiac defect should be coded as well.</p>
1370	Pulmonary embolism	<p>A pulmonary embolus is a blockage of an artery in the lungs by fat, air, clumped tumor cells, or a blood clot.</p>
1385	Pulmonary vascular obstructive disease	<p>Pulmonary vascular obstructive disease (PVOD) other than those specifically defined elsewhere (Eisenmenger's pulmonary vascular obstructive disease, primary pulmonary hypertension, persistent fetal circulation). The spectrum includes PVOD arising from (1) pulmonary arterial hypertension or (2) pulmonary venous hypertension or (3) portal hypertension, or (4) collagen vascular disease, or (5) drug or toxin induced, or (6) diseases of the respiratory system, or (7) chronic thromboembolic disease, among others.</p>
1390	Pulmonary vascular obstructive disease (Eisenmenger's)	<p>"Eisenmenger syndrome" could briefly be described as "Acquired severe pulmonary vascular disease associated with congenital heart disease (Eisenmenger)". Eisenmenger syndrome is an acquired condition. In Eisenmenger-type pulmonary vascular obstructive disease, long-term left-to-right shunting (e.g., through a ventricular or atrial septal defect, patent ductus arteriosus, aortopulmonary window) can lead to chronic pulmonary hypertension with resultant pathological changes in the pulmonary vessels. The vessels become thick-walled, stiff, noncompliant, and may be obstructed. In Eisenmenger syndrome, the long-term left-to-right shunting will reverse and become right to left. Please note that the specific heart defect should be coded as a secondary diagnosis.</p>
1400	Primary pulmonary hypertension	<p>Primary pulmonary hypertension is a rare disease characterized by elevated pulmonary artery hypertension with no apparent</p>

		cause. Two forms are included in the nomenclature, a sporadic form and a familial form which can be linked to the BMPR-II gene.
1410	Persistent fetal circulation	Persistence of the blood flow pattern seen in fetal life, in which high pulmonary vascular resistance in the lungs results in decreased blood flow to the lungs. Normally, after birth pulmonary pressure falls with a fall in pulmonary vascular resistance and there is increased perfusion of the lungs. Persistent fetal circulation, also known as persistent pulmonary hypertension of the newborn, can be related to lung or diaphragm malformations or lung immaturity.
1420	Meconium aspiration	Aspiration of amniotic fluid stained with meconium before, during, or after birth can lead to pulmonary sequelae including (1) pneumothorax, (2) pneumomediastinum, (3) pneumopericardium, (4) lung infection, and (5) meconium aspiration syndrome (MAS) with persistent pulmonary hypertension.
2250	Kawasaki disease	Kawasaki disease, also known as Kawasaki syndrome, is an acute febrile illness of unknown etiology that primarily affects children younger than 5 years of age. It was first described in Japan in 1967, and the first cases outside of Japan were reported in Hawaii in 1976. It is characterized by fever, rash, swelling of the hands and feet, irritation and redness of the whites of the eyes, swollen lymph glands in the neck, and irritation and inflammation of the mouth, lips, and throat. Serious complications of Kawasaki disease include coronary artery dilatations and aneurysms, and Kawasaki disease is a leading cause of acquired heart disease in children in the United States. The standard treatment with intravenous immunoglobulin and aspirin substantially decreases the development of coronary artery abnormalities.
1560	Cardiac, Other	Any cardiac diagnosis not specifically delineated in other diagnostic codes.
1570	Thoracic and/or mediastinal, Other	Any thoracic and/or mediastinal disease not specifically delineated in other diagnostic codes.
1580	Peripheral vascular, Other	Any peripheral vascular disease (congenital or acquired) or injury (from trauma or iatrogenic); vessels involved may include, but are not limited to femoral artery, femoral vein, iliac artery, brachial artery, etc.
2260	Complication of cardiovascular catheterization procedure	Unspecified complication of cardiovascular catheterization procedure
2270	Complication of cardiovascular catheterization procedure, Device embolization	Migration or movement of device introduced during a cardiac catheterization procedure to an unintended location
2280	Complication of cardiovascular catheterization procedure, Device malfunction	Malfunction of a device introduced during a cardiac catheterization procedure
2290	Complication of cardiovascular catheterization procedure, Perforation	Perforation or puncture caused by a device introduced during a cardiac catheterization procedure

2300	Complication of interventional radiology procedure	Unspecified complication of interventional radiology procedure
2310	Complication of interventional radiology procedure, Device embolization	Migration or movement of device introduced during an interventional radiology procedure to an unintended location
2320	Complication of interventional radiology procedure, Device malfunction	Malfunction of a device introduced during an interventional radiology procedure
2330	Complication of interventional radiology procedure, Perforation	Perforation or puncture caused by a device introduced during an interventional radiology procedure
2340	Foreign body, Intracardiac foreign body	Presence of a foreign body within the heart
2350	Foreign body, Intravascular foreign body	Presence of a foreign body within an artery or vein
2360	Open sternum with closed skin	Sternotomy edges not re-approximated prior to closure of skin incision
2370	Open sternum with open skin (includes membrane placed to close skin)	Sternotomy and skin incision left open following surgery, covered with a membrane or dressing
2380	Retained sternal wire causing irritation	Surgically placed wire causing soft tissue irritation, pain or swelling (not infected)
2390	Syncope	A transient, self-limited loss of consciousness with an inability to maintain postural tone that is followed by spontaneous recovery. The term syncope excludes seizures, coma, shock, or other states of altered consciousness.
2400	Trauma, Blunt	Injury (ies) sustained from blunt force, caused by motor vehicle accidents, falls, blows or crush injuries
2410	Trauma, Penetrating	Injury (ies) sustained as a result of sharp force, including cutting or piercing instruments or objects, bites, or firearm injuries from projectiles.
7000	Normal heart	Normal heart.
7777	Miscellaneous, Other	Any disease (congenital or acquired) not specifically delineated in other diagnostic codes.
4010	Status post - PFO, Primary closure	
4020	Status post - ASD repair, Primary closure	
4030	Status post - ASD repair,	
4040	Status post - ASD repair, Device	
6110	Status post - ASD repair, Patch + PAPVC repair	
4050	Status post - ASD, Common atrium (single atrium), Septation	
4060	Status post - ASD creation/enlargement	

4070	Status post - ASD partial closure
4080	Status post - Atrial septal fenestration
4085	Status post - Atrial fenestration closure
4100	Status post - VSD repair, Primary closure
4110	Status post - VSD repair, Patch
4120	Status post - VSD repair, Device
4130	Status post - VSD, Multiple, Repair
4140	Status post - VSD creation/enlargement
4150	Status post - Ventricular septal fenestration
4170	Status post - AVC (AVSD) repair, Complete (CAVSD)
4180	Status post - AVC (AVSD) repair, Intermediate (Transitional)
4190	Status post - AVC (AVSD) repair, Partial (Incomplete) (PAVSD)
6300	Status post - Valvuloplasty, Common atrioventricular valve
6250	Status post - Valvuloplasty converted to valve replacement in the same operation, Common atrioventricular valve
6230	Status post - Valve replacement, Common atrioventricular valve
4210	Status post - AP window repair
4220	Status post - Pulmonary artery origin from ascending aorta (hemitruncus) repair
4230	Status post - Truncus arteriosus repair
4240	Status post - Valvuloplasty, Truncal valve
6290	Status post - Valvuloplasty converted to valve replacement in the same operation, Truncal valve
4250	Status post - Valve replacement, Truncal valve

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- 6220 Status post - Truncus +
Interrupted aortic arch repair
(IAA) repair
 - 4260 Status post - PAPVC repair
 - 4270 Status post - PAPVC,
Scimitar, Repair
 - 6120 Status post - PAPVC repair,
Baffle redirection to left
atrium with systemic vein
translocation (Warden) (SVC
sewn to right atrial appendage)
 - 4280 Status post - TAPVC repair
 - 6200 Status post - TAPVC repair +
Shunt - systemic-to-pulmonary
 - 4290 Status post - Cor triatriatum
repair
 - 4300 Status post - Pulmonary
venous stenosis repair
 - 4310 Status post - Atrial baffle
procedure (non-Mustard, non-
Senning)
 - 4330 Status post - Anomalous
systemic venous connection
repair
 - 4340 Status post - Systemic venous
stenosis repair
 - 4350 Status post - TOF repair, No
ventriculotomy
 - 4360 Status post - TOF repair,
Ventriculotomy,
Nontransanular patch
 - 4370 Status post - TOF repair,
Ventriculotomy, Transanular
patch
 - 4380 Status post - TOF repair, RV-
PA conduit
 - 4390 Status post - TOF - AVC
(AVSD) repair
 - 4400 Status post - TOF - Absent
pulmonary valve repair
 - 4420 Status post - Pulmonary
atresia - VSD (including TOF,
PA) repair
 - 6700 Status post - Pulmonary
atresia - VSD - MAPCA
repair, Complete single stage
repair (1-stage that includes
bilateral pulmonary
unifocalization + VSD closure
+ RV to PA connection [with
or without conduit])

- 6710 Status post - Pulmonary atresia - VSD - MAPCA repair, Status post prior complete unifocalization (includes VSD closure + RV to PA connection [with or without conduit])
- 6720 Status post - Pulmonary atresia - VSD - MAPCA repair, Status post prior incomplete unifocalization (includes completion of pulmonary unifocalization + VSD closure + RV to PA connection [with or without conduit])
- 6730 Status post - Unifocalization MAPCA(s), Bilateral pulmonary unifocalization - Complete unifocalization (all usable MAPCA[s] are incorporated)
- 6740 Status post - Unifocalization MAPCA(s), Bilateral pulmonary unifocalization - Incomplete unifocalization (not all usable MAPCA[s] are incorporated)
- 6750 Status post - Unifocalization MAPCA(s), Unilateral pulmonary unifocalization
- 4440 Status post - Unifocalization MAPCA(s)
- 4450 Status post - Occlusion of MAPCA(s)
- 4460 Status post - Valvuloplasty, Tricuspid
- 6280 Status post - Valvuloplasty converted to valve replacement in the same operation, Tricuspid
- 4465 Status post - Ebstein's repair
- 4470 Status post - Valve replacement, Tricuspid (TVR)
- 4480 Status post - Valve closure, Tricuspid (exclusion, univentricular approach)
- 4490 Status post - Valve excision, Tricuspid (without replacement)
- 4500 Status post - Valve surgery, Other, Tricuspid

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- 4510 Status post - RVOT procedure
 - 4520 Status post - 1 1/2 ventricular repair
 - 4530 Status post - PA, reconstruction (plasty), Main (trunk)
 - 4540 Status post - PA, reconstruction (plasty), Branch, Central (within the hilar bifurcation)
 - 4550 Status post - PA, reconstruction (plasty), Branch, Peripheral (at or beyond the hilar bifurcation)
 - 4570 Status post - DCRV repair
 - 4590 Status post - Valvuloplasty, Pulmonic
 - 6270 Status post - Valvuloplasty converted to valve replacement in the same operation, Pulmonic
 - 4600 Status post - Valve replacement, Pulmonic (PVR)
 - 4630 Status post - Valve excision, Pulmonary (without replacement)
 - 4640 Status post - Valve closure, Semilunar
 - 4650 Status post - Valve surgery, Other, Pulmonic
 - 4610 Status post - Conduit placement, RV to PA
 - 4620 Status post - Conduit placement, LV to PA
 - 5774 Status post - Conduit placement, Ventricle to aorta
 - 5772 Status post - Conduit placement, Other
 - 4580 Status post - Conduit reoperation
 - 4660 Status post - Valvuloplasty, Aortic
 - 6240 Status post - Valvuloplasty converted to valve replacement in the same operation, Aortic
 - 6310 Status post - Valvuloplasty converted to valve replacement in the same operation, Aortic – with Ross procedure

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- 6320 Status post - Valvuloplasty converted to valve replacement in the same operation, Aortic – with Ross-Konno procedure
 - 4670 Status post - Valve replacement, Aortic (AVR)
 - 4680 Status post - Valve replacement, Aortic (AVR), Mechanical
 - 4690 Status post - Valve replacement, Aortic (AVR), Bioprosthetic
 - 4700 Status post - Valve replacement, Aortic (AVR), Homograft
 - 4715 Status post - Aortic root replacement, Bioprosthetic
 - 4720 Status post - Aortic root replacement, Mechanical
 - 4730 Status post - Aortic root replacement, Homograft
 - 4735 Status post - Aortic root replacement, Valve sparing
 - 4740 Status post - Ross procedure
 - 4750 Status post - Konno procedure
 - 4760 Status post - Ross-Konno procedure
 - 4770 Status post - Other annular enlargement procedure
 - 4780 Status post - Aortic stenosis, Subvalvar, Repair
 - 6100 Status post - Aortic stenosis, Subvalvar, Repair, With myectomy for IHSS
 - 4790 Status post - Aortic stenosis, Supravalvar, Repair
 - 4800 Status post - Valve surgery, Other, Aortic
 - 4810 Status post - Sinus of Valsalva, Aneurysm repair
 - 4820 Status post - LV to aorta tunnel repair
 - 4830 Status post - Valvuloplasty, Mitral
 - 6260 Status post - Valvuloplasty converted to valve replacement in the same operation, Mitral
 - 4840 Status post - Mitral stenosis,

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- Supravalvar mitral ring repair
- 4850 Status post - Valve replacement, Mitral (MVR)
- 4860 Status post - Valve surgery, Other, Mitral
- 4870 Status post - Norwood procedure
- 4880 Status post - HLHS biventricular repair
- 6755 Status post - Conduit insertion right ventricle to pulmonary artery + Intraventricular tunnel left ventricle to neo-aorta + Arch reconstruction (Rastelli and Norwood type arch reconstruction) (Yasui)
- 6160 Status post - Hybrid Approach "Stage 1", Application of RPA & LPA bands
- 6170 Status post - Hybrid Approach "Stage 1", Stent placement in arterial duct (PDA)
- 6180 Status post - Hybrid Approach "Stage 1", Stent placement in arterial duct (PDA) + application of RPA & LPA bands
- 6140 Status post - Hybrid approach "Stage 2", Aortopulmonary amalgamation + Superior Cavopulmonary anastomosis(es) + PA Debanding + Aortic arch repair (Norwood [Stage 1] + Superior Cavopulmonary anastomosis(es) + PA Debanding)
- 6150 Status post - Hybrid approach "Stage 2", Aortopulmonary amalgamation + Superior Cavopulmonary anastomosis(es) + PA Debanding + Without aortic arch repair
- 6760 Status post - Hybrid Approach, Transcatheter balloon dilation
- 6770 Status post - Hybrid Approach, Transcatheter device placement
- 1590 Status post - Transplant, Heart

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- | | |
|------|---|
| 1610 | Status post - Transplant, Heart and lung |
| 4910 | Status post - Partial left ventriculectomy (LV volume reduction surgery) (Batista) |
| 4920 | Status post - Pericardial drainage procedure |
| 4930 | Status post - Pericardiectomy |
| 4940 | Status post - Pericardial procedure, Other |
| 4950 | Status post - Fontan, Atrio-pulmonary connection |
| 4960 | Status post - Fontan, Atrio-ventricular connection |
| 4970 | Status post - Fontan, TCPC, Lateral tunnel, Fenestrated |
| 4980 | Status post - Fontan, TCPC, Lateral tunnel, Nonfenestrated |
| 5000 | Status post - Fontan, TCPC, External conduit, Fenestrated |
| 5010 | Status post - Fontan, TCPC, External conduit, Nonfenestrated |
| 6780 | Status post - Fontan, TCPC, Intra/extracardiac conduit, Fenestrated |
| 6790 | Status post - Fontan, TCPC, Intra/extracardiac conduit, Nonfenestrated |
| 7310 | Status post - Fontan, TCPC, External conduit, hepatic veins to pulmonary artery, Fenestrated |
| 7320 | Status post - Fontan, TCPC, External conduit, hepatic veins to pulmonary artery, Nonfenestrated |
| 5025 | Status post - Fontan revision or conversion (Re-do Fontan) |
| 5030 | Status post - Fontan, Other |
| 6340 | Status post - Fontan + Atrioventricular valvuloplasty |
| 5035 | Status post - Ventricular septation |
| 5050 | Status post - Congenitally corrected TGA repair, Atrial switch and ASO (double switch) |
| 5060 | Status post - Congenitally corrected TGA repair, Atrial |

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- switch and Rastelli
- 5070 Status post - Congenitally corrected TGA repair, VSD closure
- 5080 Status post - Congenitally corrected TGA repair, VSD closure and LV to PA conduit
- 5090 Status post - Congenitally corrected TGA repair, Other
- 5110 Status post - Arterial switch operation (ASO)
- 5120 Status post - Arterial switch operation (ASO) and VSD repair
- 5123 Status post - Arterial switch procedure + Aortic arch repair
- 5125 Status post - Arterial switch procedure and VSD repair + Aortic arch repair
- 5130 Status post - Senning
- 5140 Status post - Mustard
- 5145 Status post - Atrial baffle procedure, Mustard or Senning revision
- 5150 Status post - Rastelli
- 5160 Status post - REV
- 6190 Status post - Aortic root translocation over left ventricle (Including Nikaidoh procedure)
- 6210 Status post - TGA, Other procedures (Kawashima, LV-PA conduit, other)
- 5180 Status post - DORV, Intraventricular tunnel repair
- 5200 Status post - DOLV repair
- 5210 Status post - Coarctation repair, End to end
- 5220 Status post - Coarctation repair, End to end, Extended
- 5230 Status post - Coarctation repair, Subclavian flap
- 5240 Status post - Coarctation repair, Patch aortoplasty
- 5250 Status post - Coarctation repair, Interposition graft
- 5260 Status post - Coarctation repair, Other
- 5275 Status post - Coarctation repair + VSD repair

5280	Status post - Aortic arch repair
5285	Status post - Aortic arch repair + VSD repair
5290	Status post - Coronary artery fistula ligation
5291	Status post - Anomalous origin of coronary artery from pulmonary artery repair
5300	Status post - Coronary artery bypass
5305	Status post - Anomalous aortic origin of coronary artery (AAOCA) repair
5310	Status post - Coronary artery procedure, Other
5320	Status post - Interrupted aortic arch repair
5330	Status post - PDA closure, Surgical
5340	Status post - PDA closure, Device
5360	Status post - Vascular ring repair
5365	Status post - Aortopexy
5370	Status post - Pulmonary artery sling repair
5380	Status post - Aortic aneurysm repair
5390	Status post - Aortic dissection repair
5400	Status post - Lung biopsy
1600	Status post - Transplant, Lung(s)
5420	Status post - Lung procedure, Other
5440	Status post - Tracheal procedure
6800	Status post - Muscle flap, Trunk (i.e., intercostal, pectus, or serratus muscle)
6810	Status post - Muscle flap, Trunk (i.e. latissimus dorsi)
6820	Status post - Removal, Sternal wire
6830	Status post - Rib excision, Complete
6840	Status post - Rib excision, Partial
6850	Status post - Sternal fracture - open treatment

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- 6860 Status post - Sternal resection,
Radical resection of sternum
 - 6870 Status post - Sternal resection,
Radical resection of sternum
with mediastinal
lymphadenectomy
 - 6880 Status post - Tumor of chest
wall - Excision including ribs
 - 6890 Status post - Tumor of chest
wall - Excision including ribs,
With reconstruction
 - 6900 Status post - Tumor of soft
tissue of thorax - Excision of
deep subfascial or
intramuscular tumor
 - 6910 Status post - Tumor of soft
tissue of thorax - Excision of
subcutaneous tumor
 - 6920 Status post - Tumor of soft
tissue of thorax - Radical
resection
 - 6930 Status post - Hyoid myotomy
and suspension
 - 6940 Status post - Muscle flap,
Neck
 - 6950 Status post - Procedure on
neck
 - 6960 Status post - Tumor of soft
tissue of neck - Excision of
deep subfascial or
intramuscular tumor
 - 6970 Status post - Tumor of soft
tissue of neck - Excision of
subcutaneous tumor
 - 6980 Status post - Tumor of soft
tissue of neck - Radical
resection
 - 6990 Status post - Pectus bar
removal
 - 7005 Status post - Pectus bar
repositioning
 - 7010 Status post - Pectus repair,
Minimally invasive repair
(Nuss), With thoracoscopy
 - 7020 Status post - Pectus repair,
Minimally invasive repair
(Nuss), Without thoracoscopy
 - 7030 Status post - Pectus repair,
Open repair
 - 7040 Status post - Division of
scalenus anticus, With

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- 7050 resection of a cervical rib
Status post - Division of
scalenus anticus, Without
resection of a cervical rib
 - 7060 Status post - Rib excision,
Excision of cervical rib
 - 7070 Status post - Rib excision,
Excision of cervical rib, With
sympathectomy
 - 7080 Status post - Rib excision,
Excision of first rib
 - 7090 Status post - Rib excision,
Excision of first rib, With
sympathectomy
 - 7100 Status post - Procedure on
thorax
 - 5450 Status post - Pacemaker
implantation, Permanent
 - 5460 Status post - Pacemaker
procedure
 - 6350 Status post - Explantation of
pacing system
 - 5470 Status post - ICD (AICD)
implantation
 - 5480 Status post - ICD (AICD)
([automatic] implantable
cardioverter defibrillator)
procedure
 - 5490 Status post - Arrhythmia
surgery - atrial, Surgical
Ablation
 - 5500 Status post - Arrhythmia
surgery - ventricular, Surgical
Ablation
 - 6500 Status post - Cardiovascular
catheterization procedure,
Diagnostic
 - 6520 Status post - Cardiovascular
catheterization procedure,
Diagnostic, Angiographic data
obtained
 - 6550 Status post - Cardiovascular
catheterization procedure,
Diagnostic, Electrophysiology
alteration
 - 6540 Status post - Cardiovascular
catheterization procedure,
Diagnostic, Hemodynamic
alteration
 - 6510 Status post - Cardiovascular
catheterization procedure,

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- Diagnostic, Hemodynamic data obtained
- 6530 Status post - Cardiovascular catheterization procedure, Diagnostic, Transluminal test occlusion
- 6410 Status post - Cardiovascular catheterization procedure, Therapeutic
- 6670 Status post - Cardiovascular catheterization procedure, Therapeutic, Adjunctive therapy
- 6570 Status post - Cardiovascular catheterization procedure, Therapeutic, Balloon dilation
- 6590 Status post - Cardiovascular catheterization procedure, Therapeutic, Balloon valvotomy
- 6600 Status post - Cardiovascular catheterization procedure, Therapeutic, Coil implantation
- 6610 Status post - Cardiovascular catheterization procedure, Therapeutic, Device implantation
- 7110 Status post - Cardiovascular catheterization procedure, Therapeutic, Device implantation attempted
- 6690 Status post - Cardiovascular catheterization procedure, Therapeutic, Electrophysiological ablation
- 7120 Status post - Cardiovascular catheterization procedure, Therapeutic, Intravascular foreign body removal
- 6640 Status post - Cardiovascular catheterization procedure, Therapeutic, Perforation (establishing interchamber and/or intervessel communication)
- 6580 Status post - Cardiovascular catheterization procedure, Therapeutic, Septostomy
- 6620 Status post - Cardiovascular catheterization procedure, Therapeutic, Stent insertion
- 6630 Status post - Cardiovascular

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- catheterization procedure,
Therapeutic, Stent re-dilation
- 6650 Status post - Cardiovascular
catheterization procedure,
Therapeutic, Transcatheter
Fontan completion
- 6660 Status post - Cardiovascular
catheterization procedure,
Therapeutic, Transcatheter
implantation of valve
- 5590 Status post - Shunt, Systemic
to pulmonary, Modified
Blalock-Taussig Shunt
(MBTS)
- 5600 Status post - Shunt, Systemic
to pulmonary, Central (shunt
from aorta)
- 7130 Status post - Shunt, Systemic
to pulmonary, Central (shunt
from aorta), Central shunt
with an end-to-side
connection between the
transected main pulmonary
artery and the side of the
ascending aorta (i.e. Mee
shunt)
- 7230 Status post - Shunt, Sysytemic
to pulmonary, Potts - Smith
type (descending aorta to
pulmonary artery)
- 5610 Status post - Shunt, Systemic
to pulmonary, Other
- 5630 Status post - Shunt, Ligation
and takedown
- 6095 Status post - Shunt,
Reoperation
- 5640 Status post - PA banding
(PAB)
- 5650 Status post - PA debanding
- 7200 Status post - PA band
adjustment
- 5660 Status post - Damus-Kaye-
Stansel procedure (DKS)
(creation of AP anastomosis
without arch reconstruction)
- 5670 Status post - Bidirectional
cavopulmonary anastomosis
(BDCPA) (bidirectional
Glenn)
- 5680 Status post - Glenn
(unidirectional

-
- cavopulmonary anastomosis)
(unidirectional Glenn)
- 5690 Status post - Bilateral
bidirectional cavopulmonary
anastomosis (BBDCPA)
(bilateral bidirectional Glenn)
- 5700 Status post - HemiFontan
- 6330 Status post - Superior
cavopulmonary
anastomosis(es) (Glenn or
HemiFontan) +
Atrioventricular valvuloplasty
- 6130 Status post - Superior
Cavopulmonary
anastomosis(es) + PA
reconstruction
- 7300 Status post - Takedown of
superior cavopulmonary
anastomosis
- 7140 Status post - Hepatic vein to
azygous vein connection,
Direct
- 7150 Status post - Hepatic vein to
azygous vein connection,
Interposition graft
- 7160 Status post - Kawashima
operation (superior
cavopulmonary connection in
setting of interrupted IVC
with azygous continuation)
- 5710 Status post - Palliation, Other
- 7240 Status post - Attempted fetal
intervention, percutaneous
transcatheter directed at
interatrial septum
- 7250 Status post - Attempted fetal
intervention, percutaneous
transcatheter directed at aortic
valve
- 7260 Status post - Attempted fetal
intervention, percutaneous
transcatheter directed at
pulmonic valve
- 7270 Status post - Attempted fetal
intervention, "open" (maternal
laparotomy with hysterotomy)
directed at interatrial septum
- 7280 Status post - Attempted fetal
intervention, "open" (maternal
laparotomy with hysterotomy)
directed at aortic valve

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- 7290 Status post - Attempted fetal intervention, "open" (maternal laparotomy with hysterotomy) directed at pulmonic valve
 - 6360 Status post - ECMO cannulation
 - 6370 Status post - ECMO decannulation
 - 5910 Status post - ECMO procedure
 - 5900 Status post - Intraaortic balloon pump (IABP) insertion
 - 5920 Status post - Right/left heart assist device procedure
 - 6390 Status post - VAD explantation
 - 6380 Status post - VAD implantation
 - 7170 Status post - VAD change out
 - 6420 Status post - Echocardiography procedure, Sedated transesophageal echocardiogram
 - 6430 Status post - Echocardiography procedure, Sedated transthoracic echocardiogram
 - 6435 Status post - Non-cardiovascular, Non-thoracic procedure on cardiac patient with cardiac anesthesia
 - 6440 Status post - Radiology procedure on cardiac patient, Cardiac Computerized Axial Tomography (CT Scan)
 - 6450 Status post - Radiology procedure on cardiac patient, Cardiac Magnetic Resonance Imaging (MRI)
 - 6460 Status post - Radiology procedure on cardiac patient, Diagnostic radiology
 - 6470 Status post - Radiology procedure on cardiac patient, Non-Cardiac Computerized Tomography (CT) on cardiac patient
 - 6480 Status post - Radiology procedure on cardiac patient, Non-cardiac Magnetic Resonance Imaging (MRI) on cardiac patient

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- 6490 Status post - Radiology procedure on cardiac patient, Therapeutic radiology
 - 5720 Status post - Aneurysm, Ventricular, Right, Repair
 - 5730 Status post - Aneurysm, Ventricular, Left, Repair
 - 5740 Status post - Aneurysm, Pulmonary artery, Repair
 - 5760 Status post - Cardiac tumor resection
 - 5780 Status post - Pulmonary AV fistula repair/occlusion
 - 5790 Status post - Ligation, Pulmonary artery
 - 5802 Status post - Pulmonary embolectomy, Acute pulmonary embolus
 - 5804 Status post - Pulmonary embolectomy, Chronic pulmonary embolus
 - 5810 Status post - Pleural drainage procedure
 - 5820 Status post - Pleural procedure, Other
 - 5830 Status post - Ligation, Thoracic duct
 - 5840 Status post - Decortication
 - 5850 Status post - Esophageal procedure
 - 5860 Status post - Mediastinal procedure
 - 5870 Status post - Bronchoscopy
 - 5880 Status post - Diaphragm plication
 - 5890 Status post - Diaphragm procedure, Other
 - 5930 Status post - VATS (video-assisted thoracoscopic
 - 5940 Status post - Minimally invasive procedure
 - 5950 Status post - Bypass for noncardiac lesion
 - 5960 Status post - Delayed sternal closure
 - 5970 Status post - Mediastinal exploration
 - 5980 Status post - Sternotomy wound drainage
 - 7180 Status post - Intravascular

	stent removal
7220	Status post - Removal of transcatheter delivered device from heart
7210	Status post - Removal of transcatheter delivered device from blood vessel
5990	Status post - Thoracotomy, Other
6000	Status post - Cardiotomy, Other
6010	Status post - Cardiac procedure, Other
6020	Status post - Thoracic and/or mediastinal procedure, Other
6030	Status post - Peripheral vascular procedure, Other
6040	Status post - Miscellaneous procedure, Other
11777	Status post - Other procedure

Long Name: Other Card-Congenital Diagnosis 2

SeqNo: 6505

Short Name: **OCarCongDiag2**

Core: Yes

Section Name: Congenital Defect Repair

Harvest: Yes

DBTableName Adultdata1

Definition: Indicate the second of the three most significant congenital diagnoses.

Data Source: User

Format: Text (categorical values specified by STS)

ParentShortName: OCarCong

ParentLongName: Other Card-Congenital

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes and Value Definitions:

<u>Code:</u>	<u>Value:</u>	<u>Definition:</u>
1	No other congenital diagnoses	
10	PFO	A small interatrial communication (or potential communication) confined to the region of the oval fossa (fossa ovalis) characterized by no deficiency of the primary atrial septum (septum primum) and a normal limbus with no deficiency of the septum secundum (superior interatrial fold).
20	ASD, Secundum	A congenital cardiac malformation in which there is an interatrial communication confined to the region of the oval fossa (fossa ovalis), most commonly due to a deficiency of the primary atrial septum (septum primum) but deficiency of the septum secundum (superior interatrial fold) may also contribute.
30	ASD, Sinus venosus	A congenital cardiac malformation in which there is a caval vein (vena cava) and/or pulmonary vein (or veins) that

		overrides the atrial septum or the septum secundum (superior interatrial fold) producing an interatrial or anomalous venoatrial communication. Although the term sinus venosus atrial septal defect is commonly used, the lesion is more properly termed a sinus venosus communication because, while it functions as an interatrial communication, this lesion is not a defect of the atrial septum.
40	ASD, Coronary sinus	A congenital cardiac malformation in which there is a deficiency of the walls separating the left atrium from the coronary sinus allowing interatrial communication through the coronary sinus ostium.
50	ASD, Common atrium (single atrium)	Complete absence of the interatrial septum. "Single atrium" is applied to defects with no associated malformation of the atrioventricular valves. "Common atrium" is applied to defects with associated malformation of the atrioventricular valves.
2150	ASD, Postoperative interatrial communication	A surgically created communication between the atria.
71	VSD, Type 1 (Subarterial) (Supracristal) (Conal septal defect) (Infundibular)	A VSD that lies beneath the semilunar valve(s) in the conal or outlet septum.
73	VSD, Type 2 (Perimembranous) (Paramembranous) (Conoventricular)	A VSD that is confluent with and involves the membranous septum and is bordered by an atrioventricular valve, not including type 3 VSDs.
75	VSD, Type 3 (Inlet) (AV canal type)	A VSD that involves the inlet of the right ventricular septum immediately inferior to the AV valve apparatus.
77	VSD, Type 4 (Muscular)	A VSD completely surrounded by muscle.
79	VSD, Type: Gerbode type (LV-RA communication)	A rare form of VSD in which the defect is at the membranous septum; the communication is between the left ventricle and right atrium.
80	VSD, Multiple	More than one VSD exists. Each individual VSD may be coded separately to specify the individual VSD types.
100	AVC (AVSD), Complete (CAVSD)	Indicate if the patient has the diagnosis of "AVC (AVSD), Complete (CAVSD)". An "AVC (AVSD), Complete (CAVSD)" is a "complete atrioventricular canal" or a "complete atrioventricular septal defect" and occurs in a heart with the phenotypic feature of a common atrioventricular junction. An "AVC (AVSD), Complete (CAVSD)" is defined as an AVC with a common AV valve and both a defect in the atrial septum just above the AV valve (ostium primum ASD [a usually crescent-shaped ASD in the inferior (posterior) portion of the atrial septum just above the AV valve]) and a defect in the ventricular septum just below the AV valve. The AV valve is one valve that bridges both the right and left sides of the heart. Balanced AVC is an AVC with two essentially appropriately sized ventricles. Unbalanced AVC is an AVC defect with two ventricles in which one ventricle is inappropriately small. Such a patient may be thought to be a candidate for biventricular repair, or, alternatively, may be managed as having a functionally univentricular heart. AVC lesions with unbalanced ventricles so severe as to preclude biventricular repair should be classified as single ventricles.

		<p>Rastelli type A: The common superior (anterior) bridging leaflet is effectively split in two at the septum. The left superior (anterior) leaflet is entirely over the left ventricle and the right superior (anterior) leaflet is similarly entirely over the right ventricle. The division of the common superior (anterior) bridging leaflet into left and right components is caused by extensive attachment of the superior (anterior) bridging leaflet to the crest of the ventricular septum by chordae tendineae.</p> <p>Rastelli type B: Rare, involves anomalous papillary muscle attachment from the right side of the ventricular septum to the left side of the common superior (anterior) bridging leaflet.</p> <p>Rastelli type C: Marked bridging of the ventricular septum by the superior (anterior) bridging leaflet, which floats freely (often termed a "free-floater") over the ventricular septum without chordal attachment to the crest of the ventricular septum.</p>
110	AVC (AVSD), Intermediate (transitional)	An AVC with two distinct left and right AV valve orifices but also with both an ASD just above and a VSD just below the AV valves. While these AV valves in the intermediate form do form two separate orifices they remain abnormal valves. The VSD is often restrictive.
120	AVC (AVSD), Partial (incomplete) (PAVSD) (ASD, primum)	An AVC with an ostium primum ASD (a usually crescent-shaped ASD in the inferior (posterior) portion of the atrial septum just above the AV valve) and varying degrees of malformation of the left AV valve leading to varying degrees of left AV valve regurgitation. No VSD is present.
140	AP window (aortopulmonary window)	<p>Indicate if the patient has the diagnosis of "AP window (aortopulmonary window)". An "AP window (aortopulmonary window)" is defined as a defect with side-to-side continuity of the lumens of the aorta and pulmonary arterial tree, which is distinguished from common arterial trunk (truncus arteriosus) by the presence of two arterial valves or their atretic remnants. (In other words, an aortopulmonary window is a communication between the main pulmonary artery and ascending aorta in the presence of two separate semilunar [pulmonary and aortic] valves. The presence of two separate semilunar valves distinguishes AP window from truncus arteriosus. Type 1 proximal defect: AP window located just above the sinus of Valsalva, a few millimeters above the semilunar valves, with a superior rim but little inferior rim separating the AP window from the semilunar valves. Type 2 distal defect: AP window located in the uppermost portion of the ascending aorta, with a well-formed inferior rim but little superior rim. Type 3 total defect: AP window involving the majority of the ascending aorta, with little superior and inferior rims. The intermediate type of AP window is similar to the total defect but with adequate superior and inferior rims. In the event of AP window occurring in association with interrupted aortic arch, code "Interrupted aortic arch + AP window (aortopulmonary window)", and then use additional (secondary) diagnostic codes to describe the interrupted aortic arch and AP window separately to provide further documentation about the individual interrupted arch and AP window types.)</p>

150	Pulmonary artery origin from ascending aorta (hemitruncus)	One pulmonary artery arises from the ascending aorta and the other pulmonary artery arises from the right ventricle. DOES NOT include origin of the right or left pulmonary artery from the innominate artery or the aortic arch via a patent ductus arteriosus or collateral artery.
160	Truncus arteriosus	Indicate if the patient has the diagnosis of "Truncus arteriosus". A truncus arteriosus is also known as a common arterial trunk and is defined as a heart in which a single arterial trunk arises from the heart, giving origin to the coronary arteries, the pulmonary arteries, and the systemic arterial circulation. In the majority of instances there is a ventricular septal defect and a single semilunar valve which may contain two, three, four, or more leaflets and is occasionally dysplastic. Often, the infundibular septum is virtually absent superiorly. In most instances the truncal valve overrides the true interventricular septum (and thus both ventricles), but very rarely the truncal valve may override the right ventricle entirely. In such instances, there may be no ventricular septal defect or a very small ventricular septal defect, in which case the left ventricle and mitral valve may be extremely hypoplastic.
170	Truncal valve insufficiency	Functional abnormality - insufficiency - of the truncal valve. May be further subdivided into grade of insufficiency (I, II, III, IV or mild, moderate, severe).
2470	Truncal valve stenosis	
2010	Truncus arteriosus + Interrupted aortic arch	Indicate if the patient has the diagnosis of "Truncus arteriosus + Interrupted aortic arch". {A truncus arteriosus is also known as a common arterial trunk and is defined as a heart in which a single arterial trunk arises from the heart, giving origin to the coronary arteries, the pulmonary arteries, and the systemic arterial circulation. In the majority of instances there is a ventricular septal defect and a single semilunar valve which may contain two, three, four, or more leaflets and is occasionally dysplastic. The infundibular septum is virtually absent superiorly. In most instances the truncal valve overrides the true interventricular septum (and thus both ventricles), but very rarely the truncal valve may override the right ventricle entirely. If in such case there is no ventricular septal defect, then the left ventricle and mitral valve may be extremely hypoplastic.} {Interrupted aortic arch is defined as the loss of luminal continuity between the ascending and descending aorta. In most cases blood flow to the descending thoracic aorta is through a PDA, and there is a large VSD. Arch interruption is further defined by site of interruption. In type A, interruption is distal to the left subclavian artery; in type B interruption is between the left carotid and left subclavian arteries; and in type C interruption occurs between the innominate and left carotid arteries.}
180	Partial anomalous pulmonary venous connection (PAPVC)	Some, but not all of the pulmonary veins connect to the right atrium or to one or more of its venous tributaries. This definition excludes sinus venosus defects with normally connected but abnormally draining pulmonary veins (the pulmonary veins may drain abnormally into the right atrium via the atrial septal defect).

190	Partial anomalous pulmonary venous connection (PAPVC), scimitar	The right pulmonary vein(s) connect anomalously to the inferior vena cava or to the right atrium at the insertion of the inferior vena cava. The descending vertical vein resembles a scimitar (Turkish sword) on frontal chest x-ray. Frequently associated with: hypoplasia of the right lung with bronchial anomalies; dextroposition and/or dextrorotation of the heart; hypoplasia of the right pulmonary artery; and anomalous subdiaphragmatic systemic arterial supply to the lower lobe of the right lung directly from the aorta or its main branches.
200	Total anomalous pulmonary venous connection (TAPVC), Type 1 (supracardiac)	All of the pulmonary veins connect anomalously with the right atrium or to one or more of its venous tributaries. None of the pulmonary veins connect normally to the left atrium. In Type 1 (supracardiac) TAPVC, the anomalous connection is at the supracardiac level and can be obstructed or nonobstructed.
210	Total anomalous pulmonary venous connection (TAPVC), Type 2 (cardiac)	All of the pulmonary veins connect anomalously with the right atrium or to one or more of its venous tributaries. None of the pulmonary veins connect normally to the left atrium. In Type 2 (cardiac) TAPVC, the anomalous connection is to the heart, either to the right atrium directly or to the coronary sinus. Most patients with type 2 TAPVC are nonobstructed.
220	Total anomalous pulmonary venous connection (TAPVC), Type 3 (infracardiac)	All of the pulmonary veins connect anomalously with the right atrium or to one or more of its venous tributaries. None of the pulmonary veins connect normally to the left atrium. In Type 3 (infracardiac) TAPVC, the anomalous connection is at the infracardiac level (below the diaphragm), with the pulmonary venous return entering the right atrium ultimately via the inferior vena cava. In the vast majority of patients infracardiac TAPVC is obstructed.
230	Total anomalous pulmonary venous connection (TAPVC), Type 4 (mixed)	All of the pulmonary veins connect anomalously with the right atrium or to one or more of its venous tributaries. None of the pulmonary veins connect normally to the left atrium. In Type 4 (mixed) TAPVC, the anomalous connection is at two or more of the above levels (supracardiac, cardiac, infracardiac) and can be obstructed or nonobstructed.
250	Cor triatriatum	In the classic form of cor triatriatum a membrane divides the left atrium (LA) into a posterior accessory chamber that receives the pulmonary veins and an anterior chamber (LA) that communicates with the mitral valve. In differentiating cor triatriatum from supralvalvar mitral ring, in cor triatriatum the posterior compartment contains the pulmonary veins while the anterior contains the left atrial appendage and the mitral valve orifice; in supralvalvar mitral ring, the anterior compartment contains only the mitral valve orifice. Cor triatriatum dexter (prominent venous valve producing obstruction of the IVC and tricuspid valve) is to be coded as a systemic venous obstruction, not as a form of cor triatriatum.
260	Pulmonary venous stenosis	Any pathologic narrowing of one or more pulmonary veins. Can be further subdivided by etiology (congenital, acquired-postoperative, acquired-nonpostoperative) and extent of stenosis (diffusely hypoplastic, long segment focal/tubular stenosis, discrete stenosis).
270	Systemic venous anomaly	Anomalies of the systemic venous system (superior vena cava (SVC), inferior vena cava (IVC), brachiocephalic veins (often

	the innominate vein), azygos vein, coronary sinus, levo-atrial cardinal vein) arising from one or more anomalies of origin, duplication, course, or connection. Examples include abnormal or absent right SVC with LSVC, bilateral SVC, interrupted right or left IVC, azygos continuation of IVC, and anomalies of hepatic drainage. Bilateral SVC may have, among other configurations: 1) RSVC draining to the RA and the LSVC to the LA with completely unroofed coronary sinus, 2) RSVC draining to the RA and LSVC to the coronary sinus which drains (normally) into the RA, or 3) RSVC to the coronary sinus which drains (abnormally) into the LA and LSVC to LA. Anomalies of the inferior vena caval system include, among others: 1) left IVC to LA, 2) biatrial drainage, or 3) interrupted IVC (left or right) with azygos continuation to an LSVC or RSVC.	
280	Systemic venous obstruction	Obstruction of the systemic venous system (superior vena cava (SVC), inferior vena cava (IVC), brachiocephalic veins (often the innominate vein), azygos vein, coronary sinus, levo-atrial cardinal vein) arising from congenital or acquired stenosis or occlusion. Cor triatriatum dexter (prominent venous valve producing obstruction of the IVC and tricuspid valve) is to be coded as a systemic venous obstruction, not as a form of cor triatriatum.
290	TOF	Indicate if the patient has the diagnosis of “TOF”. Only use this diagnosis if it is NOT known if the patient has one of the following four more specific diagnoses: (1). “TOF, Pulmonary stenosis”, (2). “TOF, AVC (AVSD)”, (3). “TOF, Absent pulmonary valve”, (4). “Pulmonary atresia, VSD (Including TOF, PA)”, or (5). “Pulmonary atresia, VSD-MAPCA (pseudotruncus)”. {“TOF” is “Tetralogy of Fallot” and is defined as a group of malformations with biventricular atrioventricular alignments or connections characterized by anterosuperior deviation of the conal or outlet septum or its fibrous remnant, narrowing or atresia of the pulmonary outflow, a ventricular septal defect of the malalignment type, and biventricular origin of the aorta. Hearts with tetralogy of Fallot will always have a ventricular septal defect, narrowing or atresia of the pulmonary outflow, and aortic override; hearts with tetralogy of Fallot will most often have right ventricular hypertrophy.} (An additional, often muscular [Type 4] VSD may be seen with TOF and should be coded separately as a secondary diagnosis as “VSD, Type 4 (Muscular)”. Pulmonary arteries may be diminutive or there may be an absent left or right pulmonary artery; additional coding for pulmonary artery and/or branch pulmonary artery stenoses may be found under RVOT obstruction. Abnormal coronary artery distribution may also be associated with tetralogy of Fallot and may be coded separately under coronary artery anomalies. The presence of associated anomalies such as additional VSD, atrial septal defect, right aortic arch, left superior vena cava, and coronary artery anomalies must be subspecified as an additional or secondary diagnosis under the primary TOF diagnosis. TOF with absent pulmonary valve or TOF with associated complete

	<p>atrioventricular canal are NOT to be secondary diagnoses under TOF - they are separate entities and should be coded as such. Controversy surrounds the differentiation between TOF and double outlet right ventricle [DORV]; in the nomenclature used here, DORV is defined as a type of ventriculoarterial connection in which both great vessels arise predominantly from the right ventricle. TOF with pulmonary atresia is to be coded under "Pulmonary atresia-VSD.")</p>
2140 TOF, Pulmonary stenosis	<p>Indicate if the patient has the diagnosis of "TOF, Pulmonary stenosis". Use this diagnosis if the patient has tetralogy of Fallot and pulmonary stenosis. Do not use this diagnosis if the patient has tetralogy of Fallot and pulmonary atresia. Do not use this diagnosis if the patient has tetralogy of Fallot and absent pulmonary valve. Do not use this diagnosis if the patient has tetralogy of Fallot and atrioventricular canal. {Tetralogy of Fallot is defined as a group of malformations with biventricular atrioventricular alignments or connections characterized by anterosuperior deviation of the conal or outlet septum or its fibrous remnant, narrowing or atresia of the pulmonary outflow, a ventricular septal defect of the malalignment type, and biventricular origin of the aorta. Hearts with tetralogy of Fallot will always have a ventricular septal defect, narrowing or atresia of the pulmonary outflow, and aortic override; hearts with tetralogy of Fallot will most often have right ventricular hypertrophy. (An additional, often muscular [Type 4] VSD may be seen with TOF and should be coded separately as a secondary diagnosis as "VSD, Type 4 (Muscular)". Pulmonary arteries may be diminutive or there may be an absent left or right pulmonary artery; additional coding for pulmonary artery and/or branch pulmonary artery stenoses may be found under RVOT obstruction. Abnormal coronary artery distribution may also be associated with tetralogy of Fallot and may be coded separately under coronary artery anomalies. The presence of associated anomalies such as additional VSD, atrial septal defect, right aortic arch, left superior vena cava, and coronary artery anomalies must be subspecified as an additional or secondary diagnosis under the primary TOF diagnosis. TOF with absent pulmonary valve or TOF with associated complete atrioventricular canal are NOT to be secondary diagnoses under TOF - they are separate entities and should be coded as such. Controversy surrounds the differentiation between TOF and double outlet right ventricle [DORV]; in the nomenclature used here, DORV is defined as a type of ventriculoarterial connection in which both great vessels arise predominantly from the right ventricle. TOF with pulmonary atresia is to be coded under "Pulmonary atresia-VSD.")}</p>
300 TOF, AVC (AVSD)	<p>TOF with complete common atrioventricular canal defect is a rare variant of common atrioventricular canal defect with the associated conotruncal abnormality of TOF. The anatomy of the endocardial cushion defect is that of Rastelli type C in almost all cases.</p>
310 TOF, Absent pulmonary valve	<p>Indicate if the patient has the diagnosis of "TOF, Absent pulmonary valve". "TOF, Absent pulmonary valve" is</p>

- “Tetralogy of Fallot with Absent pulmonary valve” and is defined as a malformation with all of the morphologic characteristics of tetralogy of Fallot (anterosuperior deviation of the conal or outlet septum or its fibrous remnant, narrowing of the pulmonary outflow, a ventricular septal defect of the malalignment type, and biventricular origin of the aorta), in which the ventriculo-arterial junction of the right ventricle with the main pulmonary artery features an atypical valve with rudimentary cusps that lack the anatomical semi-lunar features of normal valve cusps and which functionally do not achieve central coaptation. The physiologic consequence is usually a combination of variable degrees of both stenosis and regurgitation of the pulmonary valve. A developmental accompaniment of this anatomy and physiology is dilatation of the main pulmonary artery and central right and left pulmonary arteries, which when extreme, is associated with abnormal arborization of lobar and segmental pulmonary artery branches and with compression of the trachea and mainstem bronchi. One theory holds that absence of the arterial duct or ductal ligament (which is a nearly constant finding in cases of tetralogy of Fallot with absent pulmonary valve) in combination with pulmonary valve stenosis and regurgitation, comprise the physiologic conditions which predispose to central pulmonary artery dilatation during fetal development. (Tetralogy of Fallot with Absent Pulmonary Valve Syndrome is a term frequently used to describe the clinical presentation when it features both circulatory alterations and respiratory distress secondary to airway compression.)
- 320 Pulmonary atresia
- Pulmonary atresia defects which do not readily fall into pulmonary atresia-intact ventricular septum or pulmonary atresia-VSD (with or without MAPCAs) categories. These may include complex lesions in which pulmonary atresia is a secondary diagnosis, for example, complex single ventricle malformations with associated pulmonary atresia.
- 330 Pulmonary atresia, IVS
- Pulmonary atresia (PA) and intact ventricular septum (IVS) is a duct-dependent congenital malformation that forms a spectrum of lesions including atresia of the pulmonary valve, a varying degree of right ventricle and tricuspid valve hypoplasia, and anomalies of the coronary circulation. An RV dependent coronary artery circulation is present when coronary artery fistulas (coronary sinusoids) are associated with a proximal coronary artery stenosis. Associated Ebstein's anomaly of the tricuspid valve can be present; the tricuspid diameter is enlarged and the prognosis is poor.
- 340 Pulmonary atresia, VSD
(Including TOF, PA)
- Pulmonary atresia (PA) and ventricular septal defect (VSD) is a heterogeneous group of congenital cardiac malformations in which there is lack of luminal continuity and absence of blood flow from either ventricle (in cases with ventriculo-arterial discordance) and the pulmonary artery, in a biventricular heart that has an opening or a hole in the interventricular septum (VSD). The malformation forms a spectrum of lesions including tetralogy of Fallot with pulmonary atresia. Tetralogy of Fallot with PA is a specific type of PA-VSD where the

		intracardiac malformation is more accurately defined (extreme underdevelopment of the RV infundibulum with marked anterior and leftward displacement of the infundibular septum often fused with the anterior wall of the RV resulting in complete obstruction of blood flow into the pulmonary artery and associated with a large outlet, subaortic ventricular septal defect). In the vast majority of cases of PA-VSD the intracardiac anatomy is that of TOF. The pulmonary circulation in PA-VSD is variable in terms of origin of blood flow, presence or absence of native pulmonary arteries, presence or absence of major aortopulmonary collateral arteries (MAPCA(s)), and distal distribution (pulmonary parenchymal segment arborization) abnormalities. Native pulmonary arteries may be present or absent. If MAPCAs are present this code should not be used; instead, Pulmonary atresia, VSD-MAPCA (pseudotruncus) should be used.
350	Pulmonary atresia, VSD-MAPCA	MAPCA(s) are large and distinct arteries, highly variable in number, that usually arise from the descending thoracic aorta, but uncommonly may originate from the aortic arch or the subclavian, carotid or even the coronary arteries. MAPCA(s) may be associated with present or absent native pulmonary arteries. If present, the native pulmonary arteries may be hypoplastic, and either confluent or nonconfluent. Systemic pulmonary collateral arteries have been categorized into 3 types based on their site of origin and the way they connect to the pulmonary circulation: direct aortopulmonary collaterals, indirect aortopulmonary collaterals, and true bronchial arteries. Only the first two should be considered MAPCA(s). If MAPCA(s) are associated with PA-VSD or TOF, PA this code should be used.
360	MAPCA(s) (major aortopulmonary collateral[s]) (without PA-VSD)	Rarely MAPCA(s) may occur in patients who do not have PA-VSD, but have severe pulmonary stenosis. The intracardiac anatomy in patients who have MAPCA(s) without PA should be specifically coded in each case as well.
370	Ebstein's anomaly	Indicate if the patient has the diagnosis of "Ebstein's anomaly". Ebstein's anomaly is a malformation of the tricuspid valve and right ventricle that is characterized by a spectrum of several features: (1) incomplete delamination of tricuspid valve leaflets from the myocardium of the right ventricle; (2) downward (apical) displacement of the functional annulus; (3) dilation of the "atrialized" portion of the right ventricle with variable degrees of hypertrophy and thinning of the wall; (4) redundancy, fenestrations, and tethering of the anterior leaflets; and (5) dilation of the right atrioventricular junction (the true tricuspid annulus). These anatomical and functional abnormalities cause tricuspid regurgitation (and rarely tricuspid stenosis) that results in right atrial and right ventricular dilatation and atrial and ventricular arrhythmias. With increasing degrees of anatomic severity of malformation, the fibrous transformation of leaflets from their muscular precursors remains incomplete, with the septal leaflet being most severely involved, the posterior leaflet less severely involved, and the anterior leaflet usually the least severely

		involved. Associated cardiac anomalies include an interatrial communication, the presence of accessory conduction pathways often associated with Wolff-Parkinson-White syndrome, and dilation of the right atrium and right ventricle in patients with severe Ebstein's anomaly. (Varying degrees of right ventricular outflow tract obstruction may be present, including pulmonary atresia in some cases. Such cases of Ebstein's anomaly with pulmonary atresia should be coded with a Primary Diagnosis of "Ebstein's anomaly", and a Secondary Diagnosis of "Pulmonary atresia".) (Some patients with atrioventricular discordance and ventriculoarterial discordance in situs solitus [congenitally corrected transposition] have an Ebstein-like deformity of the left-sided morphologically tricuspid valve. The nature of the displacement of the septal and posterior leaflets is similar to that in right-sided Ebstein's anomaly in patients with atrioventricular concordance and ventriculoarterial concordance in situs solitus. These patients with "Congenitally corrected TGA" and an Ebstein-like deformity of the left-sided morphologically tricuspid valve should be coded with a Primary Diagnosis of "Congenitally corrected TGA", and a Secondary Diagnosis of "Ebstein's anomaly".)
380	Tricuspid regurgitation, non-Ebstein's related	Non-Ebstein's tricuspid regurgitation may be due to congenital factors (primary annular dilation, prolapse, leaflet underdevelopment, absent papillary muscle/chordae) or acquired (post cardiac surgery or secondary to rheumatic fever, endocarditis, trauma, tumor, cardiomyopathy, iatrogenic or other causes).
390	Tricuspid stenosis	Tricuspid stenosis may be due to congenital factors (valvar hypoplasia, abnormal subvalvar apparatus, double-orifice valve, parachute deformity) or acquired (post cardiac surgery or secondary to carcinoid, rheumatic fever, tumor, systemic disease, iatrogenic, or other causes).
400	Tricuspid regurgitation and tricuspid stenosis	Tricuspid regurgitation present with tricuspid stenosis may be due to congenital factors or acquired.
410	Tricuspid valve, Other	Tricuspid valve pathology not otherwise specified in diagnosis definitions 370, 380, 390 and 400.
420	Pulmonary stenosis, Valvar	Pulmonary stenosis, Valvar ranges from critical neonatal pulmonic valve stenosis with hypoplasia of the right ventricle to valvar pulmonary stenosis in the infant, child, or adult, usually better tolerated but potentially associated with infundibular stenosis. Pulmonary branch hypoplasia can be associated. Only 10% of neonates with Pulmonary stenosis, Valvar with intact ventricular septum have RV-to-coronary artery fistula(s). An RV dependent coronary artery circulation is present when coronary artery fistulas (coronary sinusoids) are associated with a proximal coronary artery stenosis; this occurs in only 2% of neonates with Pulmonary stenosis, Valvar with IVS.
430	Pulmonary artery stenosis (hypoplasia), Main (trunk)	Indicate if the patient has the diagnosis of "Pulmonary artery stenosis (hypoplasia), Main (trunk)". "Pulmonary artery stenosis (hypoplasia), Main (trunk)" is defined as a congenital or acquired anomaly with pulmonary trunk (main pulmonary artery) narrowing or hypoplasia. The stenosis or hypoplasia

		may be isolated or associated with other cardiac lesions. Since the narrowing is distal to the pulmonic valve, it may also be known as supralvalvar pulmonary stenosis.
440	Pulmonary artery stenosis, Branch, Central (within the hilar bifurcation)	Indicate if the patient has the diagnosis of “Pulmonary artery stenosis, Branch, Central (within the hilar bifurcation)”. “Pulmonary artery stenosis, Branch, Central (within the hilar bifurcation)” is defined as a congenital or acquired anomaly with central pulmonary artery branch (within the hilar bifurcation involving the right or left pulmonary artery, or both) narrowing or hypoplasia. The stenosis or hypoplasia may be isolated or associated with other cardiac lesions. Coarctation of the pulmonary artery is related to abnormal extension of the ductus arteriosus into a pulmonary branch, more frequently the left branch.
450	Pulmonary artery stenosis, Branch, Peripheral (at or beyond the hilar bifurcation)	Indicate if the patient has the diagnosis of “Pulmonary artery stenosis, Branch, Peripheral (at or beyond the hilar bifurcation)”. “Pulmonary artery stenosis, Branch, Peripheral (at or beyond the hilar bifurcation)” is defined as a congenital or acquired anomaly with peripheral pulmonary artery narrowing or hypoplasia (at or beyond the hilar bifurcation). The stenosis or hypoplasia may be isolated or associated with other cardiac lesions.
470	Pulmonary artery, Discontinuous	Indicate if the patient has the diagnosis of “Pulmonary artery, Discontinuous”. Pulmonary artery, Discontinuous” is defined as a congenital or acquired anomaly with discontinuity between the branch pulmonary arteries or between a branch pulmonary artery and the main pulmonary artery trunk.
490	Pulmonary stenosis, Subvalvar	Subvalvar (infundibular) pulmonary stenosis is a narrowing of the outflow tract of the right ventricle below the pulmonic valve. It may be due to a localized fibrous diaphragm just below the valve, an obstructing muscle bundle or to a long narrow fibromuscular channel.
500	DCRV	The double chambered right ventricle is characterized by a low infundibular (subvalvar) stenosis rather than the rare isolated infundibular stenosis that develops more superiorly in the infundibulum, and is often associated with one or several closing VSDs. In some cases, the VSD is already closed. The stenosis creates two chambers in the RV, one inferior including the inlet and trabecular portions of the RV and one superior including the infundibulum.
510	Pulmonary valve, Other	Other anomalies of the pulmonary valve may be listed here including but not restricted to absent pulmonary valve.
530	Pulmonary insufficiency	Pulmonary valve insufficiency or regurgitation may be due to congenital factors (primary annular dilation, prolapse, leaflet underdevelopment, etc.) or acquired (for example, post cardiac surgery for repair of tetralogy of Fallot, etc.).
540	Pulmonary insufficiency and pulmonary stenosis	Pulmonary valve insufficiency and pulmonary stenosis beyond the neonatal period, in infancy and childhood, may be secondary to leaflet tissue that has become thickened and myxomatous. Retraction of the commissure attachment frequently creates an associated supralvalvar stenosis.
2130	Shunt failure	Indicate if the patient has the diagnosis of “Shunt failure”. This

diagnostic subgroup includes failure of any of a variety of shunts (“Shunt, Systemic to pulmonary, Modified Blalock-Taussig Shunt (MBTS)”, “Shunt, Systemic to pulmonary, Central (from aorta or to main pulmonary artery)”, “Shunt, Systemic to pulmonary, Other”, and “Sano Shunt”), secondary to any of the following etiologies: shunt thrombosis, shunt occlusion, shunt stenosis, shunt obstruction, and shunt outgrowth. This diagnosis (“Shunt failure”) would be the primary diagnosis in a patient with, for example, “Hypoplastic left heart syndrome (HLHS)” who underwent a “Norwood procedure” with a “Modified Blalock-Taussig Shunt” and now requires reoperation for thrombosis of the “Modified Blalock-Taussig Shunt”. The underlying or fundamental diagnosis in this patient is “Hypoplastic left heart syndrome (HLHS)”, but the primary diagnosis for the operation to be performed to treat the thrombosis of the “Modified Blalock-Taussig Shunt” would be “Shunt failure”.

Please note that the choice “2130 Shunt failure” does not include “520 Conduit failure”.

520 Conduit failure

Indicate if the patient has the diagnosis of “Conduit failure”. This diagnostic subgroup includes failure of any of a variety of conduits (ventricular [right or left]-to-PA conduits, as well as a variety of other types of conduits [ventricular {right or left}-to-aorta, RA-to-RV, etc.]), secondary to any of the following etiologies: conduit outgrowth, obstruction, stenosis, insufficiency, or insufficiency and stenosis. This diagnosis (“Conduit failure”) would be the primary diagnosis in a patient with, for example, “Truncus arteriosus” repaired in infancy who years later is hospitalized because of conduit stenosis/insufficiency. The underlying or fundamental diagnosis in this patient is “Truncus arteriosus”, but the primary diagnosis for the operation to be performed during the hospitalization (in this case, “Conduit reoperation”) would be “Conduit failure”.

Please note that the choice “520 Conduit failure” does not include “2130 Shunt failure”.

550 Aortic stenosis, Subvalvar

Subaortic obstruction can be caused by different lesions: subaortic membrane or tunnel, accessory mitral valve tissue, abnormal insertion of the mitral anterior leaflet to the ventricular septum, deviation of the outlet septum (seen in coarctation of the aorta and interrupted aortic arch), or a restrictive bulboventricular foramen in single ventricle complexes. The Shone complex consists of subvalvar aortic stenosis in association with supralvalvar mitral ring, parachute mitral valve, and coarctation of aorta. Subvalvar aortic stenosis may be categorized into two types: localized subvalvar aortic stenosis, which consists of a fibrous or fibromuscular ridge, and diffuse tunnel subvalvar aortic stenosis, in which circumferential narrowing commences at the annular level and extends downward for 1-3 cm. Idiopathic hypertrophic subaortic stenosis (IHSS) is also known as hypertrophic

- obstructive cardiomyopathy (HOCM), and is characterized by a primary hypertrophy of the myocardium. The obstructive forms involve different degrees of dynamic subvalvar aortic obstruction from a thickened ventricular wall and anterior motion of the mitral valve. Definitive nomenclature and therapeutic options for IHSS are listed under cardiomyopathy.
- 560 Aortic stenosis, Valvar Valvar aortic stenosis may be congenital or acquired. In its congenital form there are two types: critical (infantile), seen in the newborn in whom systemic perfusion depends on a patent ductus arteriosus, and noncritical, seen in infancy or later. Acquired valvar stenosis may be seen after as a result of rheumatic valvar disease, or from stenotic changes of an aortic valve prosthesis. Congenital valvar stenosis may result: (1) from complete fusion of commissures (acommissural) that results in a dome-shaped valve with a pinpoint opening (seen most commonly in infants with critical aortic valve stenosis); (2) from a unicommissural valve with one defined commissure and eccentric orifice (often with two raphe radiating from the ostium indicating underdeveloped commissures of a tricuspid aortic valve); (3) from a bicuspid aortic valve, with leaflets that can be equal in size or discrepant, and in left-right or anterior-posterior position; and finally (4) from a dysplastic tricuspid valve, which may have a gelatinous appearance with thick rarely equal in size leaflets, often obscuring the commissures. The dysplastic, tricuspid or bicuspid form of aortic valve deformity may not be initially obstructive but may become stenotic later in life due to leaflet thickening and calcification.
- 570 Aortic stenosis, Supravalvar Congenital supravalvar aortic stenosis is described as three forms: an hourglass deformity, a fibrous membrane, and a diffuse narrowing of the ascending aorta. The disease can be inherited as an autosomal dominant trait or part of Williams-Beuren syndrome in association with mental retardation, elfin facies, failure to thrive, and occasionally infantile hypercalcemia. Supravalvar aortic stenosis may involve the coronary artery ostia, and the aortic leaflets may be tethered. The coronary arteries can become tortuous and dilated due to elevated pressures and early atherosclerosis may ensue. Supravalvar aortic stenosis may also be acquired: (1) after a neo-aortic reconstruction such as arterial switch, Ross operation, or Norwood procedure; (2) at a suture line from a previous aortotomy or cannulation; and (3) from a narrowed conduit.
- 590 Aortic valve atresia Aortic valve atresia will most often be coded under the Hypoplastic left heart syndrome/complex diagnostic codes since it most often occurs as part of a spectrum of cardiac malformations. However, there is a small subset of patients with aortic valve atresia who have a well-developed left ventricle and mitral valve and a large VSD (nonrestrictive or restrictive). The diagnostic code "Aortic valve atresia" enables users to report those patients with aortic valve atresia and a well-developed systemic ventricle without recourse to either a hypoplastic left heart syndrome/complex diagnosis or a single ventricle diagnosis.
- 600 Aortic insufficiency Congenital aortic regurgitation/insufficiency is rare as an

		<p>isolated entity. There are rare reports of congenital malformation of the aortic valve that result in aortic insufficiency shortly after birth from an absent or underdeveloped aortic valve cusp. Aortic insufficiency is more commonly seen with other associated cardiac anomalies: (1) in stenotic aortic valves (commonly stenotic congenital bicuspid aortic valves) with some degree of aortic regurgitation due to aortic leaflet abnormality; (2) in association with a VSD (especially in supracristal or conal type I VSD, more commonly seen in Asian populations); (3) secondary to aortic-left ventricular tunnel; (4) secondary to tethering or retraction of aortic valve leaflets in cases of supraaortic stenosis that may involve the aortic valve; and similarly (5) secondary to encroachment on an aortic cusp by a subaortic membrane; or (6) turbulence caused by a stenotic jet can create progressive aortic regurgitation. Aortic insufficiency may also result from: (1) post-procedure such as closed or open valvotomy or aortic valve repair, VSD closure, balloon valvotomy, or diagnostic catheterization; (2) in the neo-aorta post arterial switch, pulmonary autograft (Ross) procedure, homograft placement, Norwood procedure, or Damus-Kaye-Stansel procedure; (3) as a result of endocarditis secondary to perforated or prolapsed leaflets or annular dehiscence; (4) secondary to annulo-aortic ectasia with prolapsed or noncoapting leaflets; (5) secondary to trauma, blunt or penetrating; or (6) as a result of aortitis, bacterial, viral or autoimmune. Aortic regurgitation secondary to prosthetic failure should be coded first as either conduit failure or prosthetic valve failure, as applicable, and secondarily as aortic regurgitation secondary to prosthetic failure (perivalvar or due to structural failure). The underlying fundamental diagnosis that led to the initial conduit or valve prosthesis placement should also be described.</p>
610	Aortic insufficiency and aortic stenosis	<p>Aortic insufficiency is often seen in association with stenotic aortic valve, commonly the stenotic congenital bicuspid aortic valve. The degree of aortic regurgitation is due to the severity of the aortic leaflet abnormality.</p>
620	Aortic valve, Other	<p>This diagnostic subgroup may be used to delineate aortic valve cusp number (unicuspid, bicuspid, tricuspid, more than three cusps), commissural fusion (normal, partially fused, completely fused), and valve leaflet (normal, thickened, dysplastic, calcified, gelatinous), annulus (normal, hypoplastic, calcified), or sinus description (normal, dilated). Note that any extensive descriptors chosen within those made available by a vendor will be converted, at harvest, to Aortic valve, Other.</p>
630	Sinus of Valsalva aneurysm	<p>The sinus of Valsalva is defined as that portion of the aortic root between the aortic root annulus and the sinotubular ridge. A congenital sinus of Valsalva aneurysm is a dilation usually of a single sinus of Valsalva. These most commonly originate from the right sinus (65%-85%), less commonly from the noncoronary sinus (10%-30%), and rarely from the left sinus (<5%). A true sinus of Valsalva aneurysm presents above the aortic annulus. The hierarchical coding system distinguishes between congenital versus acquired, ruptured versus</p>

- nonruptured, sinus of origin, and chamber/site of penetration (right atrium, right ventricle, left atrium, left ventricle, pulmonary artery, pericardium). A nonruptured congenital sinus of Valsalva aneurysm may vary from a mild dilation of a single aortic sinus to an extensive windsock deformity. Rupture of a congenital sinus of Valsalva aneurysm into an adjacent chamber occurs most commonly between the ages of 15-30 years. Rupture may occur spontaneously, after trauma, after strenuous physical exertion, or from acute bacterial endocarditis. Congenital etiology is supported by the frequent association of sinus of Valsalva aneurysms with VSDs. Other disease processes are also associated with sinus of Valsalva aneurysm and include: syphilis, endocarditis, cystic medial necrosis, atherosclerosis, and trauma. Acquired sinus of Valsalva aneurysms more frequently involve multiple sinuses of Valsalva; when present in multiple form they are more appropriately classified as aneurysms of the aortic root.
- 640 LV to aorta tunnel
- The aortico-left ventricular tunnel (LV-to-aorta tunnel) is an abnormal paravalvular (alongside or in the vicinity of a valve) communication between the aorta and left ventricle, commonly divided into 4 types: (1) type I, a simple tunnel with a slit-like opening at the aortic end and no aortic valve distortion; (2) type II, a large extracardiac aortic wall aneurysm of the tunnel with an oval opening at the aortic end, with or without ventricular distortion; (3) type III, intracardiac aneurysm of the septal portion of the tunnel, with or without right ventricular outflow obstruction; and (4) type IV, a combination of types II and III. Further differentiation within these types may be notation of right coronary artery arising from the wall of the tunnel. If a LV-to-aorta tunnel communicates with the right ventricle, many feel that the defect is really a ruptured sinus of Valsalva aneurysm.
- 650 Mitral stenosis, Supravalvar mitral ring
- Supravalvar mitral ring is formed by a circumferential ridge of tissue that is attached to the anterior mitral valve leaflet (also known as the aortic leaflet) slightly below its insertion on the annulus and to the atrium slightly above the attachment of the posterior mitral valve leaflet (also known as the mural leaflet). Depending on the diameter of the ring orifice, varying degrees of obstruction exist. The underlying valve is usually abnormal and frequently stenotic or hypoplastic. Supravalvar mitral ring is commonly associated with other stenotic lesions such as parachute or hammock valve (subvalvar stenosis), papillary muscle fusion (subvalvar stenosis), and double orifice mitral valve (valvar stenosis). Differentiation from cor triatriatum focuses on the compartments created by the supravalvar ring. In cor triatriatum the posterior compartment contains the pulmonary veins; the anterior contains the left atrial appendage and the mitral valve orifice. In supravalvar mitral ring, the posterior compartment contains the pulmonary veins and the left atrial appendage; the anterior compartment contains only the mitral valve orifice. When coding multiple mitral valvar lesions the predominant defect causing the functional effect (regurgitation, stenosis, or regurgitation and stenosis) should be listed as the primary defect.

660	Mitral stenosis, Valvar	Valvar mitral stenosis may arise from congenital (annular and / or leaflet) or acquired causes, both surgical (after mitral valve repair or replacement or other cardiac surgery) and non-surgical (post rheumatic heart disease, infective endocarditis, ischemia, myxomatous degeneration, trauma, or cardiomyopathy). Mitral valve annular hypoplasia is distinguished from severe mitral valve hypoplasia and mitral valve atresia, which are typically components of hypoplastic left heart syndrome. When coding multiple mitral valvar lesions the predominant defect causing the functional effect (regurgitation, stenosis, or regurgitation and stenosis) should be listed as the primary defect.
670	Mitral stenosis, Subvalvar	Congenital subvalvar mitral stenosis may be due to obstructive pathology of either the chordae tendineae and / or papillary muscles which support the valve leaflets. When coding multiple mitral valvar lesions the predominant defect causing the functional effect (regurgitation, stenosis, or regurgitation and stenosis) should be listed as the primary defect.
680	Mitral stenosis, Subvalvar, Parachute	In parachute mitral valve, all chordae are attached to a single papillary muscle originating from the posterior ventricular wall. When the interchordal spaces are partially obliterated valvar stenosis results. This defect also causes valvar insufficiency, most commonly due to a cleft leaflet, a poorly developed anterior leaflet, short chordae, or annular dilatation. This lesion is also part of Shone's anomaly, which consists of the parachute mitral valve, supralvalvar mitral ring, subaortic stenosis, and coarctation of the aorta. When coding multiple mitral valvar lesions the predominant defect causing the functional effect (regurgitation, stenosis, or regurgitation and stenosis) should be listed as the primary defect.
695	Mitral stenosis	Stenotic lesions of the mitral valve not otherwise specified in the diagnosis definitions 650, 660, 670, and 680.
700	Mitral regurgitation and mitral stenosis	Mitral regurgitation and mitral stenosis may arise from congenital or acquired causes or after cardiac surgery. Additional details to aid in coding specific components of the diagnosis are available in the individual mitral stenosis or mitral regurgitation field definitions. When coding multiple mitral valve lesions the predominant defect causing the functional effect (regurgitation, stenosis, or regurgitation and stenosis) should be listed as the primary defect.
710	Mitral regurgitation	Mitral regurgitation may arise from congenital (at the annular, leaflet or subvalvar level) or acquired causes both surgical (after mitral valve repair or replacement, subaortic stenosis repair, atrioventricular canal repair, cardiac transplantation, or other cardiac surgery) and non-surgical (post rheumatic heart disease, infective endocarditis, ischemia (with chordal rupture or papillary muscle infarct), myxomatous degeneration including Barlow's syndrome, trauma, or cardiomyopathy). Congenital lesions at the annular level include annular dilatation or deformation (usually deformation is consequent to associated lesions). At the valve leaflet level, mitral regurgitation may be due to a cleft, hypoplasia or agenesis of leaflet(s), excessive leaflet tissue, or a double orifice valve. At the subvalvar level, mitral regurgitation may be secondary to

		chordae tendineae anomalies (agenesis, rupture, elongation, or shortening as in funnel valve), or to papillary muscle anomalies (hypoplasia or agenesis, shortening, elongation, single-parachute, or multiple-hammock valve). When coding multiple mitral valvar lesions the predominant defect causing the functional effect (regurgitation, stenosis, or regurgitation and stenosis) should be listed as the primary defect.
720	Mitral valve, Other	Mitral valve pathology not otherwise coded in diagnosis definitions 650 through 710.
730	Hypoplastic left heart syndrome (HLHS)	Hypoplastic left heart syndrome (HLHS) is a spectrum of cardiac malformations characterized by a severe underdevelopment of the left heart-aorta complex, consisting of aortic and/or mitral valve atresia, stenosis, or hypoplasia with marked hypoplasia or absence of the left ventricle, and hypoplasia of the ascending aorta and of the aortic arch with coarctation of the aorta. Hypoplastic left heart complex is a subset of patients at the favorable end of the spectrum of HLHS characterized by hypoplasia of the structures of the left heart-aorta complex, consisting of aortic and mitral valve hypoplasia without valve stenosis or atresia, hypoplasia of the left ventricle, hypoplasia of the left ventricular outflow tract, hypoplasia of the ascending aorta and of the aortic arch, with or without coarctation of the aorta.
2080	Shone's syndrome	Shone's syndrome is a syndrome of multilevel hypoplasia and obstruction of left sided cardiovascular structures including more than one of the following lesions: (1) supralvalvar ring of the left atrium, (2) a parachute deformity of the mitral valve, (3) subaortic stenosis, and (4) aortic coarctation. The syndrome is based on the original report from Shone [1] that was based on analysis of 8 autopsied cases and described the tendency of these four obstructive, or potentially obstructive, conditions to coexist. Only 2 of the 8 cases exhibited all four conditions, with the other cases exhibiting only two or three of the anomalies [2]. [1] Shone JD, Sellers RD, Anderson RG, Adams P, Lillehei CW, Edwards JE. The developmental complex of "parachute mitral valve", supralvalvar ring of left atrium, subaortic stenosis, and coarctation of the aorta. <i>Am J Cardiol</i> 1963; 11: 714–725. [2]. Tchervenkov CI, Jacobs JP, Weinberg PM, Aiello VD, Beland MJ, Colan SD, Elliott MJ, Franklin RC, Gaynor JW, Krogmann ON, Kurosawa H, Maruszewski B, Stellin G. The nomenclature, definition and classification of hypoplastic left heart syndrome. <i>Cardiology in the Young</i> , 2006; 16(4): 339–368, August 2006.
740	Cardiomyopathy (including dilated, restrictive, and hypertrophic)	Please note that the term "2080 Shone's syndrome" may be the "Fundamental Diagnosis" of a patient; however, the term "2080 Shone's syndrome" may not be the "Primary Diagnosis" of an operation. The term "2080 Shone's syndrome" may be a "Secondary Diagnosis" of an operation. Cardiomyopathy is a term applied to a wide spectrum of cardiac diseases in which the predominant feature is poor myocardial function in the absence of any anatomic abnormalities. Cardiomyopathies can be divided into three relatively easily

		distinguishable entities: (1) dilated, characterized by ventricular dilatation and systolic dysfunction; (2) hypertrophic, characterized by physiologically inappropriate hypertrophy of the left ventricle; and (3) restrictive, characterized by diastolic dysfunction, with a presentation often identical to constrictive pericarditis. Also included in this diagnostic category are patients with a cardiomyopathy or syndrome confined to the right ventricle, for example: (1) arrhythmogenic right ventricular dysplasia; (2) Uhl's syndrome (hypoplasia of right ventricular myocardium, parchment heart); or (3) spongiform cardiomyopathy.
750	Cardiomyopathy, End-stage congenital heart disease	Myocardial abnormality in which there is systolic and/or diastolic dysfunction in the presence of structural congenital heart disease without any (or any further) surgically correctable lesions.
760	Pericardial effusion	Inflammatory stimulation of the pericardium that results in the accumulation of appreciable amounts of pericardial fluid (also known as effusive pericarditis). The effusion may be idiopathic or acquired (e.g., postoperative, infectious, uremic, neoplastic, traumatic, drug-induced).
770	Pericarditis	Inflammatory process of the pericardium that leads to either (1) effusive pericarditis with accumulation of appreciable amounts of pericardial fluid or (2) constrictive pericarditis that leads to pericardial thickening and compression of the cardiac chambers, ultimately with an associated significant reduction in cardiac function. Etiologies are varied and include idiopathic or acquired (e.g., postoperative, infectious, uremic, neoplastic, traumatic, drug-induced) pericarditis.
780	Pericardial disease, Other	A structural or functional abnormality of the visceral or parietal pericardium that may, or may not, have a significant impact on cardiac function. Included are absence or partial defects of the pericardium.
790	Single ventricle, DILV	A congenital cardiac malformation in which both atria connect to a single, morphologically left ventricle.

The version of the IPCCC derived from the International Congenital Heart Surgery Nomenclature and Database Project of the EACTS and STS uses the term "single ventricle" as synonymous for the "functionally univentricular heart".

The term "functionally univentricular heart" describes a spectrum of congenital cardiovascular malformations in which the ventricular mass may not readily lend itself to partitioning that commits one ventricular pump to the systemic circulation, and another to the pulmonary circulation. A heart may be functionally univentricular because of its anatomy or because of the lack of feasibility or lack of advisability of surgically partitioning the ventricular mass. Common lesions in this category typically include double inlet right ventricle (DIRV), double inlet left ventricle (DILV), tricuspid atresia, mitral atresia, and hypoplastic left heart syndrome. Other lesions which sometimes may be considered to be a functionally univentricular heart include complex forms of atrioventricular

	<p>septal defect, double outlet right ventricle, congenitally corrected transposition, pulmonary atresia with intact ventricular septum, and other cardiovascular malformations. Specific diagnostic codes should be used whenever possible, and not the term "functionally univentricular heart".</p> <p>Reference: Jacobs JP, Franklin RCG, Jacobs ML, Colan SD, Tchervenkov CI, Maruszewski B, Gaynor JW, Spray TL, Stellin G, Aiello VD, Béland MJ, Krogmann ON, Kurosawa H, Weinberg PM, Elliott MJ, Mavroudis C, Anderson R. Classification of the Functionally Univentricular Heart: Unity from mapped codes. In 2006 Supplement to Cardiology in the Young: Controversies and Challenges in the Management of the Functionally Univentricular Heart, Jacobs JP, Wernovsky G, Gaynor JW, and Anderson RH (editors). Cardiology in the Young, Volume 16, Supplement 1: 9 - 21, February 2006.</p>
800 Single ventricle, DIRV	<p>A congenital cardiac malformation in which both atria connect to a single, morphologically right ventricle</p> <p>The version of the IPCCC derived from the International Congenital Heart Surgery Nomenclature and Database Project of the EACTS and STS uses the term "single ventricle" as synonymous for the "functionally univentricular heart".</p> <p>The term "functionally univentricular heart" describes a spectrum of congenital cardiovascular malformations in which the ventricular mass may not readily lend itself to partitioning that commits one ventricular pump to the systemic circulation, and another to the pulmonary circulation. A heart may be functionally univentricular because of its anatomy or because of the lack of feasibility or lack of advisability of surgically partitioning the ventricular mass. Common lesions in this category typically include double inlet right ventricle (DIRV), double inlet left ventricle (DILV), tricuspid atresia, mitral atresia, and hypoplastic left heart syndrome. Other lesions which sometimes may be considered to be a functionally univentricular heart include complex forms of atrioventricular septal defect, double outlet right ventricle, congenitally corrected transposition, pulmonary atresia with intact ventricular septum, and other cardiovascular malformations. Specific diagnostic codes should be used whenever possible, and not the term "functionally univentricular heart".</p> <p>Reference: Jacobs JP, Franklin RCG, Jacobs ML, Colan SD, Tchervenkov CI, Maruszewski B, Gaynor JW, Spray TL, Stellin G, Aiello VD, Béland MJ, Krogmann ON, Kurosawa H, Weinberg PM, Elliott MJ, Mavroudis C, Anderson R. Classification of the Functionally Univentricular Heart: Unity from mapped codes. In 2006 Supplement to Cardiology in the Young: Controversies and Challenges in the Management of the Functionally Univentricular Heart, Jacobs JP, Wernovsky G, Gaynor JW, and Anderson RH (editors). Cardiology in the Young, Volume 16, Supplement 1: 9 - 21, February 2006.</p>
810 Single ventricle, Mitral atresia	<p>A congenital cardiac malformation in which there is no orifice</p>

of mitral valve

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The term "functionally univentricular heart" describes a spectrum of congenital cardiovascular malformations in which the ventricular mass may not readily lend itself to partitioning that commits one ventricular pump to the systemic circulation, and another to the pulmonary circulation. A heart may be functionally univentricular because of its anatomy or because of the lack of feasibility or lack of advisability of surgically partitioning the ventricular mass. Common lesions in this category typically include double inlet right ventricle (DIRV), double inlet left ventricle (DILV), tricuspid atresia, mitral atresia, and hypoplastic left heart syndrome. Other lesions which sometimes may be considered to be a functionally univentricular heart include complex forms of atrioventricular septal defect, double outlet right ventricle, congenitally corrected transposition, pulmonary atresia with intact ventricular septum, and other cardiovascular malformations. Specific diagnostic codes should be used whenever possible, and not the term "functionally univentricular heart".

Reference: Jacobs JP, Franklin RCG, Jacobs ML, Colan SD, Tchervenkov CI, Maruszewski B, Gaynor JW, Spray TL, Stellin G, Aiello VD, Béland MJ, Krogmann ON, Kurosawa H, Weinberg PM, Elliott MJ, Mavroudis C, Anderson R.

Classification of the Functionally Univentricular Heart: Unity from mapped codes. In 2006 Supplement to Cardiology in the Young: Controversies and Challenges in the Management of the Functionally Univentricular Heart, Jacobs JP, Wernovsky G, Gaynor JW, and Anderson RH (editors). Cardiology in the Young, Volume 16, Supplement 1: 9 - 21, February 2006.

820 Single ventricle, Tricuspid atresia

A congenital cardiac malformation in which there is no orifice of tricuspid valve.

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The term "functionally univentricular heart" describes a spectrum of congenital cardiovascular malformations in which the ventricular mass may not readily lend itself to partitioning that commits one ventricular pump to the systemic circulation, and another to the pulmonary circulation. A heart may be functionally univentricular because of its anatomy or because of the lack of feasibility or lack of advisability of surgically partitioning the ventricular mass. Common lesions in this category typically include double inlet right ventricle (DIRV), double inlet left ventricle (DILV), tricuspid atresia, mitral

- atresia, and hypoplastic left heart syndrome. Other lesions which sometimes may be considered to be a functionally univentricular heart include complex forms of atrioventricular septal defect, double outlet right ventricle, congenitally corrected transposition, pulmonary atresia with intact ventricular septum, and other cardiovascular malformations. Specific diagnostic codes should be used whenever possible, and not the term "functionally univentricular heart".
- Reference: Jacobs JP, Franklin RCG, Jacobs ML, Colan SD, Tchervenkov CI, Maruszewski B, Gaynor JW, Spray TL, Stellin G, Aiello VD, Béland MJ, Krogmann ON, Kurosawa H, Weinberg PM, Elliott MJ, Mavroudis C, Anderson R. Classification of the Functionally Univentricular Heart: Unity from mapped codes. In 2006 Supplement to Cardiology in the Young: Controversies and Challenges in the Management of the Functionally Univentricular Heart, Jacobs JP, Wernovsky G, Gaynor JW, and Anderson RH (editors). Cardiology in the Young, Volume 16, Supplement 1: 9 - 21, February 2006.
- 830 Single ventricle, Unbalanced AV canal
- Single ventricle anomalies with a common atrioventricular (AV) valve and only one completely well developed ventricle. If the common AV valve opens predominantly into the morphologic left ventricle, the defect is termed a left ventricular (LV)-type or LV-dominant AV septal defect. If the common AV valve opens predominantly into the morphologic right ventricle, the defect is termed a right ventricular (RV)-type or RV-dominant AV septal defect.
- The version of the IPCCC derived from the International Congenital Heart Surgery Nomenclature and Database Project of the EACTS and STS uses the term "single ventricle" as synonymous for the "functionally univentricular heart".
- The term "functionally univentricular heart" describes a spectrum of congenital cardiovascular malformations in which the ventricular mass may not readily lend itself to partitioning that commits one ventricular pump to the systemic circulation, and another to the pulmonary circulation. A heart may be functionally univentricular because of its anatomy or because of the lack of feasibility or lack of advisability of surgically partitioning the ventricular mass. Common lesions in this category typically include double inlet right ventricle (DIRV), double inlet left ventricle (DILV), tricuspid atresia, mitral atresia, and hypoplastic left heart syndrome. Other lesions which sometimes may be considered to be a functionally univentricular heart include complex forms of atrioventricular septal defect, double outlet right ventricle, congenitally corrected transposition, pulmonary atresia with intact ventricular septum, and other cardiovascular malformations. Specific diagnostic codes should be used whenever possible, and not the term "functionally univentricular heart".
- 840 Single ventricle, Heterotaxia syndrome
- "Heterotaxia syndrome" is synonymous with "heterotaxy", "visceral heterotaxy", and "heterotaxy syndrome". Heterotaxy

is defined as an abnormality where the internal thoraco-abdominal organs demonstrate abnormal arrangement across the left-right axis of the body. By convention, heterotaxy does not include patients with either the expected usual or normal arrangement of the internal organs along the left-right axis, also known as 'situs solitus', nor patients with complete mirror-imaged arrangement of the internal organs along the left-right axis also known as 'situs inversus'.

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Reference: Jacobs JP, Franklin RCG, Jacobs ML, Colan SD, Tchervakov CI, Maruszewski B, Gaynor JW, Spray TL, Stellin G, Aiello VD, Béland MJ, Krogmann ON, Kurosawa H, Weinberg PM, Elliott MJ, Mavroudis C, Anderson R.

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850 Single ventricle, Other

If the single ventricle is of primitive or indeterminate type, other is chosen in coding. It is recognized that a considerable variety of other structural cardiac malformations (e.g., biventricular hearts with straddling atrioventricular valves, pulmonary atresia with intact ventricular septum, some complex forms of double outlet right ventricle) may at times be best managed in a fashion similar to that which is used to treat univentricular hearts. They are not to be coded in this section of the nomenclature, but according to the underlying lesions.

The version of the IPCCC derived from the International

Congenital Heart Surgery Nomenclature and Database Project of the EACTS and STS uses the term "single ventricle" as synonymous for the "functionally univentricular heart".

The term "functionally univentricular heart" describes a spectrum of congenital cardiovascular malformations in which the ventricular mass may not readily lend itself to partitioning that commits one ventricular pump to the systemic circulation, and another to the pulmonary circulation. A heart may be functionally univentricular because of its anatomy or because of the lack of feasibility or lack of advisability of surgically partitioning the ventricular mass. Common lesions in this category typically include double inlet right ventricle (DIRV), double inlet left ventricle (DILV), tricuspid atresia, mitral atresia, and hypoplastic left heart syndrome. Other lesions which sometimes may be considered to be a functionally univentricular heart include complex forms of atrioventricular septal defect, double outlet right ventricle, congenitally corrected transposition, pulmonary atresia with intact ventricular septum, and other cardiovascular malformations. Specific diagnostic codes should be used whenever possible, and not the term "functionally univentricular heart".

Reference: Jacobs JP, Franklin RCG, Jacobs ML, Colan SD, Tchervenkov CI, Maruszewski B, Gaynor JW, Spray TL, Stellin G, Aiello VD, Béland MJ, Krogmann ON, Kurosawa H, Weinberg PM, Elliott MJ, Mavroudis C, Anderson R. Classification of the Functionally Univentricular Heart: Unity from mapped codes. In 2006 Supplement to Cardiology in the Young: Controversies and Challenges in the Management of the Functionally Univentricular Heart, Jacobs JP, Wernovsky G, Gaynor JW, and Anderson RH (editors). Cardiology in the Young, Volume 16, Supplement 1: 9 - 21, February 2006.

851 Single Ventricle + Total anomalous pulmonary venous connection (TAPVC)

Indicate if the patient has the diagnosis of "Single Ventricle + Total anomalous pulmonary venous connection (TAPVC)". In the event of Single Ventricle occurring in association with Total anomalous pulmonary venous connection (TAPVC), code "Single Ventricle + Total anomalous pulmonary venous connection (TAPVC)", and then use additional (secondary) diagnostic codes to describe the Single Ventricle and the Total anomalous pulmonary venous connection (TAPVC) separately to provide further documentation about the Single Ventricle and Total anomalous pulmonary venous connection (TAPVC) types. {"Total anomalous pulmonary venous connection (TAPVC)" is defined as a heart where all of the pulmonary veins connect anomalously with the right atrium or to one or more of its venous tributaries. None of the pulmonary veins connect normally to the left atrium.}

The version of the IPCCC derived from the International Congenital Heart Surgery Nomenclature and Database Project of the EACTS and STS uses the term "single ventricle" as synonymous for the "functionally univentricular heart".

The term "functionally univentricular heart" describes a spectrum of congenital cardiovascular malformations in which the ventricular mass may not readily lend itself to partitioning that commits one ventricular pump to the systemic circulation, and another to the pulmonary circulation. A heart may be functionally univentricular because of its anatomy or because of the lack of feasibility or lack of advisability of surgically partitioning the ventricular mass. Common lesions in this category typically include double inlet right ventricle (DIRV), double inlet left ventricle (DILV), tricuspid atresia, mitral atresia, and hypoplastic left heart syndrome. Other lesions which sometimes may be considered to be a functionally univentricular heart include complex forms of atrioventricular septal defect, double outlet right ventricle, congenitally corrected transposition, pulmonary atresia with intact ventricular septum, and other cardiovascular malformations. Specific diagnostic codes should be used whenever possible, and not the term "functionally univentricular heart".

Reference: Jacobs JP, Franklin RCG, Jacobs ML, Colan SD, Tchervenkov CI, Maruszewski B, Gaynor JW, Spray TL, Stellin G, Aiello VD, Béland MJ, Krogmann ON, Kurosawa H, Weinberg PM, Elliott MJ, Mavroudis C, Anderson R.

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870 Congenitally corrected TGA

Indicate if the patient has the diagnosis of "Congenitally corrected TGA". Congenitally corrected transposition is synonymous with the terms 'corrected transposition' and 'discordant atrioventricular connections with discordant ventriculo-arterial connections', and is defined as a spectrum of cardiac malformations where the atrial chambers are joined to morphologically inappropriate ventricles, and the ventricles then support morphologically inappropriate arterial trunks [1].

[1] Jacobs JP, Franklin RCG, Wilkinson JL, Cochrane AD, Karl TR, Aiello VD, Béland MJ, Colan SD, Elliott, MJ, Gaynor JW, Krogmann ON, Kurosawa H, Maruszewski B, Stellin G, Tchervenkov CI, Weinberg PM. The nomenclature, definition and classification of discordant atrioventricular connections. In 2006 Supplement to Cardiology in the Young: Controversies and Challenges of the Atrioventricular Junctions and Other Challenges Facing Paediatric Cardiovascular Practitioners and their Patients, Jacobs JP, Wernovsky G, Gaynor JW, and Anderson RH (editors). Cardiology in the Young, Volume 16 (Supplement 3): 72-84, September 2006.

872 Congenitally corrected TGA, IVS

Indicate if the patient has the diagnosis of "Congenitally corrected TGA, IVS". "Congenitally corrected TGA, IVS" is "Congenitally corrected transposition with an intact ventricular septum", in other words, "Congenitally corrected transposition with no VSD". (Congenitally corrected transposition is

- synonymous with the terms ‘corrected transposition’ and ‘discordant atrioventricular connections with discordant ventriculo-arterial connections’, and is defined as a spectrum of cardiac malformations where the atrial chambers are joined to morphologically inappropriate ventricles, and the ventricles then support morphologically inappropriate arterial trunks [1]. [1] Jacobs JP, Franklin RCG, Wilkinson JL, Cochrane AD, Karl TR, Aiello VD, Béland MJ, Colan SD, Elliott, MJ, Gaynor JW, Krogmann ON, Kurosawa H, Maruszewski B, Stellin G, Tchervenkov CI, Weinberg PM. The nomenclature, definition and classification of discordant atrioventricular connections. In 2006 Supplement to Cardiology in the Young: Controversies and Challenges of the Atrioventricular Junctions and Other Challenges Facing Paediatric Cardiovascular Practitioners and their Patients, Jacobs JP, Wernovsky G, Gaynor JW, and Anderson RH (editors). Cardiology in the Young, Volume 16 (Supplement 3): 72-84, September 2006.)
- 874 Congenitally corrected TGA, IVS-LVOTO
Indicate if the patient has the diagnosis of “Congenitally corrected TGA, IVS-LVOTO”. “Congenitally corrected TGA, IVS-LVOTO” is “Congenitally corrected transposition with an intact ventricular septum and left ventricular outflow tract obstruction”, in other words, “Congenitally corrected transposition with left ventricular outflow tract obstruction and no VSD”. (Congenitally corrected transposition is synonymous with the terms ‘corrected transposition’ and ‘discordant atrioventricular connections with discordant ventriculo-arterial connections’, and is defined as a spectrum of cardiac malformations where the atrial chambers are joined to morphologically inappropriate ventricles, and the ventricles then support morphologically inappropriate arterial trunks [1]. [1] Jacobs JP, Franklin RCG, Wilkinson JL, Cochrane AD, Karl TR, Aiello VD, Béland MJ, Colan SD, Elliott, MJ, Gaynor JW, Krogmann ON, Kurosawa H, Maruszewski B, Stellin G, Tchervenkov CI, Weinberg PM. The nomenclature, definition and classification of discordant atrioventricular connections. In 2006 Supplement to Cardiology in the Young: Controversies and Challenges of the Atrioventricular Junctions and Other Challenges Facing Paediatric Cardiovascular Practitioners and their Patients, Jacobs JP, Wernovsky G, Gaynor JW, and Anderson RH (editors). Cardiology in the Young, Volume 16 (Supplement 3): 72-84, September 2006.)
- 876 Congenitally corrected TGA, VSD
Indicate if the patient has the diagnosis of “Congenitally corrected TGA, VSD”. “Congenitally corrected TGA, VSD” is “Congenitally corrected transposition with a VSD”. (Congenitally corrected transposition is synonymous with the terms ‘corrected transposition’ and ‘discordant atrioventricular connections with discordant ventriculo-arterial connections’, and is defined as a spectrum of cardiac malformations where the atrial chambers are joined to morphologically inappropriate ventricles, and the ventricles then support morphologically inappropriate arterial trunks [1]. [1] Jacobs JP, Franklin RCG, Wilkinson JL, Cochrane AD, Karl TR, Aiello VD, Béland MJ, Colan SD, Elliott, MJ, Gaynor JW, Krogmann ON, Kurosawa

- H, Maruszewski B, Stellin G, Tchervakov CI, Weinberg PM. The nomenclature, definition and classification of discordant atrioventricular connections. In 2006 Supplement to Cardiology in the Young: Controversies and Challenges of the Atrioventricular Junctions and Other Challenges Facing Paediatric Cardiovascular Practitioners and their Patients, Jacobs JP, Wernovsky G, Gaynor JW, and Anderson RH (editors). Cardiology in the Young, Volume 16 (Supplement 3): 72-84, September 2006.)
- 878 Congenitally corrected TGA, VSD-LVOTO Indicate if the patient has the diagnosis of “Congenitally corrected TGA, VSD-LVOTO”. “Congenitally corrected TGA, VSD-LVOTO” is “Congenitally corrected transposition with a VSD and left ventricular outflow tract obstruction”. (Congenitally corrected transposition is synonymous with the terms ‘corrected transposition’ and ‘discordant atrioventricular connections with discordant ventriculo-arterial connections’, and is defined as a spectrum of cardiac malformations where the atrial chambers are joined to morphologically inappropriate ventricles, and the ventricles then support morphologically inappropriate arterial trunks [1]. [1] Jacobs JP, Franklin RCG, Wilkinson JL, Cochrane AD, Karl TR, Aiello VD, Béland MJ, Colan SD, Elliott, MJ, Gaynor JW, Krogmann ON, Kurosawa H, Maruszewski B, Stellin G, Tchervakov CI, Weinberg PM. The nomenclature, definition and classification of discordant atrioventricular connections. In 2006 Supplement to Cardiology in the Young: Controversies and Challenges of the Atrioventricular Junctions and Other Challenges Facing Paediatric Cardiovascular Practitioners and their Patients, Jacobs JP, Wernovsky G, Gaynor JW, and Anderson RH (editors). Cardiology in the Young, Volume 16 (Supplement 3): 72-84, September 2006.)
- 880 TGA, IVS A malformation of the heart in which there is atrioventricular concordance and ventriculoarterial discordance with an intact ventricular septum. There may be d, l, or ambiguous transposition (segmental diagnoses include S,D,D, S,D,L, S,D,A). Also to be included in this diagnostic grouping are those defects with situs inversus, L-loop ventricles and either d or l transposition (segmental diagnosis of I,L,L and I,L,D) and occasionally those defects with ambiguous situs of the atria which behave as physiologically uncorrected transposition and are treated with arterial switch (segmental diagnoses include A,L,L and A,D,D).
- 890 TGA, IVS-LVOTO A malformation of the heart in which there is atrioventricular concordance and ventriculoarterial discordance with an intact ventricular septum and associated left ventricular obstruction. There may be d, l, or ambiguous transposition (segmental diagnoses include S,D,D, S,D,L, S,D,A). Also to be included in this diagnostic grouping are those defects with situs inversus, L-loop ventricles and either d or l transposition (segmental diagnosis of I,L,L and I,L,D) and occasionally those defects with ambiguous situs of the atria which behave as physiologically uncorrected transposition and are treated with arterial switch (segmental diagnoses include A,L,L and A,D,D).

900	TGA, VSD	A malformation of the heart in which there is atrioventricular concordance and ventriculoarterial discordance with one or more ventricular septal defects. There may be d, l, or ambiguous transposition (segmental diagnoses include S,D,D, S,D,L, S,D,A). Also to be included in this diagnostic grouping are those defects with situs inversus, L-loop ventricles and either d or l transposition (segmental diagnosis of I,L,L and I,L,D) and occasionally those defects with ambiguous situs of the atria which behave as physiologically uncorrected transposition and are treated with arterial switch (segmental diagnoses include A,L,L and A,D,D).
910	TGA, VSD-LVOTO	A malformation of the heart in which there is atrioventricular concordance and ventriculoarterial discordance with one or more ventricular septal defects and left ventricular outflow tract obstruction. There may be d, l, or ambiguous transposition (segmental diagnoses include S,D,D, S,D,L, S,D,A). Also to be included in this diagnostic grouping are those defects with situs inversus, L-loop ventricles and either d or l transposition (segmental diagnosis of I,L,L and I,L,D) and occasionally those defects with ambiguous situs of the atria which behave as physiologically uncorrected transposition and are treated with arterial switch (segmental diagnoses include A,L,L and A,D,D).
930	DORV, VSD type	Double outlet right ventricle is a type of ventriculoarterial connection in which both great vessels arise entirely or predominantly from the right ventricle. In double outlet right ventricle, VSD type, there is an associated subaortic or doubly-committed VSD and no pulmonary outflow tract obstruction. Subaortic VSD's are located beneath the aortic valve. Doubly-committed VSD's lie beneath the leaflets of the aortic and pulmonary valves (juxtaarterial). In the nomenclature developed for DORV, there must be usual atrial arrangements and concordant atrioventricular connections, and normal or near-normal sized ventricles. Discordant atrioventricular connection with DORV is to be coded under congenitally corrected TGA. DORV associated with univentricular atrioventricular connections, atrioventricular valve atresia, or atrial isomerism is to be coded under the appropriate single ventricle listing.
940	DORV, TOF type	Double outlet right ventricle is a type of ventriculoarterial connection in which both great vessels arise entirely or predominantly from the right ventricle. In double outlet right ventricle, TOF type, there is an associated subaortic or doubly-committed VSD and pulmonary outflow tract obstruction. Subaortic VSD's are located beneath the aortic valve. Doubly-committed VSD's lie beneath the leaflets of the aortic and pulmonary valves (juxtaarterial). DORV can occur in association with pulmonary atresia, keeping in mind in coding that in the nomenclature developed for DORV, there must be usual atrial arrangements and concordant atrioventricular connections, and normal or near-normal sized ventricles (in this situation DORV is coded as a primary diagnosis). Discordant atrioventricular connection with DORV is to be coded under congenitally corrected TGA. DORV associated with

950 DORV, TGA type	<p>univentricular atrioventricular connections, atrioventricular valve atresia, or atrial isomerism is to be coded under the appropriate Single ventricle listing.</p> <p>Double outlet right ventricle is a type of ventriculoarterial connection in which both great vessels arise entirely or predominantly from the right ventricle. In double outlet right ventricle, TGA type, there is an associated subpulmonary VSD. Most frequently, there is no pulmonary outflow tract obstruction (Taussig-Bing heart). The aorta is usually to the right and slightly anterior to or side-by-side with the pulmonary artery. Associated aortic outflow tract stenosis (subaortic, aortic arch obstruction) is commonly associated with the Taussig-Bing heart and if present should be coded as a secondary diagnosis. Rarely, there is associated pulmonary outflow tract obstruction. In the nomenclature developed for DORV, there must be usual atrial arrangements and concordant atrioventricular connections, and normal or near-normal sized ventricles. Discordant atrioventricular connection with DORV is to be coded under congenitally corrected TGA. DORV associated with univentricular atrioventricular connections, atrioventricular valve atresia, or atrial isomerism is to be coded under the appropriate single ventricle listing.</p>
960 DORV, Remote VSD (uncommitted VSD)	<p>Double outlet right ventricle is a type of ventriculoarterial connection in which both great vessels arise entirely or predominantly from the right ventricle. In double outlet right ventricle, Remote VSD type, there is a remote or noncommitted VSD. The VSD is far removed from both the aortic and pulmonary valves, usually within the inlet septum. Many of these VSD's are in hearts with DORV and common atrioventricular canal/septal defect. In the nomenclature developed for DORV, there must be usual atrial arrangements and concordant atrioventricular connections, and normal or near-normal sized ventricles. Discordant atrioventricular connection with DORV is to be coded under congenitally corrected TGA. DORV associated with univentricular atrioventricular connections, atrioventricular valve atresia, or atrial isomerism is to be coded under the appropriate single ventricle listing.</p>
2030 DORV + AVSD (AV Canal)	<p>Indicate if the patient has the diagnosis of “DORV + AVSD (AV Canal)”. In the event of DORV occurring in association with AVSD (AV Canal), code “DORV + AVSD (AV Canal)”, and then use additional (secondary) diagnostic codes to describe the DORV and the AVSD (AV Canal) separately to provide further documentation about the DORV and AVSD (AV Canal) types. {“DORV” is “Double outlet right ventricle” and is defined as a type of ventriculoarterial connection in which both great vessels arise entirely or predominantly from the right ventricle.} In this case, the DORV exists in combination with an atrioventricular septal defect and common atrioventricular junction guarded by a common atrioventricular valve.</p>
975 DORV, IVS	<p>Double outlet right ventricle is a type of ventriculoarterial connection in which both great vessels arise entirely or</p>

	predominantly from the right ventricle. In the rare case of double outlet right ventricle with IVS the ventricular septum is intact. In the nomenclature developed for DORV, there must be usual atrial arrangements and concordant atrioventricular connections, and normal or near-normal sized ventricles. Discordant atrioventricular connections with DORV are to be coded under congenitally corrected TGA. DORV associated with univentricular atrioventricular connections, atrioventricular valve atresia, or atrial isomerism is to be coded under the appropriate single ventricle listing.
980	DOLV Double outlet left ventricle is a type of ventriculoarterial connection in which both great vessels arise entirely or predominantly from the left ventricle. In the nomenclature developed for DOLV, there must be usual atrial arrangements and concordant atrioventricular connections, and normal or near-normal sized ventricles. Discordant atrioventricular connection with DOLV is to be coded under congenitally corrected TGA. DOLV associated with univentricular atrioventricular connections, atrioventricular valve atresia, or atrial isomerism is to be coded under the appropriate single ventricle listing.
990	Coarctation of aorta Indicate if the patient has the diagnosis of "Coarctation of aorta". A "Coarctation of the aorta" generally indicates a narrowing of the descending thoracic aorta just distal to the left subclavian artery. However, the term may also be accurately used to refer to a region of narrowing anywhere in the thoracic or abdominal aorta.
1000	Aortic arch hypoplasia Hypoplasia of the aortic arch is hypoplasia of the proximal or distal transverse arch or the aortic isthmus. The isthmus (arch between the left subclavian and insertion of the patent ductus arteriosus / ligamentum arteriosum) is hypoplastic if its diameter is less than 40% of the diameter of the ascending aorta. The proximal transverse arch (arch between the innominate and left carotid arteries) and distal transverse arch (arch between the left carotid and left subclavian arteries) are hypoplastic if their diameters are less than 60% and 50%, respectively, of the diameter of the ascending aorta.
92	VSD + Aortic arch hypoplasia A ventricular septal defect, any type, associated with hypoplasia of the aortic arch. (See diagnosis definition 1000 for a definition of hypoplasia of the aortic arch.)
94	VSD + Coarctation of aorta Indicate if the patient has the diagnosis of "VSD + Coarctation of aorta". In the event of a VSD occurring in association with Coarctation of aorta, code "VSD + Coarctation of aorta", and then use additional (secondary) diagnostic codes to describe the VSD and the Coarctation of aorta separately to provide further documentation about the individual VSD and Coarctation of aorta types. {A "VSD" is a "Ventricular Septal Defect" and is also known as an "Interventricular communication". A VSD is defined as "a hole between the ventricular chambers or their remnants". (The VSD is defined on the basis of its margins as seen from the aspect of the morphologically right ventricle. In the setting of double outlet right ventricle, the defect provides the outflow from the morphologically left ventricle. In

		univentricular atrioventricular connections with functionally single left ventricle with an outflow chamber, the communication is referred to by some as a bulboventricular foramen.)) {A "Coarctation of the aorta" generally indicates a narrowing of the descending thoracic aorta just distal to the left subclavian artery. However, the term may also be accurately used to refer to a region of narrowing anywhere in the thoracic or abdominal aorta.}
1010	Coronary artery anomaly, Anomalous aortic origin of coronary artery (AAOCA)	Anomalous aortic origins of the coronary arteries include a spectrum of anatomic variations of the normal coronary artery origins. Coronary artery anomalies of aortic origin to be coded under this diagnostic field include: anomalies of take-off (high take-off), origin (sinus), branching, and number. An anomalous course of the coronary artery vessels is also significant, particularly those coronary arteries that arise or course between the great vessels.
1020	Coronary artery anomaly, Anomalous pulmonary origin (includes ALCAPA)	In patients with anomalous pulmonary origin of the coronary artery, the coronary artery (most commonly the left coronary artery) arises from the pulmonary artery rather than from the aorta. Rarely, the right coronary artery, the circumflex, or both coronary arteries may arise from the pulmonary artery.
1030	Coronary artery anomaly, Fistula	The most common of coronary artery anomalies, a coronary arteriovenous fistula is a communication between a coronary artery and either a chamber of the heart (coronary-cameral fistula) or any segment of the systemic or pulmonary circulation (coronary arteriovenous fistula). They may be congenital or acquired (traumatic, infectious, iatrogenic) in origin, and are mostly commonly seen singly, but occasionally multiple fistulas are present. Nomenclature schemes have been developed that further categorize the fistulas by vessel of origin and chamber of termination, and one angiographic classification scheme by Sakakibara has surgical implications. Coronary artery fistulas can be associated with other congenital heart anomalies such as tetralogy of Fallot, atrial septal defect, ventricular septal defect, and pulmonary atresia with intact ventricular septum, among others. The major cardiac defect should be listed as the primary diagnosis and the coronary artery fistula should be as an additional secondary diagnoses.
1040	Coronary artery anomaly, Aneurysm	Coronary artery aneurysms are defined as dilations of a coronary vessel 1.5 times the adjacent normal coronaries. There are two forms, saccular and fusiform (most common), and both may be single or multiple. These aneurysms may be congenital or acquired (atherosclerotic, Kawasaki, systemic diseases other than Kawasaki, iatrogenic, infectious, or traumatic) in origin.
2420	Coronary artery anomaly, Ostial Atresia	
1050	Coronary artery anomaly, Other	Coronary artery anomalies which may fall within this category include coronary artery bridging and coronary artery stenosis, as well as secondary coronary artery variations seen in congenital heart defects such as tetralogy of Fallot, transposition of the great arteries, and truncus arteriosus (with the exception of variations that can be addressed by a more

1070 Interrupted aortic arch	<p>specific coronary artery anomaly code).</p> <p>Indicate if the patient has the diagnosis of “Interrupted aortic arch”. Interrupted aortic arch is defined as the loss of luminal continuity between the ascending and descending aorta. In most cases blood flow to the descending thoracic aorta is through a PDA, and there is a large VSD. Arch interruption is further defined by site of interruption. In type A, interruption is distal to the left subclavian artery; in type B interruption is between the left carotid and left subclavian arteries; and in type C interruption occurs between the innominate and left carotid arteries.</p>
2020 Interrupted aortic arch + VSD	<p>Indicate if the patient has the diagnosis of “Interrupted aortic arch + VSD”. In the event of interrupted aortic arch occurring in association with VSD, code “Interrupted aortic arch + VSD”, and then use additional (secondary) diagnostic codes to describe the interrupted aortic arch and the VSD separately to provide further documentation about the individual interrupted aortic arch and VSD types. {Interrupted aortic arch is defined as the loss of luminal continuity between the ascending and descending aorta. In most cases blood flow to the descending thoracic aorta is through a PDA, and there is a large VSD. Arch interruption is further defined by site of interruption. In type A, interruption is distal to the left subclavian artery; in type B interruption is between the left carotid and left subclavian arteries; and in type C interruption occurs between the innominate and left carotid arteries.} {A “VSD” is a “Ventricular Septal Defect” and is also known as an “Interventricular communication”. A VSD is defined as “a hole between the ventricular chambers or their remnants”. (The VSD is defined on the basis of its margins as seen from the aspect of the morphologically right ventricle. In the setting of double outlet right ventricle, the defect provides the outflow from the morphologically left ventricle. In univentricular atrioventricular connections with functionally single left ventricle with an outflow chamber, the communication is referred to by some as a bulboventricular foramen.)}</p>
2000 Interrupted aortic arch + AP window (aortopulmonary window)	<p>Indicate if the patient has the diagnosis of “Interrupted aortic arch + AP window (aortopulmonary window)”. In the event of interrupted aortic arch occurring in association with AP window, code “Interrupted aortic arch + AP window (aortopulmonary window)”, and then use additional (secondary) diagnostic codes to describe the interrupted aortic arch and the AP window separately to provide further documentation about the individual interrupted aortic arch and AP window types. {Interrupted aortic arch is defined as the loss of luminal continuity between the ascending and descending aorta. In most cases blood flow to the descending thoracic aorta is through a PDA, and there is a large VSD. Arch interruption is further defined by site of interruption. In type A, interruption is distal to the left subclavian artery; in type B interruption is between the left carotid and left subclavian arteries; and in type C interruption occurs between the innominate and left carotid arteries.} {An “AP window (aortopulmonary window)” is</p>

defined as a defect with side-to-side continuity of the lumens of the aorta and pulmonary arterial tree, which is distinguished from common arterial trunk (truncus arteriosus) by the presence of two arterial valves or their atretic remnants. (In other words, an aortopulmonary window is a communication between the main pulmonary artery and ascending aorta in the presence of two separate semilunar [pulmonary and aortic] valves. The presence of two separate semilunar valves distinguishes AP window from truncus arteriosus. Type 1 proximal defect: AP window located just above the sinus of Valsalva, a few millimeters above the semilunar valves, with a superior rim but little inferior rim separating the AP window from the semilunar valves. Type 2 distal defect: AP window located in the uppermost portion of the ascending aorta, with a well-formed inferior rim but little superior rim. Type 3 total defect: AP window involving the majority of the ascending aorta, with little superior and inferior rims. The intermediate type of AP window is similar to the total defect but with adequate superior and inferior rims. In the event of AP window occurring in association with interrupted aortic arch, code “Interrupted aortic arch + AP window (aortopulmonary window)”, and then use additional (secondary) diagnostic codes to describe the interrupted aortic arch and AP window separately to provide further documentation about the individual interrupted arch and AP window types.)}

1080 Patent ductus arteriosus

Indicate if the patient has the diagnosis of “Patent ductus arteriosus”. The ductus arteriosus (arterial duct) is an essential feature of fetal circulation, connecting the main pulmonary trunk with the descending aorta, distal to the origin of the left subclavian artery. In most patients it is on the left side. If a right aortic arch is present, it may be on the right or the left; very rarely it is bilateral. When luminal patency of the duct persists post-natally, it is referred to as patent ductus arteriosus (patent arterial duct). The length and diameter may vary considerably from case to case. The media of the ductus consists mainly of smooth muscle that is arranged spirally, and the intima is much thicker than that of the aorta. (A patent ductus arteriosus is a vascular arterial connection between the thoracic aorta and the pulmonary artery. Most commonly a PDA has its origin from the descending thoracic aorta, just distal and opposite the origin of the left subclavian artery. The insertion of the ductus is most commonly into the very proximal left pulmonary artery at its junction with the main pulmonary artery. Origination and insertion sites can be variable, however.)

1090 Vascular ring

The term vascular ring refers to a group of congenital vascular anomalies that encircle and compress the esophagus and trachea. The compression may be from a complete anatomic ring (double aortic arch or right aortic arch with a left ligamentum) or from a compressive effect of an aberrant vessel (innominate artery compression syndrome).

1100 Pulmonary artery sling

In pulmonary artery sling, the left pulmonary artery originates from the right pulmonary artery and courses posteriorly

		between the trachea and esophagus in its route to the left lung hilum, causing a sling-like compression of the trachea.
1110	Aortic aneurysm (including pseudoaneurysm)	An aneurysm of the aorta is defined as a localized dilation or enlargement of the aorta at any site along its length (from aortic annulus to aortoiliac bifurcation). A true aortic aneurysm involves all layers of the aortic wall. A false aortic aneurysm (pseudoaneurysm) is defined as a dilated segment of the aorta not containing all layers of the aortic wall and may include postoperative or post-procedure false aneurysms at anastomotic sites, traumatic aortic injuries or transections, and infectious processes leading to a contained rupture.
1120	Aortic dissection	Aortic dissection is a separation of the layers of the aortic wall. Extension of the plane of the dissection may progress to free rupture into the pericardium, mediastinum, or pleural space if not contained by the outer layers of the media and adventitia. Dissections may be classified as acute or chronic (if they have been present for more than 14 days).
1130	Lung disease, Benign	Lung disease arising from any etiology (congenital or acquired) which does not result in death or lung or heart-lung transplant; examples might be non-life threatening asthma or emphysema, benign cysts.
1140	Lung disease, Malignant	Lung disease arising from any etiology (congenital or acquired, including pulmonary parenchymal disease, pulmonary vascular disease, congenital heart disease, neoplasm, etc.) which may result in death or lung or heart-lung transplant.
1160	Tracheal stenosis	Tracheal stenosis is a reduction in the anatomic luminal diameter of the trachea by more than 50% of the remaining trachea. This stenosis may be congenital or acquired (as in post-intubation or traumatic tracheal stenosis).
2430	Tracheomalacia	
1170	Airway disease, Other	Included in this diagnostic category would be airway pathology not included under the definition of tracheal stenosis such as tracheomalacia, bronchotracheomalacia, tracheal right upper lobe, bronchomalacia, subglottic stenosis, bronchial stenosis, etc.
1430	Pleural disease, Benign	Benign diseases of the mediastinal or visceral pleura.
1440	Pleural disease, Malignant	Malignant diseases of the mediastinal or visceral pleura.
1450	Pneumothorax	A collection of air or gas in the pleural space.
1460	Pleural effusion	Abnormal accumulation of fluid in the pleural space.
1470	Chylothorax	The presence of lymphatic fluid in the pleural space secondary to a leak from the thoracic duct or its branches. Chylothorax is a specific type of pleural effusion.
1480	Empyema	A collection of purulent material in the pleural space, usually secondary to an infection.
1490	Esophageal disease, Benign	Any benign disease of the esophagus.
1500	Esophageal disease, Malignant	Any malignant disease of the esophagus.
1505	Mediastinal disease	Any disease of the mediastinum awaiting final benign/malignant pathology determination.
1510	Mediastinal disease, Benign	Any benign disease of the mediastinum.
1520	Mediastinal disease, Malignant	Any malignant disease of the mediastinum.
1540	Diaphragm paralysis	Paralysis of diaphragm, unilateral or bilateral.

1550	Diaphragm disease, Other	Any disease of the diaphragm other than paralysis.
2160	Rib tumor, Benign	Non-cancerous tumor of rib(s) (e.g., fibrous dysplasia)
2170	Rib tumor, Malignant	Cancerous tumor of rib(s)- primary (e.g., osteosarcoma, chondrosarcoma)
2180	Rib tumor, Metastatic	Cancerous tumor metastasized to rib(s) from a different primary location
2190	Sternal tumor, Benign	Non-cancerous tumor of sternum (e.g., fibrous dysplasia)
2200	Sternal tumor, Malignant	Cancerous tumor of sternum - primary (e.g., osteosarcoma, chondrosarcoma)
2210	Sternal tumor, Metastatic	Cancerous tumor metastasized to sternum from a different primary location
2220	Pectus carinatum	Pectus carinatum represents a spectrum of protrusion abnormalities of the anterior chest wall. Severe deformity may result in dyspnea and decreased endurance. Some patients develop rigidity of the chest wall with decreased lung compliance, progressive emphysema, and increased frequency of respiratory tract infections.
2230	Pectus excavatum	Pectus excavatum is a congenital chest wall deformity in which several ribs and the sternum grow abnormally, producing a concave, or caved-in, appearance in the anterior chest wall. Pectus excavatum is the most common type of congenital chest wall abnormality. It occurs in an estimated 1 in 300-400 births, with male predominance (male-to-female ratio of 3:1). The condition is typically noticed at birth, and more than 90% of cases are diagnosed within the first year of life. Worsening of the chest's appearance and the onset of respiratory symptoms are usually reported during rapid bone growth in the early teenage years.
2240	Thoracic outlet syndrome	Thoracic outlet syndrome (TOS) is caused by compression at the superior thoracic outlet wherein excess pressure is placed on a neurovascular bundle passing between the anterior scalene and middle scalene muscles. It can affect the brachial plexus (nerves that pass into the arm from the neck), the subclavian artery, and - rarely - the vein, which does not normally pass through the scalene hiatus. TOS may occur due to a positional cause - for example, by abnormal compression from the clavicle (collarbone) and shoulder girdle on arm movement. There are also several static forms, caused by abnormalities, enlargement, or spasm of the various muscles surrounding the arteries, veins, and/or brachial plexus, a fixation of a first rib, or a cervical rib. The most common causes of thoracic outlet syndrome include physical trauma from a car accident, repetitive injuries from a job such as frequent non-ergonomic use of a keyboard, sports-related activities, anatomical defects such as having an extra rib, and pregnancy.
1180	Arrhythmia	Any cardiac rhythm other than normal sinus rhythm.
2440	Arrhythmia, Atrial, Atrial fibrillation	
2450	Arrhythmia, Atrial, Atrial flutter	
2460	Arrhythmia, Atrial, Other	
2050	Arrhythmia, Junctional	Indicate if the patient has the diagnosis of "Arrhythmia,

		Junctional”. “Arrhythmias arising from the atrioventricular junction; may be bradycardia, tachycardia, premature beats, or escape rhythm [1]. [1]. Jacobs JP. (Editor). 2008 Supplement to Cardiology in the Young: Databases and The Assessment of Complications associated with The Treatment of Patients with Congenital Cardiac Disease, Prepared by: The Multi-Societal Database Committee for Pediatric and Congenital Heart Disease, Cardiology in the Young, Volume 18, Supplement S2, pages 1 –530, December 9, 2008, page 379.
2060	Arrhythmia, Ventricular	Indicate if the patient has the diagnosis of “Arrhythmia, Ventricular”. “Arrhythmia, Ventricular” ROOT Definition = Abnormal rhythm originating from the ventricles [1]. [1]. Jacobs JP. (Editor). 2008 Supplement to Cardiology in the Young: Databases and The Assessment of Complications associated with The Treatment of Patients with Congenital Cardiac Disease, Prepared by: The Multi-Societal Database Committee for Pediatric and Congenital Heart Disease, Cardiology in the Young, Volume 18, Supplement S2, pages 1 –530, December 9, 2008, page 393.
1185	Arrhythmia, Heart block	Atrioventricular block may be congenital or acquired, and may be of varying degree (first, second, or third degree).
1190	Arrhythmia, Heart block, Acquired	Atrioventricular block, when acquired, may be post-surgical, or secondary to myocarditis or other etiologies; the block may be first, second or third degree.
1200	Arrhythmia, Heart block, Congenital	Atrioventricular block, when congenital, may be first, second or third degree block.
1220	Arrhythmia, Pacemaker, Indication for replacement	Indications for pacemaker replacement may include end of generator life, malfunction, or infection.
1230	Atrial Isomerism, Left	In isomerism, both appendages are of like morphology or structure; in left atrial isomerism both the right atrium and left atrium appear to be a left atrium structurally.
1240	Atrial Isomerism, Right	In isomerism, both appendages are of like morphology or structure; in right atrial isomerism both the right atrium and left atrium appear to be a right atrium structurally.
2090	Dextrocardia	Indicate if the patient has the diagnosis of “Dextrocardia”. “Dextrocardia” is most usually considered synonymous with a right-sided ventricular mass, whilst “dextroversion” is frequently defined as a configuration where the ventricular apex points to the right. In a patient with the usual atrial arrangement, or situs solitus, dextroversion, therefore, implies a turning to the right of the heart [1]. [1]. Jacobs JP, Anderson RH, Weinberg P, Walters III HL, Tchervenkov CI, Del Duca D, Franklin RCG, Aiello VD, Béland MJ, Colan SD, Gaynor JW, Krogmann ON, Kurosawa H, Maruszewski B, Stellin G, Elliott MJ. The nomenclature, definition and classification of cardiac structures in the setting of heterotaxy. In 2007 Supplement to Cardiology in the Young: Controversies and Challenges Facing Paediatric Cardiovascular Practitioners and their Patients, Anderson RH, Jacobs JP, and Wernovsky G, editors. Cardiology in the Young, Volume 17, Supplement 2, pages 1–28, doi: 10.1017/S1047951107001138, September 2007.

- 2100 Levocardia
Indicate if the patient has the diagnosis of “Levocardia”. “Levocardia” usually considered synonymous with a left-sided ventricular mass, whilst “levoversion” is frequently defined as a configuration where the ventricular apex points to the left [1]. [1]. Jacobs JP, Anderson RH, Weinberg P, Walters III HL, Tchervakov CI, Del Duca D, Franklin RCG, Aiello VD, Béland MJ, Colan SD, Gaynor JW, Krogmann ON, Kurosawa H, Maruszewski B, Stellin G, Elliott MJ. The nomenclature, definition and classification of cardiac structures in the setting of heterotaxy. In 2007 Supplement to Cardiology in the Young: Controversies and Challenges Facing Paediatric Cardiovascular Practitioners and their Patients, Anderson RH, Jacobs JP, and Wernovsky G, editors. Cardiology in the Young, Volume 17, Supplement 2, pages 1–28, doi: 10.1017/S1047951107001138, September 2007.
- 2110 Mesocardia
Indicate if the patient has the diagnosis of “Mesocardia”. “Mesocardia” is most usually considered synonymous with the ventricular mass occupying the midline [1]. [1]. Jacobs JP, Anderson RH, Weinberg P, Walters III HL, Tchervakov CI, Del Duca D, Franklin RCG, Aiello VD, Béland MJ, Colan SD, Gaynor JW, Krogmann ON, Kurosawa H, Maruszewski B, Stellin G, Elliott MJ. The nomenclature, definition and classification of cardiac structures in the setting of heterotaxy. In 2007 Supplement to Cardiology in the Young: Controversies and Challenges Facing Paediatric Cardiovascular Practitioners and their Patients, Anderson RH, Jacobs JP, and Wernovsky G, editors. Cardiology in the Young, Volume 17, Supplement 2, pages 1–28, doi: 10.1017/S1047951107001138, September 2007.
- 2120 Situs inversus
Indicate if the patient has the diagnosis of “Situs inversus” of the atrial chambers. The development of morphologically right-sided structures on one side of the body, and morphologically left-sided structures on the other side, is termed lateralization. Normal lateralization, the usual arrangement, is also known as “situs solitus”. The mirror-imaged arrangement is also known as “situs inversus”. The term “visceroatrial situs” is often used to refer to the situs of the viscera and atria when their situs is in agreement. The arrangement of the organs themselves, and the arrangement of the atrial chambers, is not always the same. Should such disharmony be encountered, the sidedness of the organs and atrial chambers must be separately specified [1]. [1]. Jacobs JP, Anderson RH, Weinberg P, Walters III HL, Tchervakov CI, Del Duca D, Franklin RCG, Aiello VD, Béland MJ, Colan SD, Gaynor JW, Krogmann ON, Kurosawa H, Maruszewski B, Stellin G, Elliott MJ. The nomenclature, definition and classification of cardiac structures in the setting of heterotaxy. In 2007 Supplement to Cardiology in the Young: Controversies and Challenges Facing Paediatric Cardiovascular Practitioners and their Patients, Anderson RH, Jacobs JP, and Wernovsky G, editors. Cardiology in the Young, Volume 17, Supplement 2, pages 1–28, doi: 10.1017/S1047951107001138, September 2007.
- 1250 Aneurysm, Ventricular, Right
An aneurysm of the right ventricle is defined as a localized

	(including pseudoaneurysm)	dilation or enlargement of the right ventricular wall.
1260	Aneurysm, Ventricular, Left (including pseudoaneurysm)	An aneurysm of the left ventricle is defined as a localized dilation or enlargement of the left ventricular wall.
1270	Aneurysm, Pulmonary artery	An aneurysm of the pulmonary artery is defined as a localized dilation or enlargement of the pulmonary artery trunk and its central branches (right and left pulmonary artery).
1280	Aneurysm, Other	A localized dilation or enlargement of a cardiac vessel or chamber not coded in specific fields available for aortic aneurysm, sinus of Valsalva aneurysm, coronary artery aneurysm, right ventricular aneurysm, left ventricular aneurysm, or pulmonary artery aneurysm.
1290	Hypoplastic RV	Small size of the right ventricle. This morphological abnormality usually is an integral part of other congenital cardiac anomalies and, therefore, frequently does not need to be coded separately. It should, however, be coded as secondary to an accompanying congenital cardiac anomaly if the right ventricular hypoplasia is not considered an integral and understood part of the primary congenital cardiac diagnosis. It would rarely be coded as a primary and/or isolated diagnosis.
1300	Hypoplastic LV	Small size of the left ventricle. This morphological abnormality usually is an integral part of other congenital cardiac anomalies and, therefore, frequently does not need to be coded separately. It should, however, be coded as secondary to an accompanying congenital cardiac anomaly if the left ventricular hypoplasia is not considered an integral and understood part of the primary congenital cardiac diagnosis. It would rarely be coded as a primary and/or isolated diagnosis.
2070	Postoperative bleeding	Indicate if the patient has the diagnosis of "Postoperative bleeding".
1310	Mediastinitis	Inflammation/infection of the mediastinum, the cavity between the lungs which holds the heart, great vessels, trachea, esophagus, thymus, and connective tissues. In the United States mediastinitis occurs most commonly following chest surgery.
1320	Endocarditis	An infection of the endocardial surface of the heart, which may involve one or more heart valves (native or prosthetic) or septal defects or prosthetic patch material placed at previous surgery.
1325	Rheumatic heart disease	Heart disease, usually valvar (e.g., mitral or aortic), following an infection with group A streptococci
1330	Prosthetic valve failure	Indicate if the patient has the diagnosis of "Prosthetic valve failure". This diagnosis is the primary diagnosis to be entered for patients undergoing replacement of a previously placed valve (not conduit) prosthesis, whatever type (e.g., bioprosthetic, mechanical, etc.). Failure may be due to, among others, patient somatic growth, malfunction of the prosthesis, or calcification or overgrowth of the prosthesis (e.g., pannus formation). Secondary or fundamental diagnosis would relate to the underlying valve disease entity. As an example, a patient undergoing removal or replacement of a prosthetic pulmonary valve previously placed for pulmonary insufficiency after repair of tetralogy of Fallot would have as a primary diagnosis "Prosthetic valve failure", as a secondary diagnosis "Pulmonary insufficiency", and as a fundamental diagnosis "Tetralogy of

		Fallot”.
1340	Myocardial infarction	A myocardial infarction is the development of myocardial necrosis caused by a critical imbalance between the oxygen supply and demand of the myocardium. While a myocardial infarction may be caused by any process that causes this imbalance it most commonly results from plaque rupture with thrombus formation in a coronary vessel, resulting in an acute reduction of blood supply to a portion of the myocardium. Myocardial infarction is a usual accompaniment of anomalous left coronary artery from the pulmonary artery (ALCAPA).
1350	Cardiac tumor	An abnormal growth of tissue in or on the heart, demonstrating partial or complete lack of structural organization, and no functional coordination with normal cardiac tissue. Commonly, a mass is recognized which is distinct from the normal structural components of the heart. A primary cardiac tumor is one that arises directly from tissues of the heart, (e.g., myxoma, fibroelastoma, rhabdomyoma, fibroma, lipoma, pheochromocytoma, teratoma, hemangioma, mesothelioma, sarcoma). A secondary cardiac tumor is one that arises from tissues distant from the heart, with subsequent spread to the otherwise normal tissues of the heart, (e.g., renal cell tumor with caval extension from the kidney to the level of the heart or tumor with extension from other organs or areas of the body (hepatic, adrenal, uterine, infradiaphragmatic)). N.B., in the nomenclature system developed, cardiac thrombus and cardiac vegetation are categorized as primary cardiac tumors.
1360	Pulmonary AV fistula	An abnormal intrapulmonary connection (fistula) between an artery and vein that occurs in the blood vessels of the lungs. Pulmonary AV fistulas may be seen in association with congenital heart defects; the associated cardiac defect should be coded as well.
1370	Pulmonary embolism	A pulmonary embolus is a blockage of an artery in the lungs by fat, air, clumped tumor cells, or a blood clot.
1385	Pulmonary vascular obstructive disease	Pulmonary vascular obstructive disease (PVOD) other than those specifically defined elsewhere (Eisenmenger's pulmonary vascular obstructive disease, primary pulmonary hypertension, persistent fetal circulation). The spectrum includes PVOD arising from (1) pulmonary arterial hypertension or (2) pulmonary venous hypertension or (3) portal hypertension, or (4) collagen vascular disease, or (5) drug or toxin induced, or (6) diseases of the respiratory system, or (7) chronic thromboembolic disease, among others.
1390	Pulmonary vascular obstructive disease (Eisenmenger's)	"Eisenmenger syndrome" could briefly be described as "Acquired severe pulmonary vascular disease associated with congenital heart disease (Eisenmenger)". Eisenmenger syndrome is an acquired condition. In Eisenmenger-type pulmonary vascular obstructive disease, long-term left-to-right shunting (e.g., through a ventricular or atrial septal defect, patent ductus arteriosus, aortopulmonary window) can lead to chronic pulmonary hypertension with resultant pathological changes in the pulmonary vessels. The vessels become thick-walled, stiff, noncompliant, and may be obstructed. In Eisenmenger syndrome, the long-term left-to-right shunting will

		reverse and become right to left. Please note that the specific heart defect should be coded as a secondary diagnosis.
1400	Primary pulmonary hypertension	Primary pulmonary hypertension is a rare disease characterized by elevated pulmonary artery hypertension with no apparent cause. Two forms are included in the nomenclature, a sporadic form and a familial form which can be linked to the BMPR-II gene.
1410	Persistent fetal circulation	Persistence of the blood flow pattern seen in fetal life, in which high pulmonary vascular resistance in the lungs results in decreased blood flow to the lungs. Normally, after birth pulmonary pressure falls with a fall in pulmonary vascular resistance and there is increased perfusion of the lungs. Persistent fetal circulation, also known as persistent pulmonary hypertension of the newborn, can be related to lung or diaphragm malformations or lung immaturity.
1420	Meconium aspiration	Aspiration of amniotic fluid stained with meconium before, during, or after birth can lead to pulmonary sequelae including (1) pneumothorax, (2) pneumomediastinum, (3) pneumopericardium, (4) lung infection, and (5) meconium aspiration syndrome (MAS) with persistent pulmonary hypertension.
2250	Kawasaki disease	Kawasaki disease, also known as Kawasaki syndrome, is an acute febrile illness of unknown etiology that primarily affects children younger than 5 years of age. It was first described in Japan in 1967, and the first cases outside of Japan were reported in Hawaii in 1976. It is characterized by fever, rash, swelling of the hands and feet, irritation and redness of the whites of the eyes, swollen lymph glands in the neck, and irritation and inflammation of the mouth, lips, and throat. Serious complications of Kawasaki disease include coronary artery dilatations and aneurysms, and Kawasaki disease is a leading cause of acquired heart disease in children in the United States. The standard treatment with intravenous immunoglobulin and aspirin substantially decreases the development of coronary artery abnormalities.
1560	Cardiac, Other	Any cardiac diagnosis not specifically delineated in other diagnostic codes.
1570	Thoracic and/or mediastinal, Other	Any thoracic and/or mediastinal disease not specifically delineated in other diagnostic codes.
1580	Peripheral vascular, Other	Any peripheral vascular disease (congenital or acquired) or injury (from trauma or iatrogenic); vessels involved may include, but are not limited to femoral artery, femoral vein, iliac artery, brachial artery, etc.
2260	Complication of cardiovascular catheterization procedure	Unspecified complication of cardiovascular catheterization procedure
2270	Complication of cardiovascular catheterization procedure, Device embolization	Migration or movement of device introduced during a cardiac catheterization procedure to an unintended location
2280	Complication of cardiovascular catheterization	Malfunction of a device introduced during a cardiac catheterization procedure

	procedure, Device malfunction	
2290	Complication of cardiovascular catheterization procedure, Perforation	Perforation or puncture caused by a device introduced during a cardiac catheterization procedure
2300	Complication of interventional radiology procedure	Unspecified complication of interventional radiology procedure
2310	Complication of interventional radiology procedure, Device embolization	Migration or movement of device introduced during an interventional radiology procedure to an unintended location
2320	Complication of interventional radiology procedure, Device malfunction	Malfunction of a device introduced during an interventional radiology procedure
2330	Complication of interventional radiology procedure, Perforation	Perforation or puncture caused by a device introduced during an interventional radiology procedure
2340	Foreign body, Intracardiac foreign body	Presence of a foreign body within the heart
2350	Foreign body, Intravascular foreign body	Presence of a foreign body within an artery or vein
2360	Open sternum with closed skin	Sternotomy edges not re-approximated prior to closure of skin incision
2370	Open sternum with open skin (includes membrane placed to close skin)	Sternotomy and skin incision left open following surgery, covered with a membrane or dressing
2380	Retained sternal wire causing irritation	Surgically placed wire causing soft tissue irritation, pain or swelling (not infected)
2390	Syncope	A transient, self-limited loss of consciousness with an inability to maintain postural tone that is followed by spontaneous recovery. The term syncope excludes seizures, coma, shock, or other states of altered consciousness.
2400	Trauma, Blunt	Injury (ies) sustained from blunt force, caused by motor vehicle accidents, falls, blows or crush injuries
2410	Trauma, Penetrating	Injury (ies) sustained as a result of sharp force, including cutting or piercing instruments or objects, bites, or firearm injuries from projectiles.
7000	Normal heart	Normal heart.
7777	Miscellaneous, Other	Any disease (congenital or acquired) not specifically delineated in other diagnostic codes.
4010	Status post - PFO, Primary closure	
4020	Status post - ASD repair, Primary closure	
4030	Status post - ASD repair,	
4040	Status post - ASD repair, Device	
6110	Status post - ASD repair, Patch + PAPVC repair	
4050	Status post - ASD, Common	

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- atrium (single atrium),
Septation
- 4060 Status post - ASD
creation/enlargement
- 4070 Status post - ASD partial
closure
- 4080 Status post - Atrial septal
fenestration
- 4085 Status post - Atrial
fenestration closure
- 4100 Status post - VSD repair,
Primary closure
- 4110 Status post - VSD repair,
Patch
- 4120 Status post - VSD repair,
Device
- 4130 Status post - VSD, Multiple,
Repair
- 4140 Status post - VSD
creation/enlargement
- 4150 Status post - Ventricular
septal fenestration
- 4170 Status post - AVC (AVSD)
repair, Complete (CAVSD)
- 4180 Status post - AVC (AVSD)
repair, Intermediate
(Transitional)
- 4190 Status post - AVC (AVSD)
repair, Partial (Incomplete)
(PAVSD)
- 6300 Status post - Valvuloplasty,
Common atrioventricular valve
- 6250 Status post - Valvuloplasty
converted to valve
replacement in the same
operation, Common
atrioventricular valve
- 6230 Status post - Valve
replacement, Common
atrioventricular valve
- 4210 Status post - AP window repair
- 4220 Status post - Pulmonary artery
origin from ascending aorta
(hemitruncus) repair
- 4230 Status post - Truncus
arteriosus repair
- 4240 Status post - Valvuloplasty,
Truncal valve
- 6290 Status post - Valvuloplasty
converted to valve

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- replacement in the same operation, Truncal valve
- 4250 Status post - Valve replacement, Truncal valve
- 6220 Status post - Truncus + Interrupted aortic arch repair (IAA) repair
- 4260 Status post - PAPVC repair
- 4270 Status post - PAPVC, Scimitar, Repair
- 6120 Status post - PAPVC repair, Baffle redirection to left atrium with systemic vein translocation (Warden) (SVC sewn to right atrial appendage)
- 4280 Status post - TAPVC repair
- 6200 Status post - TAPVC repair + Shunt - systemic-to-pulmonary
- 4290 Status post - Cor triatriatum repair
- 4300 Status post - Pulmonary venous stenosis repair
- 4310 Status post - Atrial baffle procedure (non-Mustard, non-Senning)
- 4330 Status post - Anomalous systemic venous connection repair
- 4340 Status post - Systemic venous stenosis repair
- 4350 Status post - TOF repair, No ventriculotomy
- 4360 Status post - TOF repair, Ventriculotomy, Nontransanular patch
- 4370 Status post - TOF repair, Ventriculotomy, Transanular patch
- 4380 Status post - TOF repair, RV-PA conduit
- 4390 Status post - TOF - AVC (AVSD) repair
- 4400 Status post - TOF - Absent pulmonary valve repair
- 4420 Status post - Pulmonary atresia - VSD (including TOF, PA) repair
- 6700 Status post - Pulmonary atresia - VSD - MAPCA repair, Complete single stage

- repair (1-stage that includes bilateral pulmonary unifocalization + VSD closure + RV to PA connection [with or without conduit])
- 6710 Status post - Pulmonary atresia - VSD - MAPCA repair, Status post prior complete unifocalization (includes VSD closure + RV to PA connection [with or without conduit])
- 6720 Status post - Pulmonary atresia - VSD - MAPCA repair, Status post prior incomplete unifocalization (includes completion of pulmonary unifocalization + VSD closure + RV to PA connection [with or without conduit])
- 6730 Status post - Unifocalization MAPCA(s), Bilateral pulmonary unifocalization - Complete unifocalization (all usable MAPCA[s] are incorporated)
- 6740 Status post - Unifocalization MAPCA(s), Bilateral pulmonary unifocalization - Incomplete unifocalization (not all usable MAPCA[s] are incorporated)
- 6750 Status post - Unifocalization MAPCA(s), Unilateral pulmonary unifocalization
- 4440 Status post - Unifocalization MAPCA(s)
- 4450 Status post - Occlusion of MAPCA(s)
- 4460 Status post - Valvuloplasty, Tricuspid
- 6280 Status post - Valvuloplasty converted to valve replacement in the same operation, Tricuspid
- 4465 Status post - Ebstein's repair
- 4470 Status post - Valve replacement, Tricuspid (TVR)
- 4480 Status post - Valve closure, Tricuspid (exclusion, univentricular approach)

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- 4490 Status post - Valve excision, Tricuspid (without replacement)
 - 4500 Status post - Valve surgery, Other, Tricuspid
 - 4510 Status post - RVOT procedure
 - 4520 Status post - 1 1/2 ventricular repair
 - 4530 Status post - PA, reconstruction (plasty), Main (trunk)
 - 4540 Status post - PA, reconstruction (plasty), Branch, Central (within the hilar bifurcation)
 - 4550 Status post - PA, reconstruction (plasty), Branch, Peripheral (at or beyond the hilar bifurcation)
 - 4570 Status post - DCRV repair
 - 4590 Status post - Valvuloplasty, Pulmonic
 - 6270 Status post - Valvuloplasty converted to valve replacement in the same operation, Pulmonic
 - 4600 Status post - Valve replacement, Pulmonic (PVR)
 - 4630 Status post - Valve excision, Pulmonary (without replacement)
 - 4640 Status post - Valve closure, Semilunar
 - 4650 Status post - Valve surgery, Other, Pulmonic
 - 4610 Status post - Conduit placement, RV to PA
 - 4620 Status post - Conduit placement, LV to PA
 - 5774 Status post - Conduit placement, Ventricle to aorta
 - 5772 Status post - Conduit placement, Other
 - 4580 Status post - Conduit reoperation
 - 4660 Status post - Valvuloplasty, Aortic
 - 6240 Status post - Valvuloplasty converted to valve replacement in the same

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- operation, Aortic
- 6310 Status post - Valvuloplasty converted to valve replacement in the same operation, Aortic – with Ross procedure
- 6320 Status post - Valvuloplasty converted to valve replacement in the same operation, Aortic – with Ross-Konno procedure
- 4670 Status post - Valve replacement, Aortic (AVR)
- 4680 Status post - Valve replacement, Aortic (AVR), Mechanical
- 4690 Status post - Valve replacement, Aortic (AVR), Bioprosthetic
- 4700 Status post - Valve replacement, Aortic (AVR), Homograft
- 4715 Status post - Aortic root replacement, Bioprosthetic
- 4720 Status post - Aortic root replacement, Mechanical
- 4730 Status post - Aortic root replacement, Homograft
- 4735 Status post - Aortic root replacement, Valve sparing
- 4740 Status post - Ross procedure
- 4750 Status post - Konno procedure
- 4760 Status post - Ross-Konno procedure
- 4770 Status post - Other annular enlargement procedure
- 4780 Status post - Aortic stenosis, Subvalvar, Repair
- 6100 Status post - Aortic stenosis, Subvalvar, Repair, With myectomy for IHSS
- 4790 Status post - Aortic stenosis, Supravalvar, Repair
- 4800 Status post - Valve surgery, Other, Aortic
- 4810 Status post - Sinus of Valsalva, Aneurysm repair
- 4820 Status post - LV to aorta tunnel repair
- 4830 Status post - Valvuloplasty,

- Mitral
- 6260 Status post - Valvuloplasty converted to valve replacement in the same operation, Mitral
 - 4840 Status post - Mitral stenosis, Supraaortic mitral ring repair
 - 4850 Status post - Valve replacement, Mitral (MVR)
 - 4860 Status post - Valve surgery, Other, Mitral
 - 4870 Status post - Norwood procedure
 - 4880 Status post - HLHS biventricular repair
 - 6755 Status post - Conduit insertion right ventricle to pulmonary artery + Intraventricular tunnel left ventricle to neo-aorta + Arch reconstruction (Rastelli and Norwood type arch reconstruction) (Yasui)
 - 6160 Status post - Hybrid Approach "Stage 1", Application of RPA & LPA bands
 - 6170 Status post - Hybrid Approach "Stage 1", Stent placement in arterial duct (PDA)
 - 6180 Status post - Hybrid Approach "Stage 1", Stent placement in arterial duct (PDA) + application of RPA & LPA bands
 - 6140 Status post - Hybrid approach "Stage 2", Aortopulmonary anastomosis + Superior Cavopulmonary anastomosis(es) + PA Debanding + Aortic arch repair (Norwood [Stage 1] + Superior Cavopulmonary anastomosis(es) + PA Debanding)
 - 6150 Status post - Hybrid approach "Stage 2", Aortopulmonary anastomosis + Superior Cavopulmonary anastomosis(es) + PA Debanding + Without aortic arch repair
 - 6760 Status post - Hybrid

	Approach, Transcardiac balloon dilation
6770	Status post - Hybrid Approach, Transcardiac transcatheter device placement
1590	Status post - Transplant, Heart
1610	Status post - Transplant, Heart and lung
4910	Status post - Partial left ventriculectomy (LV volume reduction surgery) (Batista)
4920	Status post - Pericardial drainage procedure
4930	Status post - Pericardiectomy
4940	Status post - Pericardial procedure, Other
4950	Status post - Fontan, Atrio- pulmonary connection
4960	Status post - Fontan, Atrio- ventricular connection
4970	Status post - Fontan, TCPC, Lateral tunnel, Fenestrated
4980	Status post - Fontan, TCPC, Lateral tunnel, Nonfenestrated
5000	Status post - Fontan, TCPC, External conduit, Fenestrated
5010	Status post - Fontan, TCPC, External conduit, Nonfenestrated
6780	Status post - Fontan, TCPC, Intra/extracardiac conduit, Fenestrated
6790	Status post - Fontan, TCPC, Intra/extracardiac conduit, Nonfenestrated
7310	Status post - Fontan, TCPC, External conduit, hepatic veins to pulmonary artery, Fenestrated
7320	Status post - Fontan, TCPC, External conduit, hepatic veins to pulmonary artery, Nonfenestrated
5025	Status post - Fontan revision or conversion (Re-do Fontan)
5030	Status post - Fontan, Other
6340	Status post - Fontan + Atrioventricular valvuloplasty
5035	Status post - Ventricular septation

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- 5050 Status post - Congenitally corrected TGA repair, Atrial switch and ASO (double switch)
 - 5060 Status post - Congenitally corrected TGA repair, Atrial switch and Rastelli
 - 5070 Status post - Congenitally corrected TGA repair, VSD closure
 - 5080 Status post - Congenitally corrected TGA repair, VSD closure and LV to PA conduit
 - 5090 Status post - Congenitally corrected TGA repair, Other
 - 5110 Status post - Arterial switch operation (ASO)
 - 5120 Status post - Arterial switch operation (ASO) and VSD repair
 - 5123 Status post - Arterial switch procedure + Aortic arch repair
 - 5125 Status post - Arterial switch procedure and VSD repair + Aortic arch repair
 - 5130 Status post - Senning
 - 5140 Status post - Mustard
 - 5145 Status post - Atrial baffle procedure, Mustard or Senning revision
 - 5150 Status post - Rastelli
 - 5160 Status post - REV
 - 6190 Status post - Aortic root translocation over left ventricle (Including Nikaidoh procedure)
 - 6210 Status post - TGA, Other procedures (Kawashima, LV-PA conduit, other)
 - 5180 Status post - DORV, Intraventricular tunnel repair
 - 5200 Status post - DOLV repair
 - 5210 Status post - Coarctation repair, End to end
 - 5220 Status post - Coarctation repair, End to end, Extended
 - 5230 Status post - Coarctation repair, Subclavian flap
 - 5240 Status post - Coarctation repair, Patch aortoplasty

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- 5250 Status post - Coarctation repair, Interposition graft
 - 5260 Status post - Coarctation repair, Other
 - 5275 Status post - Coarctation repair + VSD repair
 - 5280 Status post - Aortic arch repair
 - 5285 Status post - Aortic arch repair + VSD repair
 - 5290 Status post - Coronary artery fistula ligation
 - 5291 Status post - Anomalous origin of coronary artery from pulmonary artery repair
 - 5300 Status post - Coronary artery bypass
 - 5305 Status post - Anomalous aortic origin of coronary artery (AAOCA) repair
 - 5310 Status post - Coronary artery procedure, Other
 - 5320 Status post - Interrupted aortic arch repair
 - 5330 Status post - PDA closure, Surgical
 - 5340 Status post - PDA closure, Device
 - 5360 Status post - Vascular ring repair
 - 5365 Status post - Aortopexy
 - 5370 Status post - Pulmonary artery sling repair
 - 5380 Status post - Aortic aneurysm repair
 - 5390 Status post - Aortic dissection repair
 - 5400 Status post - Lung biopsy
 - 1600 Status post - Transplant, Lung(s)
 - 5420 Status post - Lung procedure, Other
 - 5440 Status post - Tracheal procedure
 - 6800 Status post - Muscle flap, Trunk (i.e., intercostal, pectus, or serratus muscle)
 - 6810 Status post - Muscle flap, Trunk (i.e. latissimus dorsi)
 - 6820 Status post - Removal, Sternal wire

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- 6830 Status post - Rib excision, Complete
 - 6840 Status post - Rib excision, Partial
 - 6850 Status post - Sternal fracture - open treatment
 - 6860 Status post - Sternal resection, Radical resection of sternum
 - 6870 Status post - Sternal resection, Radical resection of sternum with mediastinal lymphadenectomy
 - 6880 Status post - Tumor of chest wall - Excision including ribs
 - 6890 Status post - Tumor of chest wall - Excision including ribs, With reconstruction
 - 6900 Status post - Tumor of soft tissue of thorax - Excision of deep subfascial or intramuscular tumor
 - 6910 Status post - Tumor of soft tissue of thorax - Excision of subcutaneous tumor
 - 6920 Status post - Tumor of soft tissue of thorax - Radical resection
 - 6930 Status post - Hyoid myotomy and suspension
 - 6940 Status post - Muscle flap, Neck
 - 6950 Status post - Procedure on neck
 - 6960 Status post - Tumor of soft tissue of neck - Excision of deep subfascial or intramuscular tumor
 - 6970 Status post - Tumor of soft tissue of neck - Excision of subcutaneous tumor
 - 6980 Status post - Tumor of soft tissue of neck - Radical resection
 - 6990 Status post - Pectus bar removal
 - 7005 Status post - Pectus bar repositioning
 - 7010 Status post - Pectus repair, Minimally invasive repair (Nuss), With thoracoscopy
 - 7020 Status post - Pectus repair,

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- Minimally invasive repair
(Nuss), Without thoracoscopy
- 7030 Status post - Pectus repair,
Open repair
- 7040 Status post - Division of
scalenus anticus, With
resection of a cervical rib
- 7050 Status post - Division of
scalenus anticus, Without
resection of a cervical rib
- 7060 Status post - Rib excision,
Excision of cervical rib
- 7070 Status post - Rib excision,
Excision of cervical rib, With
sympathectomy
- 7080 Status post - Rib excision,
Excision of first rib
- 7090 Status post - Rib excision,
Excision of first rib, With
sympathectomy
- 7100 Status post - Procedure on
thorax
- 5450 Status post - Pacemaker
implantation, Permanent
- 5460 Status post - Pacemaker
procedure
- 6350 Status post - Explantation of
pacing system
- 5470 Status post - ICD (AICD)
implantation
- 5480 Status post - ICD (AICD)
([automatic] implantable
cardioverter defibrillator)
procedure
- 5490 Status post - Arrhythmia
surgery - atrial, Surgical
Ablation
- 5500 Status post - Arrhythmia
surgery - ventricular, Surgical
Ablation
- 6500 Status post - Cardiovascular
catheterization procedure,
Diagnostic
- 6520 Status post - Cardiovascular
catheterization procedure,
Diagnostic, Angiographic data
obtained
- 6550 Status post - Cardiovascular
catheterization procedure,
Diagnostic, Electrophysiology
alteration

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- 6540 Status post - Cardiovascular catheterization procedure, Diagnostic, Hemodynamic alteration
 - 6510 Status post - Cardiovascular catheterization procedure, Diagnostic, Hemodynamic data obtained
 - 6530 Status post - Cardiovascular catheterization procedure, Diagnostic, Transluminal test occlusion
 - 6410 Status post - Cardiovascular catheterization procedure, Therapeutic
 - 6670 Status post - Cardiovascular catheterization procedure, Therapeutic, Adjunctive therapy
 - 6570 Status post - Cardiovascular catheterization procedure, Therapeutic, Balloon dilation
 - 6590 Status post - Cardiovascular catheterization procedure, Therapeutic, Balloon valvotomy
 - 6600 Status post - Cardiovascular catheterization procedure, Therapeutic, Coil implantation
 - 6610 Status post - Cardiovascular catheterization procedure, Therapeutic, Device implantation
 - 7110 Status post - Cardiovascular catheterization procedure, Therapeutic, Device implantation attempted
 - 6690 Status post - Cardiovascular catheterization procedure, Therapeutic, Electrophysiological ablation
 - 7120 Status post - Cardiovascular catheterization procedure, Therapeutic, Intravascular foreign body removal
 - 6640 Status post - Cardiovascular catheterization procedure, Therapeutic, Perforation (establishing interchamber and/or intervessel communication)
 - 6580 Status post - Cardiovascular

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- catheterization procedure,
Therapeutic, Septostomy
- 6620 Status post - Cardiovascular
catheterization procedure,
Therapeutic, Stent insertion
- 6630 Status post - Cardiovascular
catheterization procedure,
Therapeutic, Stent re-dilation
- 6650 Status post - Cardiovascular
catheterization procedure,
Therapeutic, Transcatheter
Fontan completion
- 6660 Status post - Cardiovascular
catheterization procedure,
Therapeutic, Transcatheter
implantation of valve
- 5590 Status post - Shunt, Systemic
to pulmonary, Modified
Blalock-Taussig Shunt
(MBTS)
- 5600 Status post - Shunt, Systemic
to pulmonary, Central (shunt
from aorta)
- 7130 Status post - Shunt, Systemic
to pulmonary, Central (shunt
from aorta), Central shunt
with an end-to-side
connection between the
transected main pulmonary
artery and the side of the
ascending aorta (i.e. Mee
shunt)
- 7230 Status post - Shunt, Sysytemic
to pulmonary, Potts - Smith
type (descending aorta to
pulmonary artery)
- 5610 Status post - Shunt, Systemic
to pulmonary, Other
- 5630 Status post - Shunt, Ligation
and takedown
- 6095 Status post - Shunt,
Reoperation
- 5640 Status post - PA banding
(PAB)
- 5650 Status post - PA debanding
- 7200 Status post - PA band
adjustment
- 5660 Status post - Damus-Kaye-
Stansel procedure (DKS)
(creation of AP anastomosis
without arch reconstruction)

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- 5670 Status post - Bidirectional cavopulmonary anastomosis (BDCPA) (bidirectional Glenn)
 - 5680 Status post - Glenn (unidirectional cavopulmonary anastomosis) (unidirectional Glenn)
 - 5690 Status post - Bilateral bidirectional cavopulmonary anastomosis (BBDCPA) (bilateral bidirectional Glenn)
 - 5700 Status post - HemiFontan
 - 6330 Status post - Superior cavopulmonary anastomosis(es) (Glenn or HemiFontan) + Atrioventricular valvuloplasty
 - 6130 Status post - Superior Cavopulmonary anastomosis(es) + PA reconstruction
 - 7300 Status post - Takedown of superior cavopulmonary anastomosis
 - 7140 Status post - Hepatic vein to azygous vein connection, Direct
 - 7150 Status post - Hepatic vein to azygous vein connection, Interposition graft
 - 7160 Status post - Kawashima operation (superior cavopulmonary connection in setting of interrupted IVC with azygous continuation)
 - 5710 Status post - Palliation, Other
 - 7240 Status post - Attempted fetal intervention, percutaneous transcatheter directed at interatrial septum
 - 7250 Status post - Attempted fetal intervention, percutaneous transcatheter directed at aortic valve
 - 7260 Status post - Attempted fetal intervention, percutaneous transcatheter directed at pulmonic valve
 - 7270 Status post - Attempted fetal intervention, "open" (maternal

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- laparotomy with hysterotomy)
directed at interatrial septum
- 7280 Status post - Attempted fetal
intervention, "open" (maternal
laparotomy with hysterotomy)
directed at aortic valve
- 7290 Status post - Attempted fetal
intervention, "open" (maternal
laparotomy with hysterotomy)
directed at pulmonic valve
- 6360 Status post - ECMO
cannulation
- 6370 Status post - ECMO
decannulation
- 5910 Status post - ECMO procedure
- 5900 Status post - Intraaortic
balloon pump (IABP) insertion
- 5920 Status post - Right/left heart
assist device procedure
- 6390 Status post - VAD
explantation
- 6380 Status post - VAD
implantation
- 7170 Status post - VAD change out
- 6420 Status post -
Echocardiography procedure,
Sedated transesophageal
echocardiogram
- 6430 Status post -
Echocardiography procedure,
Sedated transthoracic
echocardiogram
- 6435 Status post - Non-
cardiovascular, Non-thoracic
procedure on cardiac patient
with cardiac anesthesia
- 6440 Status post - Radiology
procedure on cardiac patient,
Cardiac Computerized Axial
Tomography (CT Scan)
- 6450 Status post - Radiology
procedure on cardiac patient,
Cardiac Magnetic Resonance
Imaging (MRI)
- 6460 Status post - Radiology
procedure on cardiac patient,
Diagnostic radiology
- 6470 Status post - Radiology
procedure on cardiac patient,
Non-Cardiac Computerized
Tomography (CT) on cardiac

patient

6480 Status post - Radiology
procedure on cardiac patient,
Non-cardiac Magnetic
Resonance Imaging (MRI) on
cardiac patient

6490 Status post - Radiology
procedure on cardiac patient,
Therapeutic radiology

5720 Status post - Aneurysm,
Ventricular, Right, Repair

5730 Status post - Aneurysm,
Ventricular, Left, Repair

5740 Status post - Aneurysm,
Pulmonary artery, Repair

5760 Status post - Cardiac tumor
resection

5780 Status post - Pulmonary AV
fistula repair/occlusion

5790 Status post - Ligation,
Pulmonary artery

5802 Status post - Pulmonary
embolectomy, Acute
pulmonary embolus

5804 Status post - Pulmonary
embolectomy, Chronic
pulmonary embolus

5810 Status post - Pleural drainage
procedure

5820 Status post - Pleural
procedure, Other

5830 Status post - Ligation,
Thoracic duct

5840 Status post - Decortication

5850 Status post - Esophageal
procedure

5860 Status post - Mediastinal
procedure

5870 Status post - Bronchoscopy

5880 Status post - Diaphragm
plication

5890 Status post - Diaphragm
procedure, Other

5930 Status post - VATS (video-
assisted thoracoscopic

5940 Status post - Minimally
invasive procedure

5950 Status post - Bypass for
noncardiac lesion

5960 Status post - Delayed sternal

	closure		
5970	Status post - Mediastinal exploration		
5980	Status post - Sternotomy wound drainage		
7180	Status post - Intravascular stent removal		
7220	Status post - Removal of transcatheter delivered device from heart		
7210	Status post - Removal of transcatheter delivered device from blood vessel		
5990	Status post - Thoracotomy, Other		
6000	Status post - Cardiotomy, Other		
6010	Status post - Cardiac procedure, Other		
6020	Status post - Thoracic and/or mediastinal procedure, Other		
6030	Status post - Peripheral vascular procedure, Other		
6040	Status post - Miscellaneous procedure, Other		
11777	Status post - Other procedure		

<i>Long Name:</i>	Other Card-Congenital Diagnosis 3	<i>SeqNo:</i>	6510
<i>Short Name:</i>	OCarCongDiag3	<i>Core:</i>	Yes
<i>Section Name:</i>	Congenital Defect Repair	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the third of the three most significant congenital diagnoses.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
<i>ParentShortName:</i>	OCarCongDiag2		
<i>ParentLongName:</i>	Other Card-Congenital Diagnosis 2		
<i>ParentHarvestCodes:</i>	◊1 And Is Not Missing		
<i>ParentValues:</i>	Is Not "No other congenital diagnoses" And Is Not Missing		
<i>Harvest Codes and Value Definitions:</i>			
<u>Code:</u>	<u>Value:</u>	<u>Definition:</u>	
1	No other congenital diagnoses		
10	PFO	A small interatrial communication (or potential communication) confined to the region of the oval fossa (fossa ovalis) characterized by no deficiency of the primary atrial septum (septum primum) and a normal limbus with no deficiency of the septum secundum (superior interatrial fold).	
20	ASD, Secundum	A congenital cardiac malformation in which there is an	

		interatrial communication confined to the region of the oval fossa (fossa ovalis), most commonly due to a deficiency of the primary atrial septum (septum primum) but deficiency of the septum secundum (superior interatrial fold) may also contribute.
30	ASD, Sinus venosus	A congenital cardiac malformation in which there is a caval vein (vena cava) and/or pulmonary vein (or veins) that overrides the atrial septum or the septum secundum (superior interatrial fold) producing an interatrial or anomalous venoatrial communication. Although the term sinus venosus atrial septal defect is commonly used, the lesion is more properly termed a sinus venosus communication because, while it functions as an interatrial communication, this lesion is not a defect of the atrial septum.
40	ASD, Coronary sinus	A congenital cardiac malformation in which there is a deficiency of the walls separating the left atrium from the coronary sinus allowing interatrial communication through the coronary sinus ostium.
50	ASD, Common atrium (single atrium)	Complete absence of the interatrial septum. "Single atrium" is applied to defects with no associated malformation of the atrioventricular valves. "Common atrium" is applied to defects with associated malformation of the atrioventricular valves.
2150	ASD, Postoperative interatrial communication	A surgically created communication between the atria.
71	VSD, Type 1 (Subarterial) (Supracristal) (Conal septal defect) (Infundibular)	A VSD that lies beneath the semilunar valve(s) in the conal or outlet septum.
73	VSD, Type 2 (Perimembranous) (Paramembranous) (Conoventricular)	A VSD that is confluent with and involves the membranous septum and is bordered by an atrioventricular valve, not including type 3 VSDs.
75	VSD, Type 3 (Inlet) (AV canal type)	A VSD that involves the inlet of the right ventricular septum immediately inferior to the AV valve apparatus.
77	VSD, Type 4 (Muscular)	A VSD completely surrounded by muscle.
79	VSD, Type: Gerbode type (LV-RA communication)	A rare form of VSD in which the defect is at the membranous septum; the communication is between the left ventricle and right atrium.
80	VSD, Multiple	More than one VSD exists. Each individual VSD may be coded separately to specify the individual VSD types.
100	AVC (AVSD), Complete (CAVSD)	Indicate if the patient has the diagnosis of "AVC (AVSD), Complete (CAVSD)". An "AVC (AVSD), Complete (CAVSD)" is a "complete atrioventricular canal" or a "complete atrioventricular septal defect" and occurs in a heart with the phenotypic feature of a common atrioventricular junction. An "AVC (AVSD), Complete (CAVSD)" is defined as an AVC with a common AV valve and both a defect in the atrial septum just above the AV valve (ostium primum ASD [a usually crescent-shaped ASD in the inferior (posterior) portion of the atrial septum just above the AV valve]) and a defect in the ventricular septum just below the AV valve. The AV valve is one valve that bridges both the right and left sides of the heart. Balanced AVC is an AVC with two essentially appropriately sized ventricles. Unbalanced AVC is an AVC

- defect with two ventricles in which one ventricle is inappropriately small. Such a patient may be thought to be a candidate for biventricular repair, or, alternatively, may be managed as having a functionally univentricular heart. AVC lesions with unbalanced ventricles so severe as to preclude biventricular repair should be classified as single ventricles.
- Rastelli type A: The common superior (anterior) bridging leaflet is effectively split in two at the septum. The left superior (anterior) leaflet is entirely over the left ventricle and the right superior (anterior) leaflet is similarly entirely over the right ventricle. The division of the common superior (anterior) bridging leaflet into left and right components is caused by extensive attachment of the superior (anterior) bridging leaflet to the crest of the ventricular septum by chordae tendineae.
- Rastelli type B: Rare, involves anomalous papillary muscle attachment from the right side of the ventricular septum to the left side of the common superior (anterior) bridging leaflet.
- Rastelli type C: Marked bridging of the ventricular septum by the superior (anterior) bridging leaflet, which floats freely (often termed a "free-floater") over the ventricular septum without chordal attachment to the crest of the ventricular septum.
- 110 AVC (AVSD), Intermediate (transitional) An AVC with two distinct left and right AV valve orifices but also with both an ASD just above and a VSD just below the AV valves. While these AV valves in the intermediate form do form two separate orifices they remain abnormal valves. The VSD is often restrictive.
- 120 AVC (AVSD), Partial (incomplete) (PAVSD) (ASD, primum) An AVC with an ostium primum ASD (a usually crescent-shaped ASD in the inferior (posterior) portion of the atrial septum just above the AV valve) and varying degrees of malformation of the left AV valve leading to varying degrees of left AV valve regurgitation. No VSD is present.
- 140 AP window (aortopulmonary window) Indicate if the patient has the diagnosis of "AP window (aortopulmonary window)". An "AP window (aortopulmonary window)" is defined as a defect with side-to-side continuity of the lumens of the aorta and pulmonary arterial tree, which is distinguished from common arterial trunk (truncus arteriosus) by the presence of two arterial valves or their atretic remnants. (In other words, an aortopulmonary window is a communication between the main pulmonary artery and ascending aorta in the presence of two separate semilunar [pulmonary and aortic] valves. The presence of two separate semilunar valves distinguishes AP window from truncus arteriosus. Type 1 proximal defect: AP window located just above the sinus of Valsalva, a few millimeters above the semilunar valves, with a superior rim but little inferior rim separating the AP window from the semilunar valves. Type 2 distal defect: AP window located in the uppermost portion of the ascending aorta, with a well-formed inferior rim but little superior rim. Type 3 total defect: AP window involving the majority of the ascending aorta, with little superior and inferior rims. The intermediate type of AP window is similar to the total defect but with adequate superior and inferior rims. In the event

		of AP window occurring in association with interrupted aortic arch, code “Interrupted aortic arch + AP window (aortopulmonary window)”, and then use additional (secondary) diagnostic codes to describe the interrupted aortic arch and AP window separately to provide further documentation about the individual interrupted arch and AP window types.)
150	Pulmonary artery origin from ascending aorta (hemitruncus)	One pulmonary artery arises from the ascending aorta and the other pulmonary artery arises from the right ventricle. DOES NOT include origin of the right or left pulmonary artery from the innominate artery or the aortic arch via a patent ductus arteriosus or collateral artery.
160	Truncus arteriosus	Indicate if the patient has the diagnosis of “Truncus arteriosus”. A truncus arteriosus is also known as a common arterial trunk and is defined as a heart in which a single arterial trunk arises from the heart, giving origin to the coronary arteries, the pulmonary arteries, and the systemic arterial circulation. In the majority of instances there is a ventricular septal defect and a single semilunar valve which may contain two, three, four, or more leaflets and is occasionally dysplastic. Often, the infundibular septum is virtually absent superiorly. In most instances the truncal valve overrides the true interventricular septum (and thus both ventricles), but very rarely the truncal valve may override the right ventricle entirely. In such instances, there may be no ventricular septal defect or a very small ventricular septal defect, in which case the left ventricle and mitral valve may be extremely hypoplastic.
170	Truncal valve insufficiency	Functional abnormality - insufficiency - of the truncal valve. May be further subdivided into grade of insufficiency (I, II, III, IV or mild, moderate, severe).
2470	Truncal valve stenosis	
2010	Truncus arteriosus + Interrupted aortic arch	Indicate if the patient has the diagnosis of “Truncus arteriosus + Interrupted aortic arch”. {A truncus arteriosus is also known as a common arterial trunk and is defined as a heart in which a single arterial trunk arises from the heart, giving origin to the coronary arteries, the pulmonary arteries, and the systemic arterial circulation. In the majority of instances there is a ventricular septal defect and a single semilunar valve which may contain two, three, four, or more leaflets and is occasionally dysplastic. The infundibular septum is virtually absent superiorly. In most instances the truncal valve overrides the true interventricular septum (and thus both ventricles), but very rarely the truncal valve may override the right ventricle entirely. If in such case there is no ventricular septal defect, then the left ventricle and mitral valve may be extremely hypoplastic.} {Interrupted aortic arch is defined as the loss of luminal continuity between the ascending and descending aorta. In most cases blood flow to the descending thoracic aorta is through a PDA, and there is a large VSD. Arch interruption is further defined by site of interruption. In type A, interruption is distal to the left subclavian artery; in type B interruption is between the left carotid and left subclavian arteries; and in type C interruption occurs between the innominate and left carotid arteries.}

180	Partial anomalous pulmonary venous connection (PAPVC)	Some, but not all of the pulmonary veins connect to the right atrium or to one or more of its venous tributaries. This definition excludes sinus venosus defects with normally connected but abnormally draining pulmonary veins (the pulmonary veins may drain abnormally into the right atrium via the atrial septal defect).
190	Partial anomalous pulmonary venous connection (PAPVC), scimitar	The right pulmonary vein(s) connect anomalously to the inferior vena cava or to the right atrium at the insertion of the inferior vena cava. The descending vertical vein resembles a scimitar (Turkish sword) on frontal chest x-ray. Frequently associated with: hypoplasia of the right lung with bronchial anomalies; dextroposition and/or dextrorotation of the heart; hypoplasia of the right pulmonary artery; and anomalous subdiaphragmatic systemic arterial supply to the lower lobe of the right lung directly from the aorta or its main branches.
200	Total anomalous pulmonary venous connection (TAPVC), Type 1 (supracardiac)	All of the pulmonary veins connect anomalously with the right atrium or to one or more of its venous tributaries. None of the pulmonary veins connect normally to the left atrium. In Type 1 (supracardiac) TAPVC, the anomalous connection is at the supracardiac level and can be obstructed or nonobstructed.
210	Total anomalous pulmonary venous connection (TAPVC), Type 2 (cardiac)	All of the pulmonary veins connect anomalously with the right atrium or to one or more of its venous tributaries. None of the pulmonary veins connect normally to the left atrium. In Type 2 (cardiac) TAPVC, the anomalous connection is to the heart, either to the right atrium directly or to the coronary sinus. Most patients with type 2 TAPVC are nonobstructed.
220	Total anomalous pulmonary venous connection (TAPVC), Type 3 (infracardiac)	All of the pulmonary veins connect anomalously with the right atrium or to one or more of its venous tributaries. None of the pulmonary veins connect normally to the left atrium. In Type 3 (infracardiac) TAPVC, the anomalous connection is at the infracardiac level (below the diaphragm), with the pulmonary venous return entering the right atrium ultimately via the inferior vena cava. In the vast majority of patients infracardiac TAPVC is obstructed.
230	Total anomalous pulmonary venous connection (TAPVC), Type 4 (mixed)	All of the pulmonary veins connect anomalously with the right atrium or to one or more of its venous tributaries. None of the pulmonary veins connect normally to the left atrium. In Type 4 (mixed) TAPVC, the anomalous connection is at two or more of the above levels (supracardiac, cardiac, infracardiac) and can be obstructed or nonobstructed.
250	Cor triatriatum	In the classic form of cor triatriatum a membrane divides the left atrium (LA) into a posterior accessory chamber that receives the pulmonary veins and an anterior chamber (LA) that communicates with the mitral valve. In differentiating cor triatriatum from supralvalvar mitral ring, in cor triatriatum the posterior compartment contains the pulmonary veins while the anterior contains the left atrial appendage and the mitral valve orifice; in supralvalvar mitral ring, the anterior compartment contains only the mitral valve orifice. Cor triatriatum dexter (prominent venous valve producing obstruction of the IVC and tricuspid valve) is to be coded as a systemic venous obstruction, not as a form of cor triatriatum.
260	Pulmonary venous stenosis	Any pathologic narrowing of one or more pulmonary veins.

	Can be further subdivided by etiology (congenital, acquired-postoperative, acquired-nonpostoperative) and extent of stenosis (diffusely hypoplastic, long segment focal/tubular stenosis, discrete stenosis).
270 Systemic venous anomaly	Anomalies of the systemic venous system (superior vena cava (SVC), inferior vena cava (IVC), brachiocephalic veins (often the innominate vein), azygos vein, coronary sinus, levo-atrial cardinal vein) arising from one or more anomalies of origin, duplication, course, or connection. Examples include abnormal or absent right SVC with LSVC, bilateral SVC, interrupted right or left IVC, azygos continuation of IVC, and anomalies of hepatic drainage. Bilateral SVC may have, among other configurations: 1) RSVC draining to the RA and the LSVC to the LA with completely unroofed coronary sinus, 2) RSVC draining to the RA and LSVC to the coronary sinus which drains (normally) into the RA, or 3) RSVC to the coronary sinus which drains (abnormally) into the LA and LSVC to LA. Anomalies of the inferior vena caval system include, among others: 1) left IVC to LA, 2) biatrial drainage, or 3) interrupted IVC (left or right) with azygos continuation to an LSVC or RSVC.
280 Systemic venous obstruction	Obstruction of the systemic venous system (superior vena cava (SVC), inferior vena cava (IVC), brachiocephalic veins (often the innominate vein), azygos vein, coronary sinus, levo-atrial cardinal vein) arising from congenital or acquired stenosis or occlusion. Cor triatriatum dexter (prominent venous valve producing obstruction of the IVC and tricuspid valve) is to be coded as a systemic venous obstruction, not as a form of cor triatriatum.
290 TOF	Indicate if the patient has the diagnosis of "TOF". Only use this diagnosis if it is NOT known if the patient has one of the following four more specific diagnoses: (1). "TOF, Pulmonary stenosis", (2). "TOF, AVC (AVSD)", (3). "TOF, Absent pulmonary valve", (4). "Pulmonary atresia, VSD (Including TOF, PA)", or (5). "Pulmonary atresia, VSD-MAPCA (pseudotruncus)". {"TOF" is "Tetralogy of Fallot" and is defined as a group of malformations with biventricular atrioventricular alignments or connections characterized by anterosuperior deviation of the conal or outlet septum or its fibrous remnant, narrowing or atresia of the pulmonary outflow, a ventricular septal defect of the malalignment type, and biventricular origin of the aorta. Hearts with tetralogy of Fallot will always have a ventricular septal defect, narrowing or atresia of the pulmonary outflow, and aortic override; hearts with tetralogy of Fallot will most often have right ventricular hypertrophy.} (An additional, often muscular [Type 4] VSD may be seen with TOF and should be coded separately as a secondary diagnosis as "VSD, Type 4 (Muscular)". Pulmonary arteries may be diminutive or there may be an absent left or right pulmonary artery; additional coding for pulmonary artery and/or branch pulmonary artery stenoses may be found under RVOT obstruction. Abnormal coronary artery distribution may also be associated with tetralogy of Fallot and may be coded

	separately under coronary artery anomalies. The presence of associated anomalies such as additional VSD, atrial septal defect, right aortic arch, left superior vena cava, and coronary artery anomalies must be subspecified as an additional or secondary diagnosis under the primary TOF diagnosis. TOF with absent pulmonary valve or TOF with associated complete atrioventricular canal are NOT to be secondary diagnoses under TOF - they are separate entities and should be coded as such. Controversy surrounds the differentiation between TOF and double outlet right ventricle [DORV]; in the nomenclature used here, DORV is defined as a type of ventriculoarterial connection in which both great vessels arise predominantly from the right ventricle. TOF with pulmonary atresia is to be coded under "Pulmonary atresia-VSD.")
2140 TOF, Pulmonary stenosis	Indicate if the patient has the diagnosis of "TOF, Pulmonary stenosis". Use this diagnosis if the patient has tetralogy of Fallot and pulmonary stenosis. Do not use this diagnosis if the patient has tetralogy of Fallot and pulmonary atresia. Do not use this diagnosis if the patient has tetralogy of Fallot and absent pulmonary valve. Do not use this diagnosis if the patient has tetralogy of Fallot and atrioventricular canal. {Tetralogy of Fallot is defined as a group of malformations with biventricular atrioventricular alignments or connections characterized by anterosuperior deviation of the conal or outlet septum or its fibrous remnant, narrowing or atresia of the pulmonary outflow, a ventricular septal defect of the malalignment type, and biventricular origin of the aorta. Hearts with tetralogy of Fallot will always have a ventricular septal defect, narrowing or atresia of the pulmonary outflow, and aortic override; hearts with tetralogy of Fallot will most often have right ventricular hypertrophy. (An additional, often muscular [Type 4] VSD may be seen with TOF and should be coded separately as a secondary diagnosis as "VSD, Type 4 (Muscular)". Pulmonary arteries may be diminutive or there may be an absent left or right pulmonary artery; additional coding for pulmonary artery and/or branch pulmonary artery stenoses may be found under RVOT obstruction. Abnormal coronary artery distribution may also be associated with tetralogy of Fallot and may be coded separately under coronary artery anomalies. The presence of associated anomalies such as additional VSD, atrial septal defect, right aortic arch, left superior vena cava, and coronary artery anomalies must be subspecified as an additional or secondary diagnosis under the primary TOF diagnosis. TOF with absent pulmonary valve or TOF with associated complete atrioventricular canal are NOT to be secondary diagnoses under TOF - they are separate entities and should be coded as such. Controversy surrounds the differentiation between TOF and double outlet right ventricle [DORV]; in the nomenclature used here, DORV is defined as a type of ventriculoarterial connection in which both great vessels arise predominantly from the right ventricle. TOF with pulmonary atresia is to be coded under "Pulmonary atresia-VSD.")}
300 TOF, AVC (AVSD)	TOF with complete common atrioventricular canal defect is a

- rare variant of common atrioventricular canal defect with the associated conotruncal abnormality of TOF. The anatomy of the endocardial cushion defect is that of Rastelli type C in almost all cases.
- 310 TOF, Absent pulmonary valve Indicate if the patient has the diagnosis of “TOF, Absent pulmonary valve”. “TOF, Absent pulmonary valve” is “Tetralogy of Fallot with Absent pulmonary valve” and is defined as a malformation with all of the morphologic characteristics of tetralogy of Fallot (anterosuperior deviation of the conal or outlet septum or its fibrous remnant, narrowing of the pulmonary outflow, a ventricular septal defect of the malalignment type, and biventricular origin of the aorta), in which the ventriculo-arterial junction of the right ventricle with the main pulmonary artery features an atypical valve with rudimentary cusps that lack the anatomical semi-lunar features of normal valve cusps and which functionally do not achieve central coaptation. The physiologic consequence is usually a combination of variable degrees of both stenosis and regurgitation of the pulmonary valve. A developmental accompaniment of this anatomy and physiology is dilatation of the main pulmonary artery and central right and left pulmonary arteries, which when extreme, is associated with abnormal arborization of lobar and segmental pulmonary artery branches and with compression of the trachea and mainstem bronchi. One theory holds that absence of the arterial duct or ductal ligament (which is a nearly constant finding in cases of tetralogy of Fallot with absent pulmonary valve) in combination with pulmonary valve stenosis and regurgitation, comprise the physiologic conditions which predispose to central pulmonary artery dilatation during fetal development. (Tetralogy of Fallot with Absent Pulmonary Valve Syndrome is a term frequently used to describe the clinical presentation when it features both circulatory alterations and respiratory distress secondary to airway compression.)
- 320 Pulmonary atresia Pulmonary atresia defects which do not readily fall into pulmonary atresia-intact ventricular septum or pulmonary atresia-VSD (with or without MAPCAs) categories. These may include complex lesions in which pulmonary atresia is a secondary diagnosis, for example, complex single ventricle malformations with associated pulmonary atresia.
- 330 Pulmonary atresia, IVS Pulmonary atresia (PA) and intact ventricular septum (IVS) is a duct-dependent congenital malformation that forms a spectrum of lesions including atresia of the pulmonary valve, a varying degree of right ventricle and tricuspid valve hypoplasia, and anomalies of the coronary circulation. An RV dependent coronary artery circulation is present when coronary artery fistulas (coronary sinusoids) are associated with a proximal coronary artery stenosis. Associated Ebstein's anomaly of the tricuspid valve can be present; the tricuspid diameter is enlarged and the prognosis is poor.
- 340 Pulmonary atresia, VSD (Including TOF, PA) Pulmonary atresia (PA) and ventricular septal defect (VSD) is a heterogeneous group of congenital cardiac malformations in which there is lack of luminal continuity and absence of blood

		<p>flow from either ventricle (in cases with ventriculo-arterial discordance) and the pulmonary artery, in a biventricular heart that has an opening or a hole in the interventricular septum (VSD). The malformation forms a spectrum of lesions including tetralogy of Fallot with pulmonary atresia. Tetralogy of Fallot with PA is a specific type of PA-VSD where the intracardiac malformation is more accurately defined (extreme underdevelopment of the RV infundibulum with marked anterior and leftward displacement of the infundibular septum often fused with the anterior wall of the RV resulting in complete obstruction of blood flow into the pulmonary artery and associated with a large outlet, subaortic ventricular septal defect). In the vast majority of cases of PA-VSD the intracardiac anatomy is that of TOF. The pulmonary circulation in PA-VSD is variable in terms of origin of blood flow, presence or absence of native pulmonary arteries, presence or absence of major aortopulmonary collateral arteries (MAPCA(s)), and distal distribution (pulmonary parenchymal segment arborization) abnormalities. Native pulmonary arteries may be present or absent. If MAPCAs are present this code should not be used; instead, Pulmonary atresia, VSD-MAPCA (pseudotruncus) should be used.</p>
350	Pulmonary atresia, VSD-MAPCA	<p>MAPCA(s) are large and distinct arteries, highly variable in number, that usually arise from the descending thoracic aorta, but uncommonly may originate from the aortic arch or the subclavian, carotid or even the coronary arteries. MAPCA(s) may be associated with present or absent native pulmonary arteries. If present, the native pulmonary arteries may be hypoplastic, and either confluent or nonconfluent. Systemic pulmonary collateral arteries have been categorized into 3 types based on their site of origin and the way they connect to the pulmonary circulation: direct aortopulmonary collaterals, indirect aortopulmonary collaterals, and true bronchial arteries. Only the first two should be considered MAPCA(s). If MAPCA(s) are associated with PA-VSD or TOF, PA this code should be used.</p>
360	MAPCA(s) (major aortopulmonary collateral[s]) (without PA-VSD)	<p>Rarely MAPCA(s) may occur in patients who do not have PA-VSD, but have severe pulmonary stenosis. The intracardiac anatomy in patients who have MAPCA(s) without PA should be specifically coded in each case as well.</p>
370	Ebstein's anomaly	<p>Indicate if the patient has the diagnosis of "Ebstein's anomaly". Ebstein's anomaly is a malformation of the tricuspid valve and right ventricle that is characterized by a spectrum of several features: (1) incomplete delamination of tricuspid valve leaflets from the myocardium of the right ventricle; (2) downward (apical) displacement of the functional annulus; (3) dilation of the "atrialized" portion of the right ventricle with variable degrees of hypertrophy and thinning of the wall; (4) redundancy, fenestrations, and tethering of the anterior leaflets; and (5) dilation of the right atrioventricular junction (the true tricuspid annulus). These anatomical and functional abnormalities cause tricuspid regurgitation (and rarely tricuspid stenosis) that results in right atrial and right ventricular</p>

		dilatation and atrial and ventricular arrhythmias. With increasing degrees of anatomic severity of malformation, the fibrous transformation of leaflets from their muscular precursors remains incomplete, with the septal leaflet being most severely involved, the posterior leaflet less severely involved, and the anterior leaflet usually the least severely involved. Associated cardiac anomalies include an interatrial communication, the presence of accessory conduction pathways often associated with Wolff-Parkinson-White syndrome, and dilation of the right atrium and right ventricle in patients with severe Ebstein's anomaly. (Varying degrees of right ventricular outflow tract obstruction may be present, including pulmonary atresia in some cases. Such cases of Ebstein's anomaly with pulmonary atresia should be coded with a Primary Diagnosis of "Ebstein's anomaly", and a Secondary Diagnosis of "Pulmonary atresia".) (Some patients with atrioventricular discordance and ventriculoarterial discordance in situs solitus [congenitally corrected transposition] have an Ebstein-like deformity of the left-sided morphologically tricuspid valve. The nature of the displacement of the septal and posterior leaflets is similar to that in right-sided Ebstein's anomaly in patients with atrioventricular concordance and ventriculoarterial concordance in situs solitus. These patients with "Congenitally corrected TGA" and an Ebstein-like deformity of the left-sided morphologically tricuspid valve should be coded with a Primary Diagnosis of "Congenitally corrected TGA", and a Secondary Diagnosis of "Ebstein's anomaly".)
380	Tricuspid regurgitation, non-Ebstein's related	Non-Ebstein's tricuspid regurgitation may be due to congenital factors (primary annular dilation, prolapse, leaflet underdevelopment, absent papillary muscle/chordae) or acquired (post cardiac surgery or secondary to rheumatic fever, endocarditis, trauma, tumor, cardiomyopathy, iatrogenic or other causes).
390	Tricuspid stenosis	Tricuspid stenosis may be due to congenital factors (valvar hypoplasia, abnormal subvalvar apparatus, double-orifice valve, parachute deformity) or acquired (post cardiac surgery or secondary to carcinoid, rheumatic fever, tumor, systemic disease, iatrogenic, or other causes).
400	Tricuspid regurgitation and tricuspid stenosis	Tricuspid regurgitation present with tricuspid stenosis may be due to congenital factors or acquired.
410	Tricuspid valve, Other	Tricuspid valve pathology not otherwise specified in diagnosis definitions 370, 380, 390 and 400.
420	Pulmonary stenosis, Valvar	Pulmonary stenosis, Valvar ranges from critical neonatal pulmonic valve stenosis with hypoplasia of the right ventricle to valvar pulmonary stenosis in the infant, child, or adult, usually better tolerated but potentially associated with infundibular stenosis. Pulmonary branch hypoplasia can be associated. Only 10% of neonates with Pulmonary stenosis, Valvar with intact ventricular septum have RV-to-coronary artery fistula(s). An RV dependent coronary artery circulation is present when coronary artery fistulas (coronary sinusoids) are associated with a proximal coronary artery stenosis; this occurs in only 2% of

		neonates with Pulmonary stenosis, Valvar with IVS.
430	Pulmonary artery stenosis (hypoplasia), Main (trunk)	Indicate if the patient has the diagnosis of “Pulmonary artery stenosis (hypoplasia), Main (trunk)”. “Pulmonary artery stenosis (hypoplasia), Main (trunk)” is defined as a congenital or acquired anomaly with pulmonary trunk (main pulmonary artery) narrowing or hypoplasia. The stenosis or hypoplasia may be isolated or associated with other cardiac lesions. Since the narrowing is distal to the pulmonic valve, it may also be known as supravalvar pulmonary stenosis.
440	Pulmonary artery stenosis, Branch, Central (within the hilar bifurcation)	Indicate if the patient has the diagnosis of “Pulmonary artery stenosis, Branch, Central (within the hilar bifurcation)”. “Pulmonary artery stenosis, Branch, Central (within the hilar bifurcation)” is defined as a congenital or acquired anomaly with central pulmonary artery branch (within the hilar bifurcation involving the right or left pulmonary artery, or both) narrowing or hypoplasia. The stenosis or hypoplasia may be isolated or associated with other cardiac lesions. Coarctation of the pulmonary artery is related to abnormal extension of the ductus arteriosus into a pulmonary branch, more frequently the left branch.
450	Pulmonary artery stenosis, Branch, Peripheral (at or beyond the hilar bifurcation)	Indicate if the patient has the diagnosis of “Pulmonary artery stenosis, Branch, Peripheral (at or beyond the hilar bifurcation)”. “Pulmonary artery stenosis, Branch, Peripheral (at or beyond the hilar bifurcation)” is defined as a congenital or acquired anomaly with peripheral pulmonary artery narrowing or hypoplasia (at or beyond the hilar bifurcation). The stenosis or hypoplasia may be isolated or associated with other cardiac lesions.
470	Pulmonary artery, Discontinuous	Indicate if the patient has the diagnosis of “Pulmonary artery, Discontinuous”. Pulmonary artery, Discontinuous” is defined as a congenital or acquired anomaly with discontinuity between the branch pulmonary arteries or between a branch pulmonary artery and the main pulmonary artery trunk.
490	Pulmonary stenosis, Subvalvar	Subvalvar (infundibular) pulmonary stenosis is a narrowing of the outflow tract of the right ventricle below the pulmonic valve. It may be due to a localized fibrous diaphragm just below the valve, an obstructing muscle bundle or to a long narrow fibromuscular channel.
500	DCRV	The double chambered right ventricle is characterized by a low infundibular (subvalvar) stenosis rather than the rare isolated infundibular stenosis that develops more superiorly in the infundibulum, and is often associated with one or several closing VSDs. In some cases, the VSD is already closed. The stenosis creates two chambers in the RV, one inferior including the inlet and trabecular portions of the RV and one superior including the infundibulum.
510	Pulmonary valve, Other	Other anomalies of the pulmonary valve may be listed here including but not restricted to absent pulmonary valve.
530	Pulmonary insufficiency	Pulmonary valve insufficiency or regurgitation may be due to congenital factors (primary annular dilation, prolapse, leaflet underdevelopment, etc.) or acquired (for example, post cardiac surgery for repair of tetralogy of Fallot, etc.).

540	Pulmonary insufficiency and pulmonary stenosis	Pulmonary valve insufficiency and pulmonary stenosis beyond the neonatal period, in infancy and childhood, may be secondary to leaflet tissue that has become thickened and myxomatous. Retraction of the commissure attachment frequently creates an associated supralvalvar stenosis.
2130	Shunt failure	Indicate if the patient has the diagnosis of “Shunt failure”. This diagnostic subgroup includes failure of any of a variety of shunts (“Shunt, Systemic to pulmonary, Modified Blalock-Taussig Shunt (MBTS)”, “Shunt, Systemic to pulmonary, Central (from aorta or to main pulmonary artery)”, “Shunt, Systemic to pulmonary, Other”, and “Sano Shunt”), secondary to any of the following etiologies: shunt thrombosis, shunt occlusion, shunt stenosis, shunt obstruction, and shunt outgrowth. This diagnosis (“Shunt failure”) would be the primary diagnosis in a patient with, for example, “Hypoplastic left heart syndrome (HLHS)” who underwent a “Norwood procedure” with a “Modified Blalock-Taussig Shunt” and now requires reoperation for thrombosis of the “Modified Blalock-Taussig Shunt”. The underlying or fundamental diagnosis in this patient is “Hypoplastic left heart syndrome (HLHS)”, but the primary diagnosis for the operation to be performed to treat the thrombosis of the “Modified Blalock-Taussig Shunt” would be “Shunt failure”. Please note that the choice “2130 Shunt failure” does not include “520 Conduit failure”.
520	Conduit failure	Indicate if the patient has the diagnosis of “Conduit failure”. This diagnostic subgroup includes failure of any of a variety of conduits (ventricular [right or left]-to-PA conduits, as well as a variety of other types of conduits [ventricular {right or left}-to-aorta, RA-to-RV, etc.]), secondary to any of the following etiologies: conduit outgrowth, obstruction, stenosis, insufficiency, or insufficiency and stenosis. This diagnosis (“Conduit failure”) would be the primary diagnosis in a patient with, for example, “Truncus arteriosus” repaired in infancy who years later is hospitalized because of conduit stenosis/insufficiency. The underlying or fundamental diagnosis in this patient is “Truncus arteriosus”, but the primary diagnosis for the operation to be performed during the hospitalization (in this case, “Conduit reoperation”) would be “Conduit failure”. Please note that the choice “520 Conduit failure” does not include “2130 Shunt failure”.
550	Aortic stenosis, Subvalvar	Subaortic obstruction can be caused by different lesions: subaortic membrane or tunnel, accessory mitral valve tissue, abnormal insertion of the mitral anterior leaflet to the ventricular septum, deviation of the outlet septum (seen in coarctation of the aorta and interrupted aortic arch), or a restrictive bulboventricular foramen in single ventricle complexes. The Shone complex consists of subvalvar aortic stenosis in association with supralvalvar mitral ring, parachute mitral valve, and coarctation of aorta. Subvalvar aortic stenosis

- may be categorized into two types: localized subvalvar aortic stenosis, which consists of a fibrous or fibromuscular ridge, and diffuse tunnel subvalvar aortic stenosis, in which circumferential narrowing commences at the annular level and extends downward for 1-3 cm. Idiopathic hypertrophic subaortic stenosis (IHSS) is also known as hypertrophic obstructive cardiomyopathy (HOCM), and is characterized by a primary hypertrophy of the myocardium. The obstructive forms involve different degrees of dynamic subvalvar aortic obstruction from a thickened ventricular wall and anterior motion of the mitral valve. Definitive nomenclature and therapeutic options for IHSS are listed under cardiomyopathy.
- 560 Aortic stenosis, Valvar Valvar aortic stenosis may be congenital or acquired. In its congenital form there are two types: critical (infantile), seen in the newborn in whom systemic perfusion depends on a patent ductus arteriosus, and noncritical, seen in infancy or later. Acquired valvar stenosis may be seen after as a result of rheumatic valvar disease, or from stenotic changes of an aortic valve prosthesis. Congenital valvar stenosis may result: (1) from complete fusion of commissures (acommissural) that results in a dome-shaped valve with a pinpoint opening (seen most commonly in infants with critical aortic valve stenosis); (2) from a unicommissural valve with one defined commissure and eccentric orifice (often with two raphes radiating from the ostium indicating underdeveloped commissures of a tricuspid aortic valve); (3) from a bicuspid aortic valve, with leaflets that can be equal in size or discrepant, and in left-right or anterior-posterior position; and finally (4) from a dysplastic tricuspid valve, which may have a gelatinous appearance with thick rarely equal in size leaflets, often obscuring the commissures. The dysplastic, tricuspid or bicuspid form of aortic valve deformity may not be initially obstructive but may become stenotic later in life due to leaflet thickening and calcification.
- 570 Aortic stenosis, Supravalvar Congenital supravalvar aortic stenosis is described as three forms: an hourglass deformity, a fibrous membrane, and a diffuse narrowing of the ascending aorta. The disease can be inherited as an autosomal dominant trait or part of Williams-Beuren syndrome in association with mental retardation, elfin facies, failure to thrive, and occasionally infantile hypercalcemia. Supravalvar aortic stenosis may involve the coronary artery ostia, and the aortic leaflets may be tethered. The coronary arteries can become tortuous and dilated due to elevated pressures and early atherosclerosis may ensue. Supravalvar aortic stenosis may also be acquired: (1) after a neo-aortic reconstruction such as arterial switch, Ross operation, or Norwood procedure; (2) at a suture line from a previous aortotomy or cannulation; and (3) from a narrowed conduit.
- 590 Aortic valve atresia Aortic valve atresia will most often be coded under the Hypoplastic left heart syndrome/complex diagnostic codes since it most often occurs as part of a spectrum of cardiac malformations. However, there is a small subset of patients with aortic valve atresia who have a well-developed left ventricle and mitral valve and a large VSD (nonrestrictive or

		restrictive). The diagnostic code "Aortic valve atresia" enables users to report those patients with aortic valve atresia and a well-developed systemic ventricle without recourse to either a hypoplastic left heart syndrome/complex diagnosis or a single ventricle diagnosis.
600	Aortic insufficiency	<p>Congenital aortic regurgitation/insufficiency is rare as an isolated entity. There are rare reports of congenital malformation of the aortic valve that result in aortic insufficiency shortly after birth from an absent or underdeveloped aortic valve cusp. Aortic insufficiency is more commonly seen with other associated cardiac anomalies: (1) in stenotic aortic valves (commonly stenotic congenital bicuspid aortic valves) with some degree of aortic regurgitation due to aortic leaflet abnormality; (2) in association with a VSD (especially in supracristal or conal type I VSD, more commonly seen in Asian populations); (3) secondary to aortic-left ventricular tunnel; (4) secondary to tethering or retraction of aortic valve leaflets in cases of supra-aortic stenosis that may involve the aortic valve; and similarly (5) secondary to encroachment on an aortic cusp by a subaortic membrane; or (6) turbulence caused by a stenotic jet can create progressive aortic regurgitation. Aortic insufficiency may also result from: (1) post-procedure such as closed or open valvotomy or aortic valve repair, VSD closure, balloon valvotomy, or diagnostic catheterization; (2) in the neo-aorta post arterial switch, pulmonary autograft (Ross) procedure, homograft placement, Norwood procedure, or Damus-Kaye-Stansel procedure; (3) as a result of endocarditis secondary to perforated or prolapsed leaflets or annular dehiscence; (4) secondary to annulo-aortic ectasia with prolapsed or noncoapting leaflets; (5) secondary to trauma, blunt or penetrating; or (6) as a result of aortitis, bacterial, viral or autoimmune. Aortic regurgitation secondary to prosthetic failure should be coded first as either conduit failure or prosthetic valve failure, as applicable, and secondarily as aortic regurgitation secondary to prosthetic failure (perivalvar or due to structural failure). The underlying fundamental diagnosis that led to the initial conduit or valve prosthesis placement should also be described.</p>
610	Aortic insufficiency and aortic stenosis	Aortic insufficiency is often seen in association with stenotic aortic valve, commonly the stenotic congenital bicuspid aortic valve. The degree of aortic regurgitation is due to the severity of the aortic leaflet abnormality.
620	Aortic valve, Other	This diagnostic subgroup may be used to delineate aortic valve cusp number (unicuspid, bicuspid, tricuspid, more than three cusps), commissural fusion (normal, partially fused, completely fused), and valve leaflet (normal, thickened, dysplastic, calcified, gelatinous), annulus (normal, hypoplastic, calcified), or sinus description (normal, dilated). Note that any extensive descriptors chosen within those made available by a vendor will be converted, at harvest, to Aortic valve, Other.
630	Sinus of Valsalva aneurysm	The sinus of Valsalva is defined as that portion of the aortic root between the aortic root annulus and the sinotubular ridge. A congenital sinus of Valsalva aneurysm is a dilation usually of

- a single sinus of Valsalva. These most commonly originate from the right sinus (65%-85%), less commonly from the noncoronary sinus (10%-30%), and rarely from the left sinus (<5%). A true sinus of Valsalva aneurysm presents above the aortic annulus. The hierarchical coding system distinguishes between congenital versus acquired, ruptured versus nonruptured, sinus of origin, and chamber/site of penetration (right atrium, right ventricle, left atrium, left ventricle, pulmonary artery, pericardium). A nonruptured congenital sinus of Valsalva aneurysm may vary from a mild dilation of a single aortic sinus to an extensive windsock deformity. Rupture of a congenital sinus of Valsalva aneurysm into an adjacent chamber occurs most commonly between the ages of 15-30 years. Rupture may occur spontaneously, after trauma, after strenuous physical exertion, or from acute bacterial endocarditis. Congenital etiology is supported by the frequent association of sinus of Valsalva aneurysms with VSDs. Other disease processes are also associated with sinus of Valsalva aneurysm and include: syphilis, endocarditis, cystic medial necrosis, atherosclerosis, and trauma. Acquired sinus of Valsalva aneurysms more frequently involve multiple sinuses of Valsalva; when present in multiple form they are more appropriately classified as aneurysms of the aortic root.
- 640 LV to aorta tunnel
- The aortico-left ventricular tunnel (LV-to-aorta tunnel) is an abnormal paravalvular (alongside or in the vicinity of a valve) communication between the aorta and left ventricle, commonly divided into 4 types: (1) type I, a simple tunnel with a slit-like opening at the aortic end and no aortic valve distortion; (2) type II, a large extracardiac aortic wall aneurysm of the tunnel with an oval opening at the aortic end, with or without ventricular distortion; (3) type III, intracardiac aneurysm of the septal portion of the tunnel, with or without right ventricular outflow obstruction; and (4) type IV, a combination of types II and III. Further differentiation within these types may be notation of right coronary artery arising from the wall of the tunnel. If a LV-to-aorta tunnel communicates with the right ventricle, many feel that the defect is really a ruptured sinus of Valsalva aneurysm.
- 650 Mitral stenosis, Supravalvar mitral ring
- Supravalvar mitral ring is formed by a circumferential ridge of tissue that is attached to the anterior mitral valve leaflet (also known as the aortic leaflet) slightly below its insertion on the annulus and to the atrium slightly above the attachment of the posterior mitral valve leaflet (also known as the mural leaflet). Depending on the diameter of the ring orifice, varying degrees of obstruction exist. The underlying valve is usually abnormal and frequently stenotic or hypoplastic. Supravalvar mitral ring is commonly associated with other stenotic lesions such as parachute or hammock valve (subvalvar stenosis), papillary muscle fusion (subvalvar stenosis), and double orifice mitral valve (valvar stenosis). Differentiation from cor triatriatum focuses on the compartments created by the supravalvar ring. In cor triatriatum the posterior compartment contains the pulmonary veins; the anterior contains the left atrial appendage and the mitral valve orifice. In supravalvar mitral ring, the

		posterior compartment contains the pulmonary veins and the left atrial appendage; the anterior compartment contains only the mitral valve orifice. When coding multiple mitral valvar lesions the predominant defect causing the functional effect (regurgitation, stenosis, or regurgitation and stenosis) should be listed as the primary defect.
660	Mitral stenosis, Valvar	Valvar mitral stenosis may arise from congenital (annular and / or leaflet) or acquired causes, both surgical (after mitral valve repair or replacement or other cardiac surgery) and non-surgical (post rheumatic heart disease, infective endocarditis, ischemia, myxomatous degeneration, trauma, or cardiomyopathy). Mitral valve annular hypoplasia is distinguished from severe mitral valve hypoplasia and mitral valve atresia, which are typically components of hypoplastic left heart syndrome. When coding multiple mitral valvar lesions the predominant defect causing the functional effect (regurgitation, stenosis, or regurgitation and stenosis) should be listed as the primary defect.
670	Mitral stenosis, Subvalvar	Congenital subvalvar mitral stenosis may be due to obstructive pathology of either the chordae tendineae and / or papillary muscles which support the valve leaflets. When coding multiple mitral valvar lesions the predominant defect causing the functional effect (regurgitation, stenosis, or regurgitation and stenosis) should be listed as the primary defect.
680	Mitral stenosis, Subvalvar, Parachute	In parachute mitral valve, all chordae are attached to a single papillary muscle originating from the posterior ventricular wall. When the interchordal spaces are partially obliterated valvar stenosis results. This defect also causes valvar insufficiency, most commonly due to a cleft leaflet, a poorly developed anterior leaflet, short chordae, or annular dilatation. This lesion is also part of Shone's anomaly, which consists of the parachute mitral valve, supralvalvar mitral ring, subaortic stenosis, and coarctation of the aorta. When coding multiple mitral valvar lesions the predominant defect causing the functional effect (regurgitation, stenosis, or regurgitation and stenosis) should be listed as the primary defect.
695	Mitral stenosis	Stenotic lesions of the mitral valve not otherwise specified in the diagnosis definitions 650, 660, 670, and 680.
700	Mitral regurgitation and mitral stenosis	Mitral regurgitation and mitral stenosis may arise from congenital or acquired causes or after cardiac surgery. Additional details to aid in coding specific components of the diagnosis are available in the individual mitral stenosis or mitral regurgitation field definitions. When coding multiple mitral valve lesions the predominant defect causing the functional effect (regurgitation, stenosis, or regurgitation and stenosis) should be listed as the primary defect.
710	Mitral regurgitation	Mitral regurgitation may arise from congenital (at the annular, leaflet or subvalvar level) or acquired causes both surgical (after mitral valve repair or replacement, subaortic stenosis repair, atrioventricular canal repair, cardiac transplantation, or other cardiac surgery) and non-surgical (post rheumatic heart disease, infective endocarditis, ischemia (with chordal rupture or papillary muscle infarct), myxomatous degeneration including Barlow's syndrome, trauma, or cardiomyopathy).

		<p>Congenital lesions at the annular level include annular dilatation or deformation (usually deformation is consequent to associated lesions). At the valve leaflet level, mitral regurgitation may be due to a cleft, hypoplasia or agenesis of leaflet(s), excessive leaflet tissue, or a double orifice valve. At the subvalvar level, mitral regurgitation may be secondary to chordae tendineae anomalies (agenesis, rupture, elongation, or shortening as in funnel valve), or to papillary muscle anomalies (hypoplasia or agenesis, shortening, elongation, single-parachute, or multiple-hammock valve). When coding multiple mitral valvar lesions the predominant defect causing the functional effect (regurgitation, stenosis, or regurgitation and stenosis) should be listed as the primary defect.</p>
720	Mitral valve, Other	<p>Mitral valve pathology not otherwise coded in diagnosis definitions 650 through 710.</p>
730	Hypoplastic left heart syndrome (HLHS)	<p>Hypoplastic left heart syndrome (HLHS) is a spectrum of cardiac malformations characterized by a severe underdevelopment of the left heart-aorta complex, consisting of aortic and/or mitral valve atresia, stenosis, or hypoplasia with marked hypoplasia or absence of the left ventricle, and hypoplasia of the ascending aorta and of the aortic arch with coarctation of the aorta. Hypoplastic left heart complex is a subset of patients at the favorable end of the spectrum of HLHS characterized by hypoplasia of the structures of the left heart-aorta complex, consisting of aortic and mitral valve hypoplasia without valve stenosis or atresia, hypoplasia of the left ventricle, hypoplasia of the left ventricular outflow tract, hypoplasia of the ascending aorta and of the aortic arch, with or without coarctation of the aorta.</p>
2080	Shone's syndrome	<p>Shone's syndrome is a syndrome of multilevel hypoplasia and obstruction of left sided cardiovascular structures including more than one of the following lesions: (1) supravalar ring of the left atrium, (2) a parachute deformity of the mitral valve, (3) subaortic stenosis, and (4) aortic coarctation. The syndrome is based on the original report from Shone [1] that was based on analysis of 8 autopsied cases and described the tendency of these four obstructive, or potentially obstructive, conditions to coexist. Only 2 of the 8 cases exhibited all four conditions, with the other cases exhibiting only two or three of the anomalies [2]. [1] Shone JD, Sellers RD, Anderson RG, Adams P, Lillehei CW, Edwards JE. The developmental complex of "parachute mitral valve", supravalar ring of left atrium, subaortic stenosis, and coarctation of the aorta. <i>Am J Cardiol</i> 1963; 11: 714–725. [2]. Tchervenkov CI, Jacobs JP, Weinberg PM, Aiello VD, Beland MJ, Colan SD, Elliott MJ, Franklin RC, Gaynor JW, Krogmann ON, Kurosawa H, Maruszewski B, Stellin G. The nomenclature, definition and classification of hypoplastic left heart syndrome. <i>Cardiology in the Young</i>, 2006; 16(4): 339–368, August 2006.</p>

Please note that the term "2080 Shone's syndrome" may be the "Fundamental Diagnosis" of a patient; however, the term "2080 Shone's syndrome" may not be the "Primary Diagnosis"

		of an operation. The term “2080 Shone’s syndrome” may be a “Secondary Diagnosis” of an operation.
740	Cardiomyopathy (including dilated, restrictive, and hypertrophic)	Cardiomyopathy is a term applied to a wide spectrum of cardiac diseases in which the predominant feature is poor myocardial function in the absence of any anatomic abnormalities. Cardiomyopathies can be divided into three relatively easily distinguishable entities: (1) dilated, characterized by ventricular dilatation and systolic dysfunction; (2) hypertrophic, characterized by physiologically inappropriate hypertrophy of the left ventricle; and (3) restrictive, characterized by diastolic dysfunction, with a presentation often identical to constrictive pericarditis. Also included in this diagnostic category are patients with a cardiomyopathy or syndrome confined to the right ventricle, for example: (1) arrhythmogenic right ventricular dysplasia; (2) Uhl's syndrome (hypoplasia of right ventricular myocardium, parchment heart); or (3) spongiform cardiomyopathy.
750	Cardiomyopathy, End-stage congenital heart disease	Myocardial abnormality in which there is systolic and/or diastolic dysfunction in the presence of structural congenital heart disease without any (or any further) surgically correctable lesions.
760	Pericardial effusion	Inflammatory stimulation of the pericardium that results in the accumulation of appreciable amounts of pericardial fluid (also known as effusive pericarditis). The effusion may be idiopathic or acquired (e.g., postoperative, infectious, uremic, neoplastic, traumatic, drug-induced).
770	Pericarditis	Inflammatory process of the pericardium that leads to either (1) effusive pericarditis with accumulation of appreciable amounts of pericardial fluid or (2) constrictive pericarditis that leads to pericardial thickening and compression of the cardiac chambers, ultimately with an associated significant reduction in cardiac function. Etiologies are varied and include idiopathic or acquired (e.g., postoperative, infectious, uremic, neoplastic, traumatic, drug-induced) pericarditis.
780	Pericardial disease, Other	A structural or functional abnormality of the visceral or parietal pericardium that may, or may not, have a significant impact on cardiac function. Included are absence or partial defects of the pericardium.
790	Single ventricle, DILV	A congenital cardiac malformation in which both atria connect to a single, morphologically left ventricle.

The version of the IPCCC derived from the International Congenital Heart Surgery Nomenclature and Database Project of the EACTS and STS uses the term "single ventricle" as synonymous for the "functionally univentricular heart".

The term "functionally univentricular heart" describes a spectrum of congenital cardiovascular malformations in which the ventricular mass may not readily lend itself to partitioning that commits one ventricular pump to the systemic circulation, and another to the pulmonary circulation. A heart may be functionally univentricular because of its anatomy or because of the lack of feasibility or lack of advisability of surgically

partitioning the ventricular mass. Common lesions in this category typically include double inlet right ventricle (DIRV), double inlet left ventricle (DILV), tricuspid atresia, mitral atresia, and hypoplastic left heart syndrome. Other lesions which sometimes may be considered to be a functionally univentricular heart include complex forms of atrioventricular septal defect, double outlet right ventricle, congenitally corrected transposition, pulmonary atresia with intact ventricular septum, and other cardiovascular malformations. Specific diagnostic codes should be used whenever possible, and not the term "functionally univentricular heart".

Reference: Jacobs JP, Franklin RCG, Jacobs ML, Colan SD, Tchervenkov CI, Maruszewski B, Gaynor JW, Spray TL, Stellin G, Aiello VD, Béland MJ, Krogmann ON, Kurosawa H, Weinberg PM, Elliott MJ, Mavroudis C, Anderson R. Classification of the Functionally Univentricular Heart: Unity from mapped codes. In 2006 Supplement to Cardiology in the Young: Controversies and Challenges in the Management of the Functionally Univentricular Heart, Jacobs JP, Wernovsky G, Gaynor JW, and Anderson RH (editors). Cardiology in the Young, Volume 16, Supplement 1: 9 - 21, February 2006.

800 Single ventricle, DIRV

A congenital cardiac malformation in which both atria connect to a single, morphologically right ventricle

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The term "functionally univentricular heart" describes a spectrum of congenital cardiovascular malformations in which the ventricular mass may not readily lend itself to partitioning that commits one ventricular pump to the systemic circulation, and another to the pulmonary circulation. A heart may be functionally univentricular because of its anatomy or because of the lack of feasibility or lack of advisability of surgically partitioning the ventricular mass. Common lesions in this category typically include double inlet right ventricle (DIRV), double inlet left ventricle (DILV), tricuspid atresia, mitral atresia, and hypoplastic left heart syndrome. Other lesions which sometimes may be considered to be a functionally univentricular heart include complex forms of atrioventricular septal defect, double outlet right ventricle, congenitally corrected transposition, pulmonary atresia with intact ventricular septum, and other cardiovascular malformations. Specific diagnostic codes should be used whenever possible, and not the term "functionally univentricular heart".

Reference: Jacobs JP, Franklin RCG, Jacobs ML, Colan SD, Tchervenkov CI, Maruszewski B, Gaynor JW, Spray TL, Stellin G, Aiello VD, Béland MJ, Krogmann ON, Kurosawa H, Weinberg PM, Elliott MJ, Mavroudis C, Anderson R. Classification of the Functionally Univentricular Heart: Unity

- 810 Single ventricle, Mitral atresia
- from mapped codes. In 2006 Supplement to Cardiology in the Young: Controversies and Challenges in the Management of the Functionally Univentricular Heart, Jacobs JP, Wernovsky G, Gaynor JW, and Anderson RH (editors). Cardiology in the Young, Volume 16, Supplement 1: 9 - 21, February 2006.
- A congenital cardiac malformation in which there is no orifice of mitral valve

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The term "functionally univentricular heart" describes a spectrum of congenital cardiovascular malformations in which the ventricular mass may not readily lend itself to partitioning that commits one ventricular pump to the systemic circulation, and another to the pulmonary circulation. A heart may be functionally univentricular because of its anatomy or because of the lack of feasibility or lack of advisability of surgically partitioning the ventricular mass. Common lesions in this category typically include double inlet right ventricle (DIRV), double inlet left ventricle (DILV), tricuspid atresia, mitral atresia, and hypoplastic left heart syndrome. Other lesions which sometimes may be considered to be a functionally univentricular heart include complex forms of atrioventricular septal defect, double outlet right ventricle, congenitally corrected transposition, pulmonary atresia with intact ventricular septum, and other cardiovascular malformations. Specific diagnostic codes should be used whenever possible, and not the term "functionally univentricular heart".

Reference: Jacobs JP, Franklin RCG, Jacobs ML, Colan SD, Tchervenkov CI, Maruszewski B, Gaynor JW, Spray TL, Stellin G, Aiello VD, Béland MJ, Krogmann ON, Kurosawa H, Weinberg PM, Elliott MJ, Mavroudis C, Anderson R. Classification of the Functionally Univentricular Heart: Unity from mapped codes. In 2006 Supplement to Cardiology in the Young: Controversies and Challenges in the Management of the Functionally Univentricular Heart, Jacobs JP, Wernovsky G, Gaynor JW, and Anderson RH (editors). Cardiology in the Young, Volume 16, Supplement 1: 9 - 21, February 2006.

- 820 Single ventricle, Tricuspid atresia
- A congenital cardiac malformation in which there is no orifice of tricuspid valve.

The version of the IPCCC derived from the International Congenital Heart Surgery Nomenclature and Database Project of the EACTS and STS uses the term "single ventricle" as synonymous for the "functionally univentricular heart".

The term "functionally univentricular heart" describes a spectrum of congenital cardiovascular malformations in which the ventricular mass may not readily lend itself to partitioning

that commits one ventricular pump to the systemic circulation, and another to the pulmonary circulation. A heart may be functionally univentricular because of its anatomy or because of the lack of feasibility or lack of advisability of surgically partitioning the ventricular mass. Common lesions in this category typically include double inlet right ventricle (DIRV), double inlet left ventricle (DILV), tricuspid atresia, mitral atresia, and hypoplastic left heart syndrome. Other lesions which sometimes may be considered to be a functionally univentricular heart include complex forms of atrioventricular septal defect, double outlet right ventricle, congenitally corrected transposition, pulmonary atresia with intact ventricular septum, and other cardiovascular malformations. Specific diagnostic codes should be used whenever possible, and not the term "functionally univentricular heart".

Reference: Jacobs JP, Franklin RCG, Jacobs ML, Colan SD, Tchervenkov CI, Maruszewski B, Gaynor JW, Spray TL, Stellin G, Aiello VD, Béland MJ, Krogmann ON, Kurosawa H, Weinberg PM, Elliott MJ, Mavroudis C, Anderson R. Classification of the Functionally Univentricular Heart: Unity from mapped codes. In 2006 Supplement to Cardiology in the Young: Controversies and Challenges in the Management of the Functionally Univentricular Heart, Jacobs JP, Wernovsky G, Gaynor JW, and Anderson RH (editors). Cardiology in the Young, Volume 16, Supplement 1: 9 - 21, February 2006.

830 Single ventricle, Unbalanced AV canal

Single ventricle anomalies with a common atrioventricular (AV) valve and only one completely well developed ventricle. If the common AV valve opens predominantly into the morphologic left ventricle, the defect is termed a left ventricular (LV)-type or LV-dominant AV septal defect. If the common AV valve opens predominantly into the morphologic right ventricle, the defect is termed a right ventricular (RV)-type or RV-dominant AV septal defect.

The version of the IPCCC derived from the International Congenital Heart Surgery Nomenclature and Database Project of the EACTS and STS uses the term "single ventricle" as synonymous for the "functionally univentricular heart".

The term "functionally univentricular heart" describes a spectrum of congenital cardiovascular malformations in which the ventricular mass may not readily lend itself to partitioning that commits one ventricular pump to the systemic circulation, and another to the pulmonary circulation. A heart may be functionally univentricular because of its anatomy or because of the lack of feasibility or lack of advisability of surgically partitioning the ventricular mass. Common lesions in this category typically include double inlet right ventricle (DIRV), double inlet left ventricle (DILV), tricuspid atresia, mitral atresia, and hypoplastic left heart syndrome. Other lesions which sometimes may be considered to be a functionally univentricular heart include complex forms of atrioventricular septal defect, double outlet right ventricle, congenitally

840 Single ventricle, Heterotaxia syndrome	<p>corrected transposition, pulmonary atresia with intact ventricular septum, and other cardiovascular malformations. Specific diagnostic codes should be used whenever possible, and not the term "functionally univentricular heart".</p> <p>"Heterotaxia syndrome" is synonymous with "heterotaxy", "visceral heterotaxy", and "heterotaxy syndrome". Heterotaxy is defined as an abnormality where the internal thoraco-abdominal organs demonstrate abnormal arrangement across the left-right axis of the body. By convention, heterotaxy does not include patients with either the expected usual or normal arrangement of the internal organs along the left-right axis, also known as 'situs solitus', nor patients with complete mirror-imaged arrangement of the internal organs along the left-right axis also known as 'situs inversus'.</p>
	<p>The version of the IPCCC derived from the International Congenital Heart Surgery Nomenclature and Database Project of the EACTS and STS uses the term "single ventricle" as synonymous for the "functionally univentricular heart".</p> <p>The term "functionally univentricular heart" describes a spectrum of congenital cardiovascular malformations in which the ventricular mass may not readily lend itself to partitioning that commits one ventricular pump to the systemic circulation, and another to the pulmonary circulation. A heart may be functionally univentricular because of its anatomy or because of the lack of feasibility or lack of advisability of surgically partitioning the ventricular mass. Common lesions in this category typically include double inlet right ventricle (DIRV), double inlet left ventricle (DILV), tricuspid atresia, mitral atresia, and hypoplastic left heart syndrome. Other lesions which sometimes may be considered to be a functionally univentricular heart include complex forms of atrioventricular septal defect, double outlet right ventricle, congenitally corrected transposition, pulmonary atresia with intact ventricular septum, and other cardiovascular malformations. Specific diagnostic codes should be used whenever possible, and not the term "functionally univentricular heart".</p>
850 Single ventricle, Other	<p>Reference: Jacobs JP, Franklin RCG, Jacobs ML, Colan SD, Tchervenkov CI, Maruszewski B, Gaynor JW, Spray TL, Stellin G, Aiello VD, Béland MJ, Krogmann ON, Kurosawa H, Weinberg PM, Elliott MJ, Mavroudis C, Anderson R. Classification of the Functionally Univentricular Heart: Unity from mapped codes. In 2006 Supplement to Cardiology in the Young: Controversies and Challenges in the Management of the Functionally Univentricular Heart, Jacobs JP, Wernovsky G, Gaynor JW, and Anderson RH (editors). Cardiology in the Young, Volume 16, Supplement 1: 9 - 21, February 2006.</p> <p>If the single ventricle is of primitive or indeterminate type, other is chosen in coding. It is recognized that a considerable variety of other structural cardiac malformations (e.g., biventricular hearts with straddling atrioventricular valves,</p>

pulmonary atresia with intact ventricular septum, some complex forms of double outlet right ventricle) may at times be best managed in a fashion similar to that which is used to treat univentricular hearts. They are not to be coded in this section of the nomenclature, but according to the underlying lesions.

The version of the IPCCC derived from the International Congenital Heart Surgery Nomenclature and Database Project of the EACTS and STS uses the term "single ventricle" as synonymous for the "functionally univentricular heart".

The term "functionally univentricular heart" describes a spectrum of congenital cardiovascular malformations in which the ventricular mass may not readily lend itself to partitioning that commits one ventricular pump to the systemic circulation, and another to the pulmonary circulation. A heart may be functionally univentricular because of its anatomy or because of the lack of feasibility or lack of advisability of surgically partitioning the ventricular mass. Common lesions in this category typically include double inlet right ventricle (DIRV), double inlet left ventricle (DILV), tricuspid atresia, mitral atresia, and hypoplastic left heart syndrome. Other lesions which sometimes may be considered to be a functionally univentricular heart include complex forms of atrioventricular septal defect, double outlet right ventricle, congenitally corrected transposition, pulmonary atresia with intact ventricular septum, and other cardiovascular malformations. Specific diagnostic codes should be used whenever possible, and not the term "functionally univentricular heart".

Reference: Jacobs JP, Franklin RCG, Jacobs ML, Colan SD, Tchervenkov CI, Maruszewski B, Gaynor JW, Spray TL, Stellin G, Aiello VD, Béland MJ, Krogmann ON, Kurosawa H, Weinberg PM, Elliott MJ, Mavroudis C, Anderson R.

Classification of the Functionally Univentricular Heart: Unity from mapped codes. In 2006 Supplement to Cardiology in the Young: Controversies and Challenges in the Management of the Functionally Univentricular Heart, Jacobs JP, Wernovsky G, Gaynor JW, and Anderson RH (editors). Cardiology in the Young, Volume 16, Supplement 1: 9 - 21, February 2006.

851 Single Ventricle + Total
anomalous pulmonary venous
connection (TAPVC)

Indicate if the patient has the diagnosis of "Single Ventricle + Total anomalous pulmonary venous connection (TAPVC)". In the event of Single Ventricle occurring in association with Total anomalous pulmonary venous connection (TAPVC), code "Single Ventricle + Total anomalous pulmonary venous connection (TAPVC)", and then use additional (secondary) diagnostic codes to describe the Single Ventricle and the Total anomalous pulmonary venous connection (TAPVC) separately to provide further documentation about the Single Ventricle and Total anomalous pulmonary venous connection (TAPVC) types. {"Total anomalous pulmonary venous connection (TAPVC)" is defined as a heart where all of the pulmonary veins connect anomalously with the right atrium or to one or more of its venous tributaries. None of the pulmonary veins

connect normally to the left atrium.}

The version of the IPCCC derived from the International Congenital Heart Surgery Nomenclature and Database Project of the EACTS and STS uses the term "single ventricle" as synonymous for the "functionally univentricular heart".

The term "functionally univentricular heart" describes a spectrum of congenital cardiovascular malformations in which the ventricular mass may not readily lend itself to partitioning that commits one ventricular pump to the systemic circulation, and another to the pulmonary circulation. A heart may be functionally univentricular because of its anatomy or because of the lack of feasibility or lack of advisability of surgically partitioning the ventricular mass. Common lesions in this category typically include double inlet right ventricle (DIRV), double inlet left ventricle (DILV), tricuspid atresia, mitral atresia, and hypoplastic left heart syndrome. Other lesions which sometimes may be considered to be a functionally univentricular heart include complex forms of atrioventricular septal defect, double outlet right ventricle, congenitally corrected transposition, pulmonary atresia with intact ventricular septum, and other cardiovascular malformations. Specific diagnostic codes should be used whenever possible, and not the term "functionally univentricular heart".

Reference: Jacobs JP, Franklin RCG, Jacobs ML, Colan SD, Tchervenkov CI, Maruszewski B, Gaynor JW, Spray TL, Stellin G, Aiello VD, Béland MJ, Krogmann ON, Kurosawa H, Weinberg PM, Elliott MJ, Mavroudis C, Anderson R. Classification of the Functionally Univentricular Heart: Unity from mapped codes. In 2006 Supplement to Cardiology in the Young: Controversies and Challenges in the Management of the Functionally Univentricular Heart, Jacobs JP, Wernovsky G, Gaynor JW, and Anderson RH (editors). Cardiology in the Young, Volume 16, Supplement 1: 9 - 21, February 2006.

870 Congenitally corrected TGA

Indicate if the patient has the diagnosis of "Congenitally corrected TGA". Congenitally corrected transposition is synonymous with the terms 'corrected transposition' and 'discordant atrioventricular connections with discordant ventriculo-arterial connections', and is defined as a spectrum of cardiac malformations where the atrial chambers are joined to morphologically inappropriate ventricles, and the ventricles then support morphologically inappropriate arterial trunks [1]. [1] Jacobs JP, Franklin RCG, Wilkinson JL, Cochrane AD, Karl TR, Aiello VD, Béland MJ, Colan SD, Elliott, MJ, Gaynor JW, Krogmann ON, Kurosawa H, Maruszewski B, Stellin G, Tchervenkov CI, Weinberg PM. The nomenclature, definition and classification of discordant atrioventricular connections. In 2006 Supplement to Cardiology in the Young: Controversies and Challenges of the Atrioventricular Junctions and Other Challenges Facing Paediatric Cardiovascular Practitioners and their Patients, Jacobs JP, Wernovsky G, Gaynor JW, and Anderson RH (editors). Cardiology in the Young, Volume 16

- (Supplement 3): 72-84, September 2006.
- 872 Congenitally corrected TGA, IVS
Indicate if the patient has the diagnosis of “Congenitally corrected TGA, IVS”. “Congenitally corrected TGA, IVS” is “Congenitally corrected transposition with an intact ventricular septum”, in other words, “Congenitally corrected transposition with no VSD”. (Congenitally corrected transposition is synonymous with the terms ‘corrected transposition’ and ‘discordant atrioventricular connections with discordant ventriculo-arterial connections’, and is defined as a spectrum of cardiac malformations where the atrial chambers are joined to morphologically inappropriate ventricles, and the ventricles then support morphologically inappropriate arterial trunks [1]. [1] Jacobs JP, Franklin RCG, Wilkinson JL, Cochrane AD, Karl TR, Aiello VD, Béland MJ, Colan SD, Elliott, MJ, Gaynor JW, Krogmann ON, Kurosawa H, Maruszewski B, Stellin G, Tchervenkov CI, Weinberg PM. The nomenclature, definition and classification of discordant atrioventricular connections. In 2006 Supplement to Cardiology in the Young: Controversies and Challenges of the Atrioventricular Junctions and Other Challenges Facing Paediatric Cardiovascular Practitioners and their Patients, Jacobs JP, Wernovsky G, Gaynor JW, and Anderson RH (editors). Cardiology in the Young, Volume 16 (Supplement 3): 72-84, September 2006.)
- 874 Congenitally corrected TGA, IVS-LVOTO
Indicate if the patient has the diagnosis of “Congenitally corrected TGA, IVS-LVOTO”. “Congenitally corrected TGA, IVS-LVOTO” is “Congenitally corrected transposition with an intact ventricular septum and left ventricular outflow tract obstruction”, in other words, “Congenitally corrected transposition with left ventricular outflow tract obstruction and no VSD”. (Congenitally corrected transposition is synonymous with the terms ‘corrected transposition’ and ‘discordant atrioventricular connections with discordant ventriculo-arterial connections’, and is defined as a spectrum of cardiac malformations where the atrial chambers are joined to morphologically inappropriate ventricles, and the ventricles then support morphologically inappropriate arterial trunks [1]. [1] Jacobs JP, Franklin RCG, Wilkinson JL, Cochrane AD, Karl TR, Aiello VD, Béland MJ, Colan SD, Elliott, MJ, Gaynor JW, Krogmann ON, Kurosawa H, Maruszewski B, Stellin G, Tchervenkov CI, Weinberg PM. The nomenclature, definition and classification of discordant atrioventricular connections. In 2006 Supplement to Cardiology in the Young: Controversies and Challenges of the Atrioventricular Junctions and Other Challenges Facing Paediatric Cardiovascular Practitioners and their Patients, Jacobs JP, Wernovsky G, Gaynor JW, and Anderson RH (editors). Cardiology in the Young, Volume 16 (Supplement 3): 72-84, September 2006.)
- 876 Congenitally corrected TGA, VSD
Indicate if the patient has the diagnosis of “Congenitally corrected TGA, VSD”. “Congenitally corrected TGA, VSD” is “Congenitally corrected transposition with a VSD”. (Congenitally corrected transposition is synonymous with the terms ‘corrected transposition’ and ‘discordant atrioventricular connections with discordant ventriculo-arterial connections’,

- and is defined as a spectrum of cardiac malformations where the atrial chambers are joined to morphologically inappropriate ventricles, and the ventricles then support morphologically inappropriate arterial trunks [1]. [1] Jacobs JP, Franklin RCG, Wilkinson JL, Cochrane AD, Karl TR, Aiello VD, Béland MJ, Colan SD, Elliott, MJ, Gaynor JW, Krogmann ON, Kurosawa H, Maruszewski B, Stellin G, Tchervenkov CI, Weinberg PM. The nomenclature, definition and classification of discordant atrioventricular connections. In 2006 Supplement to Cardiology in the Young: Controversies and Challenges of the Atrioventricular Junctions and Other Challenges Facing Paediatric Cardiovascular Practitioners and their Patients, Jacobs JP, Wernovsky G, Gaynor JW, and Anderson RH (editors). Cardiology in the Young, Volume 16 (Supplement 3): 72-84, September 2006.)
- 878 Congenitally corrected TGA, VSD-LVOTO Indicate if the patient has the diagnosis of “Congenitally corrected TGA, VSD-LVOTO”. “Congenitally corrected TGA, VSD-LVOTO” is “Congenitally corrected transposition with a VSD and left ventricular outflow tract obstruction”. (Congenitally corrected transposition is synonymous with the terms ‘corrected transposition’ and ‘discordant atrioventricular connections with discordant ventriculo-arterial connections’, and is defined as a spectrum of cardiac malformations where the atrial chambers are joined to morphologically inappropriate ventricles, and the ventricles then support morphologically inappropriate arterial trunks [1]. [1] Jacobs JP, Franklin RCG, Wilkinson JL, Cochrane AD, Karl TR, Aiello VD, Béland MJ, Colan SD, Elliott, MJ, Gaynor JW, Krogmann ON, Kurosawa H, Maruszewski B, Stellin G, Tchervenkov CI, Weinberg PM. The nomenclature, definition and classification of discordant atrioventricular connections. In 2006 Supplement to Cardiology in the Young: Controversies and Challenges of the Atrioventricular Junctions and Other Challenges Facing Paediatric Cardiovascular Practitioners and their Patients, Jacobs JP, Wernovsky G, Gaynor JW, and Anderson RH (editors). Cardiology in the Young, Volume 16 (Supplement 3): 72-84, September 2006.)
- 880 TGA, IVS A malformation of the heart in which there is atrioventricular concordance and ventriculoarterial discordance with an intact ventricular septum. There may be d, l, or ambiguous transposition (segmental diagnoses include S,D,D, S,D,L, S,D,A). Also to be included in this diagnostic grouping are those defects with situs inversus, L-loop ventricles and either d or l transposition (segmental diagnosis of I,L,L and I,L,D) and occasionally those defects with ambiguous situs of the atria which behave as physiologically uncorrected transposition and are treated with arterial switch (segmental diagnoses include A,L,L and A,D,D).
- 890 TGA, IVS-LVOTO A malformation of the heart in which there is atrioventricular concordance and ventriculoarterial discordance with an intact ventricular septum and associated left ventricular obstruction. There may be d, l, or ambiguous transposition (segmental diagnoses include S,D,D, S,D,L, S,D,A). Also to be included in

900 TGA, VSD

this diagnostic grouping are those defects with situs inversus, L-loop ventricles and either d or l transposition (segmental diagnosis of I,L,L and I,L,D) and occasionally those defects with ambiguous situs of the atria which behave as physiologically uncorrected transposition and are treated with arterial switch (segmental diagnoses include A,L,L and A,D,D).

A malformation of the heart in which there is atrioventricular concordance and ventriculoarterial discordance with one or more ventricular septal defects. There may be d, l, or ambiguous transposition (segmental diagnoses include S,D,D, S,D,L, S,D,A). Also to be included in this diagnostic grouping are those defects with situs inversus, L-loop ventricles and either d or l transposition (segmental diagnosis of I,L,L and I,L,D) and occasionally those defects with ambiguous situs of the atria which behave as physiologically uncorrected transposition and are treated with arterial switch (segmental diagnoses include A,L,L and A,D,D).

910 TGA, VSD-LVOTO

A malformation of the heart in which there is atrioventricular concordance and ventriculoarterial discordance with one or more ventricular septal defects and left ventricular outflow tract obstruction. There may be d, l, or ambiguous transposition (segmental diagnoses include S,D,D, S,D,L, S,D,A). Also to be included in this diagnostic grouping are those defects with situs inversus, L-loop ventricles and either d or l transposition (segmental diagnosis of I,L,L and I,L,D) and occasionally those defects with ambiguous situs of the atria which behave as physiologically uncorrected transposition and are treated with arterial switch (segmental diagnoses include A,L,L and A,D,D).

930 DORV, VSD type

Double outlet right ventricle is a type of ventriculoarterial connection in which both great vessels arise entirely or predominantly from the right ventricle. In double outlet right ventricle, VSD type, there is an associated subaortic or doubly-committed VSD and no pulmonary outflow tract obstruction. Subaortic VSD's are located beneath the aortic valve. Doubly-committed VSD's lie beneath the leaflets of the aortic and pulmonary valves (juxtaarterial). In the nomenclature developed for DORV, there must be usual atrial arrangements and concordant atrioventricular connections, and normal or near-normal sized ventricles. Discordant atrioventricular connection with DORV is to be coded under congenitally corrected TGA. DORV associated with univentricular atrioventricular connections, atrioventricular valve atresia, or atrial isomerism is to be coded under the appropriate single ventricle listing.

940 DORV, TOF type

Double outlet right ventricle is a type of ventriculoarterial connection in which both great vessels arise entirely or predominantly from the right ventricle. In double outlet right ventricle, TOF type, there is an associated subaortic or doubly-committed VSD and pulmonary outflow tract obstruction. Subaortic VSD's are located beneath the aortic valve. Doubly-committed VSD's lie beneath the leaflets of the aortic and pulmonary valves (juxtaarterial). DORV can occur in association with pulmonary atresia, keeping in mind in coding

	that in the nomenclature developed for DORV, there must be usual atrial arrangements and concordant atrioventricular connections, and normal or near-normal sized ventricles (in this situation DORV is coded as a primary diagnosis). Discordant atrioventricular connection with DORV is to be coded under congenitally corrected TGA. DORV associated with univentricular atrioventricular connections, atrioventricular valve atresia, or atrial isomerism is to be coded under the appropriate Single ventricle listing.
950 DORV, TGA type	Double outlet right ventricle is a type of ventriculoarterial connection in which both great vessels arise entirely or predominantly from the right ventricle. In double outlet right ventricle, TGA type, there is an associated subpulmonary VSD. Most frequently, there is no pulmonary outflow tract obstruction (Taussig-Bing heart). The aorta is usually to the right and slightly anterior to or side-by-side with the pulmonary artery. Associated aortic outflow tract stenosis (subaortic, aortic arch obstruction) is commonly associated with the Taussig-Bing heart and if present should be coded as a secondary diagnosis. Rarely, there is associated pulmonary outflow tract obstruction. In the nomenclature developed for DORV, there must be usual atrial arrangements and concordant atrioventricular connections, and normal or near-normal sized ventricles. Discordant atrioventricular connection with DORV is to be coded under congenitally corrected TGA. DORV associated with univentricular atrioventricular connections, atrioventricular valve atresia, or atrial isomerism is to be coded under the appropriate single ventricle listing.
960 DORV, Remote VSD (uncommitted VSD)	Double outlet right ventricle is a type of ventriculoarterial connection in which both great vessels arise entirely or predominantly from the right ventricle. In double outlet right ventricle, Remote VSD type, there is a remote or noncommitted VSD. The VSD is far removed from both the aortic and pulmonary valves, usually within the inlet septum. Many of these VSD's are in hearts with DORV and common atrioventricular canal/septal defect. In the nomenclature developed for DORV, there must be usual atrial arrangements and concordant atrioventricular connections, and normal or near-normal sized ventricles. Discordant atrioventricular connection with DORV is to be coded under congenitally corrected TGA. DORV associated with univentricular atrioventricular connections, atrioventricular valve atresia, or atrial isomerism is to be coded under the appropriate single ventricle listing.
2030 DORV + AVSD (AV Canal)	Indicate if the patient has the diagnosis of "DORV + AVSD (AV Canal)". In the event of DORV occurring in association with AVSD (AV Canal), code "DORV + AVSD (AV Canal)", and then use additional (secondary) diagnostic codes to describe the DORV and the AVSD (AV Canal) separately to provide further documentation about the DORV and AVSD (AV Canal) types. {"DORV" is "Double outlet right ventricle" and is defined as a type of ventriculoarterial connection in which both great vessels arise entirely or predominantly from

	the right ventricle.} In this case, the DORV exists in combination with an atrioventricular septal defect and common atrioventricular junction guarded by a common atrioventricular valve.
975 DORV, IVS	Double outlet right ventricle is a type of ventriculoarterial connection in which both great vessels arise entirely or predominantly from the right ventricle. In the rare case of double outlet right ventricle with IVS the ventricular septum is intact. In the nomenclature developed for DORV, there must be usual atrial arrangements and concordant atrioventricular connections, and normal or near-normal sized ventricles. Discordant atrioventricular connections with DORV are to be coded under congenitally corrected TGA. DORV associated with univentricular atrioventricular connections, atrioventricular valve atresia, or atrial isomerism is to be coded under the appropriate single ventricle listing.
980 DOLV	Double outlet left ventricle is a type of ventriculoarterial connection in which both great vessels arise entirely or predominantly from the left ventricle. In the nomenclature developed for DOLV, there must be usual atrial arrangements and concordant atrioventricular connections, and normal or near-normal sized ventricles. Discordant atrioventricular connection with DOLV is to be coded under congenitally corrected TGA. DOLV associated with univentricular atrioventricular connections, atrioventricular valve atresia, or atrial isomerism is to be coded under the appropriate single ventricle listing.
990 Coarctation of aorta	Indicate if the patient has the diagnosis of "Coarctation of aorta". A "Coarctation of the aorta" generally indicates a narrowing of the descending thoracic aorta just distal to the left subclavian artery. However, the term may also be accurately used to refer to a region of narrowing anywhere in the thoracic or abdominal aorta.
1000 Aortic arch hypoplasia	Hypoplasia of the aortic arch is hypoplasia of the proximal or distal transverse arch or the aortic isthmus. The isthmus (arch between the left subclavian and insertion of the patent ductus arteriosus / ligamentum arteriosum) is hypoplastic if its diameter is less than 40% of the diameter of the ascending aorta. The proximal transverse arch (arch between the innominate and left carotid arteries) and distal transverse arch (arch between the left carotid and left subclavian arteries) are hypoplastic if their diameters are less than 60% and 50%, respectively, of the diameter of the ascending aorta.
92 VSD + Aortic arch hypoplasia	A ventricular septal defect, any type, associated with hypoplasia of the aortic arch. (See diagnosis definition 1000 for a definition of hypoplasia of the aortic arch.)
94 VSD + Coarctation of aorta	Indicate if the patient has the diagnosis of "VSD + Coarctation of aorta". In the event of a VSD occurring in association with Coarctation of aorta, code "VSD + Coarctation of aorta", and then use additional (secondary) diagnostic codes to describe the VSD and the Coarctation of aorta separately to provide further documentation about the individual VSD and Coarctation of aorta types. {A "VSD" is a "Ventricular Septal Defect" and is

		also known as an "Interventricular communication". A VSD is defined as "a hole between the ventricular chambers or their remnants". (The VSD is defined on the basis of its margins as seen from the aspect of the morphologically right ventricle. In the setting of double outlet right ventricle, the defect provides the outflow from the morphologically left ventricle. In univentricular atrioventricular connections with functionally single left ventricle with an outflow chamber, the communication is referred to by some as a bulboventricular foramen.)) {A "Coarctation of the aorta" generally indicates a narrowing of the descending thoracic aorta just distal to the left subclavian artery. However, the term may also be accurately used to refer to a region of narrowing anywhere in the thoracic or abdominal aorta.}
1010	Coronary artery anomaly, Anomalous aortic origin of coronary artery (AAOCA)	Anomalous aortic origins of the coronary arteries include a spectrum of anatomic variations of the normal coronary artery origins. Coronary artery anomalies of aortic origin to be coded under this diagnostic field include: anomalies of take-off (high take-off), origin (sinus), branching, and number. An anomalous course of the coronary artery vessels is also significant, particularly those coronary arteries that arise or course between the great vessels.
1020	Coronary artery anomaly, Anomalous pulmonary origin (includes ALCAPA)	In patients with anomalous pulmonary origin of the coronary artery, the coronary artery (most commonly the left coronary artery) arises from the pulmonary artery rather than from the aorta. Rarely, the right coronary artery, the circumflex, or both coronary arteries may arise from the pulmonary artery.
1030	Coronary artery anomaly, Fistula	The most common of coronary artery anomalies, a coronary arteriovenous fistula is a communication between a coronary artery and either a chamber of the heart (coronary-cameral fistula) or any segment of the systemic or pulmonary circulation (coronary arteriovenous fistula). They may be congenital or acquired (traumatic, infectious, iatrogenic) in origin, and are mostly commonly seen singly, but occasionally multiple fistulas are present. Nomenclature schemes have been developed that further categorize the fistulas by vessel of origin and chamber of termination, and one angiographic classification scheme by Sakakibara has surgical implications. Coronary artery fistulas can be associated with other congenital heart anomalies such as tetralogy of Fallot, atrial septal defect, ventricular septal defect, and pulmonary atresia with intact ventricular septum, among others. The major cardiac defect should be listed as the primary diagnosis and the coronary artery fistula should be as an additional secondary diagnoses.
1040	Coronary artery anomaly, Aneurysm	Coronary artery aneurysms are defined as dilations of a coronary vessel 1.5 times the adjacent normal coronaries. There are two forms, saccular and fusiform (most common), and both may be single or multiple. These aneurysms may be congenital or acquired (atherosclerotic, Kawasaki, systemic diseases other than Kawasaki, iatrogenic, infectious, or traumatic) in origin.
2420	Coronary artery anomaly, Ostial Atresia	

1050	Coronary artery anomaly, Other	Coronary artery anomalies which may fall within this category include coronary artery bridging and coronary artery stenosis, as well as secondary coronary artery variations seen in congenital heart defects such as tetralogy of Fallot, transposition of the great arteries, and truncus arteriosus (with the exception of variations that can be addressed by a more specific coronary artery anomaly code).
1070	Interrupted aortic arch	Indicate if the patient has the diagnosis of "Interrupted aortic arch". Interrupted aortic arch is defined as the loss of luminal continuity between the ascending and descending aorta. In most cases blood flow to the descending thoracic aorta is through a PDA, and there is a large VSD. Arch interruption is further defined by site of interruption. In type A, interruption is distal to the left subclavian artery; in type B interruption is between the left carotid and left subclavian arteries; and in type C interruption occurs between the innominate and left carotid arteries.
2020	Interrupted aortic arch + VSD	Indicate if the patient has the diagnosis of "Interrupted aortic arch + VSD". In the event of interrupted aortic arch occurring in association with VSD, code "Interrupted aortic arch + VSD", and then use additional (secondary) diagnostic codes to describe the interrupted aortic arch and the VSD separately to provide further documentation about the individual interrupted aortic arch and VSD types. {Interrupted aortic arch is defined as the loss of luminal continuity between the ascending and descending aorta. In most cases blood flow to the descending thoracic aorta is through a PDA, and there is a large VSD. Arch interruption is further defined by site of interruption. In type A, interruption is distal to the left subclavian artery; in type B interruption is between the left carotid and left subclavian arteries; and in type C interruption occurs between the innominate and left carotid arteries.} {A "VSD" is a "Ventricular Septal Defect" and is also known as an "Interventricular communication". A VSD is defined as "a hole between the ventricular chambers or their remnants". (The VSD is defined on the basis of its margins as seen from the aspect of the morphologically right ventricle. In the setting of double outlet right ventricle, the defect provides the outflow from the morphologically left ventricle. In univentricular atrioventricular connections with functionally single left ventricle with an outflow chamber, the communication is referred to by some as a bulboventricular foramen.)}
2000	Interrupted aortic arch + AP window (aortopulmonary window)	Indicate if the patient has the diagnosis of "Interrupted aortic arch + AP window (aortopulmonary window)". In the event of interrupted aortic arch occurring in association with AP window, code "Interrupted aortic arch + AP window (aortopulmonary window)", and then use additional (secondary) diagnostic codes to describe the interrupted aortic arch and the AP window separately to provide further documentation about the individual interrupted aortic arch and AP window types. {Interrupted aortic arch is defined as the loss of luminal continuity between the ascending and descending aorta. In most cases blood flow to the descending thoracic aorta is through a

PDA, and there is a large VSD. Arch interruption is further defined by site of interruption. In type A, interruption is distal to the left subclavian artery; in type B interruption is between the left carotid and left subclavian arteries; and in type C interruption occurs between the innominate and left carotid arteries.} {An “AP window (aortopulmonary window)” is defined as a defect with side-to-side continuity of the lumens of the aorta and pulmonary arterial tree, which is distinguished from common arterial trunk (truncus arteriosus) by the presence of two arterial valves or their atretic remnants. (In other words, an aortopulmonary window is a communication between the main pulmonary artery and ascending aorta in the presence of two separate semilunar [pulmonary and aortic] valves. The presence of two separate semilunar valves distinguishes AP window from truncus arteriosus. Type 1 proximal defect: AP window located just above the sinus of Valsalva, a few millimeters above the semilunar valves, with a superior rim but little inferior rim separating the AP window from the semilunar valves. Type 2 distal defect: AP window located in the uppermost portion of the ascending aorta, with a well-formed inferior rim but little superior rim. Type 3 total defect: AP window involving the majority of the ascending aorta, with little superior and inferior rims. The intermediate type of AP window is similar to the total defect but with adequate superior and inferior rims. In the event of AP window occurring in association with interrupted aortic arch, code “Interrupted aortic arch + AP window (aortopulmonary window)”, and then use additional (secondary) diagnostic codes to describe the interrupted aortic arch and AP window separately to provide further documentation about the individual interrupted arch and AP window types.)}

1080 Patent ductus arteriosus

Indicate if the patient has the diagnosis of “Patent ductus arteriosus”. The ductus arteriosus (arterial duct) is an essential feature of fetal circulation, connecting the main pulmonary trunk with the descending aorta, distal to the origin of the left subclavian artery. In most patients it is on the left side. If a right aortic arch is present, it may be on the right or the left; very rarely it is bilateral. When luminal patency of the duct persists post-natally, it is referred to as patent ductus arteriosus (patent arterial duct). The length and diameter may vary considerably from case to case. The media of the ductus consists mainly of smooth muscle that is arranged spirally, and the intima is much thicker than that of the aorta. (A patent ductus arteriosus is a vascular arterial connection between the thoracic aorta and the pulmonary artery. Most commonly a PDA has its origin from the descending thoracic aorta, just distal and opposite the origin of the left subclavian artery. The insertion of the ductus is most commonly into the very proximal left pulmonary artery at its junction with the main pulmonary artery. Origination and insertion sites can be variable, however.)

1090 Vascular ring

The term vascular ring refers to a group of congenital vascular anomalies that encircle and compress the esophagus and

		trachea. The compression may be from a complete anatomic ring (double aortic arch or right aortic arch with a left ligamentum) or from a compressive effect of an aberrant vessel (innominate artery compression syndrome).
1100	Pulmonary artery sling	In pulmonary artery sling, the left pulmonary artery originates from the right pulmonary artery and courses posteriorly between the trachea and esophagus in its route to the left lung hilum, causing a sling-like compression of the trachea.
1110	Aortic aneurysm (including pseudoaneurysm)	An aneurysm of the aorta is defined as a localized dilation or enlargement of the aorta at any site along its length (from aortic annulus to aortoiliac bifurcation). A true aortic aneurysm involves all layers of the aortic wall. A false aortic aneurysm (pseudoaneurysm) is defined as a dilated segment of the aorta not containing all layers of the aortic wall and may include postoperative or post-procedure false aneurysms at anastomotic sites, traumatic aortic injuries or transections, and infectious processes leading to a contained rupture.
1120	Aortic dissection	Aortic dissection is a separation of the layers of the aortic wall. Extension of the plane of the dissection may progress to free rupture into the pericardium, mediastinum, or pleural space if not contained by the outer layers of the media and adventitia. Dissections may be classified as acute or chronic (if they have been present for more than 14 days).
1130	Lung disease, Benign	Lung disease arising from any etiology (congenital or acquired) which does not result in death or lung or heart-lung transplant; examples might be non-life threatening asthma or emphysema, benign cysts.
1140	Lung disease, Malignant	Lung disease arising from any etiology (congenital or acquired, including pulmonary parenchymal disease, pulmonary vascular disease, congenital heart disease, neoplasm, etc.) which may result in death or lung or heart-lung transplant.
1160	Tracheal stenosis	Tracheal stenosis is a reduction in the anatomic luminal diameter of the trachea by more than 50% of the remaining trachea. This stenosis may be congenital or acquired (as in post-intubation or traumatic tracheal stenosis).
2430	Tracheomalacia	
1170	Airway disease, Other	Included in this diagnostic category would be airway pathology not included under the definition of tracheal stenosis such as tracheomalacia, bronchotracheomalacia, tracheal right upper lobe, bronchomalacia, subglottic stenosis, bronchial stenosis, etc.
1430	Pleural disease, Benign	Benign diseases of the mediastinal or visceral pleura.
1440	Pleural disease, Malignant	Malignant diseases of the mediastinal or visceral pleura.
1450	Pneumothorax	A collection of air or gas in the pleural space.
1460	Pleural effusion	Abnormal accumulation of fluid in the pleural space.
1470	Chylothorax	The presence of lymphatic fluid in the pleural space secondary to a leak from the thoracic duct or its branches. Chylothorax is a specific type of pleural effusion.
1480	Empyema	A collection of purulent material in the pleural space, usually secondary to an infection.
1490	Esophageal disease, Benign	Any benign disease of the esophagus.

1500	Esophageal disease, Malignant	Any malignant disease of the esophagus.
1505	Mediastinal disease	Any disease of the mediastinum awaiting final benign/malignant pathology determination.
1510	Mediastinal disease, Benign	Any benign disease of the mediastinum.
1520	Mediastinal disease, Malignant	Any malignant disease of the mediastinum.
1540	Diaphragm paralysis	Paralysis of diaphragm, unilateral or bilateral.
1550	Diaphragm disease, Other	Any disease of the diaphragm other than paralysis.
2160	Rib tumor, Benign	Non-cancerous tumor of rib(s) (e.g., fibrous dysplasia)
2170	Rib tumor, Malignant	Cancerous tumor of rib(s)- primary (e.g., osteosarcoma, chondrosarcoma)
2180	Rib tumor, Metastatic	Cancerous tumor metastasized to rib(s) from a different primary location
2190	Sternal tumor, Benign	Non-cancerous tumor of sternum (e.g., fibrous dysplasia)
2200	Sternal tumor, Malignant	Cancerous tumor of sternum - primary (e.g., osteosarcoma, chondrosarcoma)
2210	Sternal tumor, Metastatic	Cancerous tumor metastasized to sternum from a different primary location
2220	Pectus carinatum	Pectus carinatum represents a spectrum of protrusion abnormalities of the anterior chest wall. Severe deformity may result in dyspnea and decreased endurance. Some patients develop rigidity of the chest wall with decreased lung compliance, progressive emphysema, and increased frequency of respiratory tract infections.
2230	Pectus excavatum	Pectus excavatum is a congenital chest wall deformity in which several ribs and the sternum grow abnormally, producing a concave, or caved-in, appearance in the anterior chest wall. Pectus excavatum is the most common type of congenital chest wall abnormality. It occurs in an estimated 1 in 300-400 births, with male predominance (male-to-female ratio of 3:1). The condition is typically noticed at birth, and more than 90% of cases are diagnosed within the first year of life. Worsening of the chest's appearance and the onset of respiratory symptoms are usually reported during rapid bone growth in the early teenage years.
2240	Thoracic outlet syndrome	Thoracic outlet syndrome (TOS) is caused by compression at the superior thoracic outlet wherein excess pressure is placed on a neurovascular bundle passing between the anterior scalene and middle scalene muscles. It can affect the brachial plexus (nerves that pass into the arm from the neck), the subclavian artery, and - rarely - the vein, which does not normally pass through the scalene hiatus. TOS may occur due to a positional cause - for example, by abnormal compression from the clavicle (collarbone) and shoulder girdle on arm movement. There are also several static forms, caused by abnormalities, enlargement, or spasm of the various muscles surrounding the arteries, veins, and/or brachial plexus, a fixation of a first rib, or a cervical rib. The most common causes of thoracic outlet syndrome include physical trauma from a car accident, repetitive injuries from a job such as frequent non-ergonomic use of a keyboard, sports-related activities, anatomical defects such as having an extra rib, and pregnancy.

1180	Arrhythmia	Any cardiac rhythm other than normal sinus rhythm.
2440	Arrhythmia, Atrial, Atrial fibrillation	
2450	Arrhythmia, Atrial, Atrial flutter	
2460	Arrhythmia, Atrial, Other	
2050	Arrhythmia, Junctional	Indicate if the patient has the diagnosis of “Arrhythmia, Junctional”. “Arrhythmias arising from the atrioventricular junction; may be bradycardia, tachycardia, premature beats, or escape rhythm [1]. [1]. Jacobs JP. (Editor). 2008 Supplement to Cardiology in the Young: Databases and The Assessment of Complications associated with The Treatment of Patients with Congenital Cardiac Disease, Prepared by: The Multi-Societal Database Committee for Pediatric and Congenital Heart Disease, Cardiology in the Young, Volume 18, Supplement S2, pages 1 –530, December 9, 2008, page 379.
2060	Arrhythmia, Ventricular	Indicate if the patient has the diagnosis of “Arrhythmia, Ventricular”. “Arrhythmia, Ventricular” ROOT Definition = Abnormal rhythm originating from the ventricles [1]. [1]. Jacobs JP. (Editor). 2008 Supplement to Cardiology in the Young: Databases and The Assessment of Complications associated with The Treatment of Patients with Congenital Cardiac Disease, Prepared by: The Multi-Societal Database Committee for Pediatric and Congenital Heart Disease, Cardiology in the Young, Volume 18, Supplement S2, pages 1 –530, December 9, 2008, page 393.
1185	Arrhythmia, Heart block	Atrioventricular block may be congenital or acquired, and may be of varying degree (first, second, or third degree).
1190	Arrhythmia, Heart block, Acquired	Atrioventricular block, when acquired, may be post-surgical, or secondary to myocarditis or other etiologies; the block may be first, second or third degree.
1200	Arrhythmia, Heart block, Congenital	Atrioventricular block, when congenital, may be first, second or third degree block.
1220	Arrhythmia, Pacemaker, Indication for replacement	Indications for pacemaker replacement may include end of generator life, malfunction, or infection.
1230	Atrial Isomerism, Left	In isomerism, both appendages are of like morphology or structure; in left atrial isomerism both the right atrium and left atrium appear to be a left atrium structurally.
1240	Atrial Isomerism, Right	In isomerism, both appendages are of like morphology or structure; in right atrial isomerism both the right atrium and left atrium appear to be a right atrium structurally.
2090	Dextrocardia	Indicate if the patient has the diagnosis of “Dextrocardia”. “Dextrocardia” is most usually considered synonymous with a right-sided ventricular mass, whilst “dextroversion” is frequently defined as a configuration where the ventricular apex points to the right. In a patient with the usual atrial arrangement, or situs solitus, dextroversion, therefore, implies a turning to the right of the heart [1]. [1]. Jacobs JP, Anderson RH, Weinberg P, Walters III HL, Tchervenkov CI, Del Duca D, Franklin RCG, Aiello VD, Béland MJ, Colan SD, Gaynor JW, Krogmann ON, Kurosawa H, Maruszewski B, Stellin G, Elliott MJ. The nomenclature, definition and classification of

- cardiac structures in the setting of heterotaxy. In 2007 Supplement to Cardiology in the Young: Controversies and Challenges Facing Paediatric Cardiovascular Practitioners and their Patients, Anderson RH, Jacobs JP, and Wernovsky G, editors. Cardiology in the Young, Volume 17, Supplement 2, pages 1–28, doi: 10.1017/S1047951107001138, September 2007.
- 2100 Levocardia
Indicate if the patient has the diagnosis of “Levocardia”. “Levocardia” usually considered synonymous with a left-sided ventricular mass, whilst “levoversion” is frequently defined as a configuration where the ventricular apex points to the left [1]. [1]. Jacobs JP, Anderson RH, Weinberg P, Walters III HL, Tchervakov CI, Del Duca D, Franklin RCG, Aiello VD, Béland MJ, Colan SD, Gaynor JW, Krogmann ON, Kurosawa H, Maruszewski B, Stellin G, Elliott MJ. The nomenclature, definition and classification of cardiac structures in the setting of heterotaxy. In 2007 Supplement to Cardiology in the Young: Controversies and Challenges Facing Paediatric Cardiovascular Practitioners and their Patients, Anderson RH, Jacobs JP, and Wernovsky G, editors. Cardiology in the Young, Volume 17, Supplement 2, pages 1–28, doi: 10.1017/S1047951107001138, September 2007.
- 2110 Mesocardia
Indicate if the patient has the diagnosis of “Mesocardia”. “Mesocardia” is most usually considered synonymous with the ventricular mass occupying the midline [1]. [1]. Jacobs JP, Anderson RH, Weinberg P, Walters III HL, Tchervakov CI, Del Duca D, Franklin RCG, Aiello VD, Béland MJ, Colan SD, Gaynor JW, Krogmann ON, Kurosawa H, Maruszewski B, Stellin G, Elliott MJ. The nomenclature, definition and classification of cardiac structures in the setting of heterotaxy. In 2007 Supplement to Cardiology in the Young: Controversies and Challenges Facing Paediatric Cardiovascular Practitioners and their Patients, Anderson RH, Jacobs JP, and Wernovsky G, editors. Cardiology in the Young, Volume 17, Supplement 2, pages 1–28, doi: 10.1017/S1047951107001138, September 2007.
- 2120 Situs inversus
Indicate if the patient has the diagnosis of “Situs inversus” of the atrial chambers. The development of morphologically right-sided structures on one side of the body, and morphologically left-sided structures on the other side, is termed lateralization. Normal lateralization, the usual arrangement, is also known as “situs solitus”. The mirror-imaged arrangement is also known as “situs inversus”. The term “visceroatrial situs” is often used to refer to the situs of the viscera and atria when their situs is in agreement. The arrangement of the organs themselves, and the arrangement of the atrial chambers, is not always the same. Should such disharmony be encountered, the sidedness of the organs and atrial chambers must be separately specified [1]. [1]. Jacobs JP, Anderson RH, Weinberg P, Walters III HL, Tchervakov CI, Del Duca D, Franklin RCG, Aiello VD, Béland MJ, Colan SD, Gaynor JW, Krogmann ON, Kurosawa H, Maruszewski B, Stellin G, Elliott MJ. The nomenclature, definition and classification of cardiac structures in the setting

		of heterotaxy. In 2007 Supplement to Cardiology in the Young: Controversies and Challenges Facing Paediatric Cardiovascular Practitioners and their Patients, Anderson RH, Jacobs JP, and Wernovsky G, editors. Cardiology in the Young, Volume 17, Supplement 2, pages 1–28, doi: 10.1017/S1047951107001138, September 2007.
1250	Aneurysm, Ventricular, Right (including pseudoaneurysm)	An aneurysm of the right ventricle is defined as a localized dilation or enlargement of the right ventricular wall.
1260	Aneurysm, Ventricular, Left (including pseudoaneurysm)	An aneurysm of the left ventricle is defined as a localized dilation or enlargement of the left ventricular wall.
1270	Aneurysm, Pulmonary artery	An aneurysm of the pulmonary artery is defined as a localized dilation or enlargement of the pulmonary artery trunk and its central branches (right and left pulmonary artery).
1280	Aneurysm, Other	A localized dilation or enlargement of a cardiac vessel or chamber not coded in specific fields available for aortic aneurysm, sinus of Valsalva aneurysm, coronary artery aneurysm, right ventricular aneurysm, left ventricular aneurysm, or pulmonary artery aneurysm.
1290	Hypoplastic RV	Small size of the right ventricle. This morphological abnormality usually is an integral part of other congenital cardiac anomalies and, therefore, frequently does not need to be coded separately. It should, however, be coded as secondary to an accompanying congenital cardiac anomaly if the right ventricular hypoplasia is not considered an integral and understood part of the primary congenital cardiac diagnosis. It would rarely be coded as a primary and/or isolated diagnosis.
1300	Hypoplastic LV	Small size of the left ventricle. This morphological abnormality usually is an integral part of other congenital cardiac anomalies and, therefore, frequently does not need to be coded separately. It should, however, be coded as secondary to an accompanying congenital cardiac anomaly if the left ventricular hypoplasia is not considered an integral and understood part of the primary congenital cardiac diagnosis. It would rarely be coded as a primary and/or isolated diagnosis.
2070	Postoperative bleeding	Indicate if the patient has the diagnosis of “Postoperative bleeding”.
1310	Mediastinitis	Inflammation/infection of the mediastinum, the cavity between the lungs which holds the heart, great vessels, trachea, esophagus, thymus, and connective tissues. In the United States mediastinitis occurs most commonly following chest surgery.
1320	Endocarditis	An infection of the endocardial surface of the heart, which may involve one or more heart valves (native or prosthetic) or septal defects or prosthetic patch material placed at previous surgery.
1325	Rheumatic heart disease	Heart disease, usually valvar (e.g., mitral or aortic), following an infection with group A streptococci
1330	Prosthetic valve failure	Indicate if the patient has the diagnosis of “Prosthetic valve failure”. This diagnosis is the primary diagnosis to be entered for patients undergoing replacement of a previously placed valve (not conduit) prosthesis, whatever type (e.g., bioprosthetic, mechanical, etc.). Failure may be due to, among others, patient somatic growth, malfunction of the prosthesis, or calcification or overgrowth of the prosthesis (e.g., pannus

		formation). Secondary or fundamental diagnosis would relate to the underlying valve disease entity. As an example, a patient undergoing removal or replacement of a prosthetic pulmonary valve previously placed for pulmonary insufficiency after repair of tetralogy of Fallot would have as a primary diagnosis "Prosthetic valve failure", as a secondary diagnosis "Pulmonary insufficiency", and as a fundamental diagnosis "Tetralogy of Fallot".
1340	Myocardial infarction	A myocardial infarction is the development of myocardial necrosis caused by a critical imbalance between the oxygen supply and demand of the myocardium. While a myocardial infarction may be caused by any process that causes this imbalance it most commonly results from plaque rupture with thrombus formation in a coronary vessel, resulting in an acute reduction of blood supply to a portion of the myocardium. Myocardial infarction is a usual accompaniment of anomalous left coronary artery from the pulmonary artery (ALCAPA).
1350	Cardiac tumor	An abnormal growth of tissue in or on the heart, demonstrating partial or complete lack of structural organization, and no functional coordination with normal cardiac tissue. Commonly, a mass is recognized which is distinct from the normal structural components of the heart. A primary cardiac tumor is one that arises directly from tissues of the heart, (e.g., myxoma, fibroelastoma, rhabdomyoma, fibroma, lipoma, pheochromocytoma, teratoma, hemangioma, mesothelioma, sarcoma). A secondary cardiac tumor is one that arises from tissues distant from the heart, with subsequent spread to the otherwise normal tissues of the heart, (e.g., renal cell tumor with caval extension from the kidney to the level of the heart or tumor with extension from other organs or areas of the body (hepatic, adrenal, uterine, infradiaphragmatic)). N.B., in the nomenclature system developed, cardiac thrombus and cardiac vegetation are categorized as primary cardiac tumors.
1360	Pulmonary AV fistula	An abnormal intrapulmonary connection (fistula) between an artery and vein that occurs in the blood vessels of the lungs. Pulmonary AV fistulas may be seen in association with congenital heart defects; the associated cardiac defect should be coded as well.
1370	Pulmonary embolism	A pulmonary embolus is a blockage of an artery in the lungs by fat, air, clumped tumor cells, or a blood clot.
1385	Pulmonary vascular obstructive disease	Pulmonary vascular obstructive disease (PVOD) other than those specifically defined elsewhere (Eisenmenger's pulmonary vascular obstructive disease, primary pulmonary hypertension, persistent fetal circulation). The spectrum includes PVOD arising from (1) pulmonary arterial hypertension or (2) pulmonary venous hypertension or (3) portal hypertension, or (4) collagen vascular disease, or (5) drug or toxin induced, or (6) diseases of the respiratory system, or (7) chronic thromboembolic disease, among others.
1390	Pulmonary vascular obstructive disease (Eisenmenger's)	"Eisenmenger syndrome" could briefly be described as "Acquired severe pulmonary vascular disease associated with congenital heart disease (Eisenmenger)". Eisenmenger syndrome is an acquired condition. In Eisenmenger-type

		<p>pulmonary vascular obstructive disease, long-term left-to-right shunting (e.g., through a ventricular or atrial septal defect, patent ductus arteriosus, aortopulmonary window) can lead to chronic pulmonary hypertension with resultant pathological changes in the pulmonary vessels. The vessels become thick-walled, stiff, noncompliant, and may be obstructed. In Eisenmenger syndrome, the long-term left-to-right shunting will reverse and become right to left. Please note that the specific heart defect should be coded as a secondary diagnosis.</p>
1400	Primary pulmonary hypertension	<p>Primary pulmonary hypertension is a rare disease characterized by elevated pulmonary artery hypertension with no apparent cause. Two forms are included in the nomenclature, a sporadic form and a familial form which can be linked to the BMPR-II gene.</p>
1410	Persistent fetal circulation	<p>Persistence of the blood flow pattern seen in fetal life, in which high pulmonary vascular resistance in the lungs results in decreased blood flow to the lungs. Normally, after birth pulmonary pressure falls with a fall in pulmonary vascular resistance and there is increased perfusion of the lungs. Persistent fetal circulation, also known as persistent pulmonary hypertension of the newborn, can be related to lung or diaphragm malformations or lung immaturity.</p>
1420	Meconium aspiration	<p>Aspiration of amniotic fluid stained with meconium before, during, or after birth can lead to pulmonary sequelae including (1) pneumothorax, (2) pneumomediastinum, (3) pneumopericardium, (4) lung infection, and (5) meconium aspiration syndrome (MAS) with persistent pulmonary hypertension.</p>
2250	Kawasaki disease	<p>Kawasaki disease, also known as Kawasaki syndrome, is an acute febrile illness of unknown etiology that primarily affects children younger than 5 years of age. It was first described in Japan in 1967, and the first cases outside of Japan were reported in Hawaii in 1976. It is characterized by fever, rash, swelling of the hands and feet, irritation and redness of the whites of the eyes, swollen lymph glands in the neck, and irritation and inflammation of the mouth, lips, and throat. Serious complications of Kawasaki disease include coronary artery dilatations and aneurysms, and Kawasaki disease is a leading cause of acquired heart disease in children in the United States. The standard treatment with intravenous immunoglobulin and aspirin substantially decreases the development of coronary artery abnormalities.</p>
1560	Cardiac, Other	<p>Any cardiac diagnosis not specifically delineated in other diagnostic codes.</p>
1570	Thoracic and/or mediastinal, Other	<p>Any thoracic and/or mediastinal disease not specifically delineated in other diagnostic codes.</p>
1580	Peripheral vascular, Other	<p>Any peripheral vascular disease (congenital or acquired) or injury (from trauma or iatrogenic); vessels involved may include, but are not limited to femoral artery, femoral vein, iliac artery, brachial artery, etc.</p>
2260	Complication of cardiovascular catheterization	<p>Unspecified complication of cardiovascular catheterization procedure</p>

	procedure	
2270	Complication of cardiovascular catheterization procedure, Device embolization	Migration or movement of device introduced during a cardiac catheterization procedure to an unintended location
2280	Complication of cardiovascular catheterization procedure, Device malfunction	Malfunction of a device introduced during a cardiac catheterization procedure
2290	Complication of cardiovascular catheterization procedure, Perforation	Perforation or puncture caused by a device introduced during a cardiac catheterization procedure
2300	Complication of interventional radiology procedure	Unspecified complication of interventional radiology procedure
2310	Complication of interventional radiology procedure, Device embolization	Migration or movement of device introduced during an interventional radiology procedure to an unintended location
2320	Complication of interventional radiology procedure, Device malfunction	Malfunction of a device introduced during an interventional radiology procedure
2330	Complication of interventional radiology procedure, Perforation	Perforation or puncture caused by a device introduced during an interventional radiology procedure
2340	Foreign body, Intracardiac foreign body	Presence of a foreign body within the heart
2350	Foreign body, Intravascular foreign body	Presence of a foreign body within an artery or vein
2360	Open sternum with closed skin	Sternotomy edges not re-approximated prior to closure of skin incision
2370	Open sternum with open skin (includes membrane placed to close skin)	Sternotomy and skin incision left open following surgery, covered with a membrane or dressing
2380	Retained sternal wire causing irritation	Surgically placed wire causing soft tissue irritation, pain or swelling (not infected)
2390	Syncope	A transient, self-limited loss of consciousness with an inability to maintain postural tone that is followed by spontaneous recovery. The term syncope excludes seizures, coma, shock, or other states of altered consciousness.
2400	Trauma, Blunt	Injury (ies) sustained from blunt force, caused by motor vehicle accidents, falls, blows or crush injuries
2410	Trauma, Penetrating	Injury (ies) sustained as a result of sharp force, including cutting or piercing instruments or objects, bites, or firearm injuries from projectiles.
7000	Normal heart	Normal heart.
7777	Miscellaneous, Other	Any disease (congenital or acquired) not specifically delineated in other diagnostic codes.
4010	Status post - PFO, Primary closure	
4020	Status post - ASD repair, Primary closure	

4030	Status post - ASD repair,
4040	Status post - ASD repair, Device
6110	Status post - ASD repair, Patch + PAPVC repair
4050	Status post - ASD, Common atrium (single atrium), Septation
4060	Status post - ASD creation/enlargement
4070	Status post - ASD partial closure
4080	Status post - Atrial septal fenestration
4085	Status post - Atrial fenestration closure
4100	Status post - VSD repair, Primary closure
4110	Status post - VSD repair, Patch
4120	Status post - VSD repair, Device
4130	Status post - VSD, Multiple, Repair
4140	Status post - VSD creation/enlargement
4150	Status post - Ventricular septal fenestration
4170	Status post - AVC (AVSD) repair, Complete (CAVSD)
4180	Status post - AVC (AVSD) repair, Intermediate (Transitional)
4190	Status post - AVC (AVSD) repair, Partial (Incomplete) (PAVSD)
6300	Status post - Valvuloplasty, Common atrioventricular valve
6250	Status post - Valvuloplasty converted to valve replacement in the same operation, Common atrioventricular valve
6230	Status post - Valve replacement, Common atrioventricular valve
4210	Status post - AP window repair
4220	Status post - Pulmonary artery origin from ascending aorta (hemitruncus) repair

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| 4230 | Status post - Truncus arteriosus repair |
| 4240 | Status post - Valvuloplasty, Truncal valve |
| 6290 | Status post - Valvuloplasty converted to valve replacement in the same operation, Truncal valve |
| 4250 | Status post - Valve replacement, Truncal valve |
| 6220 | Status post - Truncus + Interrupted aortic arch repair (IAA) repair |
| 4260 | Status post - PAPVC repair |
| 4270 | Status post - PAPVC, Scimitar, Repair |
| 6120 | Status post - PAPVC repair, Baffle redirection to left atrium with systemic vein translocation (Warden) (SVC sewn to right atrial appendage) |
| 4280 | Status post - TAPVC repair |
| 6200 | Status post - TAPVC repair + Shunt - systemic-to-pulmonary |
| 4290 | Status post - Cor triatriatum repair |
| 4300 | Status post - Pulmonary venous stenosis repair |
| 4310 | Status post - Atrial baffle procedure (non-Mustard, non-Senning) |
| 4330 | Status post - Anomalous systemic venous connection repair |
| 4340 | Status post - Systemic venous stenosis repair |
| 4350 | Status post - TOF repair, No ventriculotomy |
| 4360 | Status post - TOF repair, Ventriculotomy, Nontransanular patch |
| 4370 | Status post - TOF repair, Ventriculotomy, Transanular patch |
| 4380 | Status post - TOF repair, RV-PA conduit |
| 4390 | Status post - TOF - AVC (AVSD) repair |
| 4400 | Status post - TOF - Absent pulmonary valve repair |

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- 4420 Status post - Pulmonary atresia - VSD (including TOF, PA) repair
- 6700 Status post - Pulmonary atresia - VSD - MAPCA repair, Complete single stage repair (1-stage that includes bilateral pulmonary unifocalization + VSD closure + RV to PA connection [with or without conduit])
- 6710 Status post - Pulmonary atresia - VSD - MAPCA repair, Status post prior complete unifocalization (includes VSD closure + RV to PA connection [with or without conduit])
- 6720 Status post - Pulmonary atresia - VSD - MAPCA repair, Status post prior incomplete unifocalization (includes completion of pulmonary unifocalization + VSD closure + RV to PA connection [with or without conduit])
- 6730 Status post - Unifocalization MAPCA(s), Bilateral pulmonary unifocalization - Complete unifocalization (all usable MAPCA[s] are incorporated)
- 6740 Status post - Unifocalization MAPCA(s), Bilateral pulmonary unifocalization - Incomplete unifocalization (not all usable MAPCA[s] are incorporated)
- 6750 Status post - Unifocalization MAPCA(s), Unilateral pulmonary unifocalization
- 4440 Status post - Unifocalization MAPCA(s)
- 4450 Status post - Occlusion of MAPCA(s)
- 4460 Status post - Valvuloplasty, Tricuspid
- 6280 Status post - Valvuloplasty converted to valve replacement in the same operation, Tricuspid

4465	Status post - Ebstein's repair
4470	Status post - Valve replacement, Tricuspid (TVR)
4480	Status post - Valve closure, Tricuspid (exclusion, univentricular approach)
4490	Status post - Valve excision, Tricuspid (without replacement)
4500	Status post - Valve surgery, Other, Tricuspid
4510	Status post - RVOT procedure
4520	Status post - 1 1/2 ventricular repair
4530	Status post - PA, reconstruction (plasty), Main (trunk)
4540	Status post - PA, reconstruction (plasty), Branch, Central (within the hilar bifurcation)
4550	Status post - PA, reconstruction (plasty), Branch, Peripheral (at or beyond the hilar bifurcation)
4570	Status post - DCRV repair
4590	Status post - Valvuloplasty, Pulmonic
6270	Status post - Valvuloplasty converted to valve replacement in the same operation, Pulmonic
4600	Status post - Valve replacement, Pulmonic (PVR)
4630	Status post - Valve excision, Pulmonary (without replacement)
4640	Status post - Valve closure, Semilunar
4650	Status post - Valve surgery, Other, Pulmonic
4610	Status post - Conduit placement, RV to PA
4620	Status post - Conduit placement, LV to PA
5774	Status post - Conduit placement, Ventricle to aorta
5772	Status post - Conduit placement, Other
4580	Status post - Conduit

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- reoperation
- 4660 Status post - Valvuloplasty, Aortic
- 6240 Status post - Valvuloplasty converted to valve replacement in the same operation, Aortic
- 6310 Status post - Valvuloplasty converted to valve replacement in the same operation, Aortic – with Ross procedure
- 6320 Status post - Valvuloplasty converted to valve replacement in the same operation, Aortic – with Ross-Konno procedure
- 4670 Status post - Valve replacement, Aortic (AVR)
- 4680 Status post - Valve replacement, Aortic (AVR), Mechanical
- 4690 Status post - Valve replacement, Aortic (AVR), Bioprosthetic
- 4700 Status post - Valve replacement, Aortic (AVR), Homograft
- 4715 Status post - Aortic root replacement, Bioprosthetic
- 4720 Status post - Aortic root replacement, Mechanical
- 4730 Status post - Aortic root replacement, Homograft
- 4735 Status post - Aortic root replacement, Valve sparing
- 4740 Status post - Ross procedure
- 4750 Status post - Konno procedure
- 4760 Status post - Ross-Konno procedure
- 4770 Status post - Other annular enlargement procedure
- 4780 Status post - Aortic stenosis, Subvalvar, Repair
- 6100 Status post - Aortic stenosis, Subvalvar, Repair, With myectomy for IHSS
- 4790 Status post - Aortic stenosis, Supravalvar, Repair
- 4800 Status post - Valve surgery,

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- Other, Aortic
- 4810 Status post - Sinus of Valsalva, Aneurysm repair
- 4820 Status post - LV to aorta tunnel repair
- 4830 Status post - Valvuloplasty, Mitral
- 6260 Status post - Valvuloplasty converted to valve replacement in the same operation, Mitral
- 4840 Status post - Mitral stenosis, Supraaortic mitral ring repair
- 4850 Status post - Valve replacement, Mitral (MVR)
- 4860 Status post - Valve surgery, Other, Mitral
- 4870 Status post - Norwood procedure
- 4880 Status post - HLHS biventricular repair
- 6755 Status post - Conduit insertion right ventricle to pulmonary artery + Intraventricular tunnel left ventricle to neoaorta + Arch reconstruction (Rastelli and Norwood type arch reconstruction) (Yasui)
- 6160 Status post - Hybrid Approach "Stage 1", Application of RPA & LPA bands
- 6170 Status post - Hybrid Approach "Stage 1", Stent placement in arterial duct (PDA)
- 6180 Status post - Hybrid Approach "Stage 1", Stent placement in arterial duct (PDA) + application of RPA & LPA bands
- 6140 Status post - Hybrid approach "Stage 2", Aortopulmonary anastomosis + Superior Cavopulmonary anastomosis(es) + PA Debanding + Aortic arch repair (Norwood [Stage 1] + Superior Cavopulmonary anastomosis(es) + PA Debanding)
- 6150 Status post - Hybrid approach

- "Stage 2", Aortopulmonary
amalgamation + Superior
Cavopulmonary
anastomosis(es) + PA
Debanding + Without aortic
arch repair
- 6760 Status post - Hybrid
Approach, Transcardiac
balloon dilation
- 6770 Status post - Hybrid
Approach, Transcardiac
transcatheter device placement
- 1590 Status post - Transplant, Heart
- 1610 Status post - Transplant, Heart
and lung
- 4910 Status post - Partial left
ventriculectomy (LV volume
reduction surgery) (Batista)
- 4920 Status post - Pericardial
drainage procedure
- 4930 Status post - Pericardiectomy
- 4940 Status post - Pericardial
procedure, Other
- 4950 Status post - Fontan, Atrio-
pulmonary connection
- 4960 Status post - Fontan, Atrio-
ventricular connection
- 4970 Status post - Fontan, TCPC,
Lateral tunnel, Fenestrated
- 4980 Status post - Fontan, TCPC,
Lateral tunnel, Nonfenestrated
- 5000 Status post - Fontan, TCPC,
External conduit, Fenestrated
- 5010 Status post - Fontan, TCPC,
External conduit,
Nonfenestrated
- 6780 Status post - Fontan, TCPC,
Intra/extracardiac conduit,
Fenestrated
- 6790 Status post - Fontan, TCPC,
Intra/extracardiac conduit,
Nonfenestrated
- 7310 Status post - Fontan, TCPC,
External conduit, hepatic
veins to pulmonary artery,
Fenestrated
- 7320 Status post - Fontan, TCPC,
External conduit, hepatic
veins to pulmonary artery,
Nonfenestrated
- 5025 Status post - Fontan revision

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- or conversion (Re-do Fontan)
- 5030 Status post - Fontan, Other
- 6340 Status post - Fontan +
Atrioventricular valvuloplasty
- 5035 Status post - Ventricular
septation
- 5050 Status post - Congenitally
corrected TGA repair, Atrial
switch and ASO (double
switch)
- 5060 Status post - Congenitally
corrected TGA repair, Atrial
switch and Rastelli
- 5070 Status post - Congenitally
corrected TGA repair, VSD
closure
- 5080 Status post - Congenitally
corrected TGA repair, VSD
closure and LV to PA conduit
- 5090 Status post - Congenitally
corrected TGA repair, Other
- 5110 Status post - Arterial switch
operation (ASO)
- 5120 Status post - Arterial switch
operation (ASO) and VSD
repair
- 5123 Status post - Arterial switch
procedure + Aortic arch repair
- 5125 Status post - Arterial switch
procedure and VSD repair +
Aortic arch repair
- 5130 Status post - Senning
- 5140 Status post - Mustard
- 5145 Status post - Atrial baffle
procedure, Mustard or
Senning revision
- 5150 Status post - Rastelli
- 5160 Status post - REV
- 6190 Status post - Aortic root
translocation over left
ventricle (Including Nikaidoh
procedure)
- 6210 Status post - TGA, Other
procedures (Kawashima, LV-
PA conduit, other)
- 5180 Status post - DORV,
Intraventricular tunnel repair
- 5200 Status post - DOLV repair
- 5210 Status post - Coarctation
repair, End to end

5220	Status post - Coarctation repair, End to end, Extended
5230	Status post - Coarctation repair, Subclavian flap
5240	Status post - Coarctation repair, Patch aortoplasty
5250	Status post - Coarctation repair, Interposition graft
5260	Status post - Coarctation repair, Other
5275	Status post - Coarctation repair + VSD repair
5280	Status post - Aortic arch repair
5285	Status post - Aortic arch repair + VSD repair
5290	Status post - Coronary artery fistula ligation
5291	Status post - Anomalous origin of coronary artery from pulmonary artery repair
5300	Status post - Coronary artery bypass
5305	Status post - Anomalous aortic origin of coronary artery (AAOCA) repair
5310	Status post - Coronary artery procedure, Other
5320	Status post - Interrupted aortic arch repair
5330	Status post - PDA closure, Surgical
5340	Status post - PDA closure, Device
5360	Status post - Vascular ring repair
5365	Status post - Aortopexy
5370	Status post - Pulmonary artery sling repair
5380	Status post - Aortic aneurysm repair
5390	Status post - Aortic dissection repair
5400	Status post - Lung biopsy
1600	Status post - Transplant, Lung(s)
5420	Status post - Lung procedure, Other
5440	Status post - Tracheal procedure
6800	Status post - Muscle flap,

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- Trunk (i.e., intercostal, pectus,
or serratus muscle)
- 6810 Status post - Muscle flap,
Trunk (i.e. latissimus dorsi)
- 6820 Status post - Removal, Sternal
wire
- 6830 Status post - Rib excision,
Complete
- 6840 Status post - Rib excision,
Partial
- 6850 Status post - Sternal fracture -
open treatment
- 6860 Status post - Sternal resection,
Radical resection of sternum
- 6870 Status post - Sternal resection,
Radical resection of sternum
with mediastinal
lymphadenectomy
- 6880 Status post - Tumor of chest
wall - Excision including ribs
- 6890 Status post - Tumor of chest
wall - Excision including ribs,
With reconstruction
- 6900 Status post - Tumor of soft
tissue of thorax - Excision of
deep subfascial or
intramuscular tumor
- 6910 Status post - Tumor of soft
tissue of thorax - Excision of
subcutaneous tumor
- 6920 Status post - Tumor of soft
tissue of thorax - Radical
resection
- 6930 Status post - Hyoid myotomy
and suspension
- 6940 Status post - Muscle flap,
Neck
- 6950 Status post - Procedure on
neck
- 6960 Status post - Tumor of soft
tissue of neck - Excision of
deep subfascial or
intramuscular tumor
- 6970 Status post - Tumor of soft
tissue of neck - Excision of
subcutaneous tumor
- 6980 Status post - Tumor of soft
tissue of neck - Radical
resection
- 6990 Status post - Pectus bar
removal

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- | | |
|------|---|
| 7005 | Status post - Pectus bar repositioning |
| 7010 | Status post - Pectus repair, Minimally invasive repair (Nuss), With thoracoscopy |
| 7020 | Status post - Pectus repair, Minimally invasive repair (Nuss), Without thoracoscopy |
| 7030 | Status post - Pectus repair, Open repair |
| 7040 | Status post - Division of scalenus anticus, With resection of a cervical rib |
| 7050 | Status post - Division of scalenus anticus, Without resection of a cervical rib |
| 7060 | Status post - Rib excision, Excision of cervical rib |
| 7070 | Status post - Rib excision, Excision of cervical rib, With sympathectomy |
| 7080 | Status post - Rib excision, Excision of first rib |
| 7090 | Status post - Rib excision, Excision of first rib, With sympathectomy |
| 7100 | Status post - Procedure on thorax |
| 5450 | Status post - Pacemaker implantation, Permanent |
| 5460 | Status post - Pacemaker procedure |
| 6350 | Status post - Explantation of pacing system |
| 5470 | Status post - ICD (AICD) implantation |
| 5480 | Status post - ICD (AICD) ([automatic] implantable cardioverter defibrillator) procedure |
| 5490 | Status post - Arrhythmia surgery - atrial, Surgical Ablation |
| 5500 | Status post - Arrhythmia surgery - ventricular, Surgical Ablation |
| 6500 | Status post - Cardiovascular catheterization procedure, Diagnostic |
| 6520 | Status post - Cardiovascular catheterization procedure, |

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- Diagnostic, Angiographic data obtained
- 6550 Status post - Cardiovascular catheterization procedure, Diagnostic, Electrophysiology alteration
- 6540 Status post - Cardiovascular catheterization procedure, Diagnostic, Hemodynamic alteration
- 6510 Status post - Cardiovascular catheterization procedure, Diagnostic, Hemodynamic data obtained
- 6530 Status post - Cardiovascular catheterization procedure, Diagnostic, Transluminal test occlusion
- 6410 Status post - Cardiovascular catheterization procedure, Therapeutic
- 6670 Status post - Cardiovascular catheterization procedure, Therapeutic, Adjunctive therapy
- 6570 Status post - Cardiovascular catheterization procedure, Therapeutic, Balloon dilation
- 6590 Status post - Cardiovascular catheterization procedure, Therapeutic, Balloon valvotomy
- 6600 Status post - Cardiovascular catheterization procedure, Therapeutic, Coil implantation
- 6610 Status post - Cardiovascular catheterization procedure, Therapeutic, Device implantation
- 7110 Status post - Cardiovascular catheterization procedure, Therapeutic, Device implantation attempted
- 6690 Status post - Cardiovascular catheterization procedure, Therapeutic, Electrophysiological ablation
- 7120 Status post - Cardiovascular catheterization procedure, Therapeutic, Intravascular foreign body removal
- 6640 Status post - Cardiovascular

- catheterization procedure,
Therapeutic, Perforation
(establishing interchamber
and/or intervessel
communication)
- 6580 Status post - Cardiovascular
catheterization procedure,
Therapeutic, Septostomy
- 6620 Status post - Cardiovascular
catheterization procedure,
Therapeutic, Stent insertion
- 6630 Status post - Cardiovascular
catheterization procedure,
Therapeutic, Stent re-dilation
- 6650 Status post - Cardiovascular
catheterization procedure,
Therapeutic, Transcatheter
Fontan completion
- 6660 Status post - Cardiovascular
catheterization procedure,
Therapeutic, Transcatheter
implantation of valve
- 5590 Status post - Shunt, Systemic
to pulmonary, Modified
Blalock-Taussig Shunt
(MBTS)
- 5600 Status post - Shunt, Systemic
to pulmonary, Central (shunt
from aorta)
- 7130 Status post - Shunt, Systemic
to pulmonary, Central (shunt
from aorta), Central shunt
with an end-to-side
connection between the
transected main pulmonary
artery and the side of the
ascending aorta (i.e. Mee
shunt)
- 7230 Status post - Shunt, Sysytemic
to pulmonary, Potts - Smith
type (descending aorta to
pulmonary artery)
- 5610 Status post - Shunt, Systemic
to pulmonary, Other
- 5630 Status post - Shunt, Ligation
and takedown
- 6095 Status post - Shunt,
Reoperation
- 5640 Status post - PA banding
(PAB)
- 5650 Status post - PA debanding

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- | | |
|------|---|
| 7200 | Status post - PA band adjustment |
| 5660 | Status post - Damus-Kaye-Stansel procedure (DKS) (creation of AP anastomosis without arch reconstruction) |
| 5670 | Status post - Bidirectional cavopulmonary anastomosis (BDCPA) (bidirectional Glenn) |
| 5680 | Status post - Glenn (unidirectional cavopulmonary anastomosis) (unidirectional Glenn) |
| 5690 | Status post - Bilateral bidirectional cavopulmonary anastomosis (BBDCPA) (bilateral bidirectional Glenn) |
| 5700 | Status post - HemiFontan |
| 6330 | Status post - Superior cavopulmonary anastomosis(es) (Glenn or HemiFontan) + Atrioventricular valvuloplasty |
| 6130 | Status post - Superior Cavopulmonary anastomosis(es) + PA reconstruction |
| 7300 | Status post - Takedown of superior cavopulmonary anastomosis |
| 7140 | Status post - Hepatic vein to azygous vein connection, Direct |
| 7150 | Status post - Hepatic vein to azygous vein connection, Interposition graft |
| 7160 | Status post - Kawashima operation (superior cavopulmonary connection in setting of interrupted IVC with azygous continuation) |
| 5710 | Status post - Palliation, Other |
| 7240 | Status post - Attempted fetal intervention, percutaneous transcatheter directed at interatrial septum |
| 7250 | Status post - Attempted fetal intervention, percutaneous transcatheter directed at aortic valve |

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- 7260 Status post - Attempted fetal intervention, percutaneous transcatheter directed at pulmonic valve
 - 7270 Status post - Attempted fetal intervention, "open" (maternal laparotomy with hysterotomy) directed at interatrial septum
 - 7280 Status post - Attempted fetal intervention, "open" (maternal laparotomy with hysterotomy) directed at aortic valve
 - 7290 Status post - Attempted fetal intervention, "open" (maternal laparotomy with hysterotomy) directed at pulmonic valve
 - 6360 Status post - ECMO cannulation
 - 6370 Status post - ECMO decannulation
 - 5910 Status post - ECMO procedure
 - 5900 Status post - Intraaortic balloon pump (IABP) insertion
 - 5920 Status post - Right/left heart assist device procedure
 - 6390 Status post - VAD explantation
 - 6380 Status post - VAD implantation
 - 7170 Status post - VAD change out
 - 6420 Status post - Echocardiography procedure, Sedated transesophageal echocardiogram
 - 6430 Status post - Echocardiography procedure, Sedated transthoracic echocardiogram
 - 6435 Status post - Non-cardiovascular, Non-thoracic procedure on cardiac patient with cardiac anesthesia
 - 6440 Status post - Radiology procedure on cardiac patient, Cardiac Computerized Axial Tomography (CT Scan)
 - 6450 Status post - Radiology procedure on cardiac patient, Cardiac Magnetic Resonance Imaging (MRI)
 - 6460 Status post - Radiology

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- procedure on cardiac patient,
Diagnostic radiology
- 6470 Status post - Radiology
procedure on cardiac patient,
Non-Cardiac Computerized
Tomography (CT) on cardiac
patient
- 6480 Status post - Radiology
procedure on cardiac patient,
Non-cardiac Magnetic
Resonance Imaging (MRI) on
cardiac patient
- 6490 Status post - Radiology
procedure on cardiac patient,
Therapeutic radiology
- 5720 Status post - Aneurysm,
Ventricular, Right, Repair
- 5730 Status post - Aneurysm,
Ventricular, Left, Repair
- 5740 Status post - Aneurysm,
Pulmonary artery, Repair
- 5760 Status post - Cardiac tumor
resection
- 5780 Status post - Pulmonary AV
fistula repair/occlusion
- 5790 Status post - Ligation,
Pulmonary artery
- 5802 Status post - Pulmonary
embolectomy, Acute
pulmonary embolus
- 5804 Status post - Pulmonary
embolectomy, Chronic
pulmonary embolus
- 5810 Status post - Pleural drainage
procedure
- 5820 Status post - Pleural
procedure, Other
- 5830 Status post - Ligation,
Thoracic duct
- 5840 Status post - Decortication
- 5850 Status post - Esophageal
procedure
- 5860 Status post - Mediastinal
procedure
- 5870 Status post - Bronchoscopy
- 5880 Status post - Diaphragm
plication
- 5890 Status post - Diaphragm
procedure, Other
- 5930 Status post - VATS (video-

	assisted thoracoscopic	
5940	Status post - Minimally invasive procedure	
5950	Status post - Bypass for noncardiac lesion	
5960	Status post - Delayed sternal closure	
5970	Status post - Mediastinal exploration	
5980	Status post - Sternotomy wound drainage	
7180	Status post - Intravascular stent removal	
7220	Status post - Removal of transcatheter delivered device from heart	
7210	Status post - Removal of transcatheter delivered device from blood vessel	
5990	Status post - Thoracotomy, Other	
6000	Status post - Cardiotomy, Other	
6010	Status post - Cardiac procedure, Other	
6020	Status post - Thoracic and/or mediastinal procedure, Other	
6030	Status post - Peripheral vascular procedure, Other	
6040	Status post - Miscellaneous procedure, Other	
11777	Status post - Other procedure	
<hr/>		
<i>Long Name:</i>	Other Card-Congenital Procedure 1	<i>SeqNo:</i> 6515
<i>Short Name:</i>	OCarCongProc1	<i>Core:</i> Yes
<i>Section Name:</i>	Congenital Defect Repair	<i>Harvest:</i> Yes
<i>DBTableName</i>	Adultdata1	
<i>Definition:</i>	Indicate the first of the three most significant congenital procedures.	
<i>Data Source:</i>	User	<i>Format:</i> Text (categorical values specified by STS)
<i>ParentShortName:</i>	OCarCong	
<i>ParentLongName:</i>	Other Card-Congenital	
<i>ParentHarvestCodes:</i>	1	
<i>ParentValues:</i>	= "Yes"	
<i>Harvest Codes and Value Definitions:</i>		
<u>Code:</u>	<u>Value:</u>	<u>Definition:</u>
10	PFO, Primary closure	Suture closure of patent foramen ovale (PFO).

20	ASD repair, Primary closure	Suture closure of secundum (most frequently), coronary sinus, sinus venosus or common atrium ASD.
30	ASD repair, Patch	Patch closure (using any type of patch material) of secundum, coronary sinus, or sinus venosus ASD.
40	ASD repair, Device	Closure of any type ASD (including PFO) using a device.
2110	ASD repair, Patch + PAPVC repair	Patch closure (using any type of patch material) of secundum, coronary sinus, or sinus venosus ASD plus PAPVC repair, any type
50	ASD, Common atrium (single atrium), Septation	Septation of common (single) atrium using any type patch material.
60	ASD creation/enlargement	Creation of an atrial septal defect or enlargement of an existing atrial septal defect using a variety of modalities including balloon septostomy, blade septostomy, or surgical septectomy. Creation may be accomplished with or without use of cardiopulmonary bypass.
70	ASD partial closure	Intentional partial closure of any type ASD (partial suture or fenestrated patch closure).
80	Atrial septal fenestration	Creation of a fenestration (window) in the septum between the atrial chambers. Usually performed using a hole punch, creating a specifically sized communication in patch material placed on the atrial septum.
85	Atrial fenestration closure	Closure of previously created atrial fenestration using any method including device, primary suture, or patch.
100	VSD repair, Primary closure	Suture closure of any type VSD.
110	VSD repair, Patch	Patch closure (using any type of patch material) of any type VSD.
120	VSD repair, Device	Closure of any type VSD using a device.
130	VSD, Multiple, Repair	Closure of more than one VSD using any method or combination of methods. Further information regarding each type of VSD closed and method of closure can be provided by additionally listing specifics for each VSD closed. In the case of multiple VSDs in which only one is closed the procedure should be coded as closure of a single VSD. The fundamental diagnosis, in this case, would be "VSD, Multiple" and a secondary diagnosis can be the morphological type of VSD that was closed at the time of surgery.
140	VSD creation/enlargement	Creation of a ventricular septal defect or enlargement of an existing ventricular septal defect.
150	Ventricular septal fenestration	Creation of a fenestration (window) in the septum between the ventricular chambers. Usually performed using a hole punch, creating a specifically sized communication in patch material placed on the ventricular septum.
170	AVC (AVSD) repair, Complete (CAVSD)	Repair of complete AV canal (AVSD) using one- or two-patch or other technique, with or without mitral valve cleft repair.
180	AVC (AVSD) repair, Intermediate (Transitional)	Repair of intermediate AV canal (AVSD) using ASD and VSD patch, or ASD patch and VSD suture, or other technique, with or without mitral valve cleft repair.
190	AVC (AVSD) repair, Partial (Incomplete) (PAVSD)	Repair of partial AV canal defect (primum ASD), any technique, with or without repair of cleft mitral valve.
2300	Valvuloplasty, Common atrioventricular valve	Common AV valve repair, any type

2250	Valvuloplasty converted to valve replacement in the same operation, Common atrioventricular valve	Common AV valve repair attempted, converted to valve replacement with prosthetic valve during the same operation
2230	Valve replacement, Common atrioventricular valve	Replacement of the common AV valve with a prosthetic valve
210	AP window repair	Repair of AP window using one- or two-patch technique with cardiopulmonary bypass; or, without cardiopulmonary bypass, using transcatheter device or surgical closure.
220	Pulmonary artery origin from ascending aorta (hemitruncus) repair	Repair of pulmonary artery origin from the ascending aorta by direct reimplantation, autogenous flap, or conduit, with or without use of cardiopulmonary bypass.
230	Truncus arteriosus repair	Truncus arteriosus repair that most frequently includes patch VSD closure and placement of a conduit from RV to PA. In some cases, a conduit is not placed but an RV to PA connection is made by direct association. Very rarely, there is no VSD to be closed. Truncal valve repair or replacement should be coded separately (Valvuloplasty, Truncal valve; Valve replacement, Truncal valve), as would be the case as well with associated arch anomalies requiring repair (e.g., Interrupted aortic arch repair).
240	Valvuloplasty, Truncal valve	Truncal valve repair, any type.
2290	Valvuloplasty converted to valve replacement in the same operation, Truncal valve	Truncal valve repair attempted, converted to valve replacement with prosthetic valve during the same operation
250	Valve replacement, Truncal valve	Replacement of the truncal valve with a prosthetic valve.
2220	Truncus + Interrupted aortic arch repair (IAA) repair	Truncus arteriosus repair usually includes patch VSD closure and placement of a conduit from RV to PA. In some cases, a conduit is not placed but an RV to PA connection is made by direct association. (Very rarely, there is no VSD) plus repair of interrupted aortic arch
260	PAPVC repair	PAPVC repair revolves around whether an intracardiac baffle is created to redirect pulmonary venous return to the left atrium or if the anomalous pulmonary vein is translocated and connected to the left atrium directly. If there is an associated ASD and it is closed, that procedure should also be listed.
270	PAPVC, Scimitar, Repair	In scimitar syndrome, PAPVC repair also revolves around whether an intracardiac baffle is created to redirect pulmonary venous return to the left atrium or if the anomalous pulmonary vein is translocated and connected to the left atrium directly. If there is an associated ASD and it is closed, that procedure should also be listed. Occasionally an ASD is created; this procedure also must be listed separately. Concomitant thoracic procedures (e.g., lobectomy, pneumonectomy) should also be included in the procedures listing.
2120	PAPVC repair, Baffle redirection to left atrium with systemic vein translocation (Warden) (SVC sewn to right atrial appendage)	An intracardiac baffle is created to redirect pulmonary venous return to the left atrium and SVC sewn to right atrial appendage)
280	TAPVC repair	Repair of TAPVC, any type. Issues surrounding TAPVC repair

		involve how the main pulmonary venous confluence anastomosis is fashioned, whether an associated ASD is closed or left open or enlarged (ASD closure and enlargement may be listed separately), and whether, particularly in mixed type TAPVC repair, an additional anomalous pulmonary vein is repaired surgically.
2200	TAPVC repair + Shunt - systemic-to-pulmonary	Repair of TAPVC, any type plus a systemic to pulmonary shunt creation
290	Cor triatriatum repair	Repair of cor triatriatum. Surgical decision making revolves around the approach to the membrane creating the cor triatriatum defect, how any associated ASD is closed, and how any associated anomalous pulmonary vein connection is addressed. Both ASD closure and anomalous pulmonary venous connection may be listed as separate procedures.
300	Pulmonary venous stenosis repair	Repair of pulmonary venous stenosis, whether congenital or acquired. Repair can be accomplished with a variety of approaches: sutureless, patch venoplasty, stent placement, etc.
310	Atrial baffle procedure (non-Mustard, non-Senning)	The atrial baffle procedure code is used primarily for repair of systemic venous anomalies, as in redirection of left superior vena cava drainage to the right atrium.
330	Anomalous systemic venous connection repair	With the exception of atrial baffle procedures (harvest code 310), anomalous systemic venous connection repair includes a range of surgical approaches, including, among others: ligation of anomalous vessels, reimplantation of anomalous vessels (with or without use of a conduit), or redirection of anomalous systemic venous flow through directly to the pulmonary circulation (bidirectional Glenn to redirect LSVC or RSVC to left or right pulmonary artery, respectively).
340	Systemic venous stenosis repair	Stenosis or obstruction of a systemic vein (most commonly SVC or IVC) may be relieved with patch or conduit placement, excision of the stenotic area with primary reanastomosis or direct reimplantation.
350	TOF repair, No ventriculotomy	Tetralogy of Fallot repair (assumes VSD closure and relief of pulmonary stenosis at one or more levels), without use of an incision in the infundibulum of the right ventricle for exposure. In most cases this would be a transatrial and transpulmonary artery approach to repair the VSD and relieve the pulmonary stenosis. If the main pulmonary artery incision is extended proximally through the pulmonary annulus, this must be considered "transannular" and thus a ventricular incision, though the length of the incision onto the ventricle itself may be minimal.
360	TOF repair, Ventriculotomy, Nontransannular patch	Tetralogy of Fallot repair (assumes VSD closure and relief of pulmonary stenosis at one or more levels), with use of a ventriculotomy incision, but without placement of a transpulmonary annulus patch. If the main pulmonary artery incision is extended proximally through the pulmonary annulus, this must be considered "transannular" and thus a ventricular incision, though the length of the incision onto the ventricle itself may be minimal.
370	TOF repair, Ventriculotomy, Transannular patch	Tetralogy of Fallot repair (assumes VSD closure and relief of pulmonary stenosis at one or more levels), with use of a

		ventriculotomy incision and placement of a trans-pulmonary annulus patch. If the main pulmonary artery incision is extended proximally through the pulmonary annulus, this must be considered "transannular" and thus a ventricular incision, though the length of the incision onto the ventricle itself may be minimal.
380	TOF repair, RV-PA conduit	Tetralogy of Fallot repair (assumes VSD closure and relief of pulmonary stenosis at one or more levels), with placement of a right ventricle-to-pulmonary artery conduit. In this procedure the major components of pulmonary stenosis are relieved with placement of the RV-PA conduit.
390	TOF - AVC (AVSD) repair	Tetralogy of Fallot repair (assumes VSD closure and relief of pulmonary stenosis at one or more levels), with repair of associated AV canal defect. Repair of associated atrial septal defect or atrioventricular valve repair(s) should be listed as additional or secondary procedures under the primary TOF-AVC procedure.
400	TOF - Absent pulmonary valve repair	Repair of tetralogy of Fallot with absent pulmonary valve complex. In most cases this repair will involve pulmonary valve replacement (pulmonary or aortic homograft, porcine, other) and reduction pulmonary artery arterioplasty.
420	Pulmonary atresia - VSD (including TOF, PA) repair	For patients with pulmonary atresia with ventricular septal defect without MAPCAs, including those with tetralogy of Fallot with pulmonary atresia, repair may entail either a tetralogy-like repair with transannular patch placement, a VSD closure with placement of an RV-PA conduit, or an intraventricular tunnel VSD closure with transannular patch or RV-PA conduit placement. To assure an accurate count of repairs of pulmonary atresia-VSD without MAPCAs, even if a tetralogy-type repair or Rastelli-type repair is used, the pulmonary atresia-VSD code should be the code used, not Rastelli procedure or tetralogy of Fallot repair with transannular patch.
2700	Pulmonary atresia - VSD - MAPCA repair, Complete single stage repair (1-stage that includes bilateral pulmonary unifocalization + VSD closure + RV to PA connection [with or without conduit])	1-stage repair that includes bilateral pulmonary unifocalization + VSD closure + RV to PA connection [with or without conduit])
2710	Pulmonary atresia - VSD - MAPCA repair, Status post prior complete unifocalization (includes VSD closure + RV to PA connection [with or without conduit])	VSD closure + RV to PA connection [with or without conduit])
2720	Pulmonary atresia - VSD - MAPCA repair, Status post prior incomplete unifocalization (includes completion of pulmonary unifocalization + VSD closure	Completion of pulmonary unifocalization + VSD closure + RV to PA connection [with or without conduit])Pulmonary atresia - VSD - MAPCA repair, Status post prior incomplete unifocalization

	+ RV to PA connection [with or without conduit])	
2730	Unifocalization MAPCA(s), Bilateral pulmonary unifocalization - Complete unifocalization (all usable MAPCA[s] are incorporated)	Complete unifocalization , all usable MAPCA[s] are incorporated
2740	Unifocalization MAPCA(s), Bilateral pulmonary unifocalization - Incomplete unifocalization (not all usable MAPCA[s] are incorporated)	Incomplete unifocalization, not all usable MAPCA[s] are incorporated
2750	Unifocalization MAPCA(s), Unilateral pulmonary unifocalization	MAPCA(s), Unilateral pulmonary unifocalization (one side)
440	Unifocalization MAPCA(s)	Anastomosis of aortopulmonary collateral arteries into the left, right, or main pulmonary artery or into a tube graft or other type of confluence. The unifocalization procedure may be done on or off bypass.
450	Occlusion of MAPCA(s)	Occlusion, or closing off, of MAPCAs. This may be done with a transcatheter occluding device, usually a coil, or by surgical techniques.
460	Valvuloplasty, Tricuspid	Reconstruction of the tricuspid valve may include but not be limited to a wide range of techniques including: leaflet patch extension, artificial chordae placement, and papillary muscle translocation with or without detachment. Annuloplasty techniques that may be done solely or in combination with leaflet, chordae or muscle repair to achieve a competent valve include: eccentric annuloplasty, Kay annular plication, purse-string annuloplasty (including semicircular annuloplasty), sliding annuloplasty, and annuloplasty with ring placement. Do not use this code if tricuspid valve malfunction is secondary to Ebstein's anomaly; instead use the Ebstein's repair procedure code.
2280	Valvuloplasty converted to valve replacement in the same operation, Tricuspid	Tricuspid valve repair attempted, converted to valve replacement with prosthetic valve during the same operation
465	Ebstein's repair	To assure an accurate count of repairs of Ebstein's anomaly of the tricuspid valve, this procedure code was included. Repair of Ebstein's anomaly may include, among other techniques, repositioning of the tricuspid valve, plication of the atrialized right ventricle, or right reduction atrioplasty. Often associated ASD's may be closed and arrhythmias addressed with surgical ablation procedures. These procedures should be entered as separate procedure codes.
470	Valve replacement, Tricuspid (TVR)	Replacement of the tricuspid valve with a prosthetic valve.
480	Valve closure, Tricuspid (exclusion, univentricular approach)	In a functional single ventricle heart, the tricuspid valve may be closed using a patch, thereby excluding the RV. Tricuspid valve closure may be used for infants with Ebstein's anomaly and severe tricuspid regurgitation or in patients with pulmonary atresia-intact ventricular septum with sinusoids.

490	Valve excision, Tricuspid (without replacement)	Excision of the tricuspid valve without placement of a prosthetic valve.
500	Valve surgery, Other, Tricuspid	Other tricuspid valve surgery not specified in procedure codes.
510	RVOT procedure	Included in this procedural code would be all RVOT procedures not elsewhere specified in the nomenclature system. These might be, among others: resection of subvalvar pulmonary stenosis (not DCRV type; may be localized fibrous diaphragm or high infundibular stenosis), right ventricular patch augmentation, or reduction pulmonary artery arterioplasty.
520	1 1/2 ventricular repair	Partial biventricular repair; includes intracardiac repair with bidirectional cavopulmonary anastomosis to volume unload a small ventricle or poorly functioning ventricle.
530	PA, reconstruction (plasty), Main (trunk)	Reconstruction of the main pulmonary artery trunk commonly using patch material. If balloon angioplasty is performed or a stent is placed in the main pulmonary artery intraoperatively, this code may be used in addition to the balloon dilation or stent placement code. If MPA reconstruction is performed with PA debanding, both codes should be listed.
540	PA, reconstruction (plasty), Branch, Central (within the hilar bifurcation)	Reconstruction of the right or left branch (or both right and left) pulmonary arteries (within the hilar bifurcation) commonly using patch material. If balloon angioplasty is performed or a stent is placed in the right or left (or both) pulmonary artery intraoperatively, this code may be used in addition to the balloon dilation or stent placement code. If, rarely, branch PA banding (single or bilateral) was performed in the past and reconstruction is performed associated with debanding, both codes should be listed.
550	PA, reconstruction (plasty), Branch, Peripheral (at or beyond the hilar bifurcation)	Reconstruction of the peripheral right or left branch (or both right and left) pulmonary arteries (at or beyond the hilar bifurcation) commonly using patch material. If balloon angioplasty is performed or a stent is placed in the right or left (or both) peripheral pulmonary artery intraoperatively, this code may be used in addition to the balloon dilation or stent placement code.
570	DCRV repair	Surgical repair of DCRV combines relief of the low infundibular stenosis (via muscle resection) and closure of a VSD when present. A ventriculotomy may be required and is repaired by patch enlargement of the infundibulum. VSD closure and patch enlargement of the infundibulum, if done, should be listed as separate procedure codes.
590	Valvuloplasty, Pulmonic	Valvuloplasty of the pulmonic valve may include a range of techniques including but not limited to: valvotomy with or without bypass, commissurotomy, and valvuloplasty.
2270	Valvuloplasty converted to valve replacement in the same operation, Pulmonic	Pulmonic valve repair attempted, converted to valve replacement with prosthetic valve during the same operation
600	Valve replacement, Pulmonic (PVR)	Replacement of the pulmonic valve with a prosthetic valve. Care must be taken to differentiate between homograft pulmonic valve replacement and placement of a homograft RV-PA conduit.
630	Valve excision, Pulmonary	Excision of the pulmonary valve without placement of a

	(without replacement)	prosthetic valve.
640	Valve closure, Semilunar	Closure of a semilunar valve (pulmonic or aortic) by any technique.
650	Valve surgery, Other, Pulmonic	Other pulmonic valve surgery not specified in procedure codes.
610	Conduit placement, RV to PA	Placement of a conduit, any type, from RV to PA.
620	Conduit placement, LV to PA	Placement of a conduit, any type, from LV to PA.
1774	Conduit placement, Ventricle to aorta	Placement of a conduit from the right or left ventricle to the aorta.
1772	Conduit placement, Other	Placement of a conduit from any chamber or vessel to any vessel, valved or valveless, not listed elsewhere.
580	Conduit reoperation	Conduit reoperation is the code to be used in the event of conduit failure, in whatever position (LV to aorta, LV to PA, RA to RV, RV to aorta, RV to PA, etc.), and from whatever cause (somatic growth, stenosis, insufficiency, infection, etc.).
660	Valvuloplasty, Aortic	Valvuloplasty of the aortic valve for stenosis and/or insufficiency including, but not limited to the following techniques: valvotomy (open or closed), commissurotomy, aortic valve suspension, leaflet (left, right or noncoronary) partial resection, reduction, or leaflet shaving, extended valvuloplasty (freeing of leaflets, commissurotomy, and extension of leaflets using autologous or bovine pericardium), or annuloplasty (partial - interrupted or noncircumferential sutures, or complete - circumferential sutures).
2240	Valvuloplasty converted to valve replacement in the same operation, Aortic	Aortic valve repair attempted, converted to valve replacement with prosthetic valve during the same operation
2310	Valvuloplasty converted to valve replacement in the same operation, Aortic – with Ross procedure	Aortic valve repair attempted, converted to valve replacement with a pulmonary autograft and replacement of the pulmonary valve with a homograft conduit during the same operation
2320	Valvuloplasty converted to valve replacement in the same operation, Aortic – with Ross-Konno procedure	Aortic valve repair attempted, converted to Konno aortoventriculoplasty using a pulmonary autograft root for the aortic root replacement.
670	Valve replacement, Aortic (AVR)	Replacement of the aortic valve with a prosthetic valve (mechanical, bioprosthetic, or homograft). Use this code only if type of valve prosthesis is unknown or does not fit into the specific valve replacement codes available. Autograft valve replacement should be coded as a Ross procedure.
680	Valve replacement, Aortic (AVR), Mechanical	Replacement of the aortic valve with a mechanical prosthetic valve.
690	Valve replacement, Aortic (AVR), Bioprosthetic	Replacement of the aortic valve with a bioprosthetic prosthetic valve.
700	Valve replacement, Aortic (AVR), Homograft	Replacement of the aortic valve with a homograft prosthetic valve.
715	Aortic root replacement, Bioprosthetic	Replacement of the aortic root (that portion of the aorta attached to the heart; it gives rise to the coronary arteries) with a bioprosthesis (e.g., porcine) in a conduit, often composite.
720	Aortic root replacement, Mechanical	Replacement of the aortic root (that portion of the aorta attached to the heart; it gives rise to the coronary arteries) with

		a mechanical prosthesis in a composite conduit.
730	Aortic root replacement, Homograft	Replacement of the aortic root (that portion of the aorta attached to the heart; it gives rise to the coronary arteries) with a homograft.
735	Aortic root replacement, Valve sparing	Replacement of the aortic root (that portion of the aorta attached to the heart; it gives rise to the coronary arteries) without replacing the aortic valve (using a tube graft).
740	Ross procedure	Replacement of the aortic valve with a pulmonary autograft and replacement of the pulmonary valve with a homograft conduit.
750	Konno procedure	Relief of left ventricular outflow tract obstruction associated with aortic annular hypoplasia, aortic valvar stenosis and/or aortic valvar insufficiency via Konno aortoventriculoplasty. Components of the surgery include a longitudinal incision in the aortic septum, a vertical incision in the outflow tract of the right ventricle to join the septal incision, aortic valve replacement, and patch reconstruction of the outflow tracts of both ventricles.
760	Ross-Konno procedure	Relief of left ventricular outflow tract obstruction associated with aortic annular hypoplasia, aortic valvar stenosis and/or aortic valvar insufficiency via Konno aortoventriculoplasty using a pulmonary autograft root for the aortic root replacement.
770	Other annular enlargement procedure	Techniques included under this procedure code include those designed to effect aortic annular enlargement that are not included in other procedure codes. These include the Manouguian and Nicks aortic annular enlargement procedures.
780	Aortic stenosis, Subvalvar, Repair	Subvalvar aortic stenosis repair by a range of techniques including excision, excision and myotomy, excision and myomectomy, myotomy, myomectomy, initial placement of apical-aortic conduit (LV to aorta conduit replacement would be coded as conduit reoperation), Vouhé aortoventriculoplasty (aortic annular incision at commissure of left and right coronary cusps is carried down to the septum and RV infundibulum; septal muscle is resected, incisions are closed, and the aortic annulus is reconstituted), or other aortoventriculoplasty techniques.
2100	Aortic stenosis, Subvalvar, Repair, With myectomy for IHSS	Subvalvar aortic stenosis repair including excision and myectomy
790	Aortic stenosis, Supravalvar, Repair	Repair of supravalvar aortic stenosis involving all techniques of patch aortoplasty and aortoplasty involving the use of all autologous tissue. In simple patch aortoplasty a diamond-shaped patch may be used, in the Doty technique an extended patch is placed (Y-shaped patch, incision carried into two sinuses), and in the Brom repair the ascending aorta is transected, any fibrous ridge is resected, and the three sinuses are patched separately.
800	Valve surgery, Other, Aortic	Other aortic valve surgery not specified in other procedure codes.
810	Sinus of Valsalva, Aneurysm repair	Sinus of Valsalva aneurysm repair can be organized by site of aneurysm (left, right or noncoronary sinus), type of repair (suture, patch graft, or root repair by tube graft or valved conduit), and approach used (from chamber of origin (aorta) or from chamber of penetration (LV, RV, PA, left or right atrium,

		etc.). Aortic root replacement procedures in association with sinus of Valsalva aneurysm repairs are usually for associated uncorrectable aortic insufficiency or multiple sinus involvement and the aortic root replacement procedure should also be listed. Additional procedures also performed at the time of sinus of Valsalva aneurysm repair include but are not limited to VSD closure, repair or replacement of aortic valve, and coronary reconstruction; these procedures should also be coded separately from the sinus of Valsalva aneurysm repair.
820	LV to aorta tunnel repair	LV to aorta tunnel repair can be accomplished by suture, patch, or both, and may require reimplantation of the right coronary artery. Associated coronary artery procedures should be coded separately from the LV to aorta tunnel repair.
830	Valvuloplasty, Mitral	Repair of mitral valve including, but not limited to: valvotomy (closed or open heart), cleft repair, annuloplasty with or without ring, chordal reconstruction, commissurotomy, leaflet repair, or papillary muscle repair.
2260	Valvuloplasty converted to valve replacement in the same operation, Mitral	Mitral valve repair attempted, converted to valve replacement with prosthetic valve during the same operation
840	Mitral stenosis, Supravalvar mitral ring repair	Supravalvar mitral ring repair.
850	Valve replacement, Mitral (MVR)	Replacement of mitral valve with prosthetic valve, any kind, in suprannular or annular position.
860	Valve surgery, Other, Mitral	Other mitral valve surgery not specified in procedure codes.
870	Norwood procedure	The Norwood operation is synonymous with the term 'Norwood (Stage 1)' and is defined as an aortopulmonary connection and neo-aortic arch construction resulting in univentricular physiology and pulmonary blood flow controlled with a calibrated systemic-to-pulmonary artery shunt, or a right ventricle to pulmonary artery conduit, or rarely, a cavopulmonary connection. When coding the procedure "Norwood procedure", the primary procedure of the operation should be "Norwood procedure". The second procedure that is coded as part of the Norwood (Stage 1) operation (Procedure 2 after the Norwood procedure) must then document the source of pulmonary blood flow and be chosen from the following eight choices: 1. Shunt, Systemic to pulmonary, Modified Blalock-Taussig Shunt (MBTS) 2. Shunt, Systemic to pulmonary, Central (from aorta or to main pulmonary artery) 3. Shunt, Systemic to pulmonary, Other 4. Conduit placement, RV to PA 5. Bidirectional cavopulmonary anastomosis (BDCPA) (bidirectional Glenn) 6. Glenn (unidirectional cavopulmonary anastomosis) (unidirectional Glenn) 7. Bilateral bidirectional cavopulmonary anastomosis (BBDCPA) (bilateral bidirectional Glenn) 8. HemiFontan
880	HLHS biventricular repair	Performed in patients who have small but adequately sized

		ventricles to support systemic circulation. These patients usually have small, but not stenotic, aortic and/or mitral valves. Primary biventricular repair has consisted of extensive aortic arch and ascending aorta enlargement with a patch, closure of interventricular and interatrial communications, and conservative approach for left ventricular outflow tract obstruction (which may include mitral stenosis at any level, subaortic stenosis, aortic stenosis, aortic arch hypoplasia, coarctation, or interrupted aortic arch). Concurrent operations (e.g., coarctation repair, aortic valve repair or replacement, etc.) can be coded separately within the database.
2755	Conduit insertion right ventricle to pulmonary artery + Intraventricular tunnel left ventricle to neo-aorta + Arch reconstruction (Rastelli and Norwood type arch reconstruction) (Yasui)	
2160	Hybrid Approach "Stage 1", Application of RPA & LPA bands	A "Hybrid Procedure" is defined as a procedure that combines surgical and transcatheter interventional approaches. The term "Hybrid approach" is used somewhat differently than the term "Hybrid Procedure". A "Hybrid approach" is defined as any of a group of procedures that fit into the general silo of procedures developed from the combined use of surgical and transcatheter interventional techniques. Therefore, not all procedures classified as "Hybrid approach" are truly "Hybrid Procedures".
2170	Hybrid Approach "Stage 1", Stent placement in arterial duct (PDA)	A "Hybrid Procedure" is defined as a procedure that combines surgical and transcatheter interventional approaches. The term "Hybrid approach" is used somewhat differently than the term "Hybrid Procedure". A "Hybrid approach" is defined as any of a group of procedures that fit into the general silo of procedures developed from the combined use of surgical and transcatheter interventional techniques. Therefore, not all procedures classified as "Hybrid approach" are truly "Hybrid Procedures".
2180	Hybrid Approach "Stage 1", Stent placement in arterial duct (PDA) + application of RPA & LPA bands	A "Hybrid Procedure" is defined as a procedure that combines surgical and transcatheter interventional approaches. The term "Hybrid approach" is used somewhat differently than the term "Hybrid Procedure". A "Hybrid approach" is defined as any of a group of procedures that fit into the general silo of procedures developed from the combined use of surgical and transcatheter interventional techniques. Therefore, not all procedures classified as "Hybrid approach" are truly "Hybrid Procedures".
2140	Hybrid approach "Stage 2", Aortopulmonary amalgamation + Superior Cavopulmonary anastomosis(es) + PA Debanding + Aortic arch repair (Norwood [Stage 1] + Superior Cavopulmonary anastomosis(es) + PA Debanding)	A "Hybrid Procedure" is defined as a procedure that combines surgical and transcatheter interventional approaches. The term "Hybrid approach" is used somewhat differently than the term "Hybrid Procedure". A "Hybrid approach" is defined as any of a group of procedures that fit into the general silo of procedures developed from the combined use of surgical and transcatheter interventional techniques. Therefore, not all procedures classified as "Hybrid approach" are truly "Hybrid Procedures". It should be acknowledged that a Hybrid approach "Stage 2" (Aortopulmonary amalgamation + Superior Cavopulmonary anastomosis(es) + PA Debanding, with or without Aortic arch

		repair) gets its name not because it has any actual hybrid elements, but because it is part of a planned staged approach that is typically commenced with a hybrid procedure.
2150	Hybrid approach "Stage 2", Aortopulmonary amalgamation + Superior Cavopulmonary anastomosis(es) + PA Debanding + Without aortic arch repair	A "Hybrid Procedure" is defined as a procedure that combines surgical and transcatheter interventional approaches. The term "Hybrid approach" is used somewhat differently than the term "Hybrid Procedure". A "Hybrid approach" is defined as any of a group of procedures that fit into the general silo of procedures developed from the combined use of surgical and transcatheter interventional techniques. Therefore, not all procedures classified as "Hybrid approach" are truly "Hybrid Procedures". It should be acknowledged that a Hybrid approach "Stage 2" (Aortopulmonary amalgamation + Superior Cavopulmonary anastomosis(es) + PA Debanding, with or without Aortic arch repair) gets its name not because it has any actual hybrid elements, but because it is part of a planned staged approach that is typically commenced with a hybrid procedure.
2760	Hybrid Approach, Transcardiac balloon dilation	
2770	Hybrid Approach, Transcardiac transcatheter device placement	
890	Transplant, Heart	Heart transplantation, any technique, allograft or xenograft.
900	Transplant, Heart and lung	Heart and lung (single or double) transplantation.
910	Partial left ventriculectomy (LV volume reduction surgery) (Batista)	Wedge resection of LV muscle, with suturing of cut edges together, to reduce LV volume.
920	Pericardial drainage procedure	Pericardial drainage can include a range of therapies including, but not limited to: pericardiocentesis, pericardiostomy tube placement, pericardial window creation, and open pericardial drainage (pericardiotomy).
930	Pericardiectomy	Surgical removal of the pericardium.
940	Pericardial procedure, Other	Other pericardial procedures that include, but are not limited to: pericardial reconstruction for congenital absence of the pericardium, pericardial biopsy, pericardial mass or cyst excision.
950	Fontan, Atrio-pulmonary connection	The atrio-pulmonary Fontan is a type of Fontan with connection of the atrium to the pulmonary artery. "The Fontan" is defined as an operation or intervention that results in caval flow from both the upper and lower body draining to the pulmonary circulation in a patient with a functionally univentricular heart.
960	Fontan, Atrio-ventricular connection	The atrio-ventricular Fontan is a type of Fontan with atrio-ventricular connection, either direct or with RA-RV conduit, valved or nonvalved. "The Fontan" is defined as an operation or intervention that results in caval flow from both the upper and lower body draining to the pulmonary circulation in a patient with a functionally univentricular heart.
970	Fontan, TCPC, Lateral tunnel, Fenestrated	The lateral tunnel Fontan is a TCPC type of Fontan Procedure created with anastomosis of SVC and right atrium to the branch pulmonary artery and an intra-atrial baffle to direct IVC flow to pulmonary artery. "The Fontan" is defined as an operation or intervention that results in caval flow from both the upper and

		lower body draining to the pulmonary circulation in a patient with a functionally univentricular heart. A "TCPC" is a Fontan where both the superior caval vein and the inferior caval vein are connected to the pulmonary circulation through separate connections that are either direct connections or tubular pathways. A fenestration of a Fontan is defined as a communication that is created to allow flow of blood between the systemic and pulmonary venous chambers.
980	Fontan, TCPC, Lateral tunnel, Nonfenestrated	The lateral tunnel Fontan is a TCPC type of Fontan Procedure created with anastomosis of SVC and right atrium to the branch pulmonary artery and an intra-atrial baffle to direct IVC flow to pulmonary artery. "The Fontan" is defined as an operation or intervention that results in caval flow from both the upper and lower body draining to the pulmonary circulation in a patient with a functionally univentricular heart. A "TCPC" is a Fontan where both the superior caval vein and the inferior caval vein are connected to the pulmonary circulation through separate connections that are either direct connections or tubular pathways. A fenestration of a Fontan is defined as a communication that is created to allow flow of blood between the systemic and pulmonary venous chambers.
1000	Fontan, TCPC, External conduit, Fenestrated	The external conduit Fontan is a TCPC type of Fontan operation created with anastomosis of SVC to the branch pulmonary artery a conduit outside of the heart to connect the infradiaphragmatic systemic venous return to the pulmonary artery. "The Fontan" is defined as an operation or intervention that results in caval flow from both the upper and lower body draining to the pulmonary circulation in a patient with a functionally univentricular heart. A "TCPC" is a Fontan where both the superior caval vein and the inferior caval vein are connected to the pulmonary circulation through separate connections that are either direct connections or tubular pathways. A fenestration of a Fontan is defined as a communication that is created to allow flow of blood between the systemic and pulmonary venous chambers.
1010	Fontan, TCPC, External conduit, Nonfenestrated	The external conduit Fontan is a TCPC type of Fontan operation created with anastomosis of SVC to the branch pulmonary artery a conduit outside of the heart to connect the infradiaphragmatic systemic venous return to the pulmonary artery. "The Fontan" is defined as an operation or intervention that results in caval flow from both the upper and lower body draining to the pulmonary circulation in a patient with a functionally univentricular heart. A "TCPC" is a Fontan where both the superior caval vein and the inferior caval vein are connected to the pulmonary circulation through separate connections that are either direct connections or tubular pathways. A fenestration of a Fontan is defined as a communication that is created to allow flow of blood between the systemic and pulmonary venous chambers.
2780	Fontan, TCPC, Intra/extracardiac conduit, Fenestrated	The TCPC with Intra/extracardiac conduit is a TCPC type of Fontan operation created with a tube where the tube is attached to the inferior caval vein inside of the heart, and then the tube passes outside of the heart and is attached to the pulmonary

		artery outside of the heart. “The Fontan” is defined as an operation or intervention that results in caval flow from both the upper and lower body draining to the pulmonary circulation in a patient with a functionally univentricular heart. A “TCPC” is a Fontan where both the superior caval vein and the inferior caval vein are connected to the pulmonary circulation through separate connections that are either direct connections or tubular pathways. A fenestration of a Fontan is defined as a communication that is created to allow flow of blood between the systemic and pulmonary venous chambers.
2790	Fontan, TCPC, Intra/extracardiac conduit, Nonfenestrated	The TCPC with Intra/extracardiac conduit is a TCPC type of Fontan operation created with a tube where the tube is attached to the inferior caval vein inside of the heart, and then the tube passes outside of the heart and is attached to the pulmonary artery outside of the heart. “The Fontan” is defined as an operation or intervention that results in caval flow from both the upper and lower body draining to the pulmonary circulation in a patient with a functionally univentricular heart. A “TCPC” is a Fontan where both the superior caval vein and the inferior caval vein are connected to the pulmonary circulation through separate connections that are either direct connections or tubular pathways. A fenestration of a Fontan is defined as a communication that is created to allow flow of blood between the systemic and pulmonary venous chambers.
3310	Fontan, TCPC, External conduit, hepatic veins to pulmonary artery, Fenestrated	
3320	Fontan, TCPC, External conduit, hepatic veins to pulmonary artery, Nonfenestrated	
1025	Fontan revision or conversion (Re-do Fontan)	“Fontan revision or conversion (Re-do Fontan)” is defined as an operation where a previously created Fontan circuit is either modified or taken down and changed into a different type of Fontan. “The Fontan” is defined as an operation or intervention that results in caval flow from both the upper and lower body draining to the pulmonary circulation in a patient with a functionally univentricular heart. A “TCPC” is a Fontan where both the superior caval vein and the inferior caval vein are connected to the pulmonary circulation through separate connections that are either direct connections or tubular pathways.
1030	Fontan, Other	Other Fontan procedure not specified in procedure codes. May include takedown of a Fontan procedure. “The Fontan” is defined as an operation or intervention that results in caval flow from both the upper and lower body draining to the pulmonary circulation in a patient with a functionally univentricular heart.
2340	Fontan + Atrioventricular valvuloplasty	“Fontan + Atrioventricular valvuloplasty” is defined as an operation to repair the systemic atrioventricular valve combined with a Fontan operation. Please also code the type of Fontan operation performed as the second procedure of this operation. “The Fontan” is defined as an operation or intervention that results in caval flow from both the upper and lower body

		draining to the pulmonary circulation in a patient with a functionally univentricular heart.
1035	Ventricular septation	Creation of a prosthetic ventricular septum. Surgical procedure used to septate univentricular hearts with two atrioventricular valves. Additional procedures, such as resection of subpulmonic stenosis, should be listed separately.
1050	Congenitally corrected TGA repair, Atrial switch and ASO (double switch)	Repair of congenitally corrected TGA by concomitant atrial switch (Mustard or Senning) and arterial switch operation. VSD closure is usually performed as well; this should be coded separately.
1060	Congenitally corrected TGA repair, Atrial switch and Rastelli	Repair of congenitally corrected TGA by concomitant atrial switch (Mustard or Senning) and VSD closure to the aortic valve with placement of an RV-to-PA conduit.
1070	Congenitally corrected TGA repair, VSD closure	Repair of congenitally corrected TGA by VSD closure only.
1080	Congenitally corrected TGA repair, VSD closure and LV to PA conduit	Repair of congenitally corrected TGA by VSD closure and placement of an LV-to-PA conduit.
1090	Congenitally corrected TGA repair, Other	Any procedures for correction of CCTGA not otherwise specified in other listed procedure codes.
1110	Arterial switch operation (ASO)	Arterial switch operation is used for repair of transposition of the great arteries (TGA). The pulmonary artery and aorta are transected and translocated so that the pulmonary artery arises from the right ventricle and the aorta from the left ventricle. Coronary artery transfer is also accomplished.
1120	Arterial switch operation (ASO) and VSD repair	Arterial switch operation is used for repair of transposition of the great arteries (TGA). The pulmonary artery and aorta are transected and translocated so that the pulmonary artery arises from the right ventricle and the aorta from the left ventricle. Coronary artery transfer is also accomplished. The VSD is closed, usually with a patch.
1123	Arterial switch procedure + Aortic arch repair	Concomitant arterial switch operation and repair of the aortic arch in patients with transposition of the great arteries with intact ventricular septum and associated coarctation of the aorta or interrupted aortic arch.
1125	Arterial switch procedure and VSD repair + Aortic arch repair	Concomitant arterial switch operation with VSD closure and repair of aortic arch in patients with transposition of the great arteries with VSD and associated coarctation of the aorta or interrupted aortic arch.
1130	Senning	Atrial baffle procedure for rerouting of venous flow in TGA resulting in a "physiological repair". The caval flow is directed behind the baffle to the mitral valve, left ventricle and pulmonary artery while the pulmonary venous flow is directed in front of the baffle to the tricuspid valve, right ventricle, and aorta. The Senning procedure uses atrial wall to construct the baffle.
1140	Mustard	Atrial baffle procedure for rerouting of venous flow in TGA resulting in a "physiological repair". The caval flow is directed behind the baffle to the mitral valve, left ventricle and pulmonary artery while pulmonary venous flow is directed in front of the baffle to the tricuspid valve, right ventricle, and aorta. The Mustard procedure uses patch material to construct

		the baffle.
1145	Atrial baffle procedure, Mustard or Senning revision	Revision of a previous atrial baffle procedure (either Mustard or Senning), for any reason (e.g., obstruction, baffle leak).
1150	Rastelli	Most often used for patients with TGA-VSD and significant LVOTO, the Rastelli operation consists of an LV-to-aorta intraventricular baffle closure of the VSD and placement of an RV-to-PA conduit.
1160	REV	The Lecompte (REV) intraventricular repair is designed for patients with abnormalities of ventriculoarterial connection in whom a standard intraventricular tunnel repair cannot be performed. It is also suitable for patients in whom an arterial switch procedure with tunneling of the VSD to the pulmonary artery cannot be performed because of pulmonary (left ventricular outflow tract) stenosis. A right ventriculotomy incision is made. The infundibular (conal) septum, located between the two semilunar valves, is aggressively resected if its presence interferes with the construction of a tunnel from the VSD to the aorta. The VSD is then tunneled to the aorta. The decision to perform or not to perform the Lecompte maneuver should be made at the beginning of the operation. If the Lecompte maneuver is not performed the pulmonary artery is translocated to the right ventricular outflow tract on the side of the aorta that provides the shortest route. (When the decision to perform the Lecompte maneuver has been made, the great vessels are transected and this maneuver is performed at the beginning of the operation.) The pulmonary artery orifice is then closed. The aorta, if it had been transected during the performance of the Lecompte maneuver, is then reconstructed. A vertical incision is made on the anterior aspect of the main pulmonary artery. The posterior margin of the pulmonary artery is sutured to the superior aspect of the vertical right ventriculotomy incision. A generous patch of autologous pericardium is used to close the inferior portion of the right ventriculotomy and the anterior portion of the pulmonary artery. A monocusp pericardial valve is inserted extemporaneously.
2190	Aortic root translocation over left ventricle (Including Nikaidoh procedure)	
2210	TGA, Other procedures (Kawashima, LV-PA conduit, other)	
1180	DORV, Intraventricular tunnel repair	Repair of DORV using a tunnel closure of the VSD to the aortic valve. This also includes the posterior straight tunnel repair of Kawashima
1200	DOLV repair	Because of the morphologic variability of DOLV, there are many approaches to repair, including: intraventricular tunnel repair directing the VSD to the pulmonary valve, the REV procedure, or the Rastelli procedure. In the case of DOLV use this code for tunnel closure to the pulmonary valve. If the REV or Rastelli procedures are performed then use those respective codes.
1210	Coarctation repair, End to end	Repair of coarctation of aorta by excision of the coarctation

		segment and end-to-end circumferential anastomosis of the aorta.
1220	Coarctation repair, End to end, Extended	Repair of coarctation of the aorta by excision of the coarctation segment and end-to-end anastomosis of the oblique ends of the aorta, creating an extended anastomosis.
1230	Coarctation repair, Subclavian flap	Repair of coarctation of the aorta by ligating, dividing, and opening the subclavian artery, incising the coarctation site, and folding down the subclavian artery onto the incision in the aorta, suturing the subclavian "flap" in place, creating a roof over the area of the previous coarctation.
1240	Coarctation repair, Patch aortoplasty	Repair of coarctation of the aorta by incising the coarctation site with placement of a patch sutured in place longitudinally along the aortotomy edge.
1250	Coarctation repair, Interposition graft	Repair of coarctation of the aorta by resection of the coarctation segment and placement of a prosthetic tubular interposition graft anastomosed circumferentially to the cut ends of the aorta.
1260	Coarctation repair, Other	Any repair of coarctation not specified in procedure codes. This may include, for example, a combination of two approaches for coarctation repair or extra-anatomic bypass graft, etc.
1275	Coarctation repair + VSD repair	Coarctation of aorta repair, any technique, and simultaneous VSD repair, any type VSD, any type repair.
1280	Aortic arch repair	Aortic arch repair, any technique.
1285	Aortic arch repair + VSD repair	Aortic arch repair, any technique, and simultaneous VSD repair, any type VSD, any type repair. This includes repair of IAA with VSD.
1290	Coronary artery fistula ligation	Coronary artery fistula repair using any technique. If additional technique information may be supplied by another procedure code, please list separately (e.g., bypass graft).
1291	Anomalous origin of coronary artery from pulmonary artery repair	Repair of anomalous origin of the coronary artery (any) from the pulmonary artery, by any technique (ligation, translocation with aortic implantation, Takeuchi operation, or bypass graft). If additional technique information may be supplied by another procedure code, please list separately (for example, bypass graft).
1300	Coronary artery bypass	Coronary artery bypass graft procedure, any technique (with or without CPB, venous or arterial graft, one or more grafts, etc.), for any coronary artery pathology (coronary arterial fistula, aneurysm, coronary bridging, atresia of left main, acquired coronary artery disease, etc.).
1305	Anomalous aortic origin of coronary artery from aorta (AAOCA) repair	
1310	Coronary artery procedure, Other	Any coronary artery procedure not specifically listed.
1320	Interrupted aortic arch repair	Repair of interrupted aortic arch (any type) by any technique (direct anastomosis, prosthetic graft, etc.). Does not include repair of IAA-VSD.
1330	PDA closure, Surgical	Closure of a PDA by any surgical technique (ligation, division, clip) using any approach (i.e., thoracotomy, thoracoscopic, etc.).
1340	PDA closure, Device	Closure of a PDA by device using transcatheter techniques.

1360	Vascular ring repair	Repair of vascular ring (any type, except pulmonary artery sling) by any technique.
1365	Aortopexy	Surgical fixation of the aorta to another structure (usually the posterior aspect of the sternum) to relieve compression on another vessel or structure (e.g., trachea).
1370	Pulmonary artery sling repair	Pulmonary artery sling repair by any technique.
1380	Aortic aneurysm repair	Aortic aneurysm repair by any technique.
1390	Aortic dissection repair	Aortic dissection repair by any technique.
1400	Lung biopsy	Lung biopsy, any technique.
1410	Transplant, lung(s)	Lung or lobe transplantation of any type.
1420	Lung procedure, Other	Included in this procedure code would be any lung procedure other than transplant, such as, but not limited to: pneumonectomy (left or right), lobectomy (any lobe), bilobectomy (two lobes), segmental lung resection (any segment), or wedge resection.
1440	Tracheal procedure	Any tracheal procedure, including but not limited to relief of tracheal stenosis (any means including pericardial graft, autograft insertion, homograft insertion, resection with reanastomosis, rib cartilage insertion, or slide tracheoplasty). Tracheal stent placement or balloon dilation should be coded separately.
2800	Muscle flap, Trunk (i.e. intercostal, pectus, or serratus muscle)	A trunk muscle flap (intercostal, pectus, or serratus muscle) is rotated to buttress or augment a suture line, anastomosis or fill the pleural space.
2810	Muscle flap, Trunk (i.e. latissimus dorsi)	A trunk muscle flap (latissimus dorsi) is rotated to buttress or augment a suture line, anastomosis or fill the pleural space.
2820	Removal, Sternal wire	Excision of wire used to approximate sternum, previous sternotomy
2830	Rib excision, Complete	Complete excision of rib(s)
2840	Rib excision, Partial	Partial excision of rib(s)
2850	Sternal fracture - open treatment	Repair of a sternal fracture with sutures, wires, plates or bars.
2860	Sternal resection, Radical resection of sternum	Involves removal of the sternum with complex reconstructive requirements for either a tumor or severe sternal infection.
2870	Sternal resection, Radical resection of sternum with mediastinal lymphadenectomy	Involves resection of the sternum and mediastinal lymph node dissection.
2880	Tumor of chest wall - Excision including ribs	Excision of ribs and attached muscles for a benign or malignant tumor of the chest wall. When three or less ribs are taken or if the defect is covered by the scapula, reconstruction may not be necessary.
2890	Tumor of chest wall - Excision including ribs, With reconstruction	Resection of the chest wall tumor with reconstruction of the defect, usually with plastic mesh (marlex, prolene), methylmethacrylate/mesh sandwich or a muscle flap.
2900	Tumor of soft tissue of thorax - Excision of deep subfascial or intramuscular tumor	Excision of a deep chest wall tumor that involves the muscles but not the ribs. These would usually be benign tumors such as a fibroma or a deep lipoma.
2910	Tumor of soft tissue of thorax - Excision of	Excision of tumor in the skin/fat of the chest wall-typically a lipoma.

	subcutaneous tumor	
2920	Tumor of soft tissue of thorax - Radical resection	En-bloc, radical excision of a cancer of the chest wall muscles, involving the skin, fat and muscles. Typically it would be a desmoid tumor or a sarcoma malignant fibrous histiocytoma, rhabdomyosarcoma.
2930	Hyoid myotomy and suspension	Typically done as a suprahyoid laryngeal release to reduce tension on a cervical tracheal resection anastomosis. The hyoid bone is cut laterally on both sides to allow it to drop down and thus lower the larynx and trachea.
2940	Muscle flap, Neck	A neck muscle flap is rotated to buttress or augment a suture line, anastomosis or fill a space. Commonly used neck muscles are strap muscles, sternocleidomastoid muscle, levator scapulae.
2950	Procedure on neck	Unlisted procedure of the neck
2960	Tumor of soft tissue of neck - Excision of deep subfascial or intramuscular tumor	Excision of a tumor that involves the muscles of the neck. These would usually be benign tumors such as a fibroma or a deep lipoma.
2970	Tumor of soft tissue of neck - Excision of subcutaneous tumor	Excision of a tumor in the skin/fat of the neck-typically a lipoma.
2980	Tumor of soft tissue of neck - Radical resection	A surgical procedure in which the fibrofatty contents of the neck are removed for the treatment of cervical lymphatic metastases. Neck dissection is most commonly used in the management of cancers of the upper aerodigestive tract. It is also used for malignancies of the skin of the head and neck area, the thyroid, and the salivary glands.
2990	Pectus bar removal	Removal of a previously implanted chest wall bar
3000	Pectus bar repositioning	Repositioning of a previously implanted chest wall bar
3010	Pectus repair, Minimally invasive repair (Nuss), With thoracoscopy	Placement of a Nuss transverse chest wall bar to push the sternum forward to repair a pectus deformity, with thoracoscopy
3020	Pectus repair, Minimally invasive repair (Nuss), Without thoracoscopy	Placement of a Nuss transverse chest wall bar to push the sternum forward to repair a pectus deformity, without thoracoscopy
3030	Pectus repair, Open repair	Resection of several costal cartilages, a partial osteotomy of the sternum, and often placement of a temporary bar for stabilization of pectus chest wall deformity
3040	Division of scalenus anticus, With resection of a cervical rib	Repair of Thoracic Outlet Syndrome variant where the scalenus anticus muscle or a band from it impinges on the brachial plexus along with resection of the abnormal cervical rib
3050	Division of scalenus anticus, Without resection of a cervical rib	Repair of Thoracic Outlet Syndrome variant where the scalenus anticus muscle or a band from it impinges on the brachial plexus along without resection of the abnormal cervical rib
3060	Rib excision, Excision of cervical rib	Removal of the first rib or a cervical rib for treatment of Thoracic Outlet Syndrome
3070	Rib excision, Excision of cervical rib, With sympathectomy	Removal of the first rib or a cervical rib and sympathectomy for treatment of Thoracic Outlet Syndrome
3080	Rib excision, Excision of first rib	Removal of the first rib
3090	Rib excision, Excision of first rib, With sympathectomy	Removal of the first rib and sympathectomy

3100	Procedure on thorax	Unlisted procedure on thorax
1450	Pacemaker implantation, Permanent	Implantation of a permanent pacemaker of any type (e.g., single-chamber, dual-chamber, atrial antitachycardia), with any lead configuration or type (atrial, ventricular, atrial and ventricular, transvenous, epicardial, transmural), by any technique (sternotomy, thoracotomy etc.).
1460	Pacemaker procedure	Any revision to a previously placed pacemaker system including revisions to leads, generators, pacemaker pockets. This may include explantation of pacemakers or leads as well.
2350	Explantation of pacing system	Removal of pacemaker generator and wires
1470	ICD (AICD) implantation	Implantation of an (automatic) implantable cardioverter defibrillator system.
1480	ICD (AICD) ([automatic] implantable cardioverter defibrillator) procedure	Any revision to a previously placed AICD including revisions to leads, pads, generators, pockets. This may include explantation procedures as well.
1490	Arrhythmia surgery - atrial, Surgical Ablation	Surgical ablation (any type) of any atrial arrhythmia.
1500	Arrhythmia surgery - ventricular, Surgical Ablation	Surgical ablation (any type) of any ventricular arrhythmia.
2500	Cardiovascular catheterization procedure, Diagnostic	Invasive diagnostic procedure involving the heart and great vessels
2520	Cardiovascular catheterization procedure, Diagnostic, Angiographic data obtained	Invasive diagnostic procedure involving the heart and great vessels using angiography
2550	Cardiovascular catheterization procedure, Diagnostic, Electrophysiology alteration	
2540	Cardiovascular catheterization procedure, Diagnostic, Hemodynamic alteration	Invasive diagnostic procedure involving pressure or flow alteration in the cardiovascular system
2510	Cardiovascular catheterization procedure, Diagnostic, Hemodynamic data obtained	Invasive diagnostic procedure involving pressure and flow assessment of the heart and great vessels
2530	Cardiovascular catheterization procedure, Diagnostic, Transluminal test occlusion	
2410	Cardiovascular catheterization procedure, Therapeutic	Invasive therapeutic procedure involving the heart and great vessels
2670	Cardiovascular catheterization procedure, Therapeutic, Adjunctive therapy	
1540	Cardiovascular catheterization procedure, Therapeutic, Balloon dilation	Invasive therapeutic procedure involving balloon dilatation of a cardiovascular structure
2590	Cardiovascular catheterization procedure, Therapeutic, Balloon valvotomy	Invasive therapeutic procedure involving balloon dilatation of a valve
1580	Cardiovascular catheterization procedure, Therapeutic, Coil implantation	Invasive therapeutic procedure involving implantation of a coil
1560	Cardiovascular catheterization	Invasive therapeutic procedure involving implantation of a

	procedure, Therapeutic, Device implantation	device
3110	Cardiovascular catheterization procedure, Therapeutic, Device implantation attempted	Invasive therapeutic procedure involving attempted but unsuccessful implantation of a device
2690	Cardiovascular catheterization procedure, Therapeutic, Electrophysiological ablation.	Invasive therapeutic procedure involving Catheter based creation of lesions in the heart with radiofrequency energy, cryotherapy , or ultrasound energy to cure or control arrhythmias
3120	Cardiovascular catheterization procedure, Therapeutic, Intravascular foreign body removal	Invasive therapeutic procedure involving removal of an intravascular foreign body
2640	Cardiovascular catheterization procedure, Therapeutic, Perforation (establishing interchamber and/or intervessel communication)	Invasive therapeutic procedure establishing interchamber and/or intervessel communication
2580	Cardiovascular catheterization procedure, Therapeutic, Septostomy	Invasive therapeutic procedure establishing an intracardiac septal communication
1550	Cardiovascular catheterization procedure, Therapeutic, Stent insertion	Invasive therapeutic procedure involving implantation of a stent
2630	Cardiovascular catheterization procedure, Therapeutic, Stent re-dilation	Invasive therapeutic procedure involving dilatation of a previously implanted stent
2650	Cardiovascular catheterization procedure, Therapeutic, Transcatheter Fontan completion	
2660	Cardiovascular catheterization procedure, Therapeutic, Transcatheter implantation of valve	Invasive therapeutic procedure involving deployment/ implantation of a valve
1590	Shunt, Systemic to pulmonary, Modified Blalock-Taussig Shunt (MBTS)	Placement of a tube graft from a branch of the aortic arch to the pulmonary artery with or without bypass, from any approach (thoracotomy, sternotomy).
1600	Shunt, Systemic to pulmonary, Central (shunt from aorta)	A direct anastomosis or placement of a tube graft from the aorta to the pulmonary artery with or without bypass, from any approach (thoracotomy, sternotomy).
3130	Shunt, Systemic to pulmonary, Central (shunt from aorta), Central shunt with an end-to-side connection between the transected main pulmonary artery and the side of the ascending aorta (i.e. Mee shunt)	Creation of a central shunt with an end-to-side connection between the transected main pulmonary artery and the side of the ascending aorta
3230	Shunt, Systemic to pulmonary, Potts - Smith type	

	(descending aorta to pulmonary artery)	
1610	Shunt, Systemic to pulmonary, Other	Placement of any other systemic-to-pulmonary artery shunt, with or without bypass, from any approach (thoracotomy, sternotomy) that is not otherwise coded. Includes classic Blalock-Taussig systemic-to-pulmonary artery shunt.
1630	Shunt, Ligation and takedown	Takedown of any shunt.
2095	Shunt, Reoperation	Revision or replacement of a previously created shunt
1640	PA banding (PAB)	Placement of a pulmonary artery band, any type.
1650	PA debanding	Debanding of pulmonary artery. Please list separately any pulmonary artery reconstruction required.
3200	PA band adjustment	
1660	Damus-Kaye-Stansel procedure (DKS) (creation of AP anastomosis without arch reconstruction)	In the Damus-Kaye-Stansel procedure the proximal transected main pulmonary artery is connected by varying techniques to the aorta.
1670	Bidirectional cavopulmonary anastomosis (BDCPA) (bidirectional Glenn)	Superior vena cava to pulmonary artery anastomosis allowing flow to both pulmonary arteries with an end-to-side superior vena-to-pulmonary artery anastomosis.
1680	Glenn (unidirectional cavopulmonary anastomosis) (unidirectional Glenn)	Superior vena cava to ipsilateral pulmonary artery anastomosis (i.e., LSVC to LPA, RSVC to RPA).
1690	Bilateral bidirectional cavopulmonary anastomosis (BBDCPA) (bilateral bidirectional Glenn)	Bilateral superior vena cava-to-pulmonary artery anastomoses (requires bilateral SVCs).
1700	HemiFontan	A HemiFontan is an operation that includes a bidirectional superior vena cava (SVC)-to-pulmonary artery anastomosis and the connection of this "SVC-pulmonary artery amalgamation" to the atrium, with a "dam" between this "SVC-pulmonary artery amalgamation" and the atrium. This operation can be accomplished with a variety of operative strategies including the following two techniques and other techniques that combine elements of both of these approaches: (1) Augmenting both branch pulmonary arteries with a patch and suturing the augmented branch pulmonary arteries to an incision in the medial aspect of the superior vena cava. (With this approach, the pulmonary artery patch forms a roof over the SVC-to-pulmonary artery anastomosis and also forms a "dam" between the SVC-pulmonary artery amalgamation and the right atrium.) (2) Anastomosing both ends of the divided SVC to incisions in the top and bottom of the right pulmonary artery, and using a separate patch to close junction of the SVC and the right atrium.
2330	Superior cavopulmonary anastomosis(es) (Glenn or HemiFontan) + Atrioventricular valvuloplasty	
2130	Superior Cavopulmonary anastomosis(es) + PA reconstruction	
3300	Takedown of superior	

	cavopulmonary anastomosis	
3140	Hepatic vein to azygous vein connection, Direct	
3150	Hepatic vein to azygous vein connection, Interposition graft	
3160	Kawashima operation (superior cavopulmonary connection in setting of interrupted IVC with azygous continuation)	
1710	Palliation, Other	Any other palliative procedure not specifically listed.
3240	Attempted fetal intervention, percutaneous trans-catheter directed at interatrial septum	
3250	Attempted fetal intervention, percutaneous trans-catheter directed at aortic valve	
3260	Attempted fetal intervention, percutaneous trans-catheter directed at pulmonic valve	
3270	Attempted fetal intervention "open" (maternal laparotomy with hysterotomy), directed at interatrial septum	
3280	Attempted fetal intervention "open" (maternal laparotomy with hysterotomy), directed at aortic valve	
3290	Attempted fetal intervention "open" (maternal laparotomy with hysterotomy), directed at pulmonic valve	
2360	ECMO cannulation	Insertion of cannulas for extracorporeal membrane oxygenation
2370	ECMO decannulation	Removal of cannulas for extracorporeal membrane oxygenation
1910	ECMO procedure	Any ECMO procedure (cannulation, decannulation, etc.).
1900	Intraaortic balloon pump (IABP) insertion	Insertion of intraaortic balloon pump by any technique.
1920	Right/left heart assist device procedure	Any right, left, or biventricular assist device procedure (placement, removal etc.).
2390	VAD explantation	Removal of ventricular assist device
2380	VAD implantation	Insertion of a ventricular assist device
3170	VAD change out	Removal of previously inserted ventricular assist device and insertion of a new device
2420	Echocardiography procedure, Sedated transesophageal echocardiogram	Procedural sedation for echocardiogram
2430	Echocardiography procedure, Sedated transthoracic echocardiogram	Procedural sedation for echocardiogram, transthoracic
2435	Non-cardiovascular, Non-	Anesthesia provided by cardiac anesthesiologist for patient with

	thoracic procedure on cardiac patient with cardiac anesthesia	congenital heart disease undergoing a non- cardiovascular, non-thoracic procedure
2440	Radiology procedure on cardiac patient, Cardiac Computerized Axial Tomography (CT Scan)	A patient with congenital heart disease undergoing cardiac CT scan
2450	Radiology procedure on cardiac patient, Cardiac Magnetic Resonance Imaging (MRI)	A patient with congenital heart disease undergoing cardiac MRI
2460	Radiology procedure on cardiac patient, Diagnostic radiology	A patient with congenital heart disease undergoing a diagnostic radiology procedure
2470	Radiology procedure on cardiac patient, Non-Cardiac Computerized Tomography (CT) on cardiac patient	A patient with congenital heart disease undergoing a non-cardiac CT scan
2480	Radiology procedure on cardiac patient, Non-cardiac Magnetic Resonance Imaging (MRI) on cardiac patient	A patient with congenital heart disease undergoing non-cardiac MRI
2490	Radiology procedure on cardiac patient, Therapeutic radiology	A patient with congenital heart disease undergoing a therapeutic radiology procedure
1720	Aneurysm, Ventricular, Right, Repair	Repair of right ventricular aneurysm, any technique.
1730	Aneurysm, Ventricular, Left, Repair	Repair of left ventricular aneurysm, any technique.
1740	Aneurysm, Pulmonary artery, Repair	Repair of pulmonary artery aneurysm, any technique.
1760	Cardiac tumor resection	Resection of cardiac tumor, any type.
1780	Pulmonary AV fistula repair/occlusion	Repair or occlusion of a pulmonary arteriovenous fistula.
1790	Ligation, Pulmonary artery	Ligation or division of the pulmonary artery. Most often performed as a secondary procedure.
1802	Pulmonary embolectomy, Acute pulmonary embolus	Acute pulmonary embolism (clot) removal, through catheter or surgery.
1804	Pulmonary embolectomy, Chronic pulmonary embolus	Chronic pulmonary embolism (clot) removal, through catheter or surgery.
1810	Pleural drainage procedure	Pleural drainage procedure via thoracocentesis, tube thoracostomy, or open surgical drainage.
1820	Pleural procedure, Other	Other pleural procedures not specifically listed; may include pleurodesis (mechanical, talc, antibiotic or other), among others.
1830	Ligation, Thoracic duct	Ligation of the thoracic duct; most commonly for persistent chylothorax.
1840	Decortication	Decortication of the lung by any technique.
1850	Esophageal procedure	Any procedure performed on the esophagus.
1860	Mediastinal procedure	Any non-cardiovascular mediastinal procedure not otherwise listed.
1870	Bronchoscopy	Bronchoscopy, rigid or flexible, for diagnostic, biopsy, or

		treatment purposes (laser, stent, dilation, lavage).
1880	Diaphragm plication	Plication of the diaphragm; most often for diaphragm paralysis due to phrenic nerve injury.
1890	Diaphragm procedure, Other	Any diaphragm procedure not specifically listed.
1930	VATS (video-assisted thoracoscopic surgery)	Video-assisted thoracoscopic surgery utilized; this code should be used in addition to the specific procedure code (e.g., if PDA ligated using VATS technique, PDA ligation should be primary procedure, VATS should be secondary procedure).
1940	Minimally invasive procedure	Any procedure using minimally invasive technique; this code should be used in addition to the specific procedure code (e.g., if ASD closed using minimally invasive technique, ASD repair should be primary procedure, minimally invasive procedure should be listed additionally).
1950	Bypass for noncardiac lesion	Use of cardiopulmonary bypass for noncardiac lesion; this code may be used in addition to the specific procedure code if one is available (e.g., tracheal procedures may be done using CPB - the tracheal procedure should be the primary procedure and use of cardiopulmonary bypass for noncardiac lesion should be listed additionally).
1960	Delayed sternal closure	Sternal closure effected after patient has left operating room with sternum open, either because of swelling or electively after complex heart procedures. This procedure should be operative type No CPB Cardiovascular.
1970	Mediastinal exploration	Mediastinal exploration, most often for postoperative control of bleeding or tamponade, but may be exploration to assess mediastinal mass, etc.
1980	Sternotomy wound drainage	Drainage of the sternotomy wound.
3180	Intravascular stent removal	Removal of a previously placed intravascular stent
3220	Removal of transcatheter-delivered device from heart	
3210	Removal of transcatheter-delivered device from blood vessel	
1990	Thoracotomy, Other	Any procedure performed through a thoracotomy incision not otherwise listed.
2000	Cardiotomy, Other	Any procedure involving an incision in the heart that is not otherwise listed.
2010	Cardiac procedure, Other	Any cardiac procedure, bypass or non-bypass, that is not otherwise listed.
2020	Thoracic and/or mediastinal procedure, Other	Any thoracic and/or mediastinal procedure not otherwise listed.
2030	Peripheral vascular procedure, Other	Any peripheral vascular procedure; may include procedures such as femoral artery repair, iliac artery repair, etc.
2040	Miscellaneous procedure, Other	Any miscellaneous procedure not otherwise listed.
7777	Other procedure	Any procedure on any organ system not otherwise listed.

Long Name: Other Card-Congenital Procedure 2 *SeqNo:* 6520
Short Name: **OCarCongProc2** *Core:* Yes
Section Name: Congenital Defect Repair *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the second of the three most significant congenital procedures.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: OCarCong

ParentLongName: Other Card-Congenital

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes and Value Definitions:

<u>Code:</u>	<u>Value:</u>	<u>Definition:</u>
1	No other congenital procedures	
10	PFO, Primary closure	Suture closure of patent foramen ovale (PFO).
20	ASD repair, Primary closure	Suture closure of secundum (most frequently), coronary sinus, sinus venosus or common atrium ASD.
30	ASD repair, Patch	Patch closure (using any type of patch material) of secundum, coronary sinus, or sinus venosus ASD.
40	ASD repair, Device	Closure of any type ASD (including PFO) using a device.
2110	ASD repair, Patch + PAPVC repair	Patch closure (using any type of patch material) of secundum, coronary sinus, or sinus venosus ASD plus PAPVC repair, any type
50	ASD, Common atrium (single atrium), Septation	Septation of common (single) atrium using any type patch material.
60	ASD creation/enlargement	Creation of an atrial septal defect or enlargement of an existing atrial septal defect using a variety of modalities including balloon septostomy, blade septostomy, or surgical septectomy. Creation may be accomplished with or without use of cardiopulmonary bypass.
70	ASD partial closure	Intentional partial closure of any type ASD (partial suture or fenestrated patch closure).
80	Atrial septal fenestration	Creation of a fenestration (window) in the septum between the atrial chambers. Usually performed using a hole punch, creating a specifically sized communication in patch material placed on the atrial septum.
85	Atrial fenestration closure	Closure of previously created atrial fenestration using any method including device, primary suture, or patch.
100	VSD repair, Primary closure	Suture closure of any type VSD.
110	VSD repair, Patch	Patch closure (using any type of patch material) of any type VSD.
120	VSD repair, Device	Closure of any type VSD using a device.
130	VSD, Multiple, Repair	Closure of more than one VSD using any method or combination of methods. Further information regarding each type of VSD closed and method of closure can be provided by additionally listing specifics for each VSD closed. In the case

		of multiple VSDs in which only one is closed the procedure should be coded as closure of a single VSD. The fundamental diagnosis, in this case, would be "VSD, Multiple" and a secondary diagnosis can be the morphological type of VSD that was closed at the time of surgery.
140	VSD creation/enlargement	Creation of a ventricular septal defect or enlargement of an existing ventricular septal defect.
150	Ventricular septal fenestration	Creation of a fenestration (window) in the septum between the ventricular chambers. Usually performed using a hole punch, creating a specifically sized communication in patch material placed on the ventricular septum.
170	AVC (AVSD) repair, Complete (CAVSD)	Repair of complete AV canal (AVSD) using one- or two-patch or other technique, with or without mitral valve cleft repair.
180	AVC (AVSD) repair, Intermediate (Transitional)	Repair of intermediate AV canal (AVSD) using ASD and VSD patch, or ASD patch and VSD suture, or other technique, with or without mitral valve cleft repair.
190	AVC (AVSD) repair, Partial (Incomplete) (PAVSD)	Repair of partial AV canal defect (primum ASD), any technique, with or without repair of cleft mitral valve.
2300	Valvuloplasty, Common atrioventricular valve	Common AV valve repair, any type
2250	Valvuloplasty converted to valve replacement in the same operation, Common atrioventricular valve	Common AV valve repair attempted, converted to valve replacement with prosthetic valve during the same operation
2230	Valve replacement, Common atrioventricular valve	Replacement of the common AV valve with a prosthetic valve
210	AP window repair	Repair of AP window using one- or two-patch technique with cardiopulmonary bypass; or, without cardiopulmonary bypass, using transcatheter device or surgical closure.
220	Pulmonary artery origin from ascending aorta (hemitruncus) repair	Repair of pulmonary artery origin from the ascending aorta by direct reimplantation, autogenous flap, or conduit, with or without use of cardiopulmonary bypass.
230	Truncus arteriosus repair	Truncus arteriosus repair that most frequently includes patch VSD closure and placement of a conduit from RV to PA. In some cases, a conduit is not placed but an RV to PA connection is made by direct association. Very rarely, there is no VSD to be closed. Truncal valve repair or replacement should be coded separately (Valvuloplasty, Truncal valve; Valve replacement, Truncal valve), as would be the case as well with associated arch anomalies requiring repair (e.g., Interrupted aortic arch repair).
240	Valvuloplasty, Truncal valve	Truncal valve repair, any type.
2290	Valvuloplasty converted to valve replacement in the same operation, Truncal valve	Truncal valve repair attempted, converted to valve replacement with prosthetic valve during the same operation
250	Valve replacement, Truncal valve	Replacement of the truncal valve with a prosthetic valve.
2220	Truncus + Interrupted aortic arch repair (IAA) repair	Truncus arteriosus repair usually includes patch VSD closure and placement of a conduit from RV to PA. In some cases, a conduit is not placed but an RV to PA connection is made by direct association. (Very rarely, there is no VSD) plus repair of

		interrupted aortic arch
260	PAPVC repair	PAPVC repair revolves around whether an intracardiac baffle is created to redirect pulmonary venous return to the left atrium or if the anomalous pulmonary vein is translocated and connected to the left atrium directly. If there is an associated ASD and it is closed, that procedure should also be listed.
270	PAPVC, Scimitar, Repair	In scimitar syndrome, PAPVC repair also revolves around whether an intracardiac baffle is created to redirect pulmonary venous return to the left atrium or if the anomalous pulmonary vein is translocated and connected to the left atrium directly. If there is an associated ASD and it is closed, that procedure should also be listed. Occasionally an ASD is created; this procedure also must be listed separately. Concomitant thoracic procedures (e.g., lobectomy, pneumonectomy) should also be included in the procedures listing.
2120	PAPVC repair, Baffle redirection to left atrium with systemic vein translocation (Warden) (SVC sewn to right atrial appendage)	An intracardiac baffle is created to redirect pulmonary venous return to the left atrium and SVC sewn to right atrial appendage)
280	TAPVC repair	Repair of TAPVC, any type. Issues surrounding TAPVC repair involve how the main pulmonary venous confluence anastomosis is fashioned, whether an associated ASD is closed or left open or enlarged (ASD closure and enlargement may be listed separately), and whether, particularly in mixed type TAPVC repair, an additional anomalous pulmonary vein is repaired surgically.
2200	TAPVC repair + Shunt - systemic-to-pulmonary	Repair of TAPVC, any type plus a systemic to pulmonary shunt creation
290	Cor triatriatum repair	Repair of cor triatriatum. Surgical decision making revolves around the approach to the membrane creating the cor triatriatum defect, how any associated ASD is closed, and how any associated anomalous pulmonary vein connection is addressed. Both ASD closure and anomalous pulmonary venous connection may be listed as separate procedures.
300	Pulmonary venous stenosis repair	Repair of pulmonary venous stenosis, whether congenital or acquired. Repair can be accomplished with a variety of approaches: sutureless, patch venoplasty, stent placement, etc.
310	Atrial baffle procedure (non-Mustard, non-Senning)	The atrial baffle procedure code is used primarily for repair of systemic venous anomalies, as in redirection of left superior vena cava drainage to the right atrium.
330	Anomalous systemic venous connection repair	With the exception of atrial baffle procedures (harvest code 310), anomalous systemic venous connection repair includes a range of surgical approaches, including, among others: ligation of anomalous vessels, reimplantation of anomalous vessels (with or without use of a conduit), or redirection of anomalous systemic venous flow through directly to the pulmonary circulation (bidirectional Glenn to redirect LSVC or RSVC to left or right pulmonary artery, respectively).
340	Systemic venous stenosis repair	Stenosis or obstruction of a systemic vein (most commonly SVC or IVC) may be relieved with patch or conduit placement, excision of the stenotic area with primary reanastomosis or

		direct reimplantation.
350	TOF repair, No ventriculotomy	Tetralogy of Fallot repair (assumes VSD closure and relief of pulmonary stenosis at one or more levels), without use of an incision in the infundibulum of the right ventricle for exposure. In most cases this would be a transatrial and transpulmonary artery approach to repair the VSD and relieve the pulmonary stenosis. If the main pulmonary artery incision is extended proximally through the pulmonary annulus, this must be considered "transannular" and thus a ventricular incision, though the length of the incision onto the ventricle itself may be minimal.
360	TOF repair, Ventriculotomy, Nontransannular patch	Tetralogy of Fallot repair (assumes VSD closure and relief of pulmonary stenosis at one or more levels), with use of a ventriculotomy incision, but without placement of a trans-pulmonary annulus patch. If the main pulmonary artery incision is extended proximally through the pulmonary annulus, this must be considered "transannular" and thus a ventricular incision, though the length of the incision onto the ventricle itself may be minimal.
370	TOF repair, Ventriculotomy, Transannular patch	Tetralogy of Fallot repair (assumes VSD closure and relief of pulmonary stenosis at one or more levels), with use of a ventriculotomy incision and placement of a trans-pulmonary annulus patch. If the main pulmonary artery incision is extended proximally through the pulmonary annulus, this must be considered "transannular" and thus a ventricular incision, though the length of the incision onto the ventricle itself may be minimal.
380	TOF repair, RV-PA conduit	Tetralogy of Fallot repair (assumes VSD closure and relief of pulmonary stenosis at one or more levels), with placement of a right ventricle-to-pulmonary artery conduit. In this procedure the major components of pulmonary stenosis are relieved with placement of the RV-PA conduit.
390	TOF - AVC (AVSD) repair	Tetralogy of Fallot repair (assumes VSD closure and relief of pulmonary stenosis at one or more levels), with repair of associated AV canal defect. Repair of associated atrial septal defect or atrioventricular valve repair(s) should be listed as additional or secondary procedures under the primary TOF-AVC procedure.
400	TOF - Absent pulmonary valve repair	Repair of tetralogy of Fallot with absent pulmonary valve complex. In most cases this repair will involve pulmonary valve replacement (pulmonary or aortic homograft, porcine, other) and reduction pulmonary artery arterioplasty.
420	Pulmonary atresia - VSD (including TOF, PA) repair	For patients with pulmonary atresia with ventricular septal defect without MAPCAs, including those with tetralogy of Fallot with pulmonary atresia, repair may entail either a tetralogy-like repair with transannular patch placement, a VSD closure with placement of an RV-PA conduit, or an intraventricular tunnel VSD closure with transannular patch or RV-PA conduit placement. To assure an accurate count of repairs of pulmonary atresia-VSD without MAPCAs, even if a tetralogy-type repair or Rastelli-type repair is used, the pulmonary atresia-VSD code should be the code used, not Rastelli procedure or tetralogy of Fallot repair with transannular

		patch.
2700	Pulmonary atresia - VSD - MAPCA repair, Complete single stage repair (1-stage that includes bilateral pulmonary unifocalization + VSD closure + RV to PA connection [with or without conduit])	1-stage repair that includes bilateral pulmonary unifocalization + VSD closure + RV to PA connection [with or without conduit])
2710	Pulmonary atresia - VSD - MAPCA repair, Status post prior complete unifocalization (includes VSD closure + RV to PA connection [with or without conduit])	VSD closure + RV to PA connection [with or without conduit])
2720	Pulmonary atresia - VSD - MAPCA repair, Status post prior incomplete unifocalization (includes completion of pulmonary unifocalization + VSD closure + RV to PA connection [with or without conduit])	Completion of pulmonary unifocalization + VSD closure + RV to PA connection [with or without conduit])Pulmonary atresia - VSD - MAPCA repair, Status post prior incomplete unifocalization
2730	Unifocalization MAPCA(s), Bilateral pulmonary unifocalization - Complete unifocalization (all usable MAPCA[s] are incorporated)	Complete unifocalization , all usable MAPCA[s] are incorporated
2740	Unifocalization MAPCA(s), Bilateral pulmonary unifocalization - Incomplete unifocalization (not all usable MAPCA[s] are incorporated)	Incomplete unifocalization, not all usable MAPCA[s] are incorporated
2750	Unifocalization MAPCA(s), Unilateral pulmonary unifocalization	MAPCA(s), Unilateral pulmonary unifocalization (one side)
440	Unifocalization MAPCA(s)	Anastomosis of aortopulmonary collateral arteries into the left, right, or main pulmonary artery or into a tube graft or other type of confluence. The unifocalization procedure may be done on or off bypass.
450	Occlusion of MAPCA(s)	Occlusion, or closing off, of MAPCAs. This may be done with a transcatheter occluding device, usually a coil, or by surgical techniques.
460	Valvuloplasty, Tricuspid	Reconstruction of the tricuspid valve may include but not be limited to a wide range of techniques including: leaflet patch extension, artificial chordae placement, and papillary muscle translocation with or without detachment. Annuloplasty techniques that may be done solely or in combination with leaflet, chordae or muscle repair to achieve a competent valve include: eccentric annuloplasty, Kay annular plication, purse-string annuloplasty (including semicircular annuloplasty), sliding annuloplasty, and annuloplasty with ring placement. Do

		not use this code if tricuspid valve malfunction is secondary to Ebstein's anomaly; instead use the Ebstein's repair procedure code.
2280	Valvuloplasty converted to valve replacement in the same operation, Tricuspid	Tricuspid valve repair attempted, converted to valve replacement with prosthetic valve during the same operation
465	Ebstein's repair	To assure an accurate count of repairs of Ebstein's anomaly of the tricuspid valve, this procedure code was included. Repair of Ebstein's anomaly may include, among other techniques, repositioning of the tricuspid valve, plication of the atrialized right ventricle, or right reduction atrioplasty. Often associated ASD's may be closed and arrhythmias addressed with surgical ablation procedures. These procedures should be entered as separate procedure codes.
470	Valve replacement, Tricuspid (TVR)	Replacement of the tricuspid valve with a prosthetic valve.
480	Valve closure, Tricuspid (exclusion, univentricular approach)	In a functional single ventricle heart, the tricuspid valve may be closed using a patch, thereby excluding the RV. Tricuspid valve closure may be used for infants with Ebstein's anomaly and severe tricuspid regurgitation or in patients with pulmonary atresia-intact ventricular septum with sinusoids.
490	Valve excision, Tricuspid (without replacement)	Excision of the tricuspid valve without placement of a prosthetic valve.
500	Valve surgery, Other, Tricuspid	Other tricuspid valve surgery not specified in procedure codes.
510	RVOT procedure	Included in this procedural code would be all RVOT procedures not elsewhere specified in the nomenclature system. These might be, among others: resection of subvalvar pulmonary stenosis (not DCRV type; may be localized fibrous diaphragm or high infundibular stenosis), right ventricular patch augmentation, or reduction pulmonary artery arterioplasty.
520	1 1/2 ventricular repair	Partial biventricular repair; includes intracardiac repair with bidirectional cavopulmonary anastomosis to volume unload a small ventricle or poorly functioning ventricle.
530	PA, reconstruction (plasty), Main (trunk)	Reconstruction of the main pulmonary artery trunk commonly using patch material. If balloon angioplasty is performed or a stent is placed in the main pulmonary artery intraoperatively, this code may be used in addition to the balloon dilation or stent placement code. If MPA reconstruction is performed with PA debanding, both codes should be listed.
540	PA, reconstruction (plasty), Branch, Central (within the hilar bifurcation)	Reconstruction of the right or left branch (or both right and left) pulmonary arteries (within the hilar bifurcation) commonly using patch material. If balloon angioplasty is performed or a stent is placed in the right or left (or both) pulmonary artery intraoperatively, this code may be used in addition to the balloon dilation or stent placement code. If, rarely, branch PA banding (single or bilateral) was performed in the past and reconstruction is performed associated with debanding, both codes should be listed.
550	PA, reconstruction (plasty), Branch, Peripheral (at or beyond the hilar bifurcation)	Reconstruction of the peripheral right or left branch (or both right and left) pulmonary arteries (at or beyond the hilar bifurcation) commonly using patch material. If balloon

		angioplasty is performed or a stent is placed in the right or left (or both) peripheral pulmonary artery intraoperatively, this code may be used in addition to the balloon dilation or stent placement code.
570	DCRV repair	Surgical repair of DCRV combines relief of the low infundibular stenosis (via muscle resection) and closure of a VSD when present. A ventriculotomy may be required and is repaired by patch enlargement of the infundibulum. VSD closure and patch enlargement of the infundibulum, if done, should be listed as separate procedure codes.
590	Valvuloplasty, Pulmonic	Valvuloplasty of the pulmonic valve may include a range of techniques including but not limited to: valvotomy with or without bypass, commissurotomy, and valvuloplasty.
2270	Valvuloplasty converted to valve replacement in the same operation, Pulmonic	Pulmonic valve repair attempted, converted to valve replacement with prosthetic valve during the same operation
600	Valve replacement, Pulmonic (PVR)	Replacement of the pulmonic valve with a prosthetic valve. Care must be taken to differentiate between homograft pulmonic valve replacement and placement of a homograft RV-PA conduit.
630	Valve excision, Pulmonary (without replacement)	Excision of the pulmonary valve without placement of a prosthetic valve.
640	Valve closure, Semilunar	Closure of a semilunar valve (pulmonic or aortic) by any technique.
650	Valve surgery, Other, Pulmonic	Other pulmonic valve surgery not specified in procedure codes.
610	Conduit placement, RV to PA	Placement of a conduit, any type, from RV to PA.
620	Conduit placement, LV to PA	Placement of a conduit, any type, from LV to PA.
1774	Conduit placement, Ventricle to aorta	Placement of a conduit from the right or left ventricle to the aorta.
1772	Conduit placement, Other	Placement of a conduit from any chamber or vessel to any vessel, valved or valveless, not listed elsewhere.
580	Conduit reoperation	Conduit reoperation is the code to be used in the event of conduit failure, in whatever position (LV to aorta, LV to PA, RA to RV, RV to aorta, RV to PA, etc.), and from whatever cause (somatic growth, stenosis, insufficiency, infection, etc.).
660	Valvuloplasty, Aortic	Valvuloplasty of the aortic valve for stenosis and/or insufficiency including, but not limited to the following techniques: valvotomy (open or closed), commissurotomy, aortic valve suspension, leaflet (left, right or noncoronary) partial resection, reduction, or leaflet shaving, extended valvuloplasty (freeing of leaflets, commissurotomy, and extension of leaflets using autologous or bovine pericardium), or annuloplasty (partial - interrupted or noncircumferential sutures, or complete - circumferential sutures).
2240	Valvuloplasty converted to valve replacement in the same operation, Aortic	Aortic valve repair attempted, converted to valve replacement with prosthetic valve during the same operation
2310	Valvuloplasty converted to valve replacement in the same operation, Aortic – with Ross	Aortic valve repair attempted, converted to valve replacement with a pulmonary autograft and replacement of the pulmonary valve with a homograft conduit during the same operation

	procedure	
2320	Valvuloplasty converted to valve replacement in the same operation, Aortic – with Ross-Konno procedure	Aortic valve repair attempted, converted to Konno aortoventriculoplasty using a pulmonary autograft root for the aortic root replacement.
670	Valve replacement, Aortic (AVR)	Replacement of the aortic valve with a prosthetic valve (mechanical, bioprosthetic, or homograft). Use this code only if type of valve prosthesis is unknown or does not fit into the specific valve replacement codes available. Autograft valve replacement should be coded as a Ross procedure.
680	Valve replacement, Aortic (AVR), Mechanical	Replacement of the aortic valve with a mechanical prosthetic valve.
690	Valve replacement, Aortic (AVR), Bioprosthetic	Replacement of the aortic valve with a bioprosthetic prosthetic valve.
700	Valve replacement, Aortic (AVR), Homograft	Replacement of the aortic valve with a homograft prosthetic valve.
715	Aortic root replacement, Bioprosthetic	Replacement of the aortic root (that portion of the aorta attached to the heart; it gives rise to the coronary arteries) with a bioprosthesis (e.g., porcine) in a conduit, often composite.
720	Aortic root replacement, Mechanical	Replacement of the aortic root (that portion of the aorta attached to the heart; it gives rise to the coronary arteries) with a mechanical prosthesis in a composite conduit.
730	Aortic root replacement, Homograft	Replacement of the aortic root (that portion of the aorta attached to the heart; it gives rise to the coronary arteries) with a homograft.
735	Aortic root replacement, Valve sparing	Replacement of the aortic root (that portion of the aorta attached to the heart; it gives rise to the coronary arteries) without replacing the aortic valve (using a tube graft).
740	Ross procedure	Replacement of the aortic valve with a pulmonary autograft and replacement of the pulmonary valve with a homograft conduit.
750	Konno procedure	Relief of left ventricular outflow tract obstruction associated with aortic annular hypoplasia, aortic valvar stenosis and/or aortic valvar insufficiency via Konno aortoventriculoplasty. Components of the surgery include a longitudinal incision in the aortic septum, a vertical incision in the outflow tract of the right ventricle to join the septal incision, aortic valve replacement, and patch reconstruction of the outflow tracts of both ventricles.
760	Ross-Konno procedure	Relief of left ventricular outflow tract obstruction associated with aortic annular hypoplasia, aortic valvar stenosis and/or aortic valvar insufficiency via Konno aortoventriculoplasty using a pulmonary autograft root for the aortic root replacement.
770	Other annular enlargement procedure	Techniques included under this procedure code include those designed to effect aortic annular enlargement that are not included in other procedure codes. These include the Manouguian and Nicks aortic annular enlargement procedures.
780	Aortic stenosis, Subvalvar, Repair	Subvalvar aortic stenosis repair by a range of techniques including excision, excision and myotomy, excision and myomectomy, myotomy, myomectomy, initial placement of apical-aortic conduit (LV to aorta conduit replacement would be coded as conduit reoperation), Vouhé aortoventriculoplasty (aortic annular incision at commissure of left and right coronary

		cusps is carried down to the septum and RV infundibulum; septal muscle is resected, incisions are closed, and the aortic annulus is reconstituted), or other aortoventriculoplasty techniques.
2100	Aortic stenosis, Subvalvar, Repair, With myectomy for IHSS	Subvalvar aortic stenosis repair including excision and myectomy
790	Aortic stenosis, Supravalvar, Repair	Repair of supravalvar aortic stenosis involving all techniques of patch aortoplasty and aortoplasty involving the use of all autologous tissue. In simple patch aortoplasty a diamond-shaped patch may be used, in the Doty technique an extended patch is placed (Y-shaped patch, incision carried into two sinuses), and in the Brom repair the ascending aorta is transected, any fibrous ridge is resected, and the three sinuses are patched separately.
800	Valve surgery, Other, Aortic	Other aortic valve surgery not specified in other procedure codes.
810	Sinus of Valsalva, Aneurysm repair	Sinus of Valsalva aneurysm repair can be organized by site of aneurysm (left, right or noncoronary sinus), type of repair (suture, patch graft, or root repair by tube graft or valved conduit), and approach used (from chamber of origin (aorta) or from chamber of penetration (LV, RV, PA, left or right atrium, etc.). Aortic root replacement procedures in association with sinus of Valsalva aneurysm repairs are usually for associated uncorrectable aortic insufficiency or multiple sinus involvement and the aortic root replacement procedure should also be listed. Additional procedures also performed at the time of sinus of Valsalva aneurysm repair include but are not limited to VSD closure, repair or replacement of aortic valve, and coronary reconstruction; these procedures should also be coded separately from the sinus of Valsalva aneurysm repair.
820	LV to aorta tunnel repair	LV to aorta tunnel repair can be accomplished by suture, patch, or both, and may require reimplantation of the right coronary artery. Associated coronary artery procedures should be coded separately from the LV to aorta tunnel repair.
830	Valvuloplasty, Mitral	Repair of mitral valve including, but not limited to: valvotomy (closed or open heart), cleft repair, annuloplasty with or without ring, chordal reconstruction, commissurotomy, leaflet repair, or papillary muscle repair.
2260	Valvuloplasty converted to valve replacement in the same operation, Mitral	Mitral valve repair attempted, converted to valve replacement with prosthetic valve during the same operation
840	Mitral stenosis, Supravalvar mitral ring repair	Supravalvar mitral ring repair.
850	Valve replacement, Mitral (MVR)	Replacement of mitral valve with prosthetic valve, any kind, in suprannular or annular position.
860	Valve surgery, Other, Mitral	Other mitral valve surgery not specified in procedure codes.
870	Norwood procedure	The Norwood operation is synonymous with the term 'Norwood (Stage 1)' and is defined as an aortopulmonary connection and neo-aortic arch construction resulting in univentricular physiology and pulmonary blood flow controlled with a calibrated systemic-to-pulmonary artery shunt, or a right

		<p>ventricle to pulmonary artery conduit, or rarely, a cavopulmonary connection.</p> <p>When coding the procedure “Norwood procedure”, the primary procedure of the operation should be “Norwood procedure”. The second procedure that is coded as part of the Norwood (Stage 1) operation (Procedure 2 after the Norwood procedure) must then document the source of pulmonary blood flow and be chosen from the following eight choices:</p> <ol style="list-style-type: none"> 1. Shunt, Systemic to pulmonary, Modified Blalock-Taussig Shunt (MBTS) 2. Shunt, Systemic to pulmonary, Central (from aorta or to main pulmonary artery) 3. Shunt, Systemic to pulmonary, Other 4. Conduit placement, RV to PA 5. Bidirectional cavopulmonary anastomosis (BDCPA) (bidirectional Glenn) 6. Glenn (unidirectional cavopulmonary anastomosis) (unidirectional Glenn) 7. Bilateral bidirectional cavopulmonary anastomosis (BBDCPA) (bilateral bidirectional Glenn) 8. HemiFontan
880	HLHS biventricular repair	<p>Performed in patients who have small but adequately sized ventricles to support systemic circulation. These patients usually have small, but not stenotic, aortic and/or mitral valves. Primary biventricular repair has consisted of extensive aortic arch and ascending aorta enlargement with a patch, closure of interventricular and interatrial communications, and conservative approach for left ventricular outflow tract obstruction (which may include mitral stenosis at any level, subaortic stenosis, aortic stenosis, aortic arch hypoplasia, coarctation, or interrupted aortic arch). Concurrent operations (e.g., coarctation repair, aortic valve repair or replacement, etc.) can be coded separately within the database.</p>
2755	Conduit insertion right ventricle to pulmonary artery + Intraventricular tunnel left ventricle to neoaorta + Arch reconstruction (Rastelli and Norwood type arch reconstruction) (Yasui)	
2160	Hybrid Approach "Stage 1", Application of RPA & LPA bands	<p>A “Hybrid Procedure” is defined as a procedure that combines surgical and transcatheter interventional approaches. The term “Hybrid approach” is used somewhat differently than the term “Hybrid Procedure”. A “Hybrid approach” is defined as any of a group of procedures that fit into the general silo of procedures developed from the combined use of surgical and transcatheter interventional techniques. Therefore, not all procedures classified as “Hybrid approach” are truly “Hybrid Procedures”.</p>
2170	Hybrid Approach "Stage 1", Stent placement in arterial duct (PDA)	<p>A “Hybrid Procedure” is defined as a procedure that combines surgical and transcatheter interventional approaches. The term “Hybrid approach” is used somewhat differently than the term “Hybrid Procedure”. A “Hybrid approach” is defined as any of a group of procedures that fit into the general silo of procedures</p>

2180	Hybrid Approach "Stage 1", Stent placement in arterial duct (PDA) + application of RPA & LPA bands	developed from the combined use of surgical and transcatheter interventional techniques. Therefore, not all procedures classified as "Hybrid approach" are truly "Hybrid Procedures". A "Hybrid Procedure" is defined as a procedure that combines surgical and transcatheter interventional approaches. The term "Hybrid approach" is used somewhat differently than the term "Hybrid Procedure". A "Hybrid approach" is defined as any of a group of procedures that fit into the general silo of procedures developed from the combined use of surgical and transcatheter interventional techniques. Therefore, not all procedures classified as "Hybrid approach" are truly "Hybrid Procedures".
2140	Hybrid approach "Stage 2", Aortopulmonary amalgamation + Superior Cavopulmonary anastomosis(es) + PA Debanding + Aortic arch repair (Norwood [Stage 1] + Superior Cavopulmonary anastomosis(es) + PA Debanding)	A "Hybrid Procedure" is defined as a procedure that combines surgical and transcatheter interventional approaches. The term "Hybrid approach" is used somewhat differently than the term "Hybrid Procedure". A "Hybrid approach" is defined as any of a group of procedures that fit into the general silo of procedures developed from the combined use of surgical and transcatheter interventional techniques. Therefore, not all procedures classified as "Hybrid approach" are truly "Hybrid Procedures". It should be acknowledged that a Hybrid approach "Stage 2" (Aortopulmonary amalgamation + Superior Cavopulmonary anastomosis(es) + PA Debanding, with or without Aortic arch repair) gets its name not because it has any actual hybrid elements, but because it is part of a planned staged approach that is typically commenced with a hybrid procedure.
2150	Hybrid approach "Stage 2", Aortopulmonary amalgamation + Superior Cavopulmonary anastomosis(es) + PA Debanding + Without aortic arch repair	A "Hybrid Procedure" is defined as a procedure that combines surgical and transcatheter interventional approaches. The term "Hybrid approach" is used somewhat differently than the term "Hybrid Procedure". A "Hybrid approach" is defined as any of a group of procedures that fit into the general silo of procedures developed from the combined use of surgical and transcatheter interventional techniques. Therefore, not all procedures classified as "Hybrid approach" are truly "Hybrid Procedures". It should be acknowledged that a Hybrid approach "Stage 2" (Aortopulmonary amalgamation + Superior Cavopulmonary anastomosis(es) + PA Debanding, with or without Aortic arch repair) gets its name not because it has any actual hybrid elements, but because it is part of a planned staged approach that is typically commenced with a hybrid procedure.
2760	Hybrid Approach, Transcardiac balloon dilation	
2770	Hybrid Approach, Transcardiac transcatheter device placement	
890	Transplant, Heart	Heart transplantation, any technique, allograft or xenograft.
900	Transplant, Heart and lung	Heart and lung (single or double) transplantation.
910	Partial left ventriculectomy (LV volume reduction surgery) (Batista)	Wedge resection of LV muscle, with suturing of cut edges together, to reduce LV volume.
920	Pericardial drainage procedure	Pericardial drainage can include a range of therapies including, but not limited to: pericardiocentesis, pericardiostomy tube placement, pericardial window creation, and open pericardial

		drainage (pericardiotomy).
930	Pericardiectomy	Surgical removal of the pericardium.
940	Pericardial procedure, Other	Other pericardial procedures that include, but are not limited to: pericardial reconstruction for congenital absence of the pericardium, pericardial biopsy, pericardial mass or cyst excision.
950	Fontan, Atrio-pulmonary connection	The atrio-pulmonary Fontan is a type of Fontan with connection of the atrium to the pulmonary artery. "The Fontan" is defined as an operation or intervention that results in caval flow from both the upper and lower body draining to the pulmonary circulation in a patient with a functionally univentricular heart.
960	Fontan, Atrio-ventricular connection	The atrio-ventricular Fontan is a type of Fontan with atrio-ventricular connection, either direct or with RA-RV conduit, valved or nonvalved. "The Fontan" is defined as an operation or intervention that results in caval flow from both the upper and lower body draining to the pulmonary circulation in a patient with a functionally univentricular heart.
970	Fontan, TCPC, Lateral tunnel, Fenestrated	The lateral tunnel Fontan is a TCPC type of Fontan Procedure created with anastomosis of SVC and right atrium to the branch pulmonary artery and an intra-atrial baffle to direct IVC flow to pulmonary artery. "The Fontan" is defined as an operation or intervention that results in caval flow from both the upper and lower body draining to the pulmonary circulation in a patient with a functionally univentricular heart. A "TCPC" is a Fontan where both the superior caval vein and the inferior caval vein are connected to the pulmonary circulation through separate connections that are either direct connections or tubular pathways. A fenestration of a Fontan is defined as a communication that is created to allow flow of blood between the systemic and pulmonary venous chambers.
980	Fontan, TCPC, Lateral tunnel, Nonfenestrated	The lateral tunnel Fontan is a TCPC type of Fontan Procedure created with anastomosis of SVC and right atrium to the branch pulmonary artery and an intra-atrial baffle to direct IVC flow to pulmonary artery. "The Fontan" is defined as an operation or intervention that results in caval flow from both the upper and lower body draining to the pulmonary circulation in a patient with a functionally univentricular heart. A "TCPC" is a Fontan where both the superior caval vein and the inferior caval vein are connected to the pulmonary circulation through separate connections that are either direct connections or tubular pathways. A fenestration of a Fontan is defined as a communication that is created to allow flow of blood between the systemic and pulmonary venous chambers.
1000	Fontan, TCPC, External conduit, Fenestrated	The external conduit Fontan is a TCPC type of Fontan operation created with anastomosis of SVC to the branch pulmonary artery a conduit outside of the heart to connect the infradiaphragmatic systemic venous return to the pulmonary artery. "The Fontan" is defined as an operation or intervention that results in caval flow from both the upper and lower body draining to the pulmonary circulation in a patient with a functionally univentricular heart. A "TCPC" is a Fontan where both the superior caval vein and the inferior caval vein are connected to the pulmonary circulation through separate

		connections that are either direct connections or tubular pathways. A fenestration of a Fontan is defined as a communication that is created to allow flow of blood between the systemic and pulmonary venous chambers.
1010	Fontan, TCPC, External conduit, Nonfenestrated	The external conduit Fontan is a TCPC type of Fontan operation created with anastomosis of SVC to the branch pulmonary artery a conduit outside of the heart to connect the infradiaphragmatic systemic venous return to the pulmonary artery. "The Fontan" is defined as an operation or intervention that results in caval flow from both the upper and lower body draining to the pulmonary circulation in a patient with a functionally univentricular heart. A "TCPC" is a Fontan where both the superior caval vein and the inferior caval vein are connected to the pulmonary circulation through separate connections that are either direct connections or tubular pathways. A fenestration of a Fontan is defined as a communication that is created to allow flow of blood between the systemic and pulmonary venous chambers.
2780	Fontan, TCPC, Intra/extracardiac conduit, Fenestrated	The TCPC with Intra/extracardiac conduit is a TCPC type of Fontan operation created with a tube where the tube is attached to the inferior caval vein inside of the heart, and then the tube passes outside of the heart and is attached to the pulmonary artery outside of the heart. "The Fontan" is defined as an operation or intervention that results in caval flow from both the upper and lower body draining to the pulmonary circulation in a patient with a functionally univentricular heart. A "TCPC" is a Fontan where both the superior caval vein and the inferior caval vein are connected to the pulmonary circulation through separate connections that are either direct connections or tubular pathways. A fenestration of a Fontan is defined as a communication that is created to allow flow of blood between the systemic and pulmonary venous chambers.
2790	Fontan, TCPC, Intra/extracardiac conduit, Nonfenestrated	The TCPC with Intra/extracardiac conduit is a TCPC type of Fontan operation created with a tube where the tube is attached to the inferior caval vein inside of the heart, and then the tube passes outside of the heart and is attached to the pulmonary artery outside of the heart. "The Fontan" is defined as an operation or intervention that results in caval flow from both the upper and lower body draining to the pulmonary circulation in a patient with a functionally univentricular heart. A "TCPC" is a Fontan where both the superior caval vein and the inferior caval vein are connected to the pulmonary circulation through separate connections that are either direct connections or tubular pathways. A fenestration of a Fontan is defined as a communication that is created to allow flow of blood between the systemic and pulmonary venous chambers.
3310	Fontan, TCPC, External conduit, hepatic veins to pulmonary artery, Fenestrated	
3320	Fontan, TCPC, External conduit, hepatic veins to pulmonary artery, Nonfenestrated	

1025	Fontan revision or conversion (Re-do Fontan)	“Fontan revision or conversion (Re-do Fontan)” is defined as an operation where a previously created Fontan circuit is either modified or taken down and changed into a different type of Fontan. “The Fontan” is defined as an operation or intervention that results in caval flow from both the upper and lower body draining to the pulmonary circulation in a patient with a functionally univentricular heart. A “TCPC” is a Fontan where both the superior caval vein and the inferior caval vein are connected to the pulmonary circulation through separate connections that are either direct connections or tubular pathways.
1030	Fontan, Other	Other Fontan procedure not specified in procedure codes. May include takedown of a Fontan procedure. “The Fontan” is defined as an operation or intervention that results in caval flow from both the upper and lower body draining to the pulmonary circulation in a patient with a functionally univentricular heart.
2340	Fontan + Atrioventricular valvuloplasty	“Fontan + Atrioventricular valvuloplasty” is defined as an operation to repair the systemic atrioventricular valve combined with a Fontan operation. Please also code the type of Fontan operation performed as the second procedure of this operation. “The Fontan” is defined as an operation or intervention that results in caval flow from both the upper and lower body draining to the pulmonary circulation in a patient with a functionally univentricular heart.
1035	Ventricular septation	Creation of a prosthetic ventricular septum. Surgical procedure used to septate univentricular hearts with two atrioventricular valves. Additional procedures, such as resection of subpulmonic stenosis, should be listed separately.
1050	Congenitally corrected TGA repair, Atrial switch and ASO (double switch)	Repair of congenitally corrected TGA by concomitant atrial switch (Mustard or Senning) and arterial switch operation. VSD closure is usually performed as well; this should be coded separately.
1060	Congenitally corrected TGA repair, Atrial switch and Rastelli	Repair of congenitally corrected TGA by concomitant atrial switch (Mustard or Senning) and VSD closure to the aortic valve with placement of an RV-to-PA conduit.
1070	Congenitally corrected TGA repair, VSD closure	Repair of congenitally corrected TGA by VSD closure only.
1080	Congenitally corrected TGA repair, VSD closure and LV to PA conduit	Repair of congenitally corrected TGA by VSD closure and placement of an LV-to-PA conduit.
1090	Congenitally corrected TGA repair, Other	Any procedures for correction of CCTGA not otherwise specified in other listed procedure codes.
1110	Arterial switch operation (ASO)	Arterial switch operation is used for repair of transposition of the great arteries (TGA). The pulmonary artery and aorta are transected and translocated so that the pulmonary artery arises from the right ventricle and the aorta from the left ventricle. Coronary artery transfer is also accomplished.
1120	Arterial switch operation (ASO) and VSD repair	Arterial switch operation is used for repair of transposition of the great arteries (TGA). The pulmonary artery and aorta are transected and translocated so that the pulmonary artery arises from the right ventricle and the aorta from the left ventricle. Coronary artery transfer is also accomplished. The VSD is

		closed, usually with a patch.
1123	Arterial switch procedure + Aortic arch repair	Concomitant arterial switch operation and repair of the aortic arch in patients with transposition of the great arteries with intact ventricular septum and associated coarctation of the aorta or interrupted aortic arch.
1125	Arterial switch procedure and VSD repair + Aortic arch repair	Concomitant arterial switch operation with VSD closure and repair of aortic arch in patients with transposition of the great arteries with VSD and associated coarctation of the aorta or interrupted aortic arch.
1130	Senning	Atrial baffle procedure for rerouting of venous flow in TGA resulting in a “physiological repair”. The caval flow is directed behind the baffle to the mitral valve, left ventricle and pulmonary artery while the pulmonary venous flow is directed in front of the baffle to the tricuspid valve, right ventricle, and aorta. The Senning procedure uses atrial wall to construct the baffle.
1140	Mustard	Atrial baffle procedure for rerouting of venous flow in TGA resulting in a “physiological repair”. The caval flow is directed behind the baffle to the mitral valve, left ventricle and pulmonary artery while pulmonary venous flow is directed in front of the baffle to the tricuspid valve, right ventricle, and aorta. The Mustard procedure uses patch material to construct the baffle.
1145	Atrial baffle procedure, Mustard or Senning revision	Revision of a previous atrial baffle procedure (either Mustard or Senning), for any reason (e.g., obstruction, baffle leak).
1150	Rastelli	Most often used for patients with TGA-VSD and significant LVOTO, the Rastelli operation consists of an LV-to-aorta intraventricular baffle closure of the VSD and placement of an RV-to-PA conduit.
1160	REV	The Lecompte (REV) intraventricular repair is designed for patients with abnormalities of ventriculoarterial connection in whom a standard intraventricular tunnel repair cannot be performed. It is also suitable for patients in whom an arterial switch procedure with tunneling of the VSD to the pulmonary artery cannot be performed because of pulmonary (left ventricular outflow tract) stenosis. A right ventriculotomy incision is made. The infundibular (conal) septum, located between the two semilunar valves, is aggressively resected if its presence interferes with the construction of a tunnel from the VSD to the aorta. The VSD is then tunneled to the aorta. The decision to perform or not to perform the Lecompte maneuver should be made at the beginning of the operation. If the Lecompte maneuver is not performed the pulmonary artery is translocated to the right ventricular outflow tract on the side of the aorta that provides the shortest route. (When the decision to perform the Lecompte maneuver has been made, the great vessels are transected and this maneuver is performed at the beginning of the operation.) The pulmonary artery orifice is then closed. The aorta, if it had been transected during the performance of the Lecompte maneuver, is then reconstructed. A vertical incision is made on the anterior aspect of the main pulmonary artery. The posterior margin of the pulmonary artery is sutured to the superior aspect of the vertical right

		ventriculotomy incision. A generous patch of autologous pericardium is used to close the inferior portion of the right ventriculotomy and the anterior portion of the pulmonary artery. A monocusp pericardial valve is inserted extemporaneously.
2190	Aortic root translocation over left ventricle (Including Nikaidoh procedure)	
2210	TGA, Other procedures (Kawashima, LV-PA conduit, other)	
1180	DORV, Intraventricular tunnel repair	Repair of DORV using a tunnel closure of the VSD to the aortic valve. This also includes the posterior straight tunnel repair of Kawashima
1200	DOLV repair	Because of the morphologic variability of DOLV, there are many approaches to repair, including: intraventricular tunnel repair directing the VSD to the pulmonary valve, the REV procedure, or the Rastelli procedure. In the case of DOLV use this code for tunnel closure to the pulmonary valve. If the REV or Rastelli procedures are performed then use those respective codes.
1210	Coarctation repair, End to end	Repair of coarctation of aorta by excision of the coarctation segment and end-to-end circumferential anastomosis of the aorta.
1220	Coarctation repair, End to end, Extended	Repair of coarctation of the aorta by excision of the coarctation segment and end-to-end anastomosis of the oblique ends of the aorta, creating an extended anastomosis.
1230	Coarctation repair, Subclavian flap	Repair of coarctation of the aorta by ligating, dividing, and opening the subclavian artery, incising the coarctation site, and folding down the subclavian artery onto the incision in the aorta, suturing the subclavian "flap" in place, creating a roof over the area of the previous coarctation.
1240	Coarctation repair, Patch aortoplasty	Repair of coarctation of the aorta by incising the coarctation site with placement of a patch sutured in place longitudinally along the aortotomy edge.
1250	Coarctation repair, Interposition graft	Repair of coarctation of the aorta by resection of the coarctation segment and placement of a prosthetic tubular interposition graft anastomosed circumferentially to the cut ends of the aorta.
1260	Coarctation repair, Other	Any repair of coarctation not specified in procedure codes. This may include, for example, a combination of two approaches for coarctation repair or extra-anatomic bypass graft, etc.
1275	Coarctation repair + VSD repair	Coarctation of aorta repair, any technique, and simultaneous VSD repair, any type VSD, any type repair.
1280	Aortic arch repair	Aortic arch repair, any technique.
1285	Aortic arch repair + VSD repair	Aortic arch repair, any technique, and simultaneous VSD repair, any type VSD, any type repair. This includes repair of IAA with VSD.
1290	Coronary artery fistula ligation	Coronary artery fistula repair using any technique. If additional technique information may be supplied by another procedure code, please list separately (e.g., bypass graft).

1291	Anomalous origin of coronary artery from pulmonary artery repair	Repair of anomalous origin of the coronary artery (any) from the pulmonary artery, by any technique (ligation, translocation with aortic implantation, Takeuchi operation, or bypass graft). If additional technique information may be supplied by another procedure code, please list separately (for example, bypass graft).
1300	Coronary artery bypass	Coronary artery bypass graft procedure, any technique (with or without CPB, venous or arterial graft, one or more grafts, etc.), for any coronary artery pathology (coronary arterial fistula, aneurysm, coronary bridging, atresia of left main, acquired coronary artery disease, etc.).
1305	Anomalous aortic origin of coronary artery from aorta (AAOCA) repair	
1310	Coronary artery procedure, Other	Any coronary artery procedure not specifically listed.
1320	Interrupted aortic arch repair	Repair of interrupted aortic arch (any type) by any technique (direct anastomosis, prosthetic graft, etc.). Does not include repair of IAA-VSD.
1330	PDA closure, Surgical	Closure of a PDA by any surgical technique (ligation, division, clip) using any approach (i.e., thoracotomy, thoracoscopic, etc.).
1340	PDA closure, Device	Closure of a PDA by device using transcatheter techniques.
1360	Vascular ring repair	Repair of vascular ring (any type, except pulmonary artery sling) by any technique.
1365	Aortopexy	Surgical fixation of the aorta to another structure (usually the posterior aspect of the sternum) to relieve compression on another vessel or structure (e.g., trachea).
1370	Pulmonary artery sling repair	Pulmonary artery sling repair by any technique.
1380	Aortic aneurysm repair	Aortic aneurysm repair by any technique.
1390	Aortic dissection repair	Aortic dissection repair by any technique.
1400	Lung biopsy	Lung biopsy, any technique.
1410	Transplant, lung(s)	Lung or lobe transplantation of any type.
1420	Lung procedure, Other	Included in this procedure code would be any lung procedure other than transplant, such as, but not limited to: pneumonectomy (left or right), lobectomy (any lobe), bilobectomy (two lobes), segmental lung resection (any segment), or wedge resection.
1440	Tracheal procedure	Any tracheal procedure, including but not limited to relief of tracheal stenosis (any means including pericardial graft, autograft insertion, homograft insertion, resection with reanastomosis, rib cartilage insertion, or slide tracheoplasty). Tracheal stent placement or balloon dilation should be coded separately.
2800	Muscle flap, Trunk (i.e. intercostal, pectus, or serratus muscle)	A trunk muscle flap (intercostal, pectus, or serratus muscle) is rotated to buttress or augment a suture line, anastomosis or fill the pleural space.
2810	Muscle flap, Trunk (i.e. latissimus dorsi)	A trunk muscle flap (latissimus dorsi) is rotated to buttress or augment a suture line, anastomosis or fill the pleural space.
2820	Removal, Sternal wire	Excision of wire used to approximate sternum, previous sternotomy
2830	Rib excision, Complete	Complete excision of rib(s)

2840	Rib excision, Partial	Partial excision of rib(s)
2850	Sternal fracture - open treatment	Repair of a sternal fracture with sutures, wires, plates or bars.
2860	Sternal resection, Radical resection of sternum	Involves removal of the sternum with complex reconstructive requirements for either a tumor or severe sternal infection.
2870	Sternal resection, Radical resection of sternum with mediastinal lymphadenectomy	Involves resection of the sternum and mediastinal lymph node dissection.
2880	Tumor of chest wall - Excision including ribs	Excision of ribs and attached muscles for a benign or malignant tumor of the chest wall. When three or less ribs are taken or if the defect is covered by the scapula, reconstruction may not be necessary.
2890	Tumor of chest wall - Excision including ribs, With reconstruction	Resection of the chest wall tumor with reconstruction of the defect, usually with plastic mesh (marlex, prolene), methylmethacrylate/mesh sandwich or a muscle flap.
2900	Tumor of soft tissue of thorax - Excision of deep subfascial or intramuscular tumor	Excision of a deep chest wall tumor that involves the muscles but not the ribs. These would usually be benign tumors such as a fibroma or a deep lipoma.
2910	Tumor of soft tissue of thorax - Excision of subcutaneous tumor	Excision of tumor in the skin/fat of the chest wall-typically a lipoma.
2920	Tumor of soft tissue of thorax - Radical resection	En-bloc, radical excision of a cancer of the chest wall muscles, involving the skin, fat and muscles. Typically it would be a desmoid tumor or a sarcoma malignant fibrous histiocytoma, rhabdomyosarcoma.
2930	Hyoid myotomy and suspension	Typically done as a suprahyoid laryngeal release to reduce tension on a cervical tracheal resection anastomosis. The hyoid bone is cut laterally on both sides to allow it to drop down and thus lower the larynx and trachea.
2940	Muscle flap, Neck	A neck muscle flap is rotated to buttress or augment a suture line, anastomosis or fill a space. Commonly used neck muscles are strap muscles, sternocleidomastoid muscle, levator scapulae.
2950	Procedure on neck	Unlisted procedure of the neck
2960	Tumor of soft tissue of neck - Excision of deep subfascial or intramuscular tumor	Excision of a tumor that involves the muscles of the neck. These would usually be benign tumors such as a fibroma or a deep lipoma.
2970	Tumor of soft tissue of neck - Excision of subcutaneous tumor	Excision of a tumor in the skin/fat of the neck-typically a lipoma.
2980	Tumor of soft tissue of neck - Radical resection	A surgical procedure in which the fibrofatty contents of the neck are removed for the treatment of cervical lymphatic metastases. Neck dissection is most commonly used in the management of cancers of the upper aerodigestive tract. It is also used for malignancies of the skin of the head and neck area, the thyroid, and the salivary glands.
2990	Pectus bar removal	Removal of a previously implanted chest wall bar
3000	Pectus bar repositioning	Repositioning of a previously implanted chest wall bar
3010	Pectus repair, Minimally invasive repair (Nuss), With thoracoscopy	Placement of a Nuss transverse chest wall bar to push the sternum forward to repair a pectus deformity, with thoracoscopy

3020	Pectus repair, Minimally invasive repair (Nuss), Without thoracoscopy	Placement of a Nuss transverse chest wall bar to push the sternum forward to repair a pectus deformity, without thoracoscopy
3030	Pectus repair, Open repair	Resection of several costal cartilages, a partial osteotomy of the sternum, and often placement of a temporary bar for stabilization of pectus chest wall deformity
3040	Division of scalenus anticus, With resection of a cervical rib	Repair of Thoracic Outlet Syndrome variant where the scalenus anticus muscle or a band from it impinges on the brachial plexus along with resection of the abnormal cervical rib
3050	Division of scalenus anticus, Without resection of a cervical rib	Repair of Thoracic Outlet Syndrome variant where the scalenus anticus muscle or a band from it impinges on the brachial plexus along without resection of the abnormal cervical rib
3060	Rib excision, Excision of cervical rib	Removal of the first rib or a cervical rib for treatment of Thoracic Outlet Syndrome
3070	Rib excision, Excision of cervical rib, With sympathectomy	Removal of the first rib or a cervical rib and sympathectomy for treatment of Thoracic Outlet Syndrome
3080	Rib excision, Excision of first rib	Removal of the first rib
3090	Rib excision, Excision of first rib, With sympathectomy	Removal of the first rib and sympathectomy
3100	Procedure on thorax	Unlisted procedure on thorax
1450	Pacemaker implantation, Permanent	Implantation of a permanent pacemaker of any type (e.g., single-chamber, dual-chamber, atrial antitachycardia), with any lead configuration or type (atrial, ventricular, atrial and ventricular, transvenous, epicardial, transmural), by any technique (sternotomy, thoracotomy etc.).
1460	Pacemaker procedure	Any revision to a previously placed pacemaker system including revisions to leads, generators, pacemaker pockets. This may include explantation of pacemakers or leads as well.
2350	Explantation of pacing system	Removal of pacemaker generator and wires
1470	ICD (AICD) implantation	Implantation of an (automatic) implantable cardioverter defibrillator system.
1480	ICD (AICD) ([automatic] implantable cardioverter defibrillator) procedure	Any revision to a previously placed AICD including revisions to leads, pads, generators, pockets. This may include explantation procedures as well.
1490	Arrhythmia surgery - atrial, Surgical Ablation	Surgical ablation (any type) of any atrial arrhythmia.
1500	Arrhythmia surgery - ventricular, Surgical Ablation	Surgical ablation (any type) of any ventricular arrhythmia.
2500	Cardiovascular catheterization procedure, Diagnostic	Invasive diagnostic procedure involving the heart and great vessels
2520	Cardiovascular catheterization procedure, Diagnostic, Angiographic data obtained	Invasive diagnostic procedure involving the heart and great vessels using angiography
2550	Cardiovascular catheterization procedure, Diagnostic, Electrophysiology alteration	
2540	Cardiovascular catheterization procedure, Diagnostic, Hemodynamic alteration	Invasive diagnostic procedure involving pressure or flow alteration in the cardiovascular system

2510	Cardiovascular catheterization procedure, Diagnostic, Hemodynamic data obtained	Invasive diagnostic procedure involving pressure and flow assessment of the heart and great vessels
2530	Cardiovascular catheterization procedure, Diagnostic, Transluminal test occlusion	
2410	Cardiovascular catheterization procedure, Therapeutic	Invasive therapeutic procedure involving the heart and great vessels
2670	Cardiovascular catheterization procedure, Therapeutic, Adjunctive therapy	
1540	Cardiovascular catheterization procedure, Therapeutic, Balloon dilation	Invasive therapeutic procedure involving balloon dilatation of a cardiovascular structure
2590	Cardiovascular catheterization procedure, Therapeutic, Balloon valvotomy	Invasive therapeutic procedure involving balloon dilatation of a valve
1580	Cardiovascular catheterization procedure, Therapeutic, Coil implantation	Invasive therapeutic procedure involving implantation of a coil
1560	Cardiovascular catheterization procedure, Therapeutic, Device implantation	Invasive therapeutic procedure involving implantation of a device
3110	Cardiovascular catheterization procedure, Therapeutic, Device implantation attempted	Invasive therapeutic procedure involving attempted but unsuccessful implantation of a device
2690	Cardiovascular catheterization procedure, Therapeutic, Electrophysiological ablation.	Invasive therapeutic procedure involving Catheter based creation of lesions in the heart with radiofrequency energy, cryotherapy , or ultrasound energy to cure or control arrhythmias
3120	Cardiovascular catheterization procedure, Therapeutic, Intravascular foreign body removal	Invasive therapeutic procedure involving removal of an intravascular foreign body
2640	Cardiovascular catheterization procedure, Therapeutic, Perforation (establishing interchamber and/or intervessel communication)	Invasive therapeutic procedure establishing interchamber and/or intervessel communication
2580	Cardiovascular catheterization procedure, Therapeutic, Septostomy	Invasive therapeutic procedure establishing an intracardiac septal communication
1550	Cardiovascular catheterization procedure, Therapeutic, Stent insertion	Invasive therapeutic procedure involving implantation of a stent
2630	Cardiovascular catheterization procedure, Therapeutic, Stent re-dilation	Invasive therapeutic procedure involving dilatation of a previously implanted stent
2650	Cardiovascular catheterization procedure, Therapeutic, Transcatheter Fontan	

	completion	
2660	Cardiovascular catheterization procedure, Therapeutic, Transcatheter implantation of valve	Invasive therapeutic procedure involving deployment/implantation of a valve
1590	Shunt, Systemic to pulmonary, Modified Blalock-Taussig Shunt (MBTS)	Placement of a tube graft from a branch of the aortic arch to the pulmonary artery with or without bypass, from any approach (thoracotomy, sternotomy).
1600	Shunt, Systemic to pulmonary, Central (shunt from aorta)	A direct anastomosis or placement of a tube graft from the aorta to the pulmonary artery with or without bypass, from any approach (thoracotomy, sternotomy).
3130	Shunt, Systemic to pulmonary, Central (shunt from aorta), Central shunt with an end-to-side connection between the transected main pulmonary artery and the side of the ascending aorta (i.e. Mee shunt)	Creation of a central shunt with an end-to-side connection between the transected main pulmonary artery and the side of the ascending aorta
3230	Shunt, Systemic to pulmonary, Potts - Smith type (descending aorta to pulmonary artery)	
1610	Shunt, Systemic to pulmonary, Other	Placement of any other systemic-to-pulmonary artery shunt, with or without bypass, from any approach (thoracotomy, sternotomy) that is not otherwise coded. Includes classic Blalock-Taussig systemic-to-pulmonary artery shunt.
1630	Shunt, Ligation and takedown	Takedown of any shunt.
2095	Shunt, Reoperation	Revision or replacement of a previously created shunt
1640	PA banding (PAB)	Placement of a pulmonary artery band, any type.
1650	PA debanding	Debanding of pulmonary artery. Please list separately any pulmonary artery reconstruction required.
3200	PA band adjustment	
1660	Damus-Kaye-Stansel procedure (DKS) (creation of AP anastomosis without arch reconstruction)	In the Damus-Kaye-Stansel procedure the proximal transected main pulmonary artery is connected by varying techniques to the aorta.
1670	Bidirectional cavopulmonary anastomosis (BDCPA) (bidirectional Glenn)	Superior vena cava to pulmonary artery anastomosis allowing flow to both pulmonary arteries with an end-to-side superior vena-to-pulmonary artery anastomosis.
1680	Glenn (unidirectional cavopulmonary anastomosis) (unidirectional Glenn)	Superior vena cava to ipsilateral pulmonary artery anastomosis (i.e., LSVC to LPA, RSVC to RPA).
1690	Bilateral bidirectional cavopulmonary anastomosis (BBDCPA) (bilateral bidirectional Glenn)	Bilateral superior vena cava-to-pulmonary artery anastomoses (requires bilateral SVCs).
1700	HemiFontan	A HemiFontan is an operation that includes a bidirectional superior vena cava (SVC)-to-pulmonary artery anastomosis and the connection of this "SVC-pulmonary artery amalgamation"

to the atrium, with a “dam” between this “SVC-pulmonary artery amalgamation” and the atrium. This operation can be accomplished with a variety of operative strategies including the following two techniques and other techniques that combine elements of both of these approaches: (1) Augmenting both branch pulmonary arteries with a patch and suturing the augmented branch pulmonary arteries to an incision in the medial aspect of the superior vena cava. (With this approach, the pulmonary artery patch forms a roof over the SVC-to-pulmonary artery anastomosis and also forms a “dam” between the SVC-pulmonary artery amalgamation and the right atrium.) (2) Anastomosing both ends of the divided SVC to incisions in the top and bottom of the right pulmonary artery, and using a separate patch to close junction of the SVC and the right atrium.

- 2330 Superior cavopulmonary anastomosis(es) (Glenn or HemiFontan) + Atrioventricular valvuloplasty
- 2130 Superior Cavopulmonary anastomosis(es) + PA reconstruction
- 3300 Takedown of superior cavopulmonary anastomosis
- 3140 Hepatic vein to azygous vein connection, Direct
- 3150 Hepatic vein to azygous vein connection, Interposition graft
- 3160 Kawashima operation (superior cavopulmonary connection in setting of interrupted IVC with azygous continuation)
- 1710 Palliation, Other
- 3240 Attempted fetal intervention, percutaneous trans-catheter directed at interatrial septum
- 3250 Attempted fetal intervention, percutaneous trans-catheter directed at aortic valve
- 3260 Attempted fetal intervention, percutaneous trans-catheter directed at pulmonic valve
- 3270 Attempted fetal intervention “open” (maternal laparotomy with hysterotomy), directed at interatrial septum
- 3280 Attempted fetal intervention “open” (maternal laparotomy with hysterotomy), directed at aortic valve
- 3290 Attempted fetal intervention “open” (maternal laparotomy

Any other palliative procedure not specifically listed.

	with hysterotomy), directed at pulmonic valve	
2360	ECMO cannulation	Insertion of cannulas for extracorporeal membrane oxygenation
2370	ECMO decannulation	Removal of cannulas for extracorporeal membrane oxygenation
1910	ECMO procedure	Any ECMO procedure (cannulation, decannulation, etc.).
1900	Intraaortic balloon pump (IABP) insertion	Insertion of intraaortic balloon pump by any technique.
1920	Right/left heart assist device procedure	Any right, left, or biventricular assist device procedure (placement, removal etc.).
2390	VAD explantation	Removal of ventricular assist device
2380	VAD implantation	Insertion of a ventricular assist device
3170	VAD change out	Removal of previously inserted ventricular assist device and insertion of a new device
2420	Echocardiography procedure, Sedated transesophageal echocardiogram	Procedural sedation for echocardiogram
2430	Echocardiography procedure, Sedated transthoracic echocardiogram	Procedural sedation for echocardiogram, transthoracic
2435	Non-cardiovascular, Non-thoracic procedure on cardiac patient with cardiac anesthesia	Anesthesia provided by cardiac anesthesiologist for patient with congenital heart disease undergoing a non- cardiovascular, non-thoracic procedure
2440	Radiology procedure on cardiac patient, Cardiac Computerized Axial Tomography (CT Scan)	A patient with congenital heart disease undergoing cardiac CT scan
2450	Radiology procedure on cardiac patient, Cardiac Magnetic Resonance Imaging (MRI)	A patient with congenital heart disease undergoing cardiac MRI
2460	Radiology procedure on cardiac patient, Diagnostic radiology	A patient with congenital heart disease undergoing a diagnostic radiology procedure
2470	Radiology procedure on cardiac patient, Non-Cardiac Computerized Tomography (CT) on cardiac patient	A patient with congenital heart disease undergoing a non-cardiac CT scan
2480	Radiology procedure on cardiac patient, Non-cardiac Magnetic Resonance Imaging (MRI) on cardiac patient	A patient with congenital heart disease undergoing non-cardiac MRI
2490	Radiology procedure on cardiac patient, Therapeutic radiology	A patient with congenital heart disease undergoing a therapeutic radiology procedure
1720	Aneurysm, Ventricular, Right, Repair	Repair of right ventricular aneurysm, any technique.
1730	Aneurysm, Ventricular, Left, Repair	Repair of left ventricular aneurysm, any technique.
1740	Aneurysm, Pulmonary artery, Repair	Repair of pulmonary artery aneurysm, any technique.

1760	Cardiac tumor resection	Resection of cardiac tumor, any type.
1780	Pulmonary AV fistula repair/occlusion	Repair or occlusion of a pulmonary arteriovenous fistula.
1790	Ligation, Pulmonary artery	Ligation or division of the pulmonary artery. Most often performed as a secondary procedure.
1802	Pulmonary embolectomy, Acute pulmonary embolus	Acute pulmonary embolism (clot) removal, through catheter or surgery.
1804	Pulmonary embolectomy, Chronic pulmonary embolus	Chronic pulmonary embolism (clot) removal, through catheter or surgery.
1810	Pleural drainage procedure	Pleural drainage procedure via thoracocentesis, tube thoracostomy, or open surgical drainage.
1820	Pleural procedure, Other	Other pleural procedures not specifically listed; may include pleurodesis (mechanical, talc, antibiotic or other), among others.
1830	Ligation, Thoracic duct	Ligation of the thoracic duct; most commonly for persistent chylothorax.
1840	Decortication	Decortication of the lung by any technique.
1850	Esophageal procedure	Any procedure performed on the esophagus.
1860	Mediastinal procedure	Any non-cardiovascular mediastinal procedure not otherwise listed.
1870	Bronchoscopy	Bronchoscopy, rigid or flexible, for diagnostic, biopsy, or treatment purposes (laser, stent, dilation, lavage).
1880	Diaphragm plication	Plication of the diaphragm; most often for diaphragm paralysis due to phrenic nerve injury.
1890	Diaphragm procedure, Other	Any diaphragm procedure not specifically listed.
1930	VATS (video-assisted thoracoscopic surgery)	Video-assisted thoracoscopic surgery utilized; this code should be used in addition to the specific procedure code (e.g., if PDA ligated using VATS technique, PDA ligation should be primary procedure, VATS should be secondary procedure).
1940	Minimally invasive procedure	Any procedure using minimally invasive technique; this code should be used in addition to the specific procedure code (e.g., if ASD closed using minimally invasive technique, ASD repair should be primary procedure, minimally invasive procedure should be listed additionally).
1950	Bypass for noncardiac lesion	Use of cardiopulmonary bypass for noncardiac lesion; this code may be used in addition to the specific procedure code if one is available (e.g., tracheal procedures may be done using CPB - the tracheal procedure should be the primary procedure and use of cardiopulmonary bypass for noncardiac lesion should be listed additionally).
1960	Delayed sternal closure	Sternal closure effected after patient has left operating room with sternum open, either because of swelling or electively after complex heart procedures. This procedure should be operative type No CPB Cardiovascular.
1970	Mediastinal exploration	Mediastinal exploration, most often for postoperative control of bleeding or tamponade, but may be exploration to assess mediastinal mass, etc.
1980	Sternotomy wound drainage	Drainage of the sternotomy wound.
3180	Intravascular stent removal	Removal of a previously placed intravascular stent
3220	Removal of transcatheter-delivered device from heart	

3210	Removal of transcatheter-delivered device from blood vessel	
1990	Thoracotomy, Other	Any procedure performed through a thoracotomy incision not otherwise listed.
2000	Cardiotomy, Other	Any procedure involving an incision in the heart that is not otherwise listed.
2010	Cardiac procedure, Other	Any cardiac procedure, bypass or non-bypass, that is not otherwise listed.
2020	Thoracic and/or mediastinal procedure, Other	Any thoracic and/or mediastinal procedure not otherwise listed.
2030	Peripheral vascular procedure, Other	Any peripheral vascular procedure; may include procedures such as femoral artery repair, iliac artery repair, etc.
2040	Miscellaneous procedure, Other	Any miscellaneous procedure not otherwise listed.
7777	Other procedure	Any procedure on any organ system not otherwise listed.

<i>Long Name:</i>	Other Card-Congenital Procedure 3	<i>SeqNo:</i>	6525
<i>Short Name:</i>	OCarCongProc3	<i>Core:</i>	Yes
<i>Section Name:</i>	Congenital Defect Repair	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the third of the three most significant congenital procedures.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: OCarCongProc2

ParentLongName: Other Card-Congenital Procedure 2

ParentHarvestCodes: <>1 And Is Not Missing

ParentValues: Is Not "No other congenital procedures" And Is Not Missing

Harvest Codes and Value Definitions:

<u>Code:</u>	<u>Value:</u>	<u>Definition:</u>
1	No other congenital procedures	
10	PFO, Primary closure	Suture closure of patent foramen ovale (PFO).
20	ASD repair, Primary closure	Suture closure of secundum (most frequently), coronary sinus, sinus venosus or common atrium ASD.
30	ASD repair, Patch	Patch closure (using any type of patch material) of secundum, coronary sinus, or sinus venosus ASD.
40	ASD repair, Device	Closure of any type ASD (including PFO) using a device.
2110	ASD repair, Patch + PAPVC repair	Patch closure (using any type of patch material) of secundum, coronary sinus, or sinus venosus ASD plus PAPVC repair, any type
50	ASD, Common atrium (single atrium), Septation	Septation of common (single) atrium using any type patch material.
60	ASD creation/enlargement	Creation of an atrial septal defect or enlargement of an existing atrial septal defect using a variety of modalities including balloon septostomy, blade septostomy, or surgical septectomy. Creation may be accomplished with or without use of

		cardiopulmonary bypass.
70	ASD partial closure	Intentional partial closure of any type ASD (partial suture or fenestrated patch closure).
80	Atrial septal fenestration	Creation of a fenestration (window) in the septum between the atrial chambers. Usually performed using a hole punch, creating a specifically sized communication in patch material placed on the atrial septum.
85	Atrial fenestration closure	Closure of previously created atrial fenestration using any method including device, primary suture, or patch.
100	VSD repair, Primary closure	Suture closure of any type VSD.
110	VSD repair, Patch	Patch closure (using any type of patch material) of any type VSD.
120	VSD repair, Device	Closure of any type VSD using a device.
130	VSD, Multiple, Repair	Closure of more than one VSD using any method or combination of methods. Further information regarding each type of VSD closed and method of closure can be provided by additionally listing specifics for each VSD closed. In the case of multiple VSDs in which only one is closed the procedure should be coded as closure of a single VSD. The fundamental diagnosis, in this case, would be "VSD, Multiple" and a secondary diagnosis can be the morphological type of VSD that was closed at the time of surgery.
140	VSD creation/enlargement	Creation of a ventricular septal defect or enlargement of an existing ventricular septal defect.
150	Ventricular septal fenestration	Creation of a fenestration (window) in the septum between the ventricular chambers. Usually performed using a hole punch, creating a specifically sized communication in patch material placed on the ventricular septum.
170	AVC (AVSD) repair, Complete (CAVSD)	Repair of complete AV canal (AVSD) using one- or two-patch or other technique, with or without mitral valve cleft repair.
180	AVC (AVSD) repair, Intermediate (Transitional)	Repair of intermediate AV canal (AVSD) using ASD and VSD patch, or ASD patch and VSD suture, or other technique, with or without mitral valve cleft repair.
190	AVC (AVSD) repair, Partial (Incomplete) (PAVSD)	Repair of partial AV canal defect (primum ASD), any technique, with or without repair of cleft mitral valve.
2300	Valvuloplasty, Common atrioventricular valve	Common AV valve repair, any type
2250	Valvuloplasty converted to valve replacement in the same operation, Common atrioventricular valve	Common AV valve repair attempted, converted to valve replacement with prosthetic valve during the same operation
2230	Valve replacement, Common atrioventricular valve	Replacement of the common AV valve with a prosthetic valve
210	AP window repair	Repair of AP window using one- or two-patch technique with cardiopulmonary bypass; or, without cardiopulmonary bypass, using transcatheter device or surgical closure.
220	Pulmonary artery origin from ascending aorta (hemitruncus) repair	Repair of pulmonary artery origin from the ascending aorta by direct reimplantation, autogenous flap, or conduit, with or without use of cardiopulmonary bypass.
230	Truncus arteriosus repair	Truncus arteriosus repair that most frequently includes patch VSD closure and placement of a conduit from RV to PA. In

		some cases, a conduit is not placed but an RV to PA connection is made by direct association. Very rarely, there is no VSD to be closed. Truncal valve repair or replacement should be coded separately (Valvuloplasty, Truncal valve; Valve replacement, Truncal valve), as would be the case as well with associated arch anomalies requiring repair (e.g., Interrupted aortic arch repair).
240	Valvuloplasty, Truncal valve	Truncal valve repair, any type.
2290	Valvuloplasty converted to valve replacement in the same operation, Truncal valve	Truncal valve repair attempted, converted to valve replacement with prosthetic valve during the same operation
250	Valve replacement, Truncal valve	Replacement of the truncal valve with a prosthetic valve.
2220	Truncus + Interrupted aortic arch repair (IAA) repair	Truncus arteriosus repair usually includes patch VSD closure and placement of a conduit from RV to PA. In some cases, a conduit is not placed but an RV to PA connection is made by direct association. (Very rarely, there is no VSD) plus repair of interrupted aortic arch
260	PAPVC repair	PAPVC repair revolves around whether an intracardiac baffle is created to redirect pulmonary venous return to the left atrium or if the anomalous pulmonary vein is translocated and connected to the left atrium directly. If there is an associated ASD and it is closed, that procedure should also be listed.
270	PAPVC, Scimitar, Repair	In scimitar syndrome, PAPVC repair also revolves around whether an intracardiac baffle is created to redirect pulmonary venous return to the left atrium or if the anomalous pulmonary vein is translocated and connected to the left atrium directly. If there is an associated ASD and it is closed, that procedure should also be listed. Occasionally an ASD is created; this procedure also must be listed separately. Concomitant thoracic procedures (e.g., lobectomy, pneumonectomy) should also be included in the procedures listing.
2120	PAPVC repair, Baffle redirection to left atrium with systemic vein translocation (Warden) (SVC sewn to right atrial appendage)	An intracardiac baffle is created to redirect pulmonary venous return to the left atrium and SVC sewn to right atrial appendage)
280	TAPVC repair	Repair of TAPVC, any type. Issues surrounding TAPVC repair involve how the main pulmonary venous confluence anastomosis is fashioned, whether an associated ASD is closed or left open or enlarged (ASD closure and enlargement may be listed separately), and whether, particularly in mixed type TAPVC repair, an additional anomalous pulmonary vein is repaired surgically.
2200	TAPVC repair + Shunt - systemic-to-pulmonary	Repair of TAPVC, any type plus a systemic to pulmonary shunt creation
290	Cor triatriatum repair	Repair of cor triatriatum. Surgical decision making revolves around the approach to the membrane creating the cor triatriatum defect, how any associated ASD is closed, and how any associated anomalous pulmonary vein connection is addressed. Both ASD closure and anomalous pulmonary venous connection may be listed as separate procedures.

300	Pulmonary venous stenosis repair	Repair of pulmonary venous stenosis, whether congenital or acquired. Repair can be accomplished with a variety of approaches: sutureless, patch venoplasty, stent placement, etc.
310	Atrial baffle procedure (non-Mustard, non-Senning)	The atrial baffle procedure code is used primarily for repair of systemic venous anomalies, as in redirection of left superior vena cava drainage to the right atrium.
330	Anomalous systemic venous connection repair	With the exception of atrial baffle procedures (harvest code 310), anomalous systemic venous connection repair includes a range of surgical approaches, including, among others: ligation of anomalous vessels, reimplantation of anomalous vessels (with or without use of a conduit), or redirection of anomalous systemic venous flow through directly to the pulmonary circulation (bidirectional Glenn to redirect LSVC or RSVC to left or right pulmonary artery, respectively).
340	Systemic venous stenosis repair	Stenosis or obstruction of a systemic vein (most commonly SVC or IVC) may be relieved with patch or conduit placement, excision of the stenotic area with primary reanastomosis or direct reimplantation.
350	TOF repair, No ventriculotomy	Tetralogy of Fallot repair (assumes VSD closure and relief of pulmonary stenosis at one or more levels), without use of an incision in the infundibulum of the right ventricle for exposure. In most cases this would be a transatrial and transpulmonary artery approach to repair the VSD and relieve the pulmonary stenosis. If the main pulmonary artery incision is extended proximally through the pulmonary annulus, this must be considered "transannular" and thus a ventricular incision, though the length of the incision onto the ventricle itself may be minimal.
360	TOF repair, Ventriculotomy, Nontransannular patch	Tetralogy of Fallot repair (assumes VSD closure and relief of pulmonary stenosis at one or more levels), with use of a ventriculotomy incision, but without placement of a trans-pulmonary annulus patch. If the main pulmonary artery incision is extended proximally through the pulmonary annulus, this must be considered "transannular" and thus a ventricular incision, though the length of the incision onto the ventricle itself may be minimal.
370	TOF repair, Ventriculotomy, Transannular patch	Tetralogy of Fallot repair (assumes VSD closure and relief of pulmonary stenosis at one or more levels), with use of a ventriculotomy incision and placement of a trans-pulmonary annulus patch. If the main pulmonary artery incision is extended proximally through the pulmonary annulus, this must be considered "transannular" and thus a ventricular incision, though the length of the incision onto the ventricle itself may be minimal.
380	TOF repair, RV-PA conduit	Tetralogy of Fallot repair (assumes VSD closure and relief of pulmonary stenosis at one or more levels), with placement of a right ventricle-to-pulmonary artery conduit. In this procedure the major components of pulmonary stenosis are relieved with placement of the RV-PA conduit.
390	TOF - AVC (AVSD) repair	Tetralogy of Fallot repair (assumes VSD closure and relief of pulmonary stenosis at one or more levels), with repair of associated AV canal defect. Repair of associated atrial septal

		defect or atrioventricular valve repair(s) should be listed as additional or secondary procedures under the primary TOF-AVC procedure.
400	TOF - Absent pulmonary valve repair	Repair of tetralogy of Fallot with absent pulmonary valve complex. In most cases this repair will involve pulmonary valve replacement (pulmonary or aortic homograft, porcine, other) and reduction pulmonary artery arterioplasty.
420	Pulmonary atresia - VSD (including TOF, PA) repair	For patients with pulmonary atresia with ventricular septal defect without MAPCAs, including those with tetralogy of Fallot with pulmonary atresia, repair may entail either a tetralogy-like repair with transannular patch placement, a VSD closure with placement of an RV-PA conduit, or an intraventricular tunnel VSD closure with transannular patch or RV-PA conduit placement. To assure an accurate count of repairs of pulmonary atresia-VSD without MAPCAs, even if a tetralogy-type repair or Rastelli-type repair is used, the pulmonary atresia-VSD code should be the code used, not Rastelli procedure or tetralogy of Fallot repair with transannular patch.
2700	Pulmonary atresia - VSD - MAPCA repair, Complete single stage repair (1-stage that includes bilateral pulmonary unifocalization + VSD closure + RV to PA connection [with or without conduit])	1-stage repair that includes bilateral pulmonary unifocalization + VSD closure + RV to PA connection [with or without conduit])
2710	Pulmonary atresia - VSD - MAPCA repair, Status post prior complete unifocalization (includes VSD closure + RV to PA connection [with or without conduit])	VSD closure + RV to PA connection [with or without conduit])
2720	Pulmonary atresia - VSD - MAPCA repair, Status post prior incomplete unifocalization (includes completion of pulmonary unifocalization + VSD closure + RV to PA connection [with or without conduit])	Completion of pulmonary unifocalization + VSD closure + RV to PA connection [with or without conduit])Pulmonary atresia - VSD - MAPCA repair, Status post prior incomplete unifocalization
2730	Unifocalization MAPCA(s), Bilateral pulmonary unifocalization - Complete unifocalization (all usable MAPCA[s] are incorporated)	Complete unifocalization , all usable MAPCA[s] are incorporated
2740	Unifocalization MAPCA(s), Bilateral pulmonary unifocalization - Incomplete unifocalization (not all usable MAPCA[s] are incorporated)	Incomplete unifocalization, not all usable MAPCA[s] are incorporated
2750	Unifocalization MAPCA(s),	MAPCA(s), Unilateral pulmonary unifocalization (one side)

	Unilateral pulmonary unifocalization	
440	Unifocalization MAPCA(s)	Anastomosis of aortopulmonary collateral arteries into the left, right, or main pulmonary artery or into a tube graft or other type of confluence. The unifocalization procedure may be done on or off bypass.
450	Occlusion of MAPCA(s)	Occlusion, or closing off, of MAPCAs. This may be done with a transcatheter occluding device, usually a coil, or by surgical techniques.
460	Valvuloplasty, Tricuspid	Reconstruction of the tricuspid valve may include but not be limited to a wide range of techniques including: leaflet patch extension, artificial chordae placement, and papillary muscle translocation with or without detachment. Annuloplasty techniques that may be done solely or in combination with leaflet, chordae or muscle repair to achieve a competent valve include: eccentric annuloplasty, Kay annular plication, purse-string annuloplasty (including semicircular annuloplasty), sliding annuloplasty, and annuloplasty with ring placement. Do not use this code if tricuspid valve malfunction is secondary to Ebstein's anomaly; instead use the Ebstein's repair procedure code.
2280	Valvuloplasty converted to valve replacement in the same operation, Tricuspid	Tricuspid valve repair attempted, converted to valve replacement with prosthetic valve during the same operation
465	Ebstein's repair	To assure an accurate count of repairs of Ebstein's anomaly of the tricuspid valve, this procedure code was included. Repair of Ebstein's anomaly may include, among other techniques, repositioning of the tricuspid valve, plication of the atrialized right ventricle, or right reduction atrioplasty. Often associated ASD's may be closed and arrhythmias addressed with surgical ablation procedures. These procedures should be entered as separate procedure codes.
470	Valve replacement, Tricuspid (TVR)	Replacement of the tricuspid valve with a prosthetic valve.
480	Valve closure, Tricuspid (exclusion, univentricular approach)	In a functional single ventricle heart, the tricuspid valve may be closed using a patch, thereby excluding the RV. Tricuspid valve closure may be used for infants with Ebstein's anomaly and severe tricuspid regurgitation or in patients with pulmonary atresia-intact ventricular septum with sinusoids.
490	Valve excision, Tricuspid (without replacement)	Excision of the tricuspid valve without placement of a prosthetic valve.
500	Valve surgery, Other, Tricuspid	Other tricuspid valve surgery not specified in procedure codes.
510	RVOT procedure	Included in this procedural code would be all RVOT procedures not elsewhere specified in the nomenclature system. These might be, among others: resection of subvalvar pulmonary stenosis (not DCRV type; may be localized fibrous diaphragm or high infundibular stenosis), right ventricular patch augmentation, or reduction pulmonary artery arterioplasty.
520	1 1/2 ventricular repair	Partial biventricular repair; includes intracardiac repair with bidirectional cavopulmonary anastomosis to volume unload a small ventricle or poorly functioning ventricle.

530	PA, reconstruction (plasty), Main (trunk)	Reconstruction of the main pulmonary artery trunk commonly using patch material. If balloon angioplasty is performed or a stent is placed in the main pulmonary artery intraoperatively, this code may be used in addition to the balloon dilation or stent placement code. If MPA reconstruction is performed with PA debanding, both codes should be listed.
540	PA, reconstruction (plasty), Branch, Central (within the hilar bifurcation)	Reconstruction of the right or left branch (or both right and left) pulmonary arteries (within the hilar bifurcation) commonly using patch material. If balloon angioplasty is performed or a stent is placed in the right or left (or both) pulmonary artery intraoperatively, this code may be used in addition to the balloon dilation or stent placement code. If, rarely, branch PA banding (single or bilateral) was performed in the past and reconstruction is performed associated with debanding, both codes should be listed.
550	PA, reconstruction (plasty), Branch, Peripheral (at or beyond the hilar bifurcation)	Reconstruction of the peripheral right or left branch (or both right and left) pulmonary arteries (at or beyond the hilar bifurcation) commonly using patch material. If balloon angioplasty is performed or a stent is placed in the right or left (or both) peripheral pulmonary artery intraoperatively, this code may be used in addition to the balloon dilation or stent placement code.
570	DCRV repair	Surgical repair of DCRV combines relief of the low infundibular stenosis (via muscle resection) and closure of a VSD when present. A ventriculotomy may be required and is repaired by patch enlargement of the infundibulum. VSD closure and patch enlargement of the infundibulum, if done, should be listed as separate procedure codes.
590	Valvuloplasty, Pulmonic	Valvuloplasty of the pulmonic valve may include a range of techniques including but not limited to: valvotomy with or without bypass, commissurotomy, and valvuloplasty.
2270	Valvuloplasty converted to valve replacement in the same operation, Pulmonic	Pulmonic valve repair attempted, converted to valve replacement with prosthetic valve during the same operation
600	Valve replacement, Pulmonic (PVR)	Replacement of the pulmonic valve with a prosthetic valve. Care must be taken to differentiate between homograft pulmonic valve replacement and placement of a homograft RV-PA conduit.
630	Valve excision, Pulmonary (without replacement)	Excision of the pulmonary valve without placement of a prosthetic valve.
640	Valve closure, Semilunar	Closure of a semilunar valve (pulmonic or aortic) by any technique.
650	Valve surgery, Other, Pulmonic	Other pulmonic valve surgery not specified in procedure codes.
610	Conduit placement, RV to PA	Placement of a conduit, any type, from RV to PA.
620	Conduit placement, LV to PA	Placement of a conduit, any type, from LV to PA.
1774	Conduit placement, Ventricle to aorta	Placement of a conduit from the right or left ventricle to the aorta.
1772	Conduit placement, Other	Placement of a conduit from any chamber or vessel to any vessel, valved or valveless, not listed elsewhere.
580	Conduit reoperation	Conduit reoperation is the code to be used in the event of

		conduit failure, in whatever position (LV to aorta, LV to PA, RA to RV, RV to aorta, RV to PA, etc.), and from whatever cause (somatic growth, stenosis, insufficiency, infection, etc.).
660	Valvuloplasty, Aortic	Valvuloplasty of the aortic valve for stenosis and/or insufficiency including, but not limited to the following techniques: valvotomy (open or closed), commissurotomy, aortic valve suspension, leaflet (left, right or noncoronary) partial resection, reduction, or leaflet shaving, extended valvuloplasty (freeing of leaflets, commissurotomy, and extension of leaflets using autologous or bovine pericardium), or annuloplasty (partial - interrupted or noncircumferential sutures, or complete - circumferential sutures).
2240	Valvuloplasty converted to valve replacement in the same operation, Aortic	Aortic valve repair attempted, converted to valve replacement with prosthetic valve during the same operation
2310	Valvuloplasty converted to valve replacement in the same operation, Aortic – with Ross procedure	Aortic valve repair attempted, converted to valve replacement with a pulmonary autograft and replacement of the pulmonary valve with a homograft conduit during the same operation
2320	Valvuloplasty converted to valve replacement in the same operation, Aortic – with Ross-Konno procedure	Aortic valve repair attempted, converted to Konno aortoventriculoplasty using a pulmonary autograft root for the aortic root replacement.
670	Valve replacement, Aortic (AVR)	Replacement of the aortic valve with a prosthetic valve (mechanical, bioprosthetic, or homograft). Use this code only if type of valve prosthesis is unknown or does not fit into the specific valve replacement codes available. Autograft valve replacement should be coded as a Ross procedure.
680	Valve replacement, Aortic (AVR), Mechanical	Replacement of the aortic valve with a mechanical prosthetic valve.
690	Valve replacement, Aortic (AVR), Bioprosthetic	Replacement of the aortic valve with a bioprosthetic prosthetic valve.
700	Valve replacement, Aortic (AVR), Homograft	Replacement of the aortic valve with a homograft prosthetic valve.
715	Aortic root replacement, Bioprosthetic	Replacement of the aortic root (that portion of the aorta attached to the heart; it gives rise to the coronary arteries) with a bioprosthesis (e.g., porcine) in a conduit, often composite.
720	Aortic root replacement, Mechanical	Replacement of the aortic root (that portion of the aorta attached to the heart; it gives rise to the coronary arteries) with a mechanical prosthesis in a composite conduit.
730	Aortic root replacement, Homograft	Replacement of the aortic root (that portion of the aorta attached to the heart; it gives rise to the coronary arteries) with a homograft.
735	Aortic root replacement, Valve sparing	Replacement of the aortic root (that portion of the aorta attached to the heart; it gives rise to the coronary arteries) without replacing the aortic valve (using a tube graft).
740	Ross procedure	Replacement of the aortic valve with a pulmonary autograft and replacement of the pulmonary valve with a homograft conduit.
750	Konno procedure	Relief of left ventricular outflow tract obstruction associated with aortic annular hypoplasia, aortic valvar stenosis and/or aortic valvar insufficiency via Konno aortoventriculoplasty.

		Components of the surgery include a longitudinal incision in the aortic septum, a vertical incision in the outflow tract of the right ventricle to join the septal incision, aortic valve replacement, and patch reconstruction of the outflow tracts of both ventricles.
760	Ross-Konno procedure	Relief of left ventricular outflow tract obstruction associated with aortic annular hypoplasia, aortic valvar stenosis and/or aortic valvar insufficiency via Konno aortoventriculoplasty using a pulmonary autograft root for the aortic root replacement.
770	Other annular enlargement procedure	Techniques included under this procedure code include those designed to effect aortic annular enlargement that are not included in other procedure codes. These include the Manouguian and Nicks aortic annular enlargement procedures.
780	Aortic stenosis, Subvalvar, Repair	Subvalvar aortic stenosis repair by a range of techniques including excision, excision and myotomy, excision and myomectomy, myotomy, myomectomy, initial placement of apical-aortic conduit (LV to aorta conduit replacement would be coded as conduit reoperation), Vouhé aortoventriculoplasty (aortic annular incision at commissure of left and right coronary cusps is carried down to the septum and RV infundibulum; septal muscle is resected, incisions are closed, and the aortic annulus is reconstituted), or other aortoventriculoplasty techniques.
2100	Aortic stenosis, Subvalvar, Repair, With myectomy for IHSS	Subvalvar aortic stenosis repair including excision and myectomy
790	Aortic stenosis, Supravalvar, Repair	Repair of supravalvar aortic stenosis involving all techniques of patch aortoplasty and aortoplasty involving the use of all autologous tissue. In simple patch aortoplasty a diamond-shaped patch may be used, in the Doty technique an extended patch is placed (Y-shaped patch, incision carried into two sinuses), and in the Brom repair the ascending aorta is transected, any fibrous ridge is resected, and the three sinuses are patched separately.
800	Valve surgery, Other, Aortic	Other aortic valve surgery not specified in other procedure codes.
810	Sinus of Valsalva, Aneurysm repair	Sinus of Valsalva aneurysm repair can be organized by site of aneurysm (left, right or noncoronary sinus), type of repair (suture, patch graft, or root repair by tube graft or valved conduit), and approach used (from chamber of origin (aorta) or from chamber of penetration (LV, RV, PA, left or right atrium, etc.). Aortic root replacement procedures in association with sinus of Valsalva aneurysm repairs are usually for associated uncorrectable aortic insufficiency or multiple sinus involvement and the aortic root replacement procedure should also be listed. Additional procedures also performed at the time of sinus of Valsalva aneurysm repair include but are not limited to VSD closure, repair or replacement of aortic valve, and coronary reconstruction; these procedures should also be coded separately from the sinus of Valsalva aneurysm repair.
820	LV to aorta tunnel repair	LV to aorta tunnel repair can be accomplished by suture, patch, or both, and may require reimplantation of the right coronary artery. Associated coronary artery procedures should be coded

		separately from the LV to aorta tunnel repair.
830	Valvuloplasty, Mitral	Repair of mitral valve including, but not limited to: valvotomy (closed or open heart), cleft repair, annuloplasty with or without ring, chordal reconstruction, commissurotomy, leaflet repair, or papillary muscle repair.
2260	Valvuloplasty converted to valve replacement in the same operation, Mitral	Mitral valve repair attempted, converted to valve replacement with prosthetic valve during the same operation
840	Mitral stenosis, Supravalvar mitral ring repair	Supravalvar mitral ring repair.
850	Valve replacement, Mitral (MVR)	Replacement of mitral valve with prosthetic valve, any kind, in suprannular or annular position.
860	Valve surgery, Other, Mitral	Other mitral valve surgery not specified in procedure codes.
870	Norwood procedure	<p>The Norwood operation is synonymous with the term 'Norwood (Stage 1)' and is defined as an aortopulmonary connection and neo-aortic arch construction resulting in univentricular physiology and pulmonary blood flow controlled with a calibrated systemic-to-pulmonary artery shunt, or a right ventricle to pulmonary artery conduit, or rarely, a cavopulmonary connection.</p> <p>When coding the procedure "Norwood procedure", the primary procedure of the operation should be "Norwood procedure". The second procedure that is coded as part of the Norwood (Stage 1) operation (Procedure 2 after the Norwood procedure) must then document the source of pulmonary blood flow and be chosen from the following eight choices:</p> <ol style="list-style-type: none"> 1. Shunt, Systemic to pulmonary, Modified Blalock-Taussig Shunt (MBTS) 2. Shunt, Systemic to pulmonary, Central (from aorta or to main pulmonary artery) 3. Shunt, Systemic to pulmonary, Other 4. Conduit placement, RV to PA 5. Bidirectional cavopulmonary anastomosis (BDCPA) (bidirectional Glenn) 6. Glenn (unidirectional cavopulmonary anastomosis) (unidirectional Glenn) 7. Bilateral bidirectional cavopulmonary anastomosis (BBDCPA) (bilateral bidirectional Glenn) 8. HemiFontan
880	HLHS biventricular repair	<p>Performed in patients who have small but adequately sized ventricles to support systemic circulation. These patients usually have small, but not stenotic, aortic and/or mitral valves. Primary biventricular repair has consisted of extensive aortic arch and ascending aorta enlargement with a patch, closure of interventricular and interatrial communications, and conservative approach for left ventricular outflow tract obstruction (which may include mitral stenosis at any level, subaortic stenosis, aortic stenosis, aortic arch hypoplasia, coarctation, or interrupted aortic arch). Concurrent operations (e.g., coarctation repair, aortic valve repair or replacement, etc.) can be coded separately within the database.</p>
2755	Conduit insertion right	

	ventricle to pulmonary artery + Intraventricular tunnel left ventricle to neo-aorta + Arch reconstruction (Rastelli and Norwood type arch reconstruction) (Yasui)	
2160	Hybrid Approach "Stage 1", Application of RPA & LPA bands	A "Hybrid Procedure" is defined as a procedure that combines surgical and transcatheter interventional approaches. The term "Hybrid approach" is used somewhat differently than the term "Hybrid Procedure". A "Hybrid approach" is defined as any of a group of procedures that fit into the general silo of procedures developed from the combined use of surgical and transcatheter interventional techniques. Therefore, not all procedures classified as "Hybrid approach" are truly "Hybrid Procedures".
2170	Hybrid Approach "Stage 1", Stent placement in arterial duct (PDA)	A "Hybrid Procedure" is defined as a procedure that combines surgical and transcatheter interventional approaches. The term "Hybrid approach" is used somewhat differently than the term "Hybrid Procedure". A "Hybrid approach" is defined as any of a group of procedures that fit into the general silo of procedures developed from the combined use of surgical and transcatheter interventional techniques. Therefore, not all procedures classified as "Hybrid approach" are truly "Hybrid Procedures".
2180	Hybrid Approach "Stage 1", Stent placement in arterial duct (PDA) + application of RPA & LPA bands	A "Hybrid Procedure" is defined as a procedure that combines surgical and transcatheter interventional approaches. The term "Hybrid approach" is used somewhat differently than the term "Hybrid Procedure". A "Hybrid approach" is defined as any of a group of procedures that fit into the general silo of procedures developed from the combined use of surgical and transcatheter interventional techniques. Therefore, not all procedures classified as "Hybrid approach" are truly "Hybrid Procedures".
2140	Hybrid approach "Stage 2", Aortopulmonary amalgamation + Superior Cavopulmonary anastomosis(es) + PA Debanding + Aortic arch repair (Norwood [Stage 1] + Superior Cavopulmonary anastomosis(es) + PA Debanding)	A "Hybrid Procedure" is defined as a procedure that combines surgical and transcatheter interventional approaches. The term "Hybrid approach" is used somewhat differently than the term "Hybrid Procedure". A "Hybrid approach" is defined as any of a group of procedures that fit into the general silo of procedures developed from the combined use of surgical and transcatheter interventional techniques. Therefore, not all procedures classified as "Hybrid approach" are truly "Hybrid Procedures". It should be acknowledged that a Hybrid approach "Stage 2" (Aortopulmonary amalgamation + Superior Cavopulmonary anastomosis(es) + PA Debanding, with or without Aortic arch repair) gets its name not because it has any actual hybrid elements, but because it is part of a planned staged approach that is typically commenced with a hybrid procedure.
2150	Hybrid approach "Stage 2", Aortopulmonary amalgamation + Superior Cavopulmonary anastomosis(es) + PA Debanding + Without aortic arch repair	A "Hybrid Procedure" is defined as a procedure that combines surgical and transcatheter interventional approaches. The term "Hybrid approach" is used somewhat differently than the term "Hybrid Procedure". A "Hybrid approach" is defined as any of a group of procedures that fit into the general silo of procedures developed from the combined use of surgical and transcatheter interventional techniques. Therefore, not all procedures classified as "Hybrid approach" are truly "Hybrid Procedures". It should be acknowledged that a Hybrid approach "Stage 2"

		(Aortopulmonary amalgamation + Superior Cavopulmonary anastomosis(es) + PA Debanding, with or without Aortic arch repair) gets its name not because it has any actual hybrid elements, but because it is part of a planned staged approach that is typically commenced with a hybrid procedure.
2760	Hybrid Approach, Transcardiac balloon dilation	
2770	Hybrid Approach, Transcardiac transcatheter device placement	
890	Transplant, Heart	Heart transplantation, any technique, allograft or xenograft.
900	Transplant, Heart and lung	Heart and lung (single or double) transplantation.
910	Partial left ventriculectomy (LV volume reduction surgery) (Batista)	Wedge resection of LV muscle, with suturing of cut edges together, to reduce LV volume.
920	Pericardial drainage procedure	Pericardial drainage can include a range of therapies including, but not limited to: pericardiocentesis, pericardiostomy tube placement, pericardial window creation, and open pericardial drainage (pericardiotomy).
930	Pericardiectomy	Surgical removal of the pericardium.
940	Pericardial procedure, Other	Other pericardial procedures that include, but are not limited to: pericardial reconstruction for congenital absence of the pericardium, pericardial biopsy, pericardial mass or cyst excision.
950	Fontan, Atrio-pulmonary connection	The atrio-pulmonary Fontan is a type of Fontan with connection of the atrium to the pulmonary artery. "The Fontan" is defined as an operation or intervention that results in caval flow from both the upper and lower body draining to the pulmonary circulation in a patient with a functionally univentricular heart.
960	Fontan, Atrio-ventricular connection	The atrio-ventricular Fontan is a type of Fontan with atrio-ventricular connection, either direct or with RA-RV conduit, valved or nonvalved. "The Fontan" is defined as an operation or intervention that results in caval flow from both the upper and lower body draining to the pulmonary circulation in a patient with a functionally univentricular heart.
970	Fontan, TCPC, Lateral tunnel, Fenestrated	The lateral tunnel Fontan is a TCPC type of Fontan Procedure created with anastomosis of SVC and right atrium to the branch pulmonary artery and an intra-atrial baffle to direct IVC flow to pulmonary artery. "The Fontan" is defined as an operation or intervention that results in caval flow from both the upper and lower body draining to the pulmonary circulation in a patient with a functionally univentricular heart. A "TCPC" is a Fontan where both the superior caval vein and the inferior caval vein are connected to the pulmonary circulation through separate connections that are either direct connections or tubular pathways. A fenestration of a Fontan is defined as a communication that is created to allow flow of blood between the systemic and pulmonary venous chambers.
980	Fontan, TCPC, Lateral tunnel, Nonfenestrated	The lateral tunnel Fontan is a TCPC type of Fontan Procedure created with anastomosis of SVC and right atrium to the branch pulmonary artery and an intra-atrial baffle to direct IVC flow to pulmonary artery. "The Fontan" is defined as an operation or

		intervention that results in caval flow from both the upper and lower body draining to the pulmonary circulation in a patient with a functionally univentricular heart. A “TCPC” is a Fontan where both the superior caval vein and the inferior caval vein are connected to the pulmonary circulation through separate connections that are either direct connections or tubular pathways. A fenestration of a Fontan is defined as a communication that is created to allow flow of blood between the systemic and pulmonary venous chambers.
1000	Fontan, TCPC, External conduit, Fenestrated	The external conduit Fontan is a TCPC type of Fontan operation created with anastomosis of SVC to the branch pulmonary artery a conduit outside of the heart to connect the infradiaphragmatic systemic venous return to the pulmonary artery. “The Fontan” is defined as an operation or intervention that results in caval flow from both the upper and lower body draining to the pulmonary circulation in a patient with a functionally univentricular heart. A “TCPC” is a Fontan where both the superior caval vein and the inferior caval vein are connected to the pulmonary circulation through separate connections that are either direct connections or tubular pathways. A fenestration of a Fontan is defined as a communication that is created to allow flow of blood between the systemic and pulmonary venous chambers.
1010	Fontan, TCPC, External conduit, Nonfenestrated	The external conduit Fontan is a TCPC type of Fontan operation created with anastomosis of SVC to the branch pulmonary artery a conduit outside of the heart to connect the infradiaphragmatic systemic venous return to the pulmonary artery. “The Fontan” is defined as an operation or intervention that results in caval flow from both the upper and lower body draining to the pulmonary circulation in a patient with a functionally univentricular heart. A “TCPC” is a Fontan where both the superior caval vein and the inferior caval vein are connected to the pulmonary circulation through separate connections that are either direct connections or tubular pathways. A fenestration of a Fontan is defined as a communication that is created to allow flow of blood between the systemic and pulmonary venous chambers.
2780	Fontan, TCPC, Intra/extracardiac conduit, Fenestrated	The TCPC with Intra/extracardiac conduit is a TCPC type of Fontan operation created with a tube where the tube is attached to the inferior caval vein inside of the heart, and then the tube passes outside of the heart and is attached to the pulmonary artery outside of the heart. “The Fontan” is defined as an operation or intervention that results in caval flow from both the upper and lower body draining to the pulmonary circulation in a patient with a functionally univentricular heart. A “TCPC” is a Fontan where both the superior caval vein and the inferior caval vein are connected to the pulmonary circulation through separate connections that are either direct connections or tubular pathways. A fenestration of a Fontan is defined as a communication that is created to allow flow of blood between the systemic and pulmonary venous chambers.
2790	Fontan, TCPC, Intra/extracardiac conduit,	The TCPC with Intra/extracardiac conduit is a TCPC type of Fontan operation created with a tube where the tube is attached

	Nonfenestrated	to the inferior caval vein inside of the heart, and then the tube passes outside of the heart and is attached to the pulmonary artery outside of the heart. "The Fontan" is defined as an operation or intervention that results in caval flow from both the upper and lower body draining to the pulmonary circulation in a patient with a functionally univentricular heart. A "TCPC" is a Fontan where both the superior caval vein and the inferior caval vein are connected to the pulmonary circulation through separate connections that are either direct connections or tubular pathways. A fenestration of a Fontan is defined as a communication that is created to allow flow of blood between the systemic and pulmonary venous chambers.
3310	Fontan, TCPC, External conduit, hepatic veins to pulmonary artery, Fenestrated	
3320	Fontan, TCPC, External conduit, hepatic veins to pulmonary artery, Nonfenestrated	
1025	Fontan revision or conversion (Re-do Fontan)	"Fontan revision or conversion (Re-do Fontan)" is defined as an operation where a previously created Fontan circuit is either modified or taken down and changed into a different type of Fontan. "The Fontan" is defined as an operation or intervention that results in caval flow from both the upper and lower body draining to the pulmonary circulation in a patient with a functionally univentricular heart. A "TCPC" is a Fontan where both the superior caval vein and the inferior caval vein are connected to the pulmonary circulation through separate connections that are either direct connections or tubular pathways.
1030	Fontan, Other	Other Fontan procedure not specified in procedure codes. May include takedown of a Fontan procedure. "The Fontan" is defined as an operation or intervention that results in caval flow from both the upper and lower body draining to the pulmonary circulation in a patient with a functionally univentricular heart.
2340	Fontan + Atrioventricular valvuloplasty	"Fontan + Atrioventricular valvuloplasty" is defined as an operation to repair the systemic atrioventricular valve combined with a Fontan operation. Please also code the type of Fontan operation performed as the second procedure of this operation. "The Fontan" is defined as an operation or intervention that results in caval flow from both the upper and lower body draining to the pulmonary circulation in a patient with a functionally univentricular heart.
1035	Ventricular septation	Creation of a prosthetic ventricular septum. Surgical procedure used to septate univentricular hearts with two atrioventricular valves. Additional procedures, such as resection of subpulmonic stenosis, should be listed separately.
1050	Congenitally corrected TGA repair, Atrial switch and ASO (double switch)	Repair of congenitally corrected TGA by concomitant atrial switch (Mustard or Senning) and arterial switch operation. VSD closure is usually performed as well; this should be coded separately.
1060	Congenitally corrected TGA	Repair of congenitally corrected TGA by concomitant atrial

	repair, Atrial switch and Rastelli	switch (Mustard or Senning) and VSD closure to the aortic valve with placement of an RV-to-PA conduit.
1070	Congenitally corrected TGA repair, VSD closure	Repair of congenitally corrected TGA by VSD closure only.
1080	Congenitally corrected TGA repair, VSD closure and LV to PA conduit	Repair of congenitally corrected TGA by VSD closure and placement of an LV-to-PA conduit.
1090	Congenitally corrected TGA repair, Other	Any procedures for correction of CCTGA not otherwise specified in other listed procedure codes.
1110	Arterial switch operation (ASO)	Arterial switch operation is used for repair of transposition of the great arteries (TGA). The pulmonary artery and aorta are transected and translocated so that the pulmonary artery arises from the right ventricle and the aorta from the left ventricle. Coronary artery transfer is also accomplished.
1120	Arterial switch operation (ASO) and VSD repair	Arterial switch operation is used for repair of transposition of the great arteries (TGA). The pulmonary artery and aorta are transected and translocated so that the pulmonary artery arises from the right ventricle and the aorta from the left ventricle. Coronary artery transfer is also accomplished. The VSD is closed, usually with a patch.
1123	Arterial switch procedure + Aortic arch repair	Concomitant arterial switch operation and repair of the aortic arch in patients with transposition of the great arteries with intact ventricular septum and associated coarctation of the aorta or interrupted aortic arch.
1125	Arterial switch procedure and VSD repair + Aortic arch repair	Concomitant arterial switch operation with VSD closure and repair of aortic arch in patients with transposition of the great arteries with VSD and associated coarctation of the aorta or interrupted aortic arch.
1130	Senning	Atrial baffle procedure for rerouting of venous flow in TGA resulting in a "physiological repair". The caval flow is directed behind the baffle to the mitral valve, left ventricle and pulmonary artery while the pulmonary venous flow is directed in front of the baffle to the tricuspid valve, right ventricle, and aorta. The Senning procedure uses atrial wall to construct the baffle.
1140	Mustard	Atrial baffle procedure for rerouting of venous flow in TGA resulting in a "physiological repair". The caval flow is directed behind the baffle to the mitral valve, left ventricle and pulmonary artery while pulmonary venous flow is directed in front of the baffle to the tricuspid valve, right ventricle, and aorta. The Mustard procedure uses patch material to construct the baffle.
1145	Atrial baffle procedure, Mustard or Senning revision	Revision of a previous atrial baffle procedure (either Mustard or Senning), for any reason (e.g., obstruction, baffle leak).
1150	Rastelli	Most often used for patients with TGA-VSD and significant LVOTO, the Rastelli operation consists of an LV-to-aorta intraventricular baffle closure of the VSD and placement of an RV-to-PA conduit.
1160	REV	The Lecompte (REV) intraventricular repair is designed for patients with abnormalities of ventriculoarterial connection in whom a standard intraventricular tunnel repair cannot be performed. It is also suitable for patients in whom an arterial

		switch procedure with tunneling of the VSD to the pulmonary artery cannot be performed because of pulmonary (left ventricular outflow tract) stenosis. A right ventriculotomy incision is made. The infundibular (conal) septum, located between the two semilunar valves, is aggressively resected if its presence interferes with the construction of a tunnel from the VSD to the aorta. The VSD is then tunneled to the aorta. The decision to perform or not to perform the Lecompte maneuver should be made at the beginning of the operation. If the Lecompte maneuver is not performed the pulmonary artery is translocated to the right ventricular outflow tract on the side of the aorta that provides the shortest route. (When the decision to perform the Lecompte maneuver has been made, the great vessels are transected and this maneuver is performed at the beginning of the operation.) The pulmonary artery orifice is then closed. The aorta, if it had been transected during the performance of the Lecompte maneuver, is then reconstructed. A vertical incision is made on the anterior aspect of the main pulmonary artery. The posterior margin of the pulmonary artery is sutured to the superior aspect of the vertical right ventriculotomy incision. A generous patch of autologous pericardium is used to close the inferior portion of the right ventriculotomy and the anterior portion of the pulmonary artery. A monocusp pericardial valve is inserted extemporaneously.
2190	Aortic root translocation over left ventricle (Including Nikaidoh procedure)	
2210	TGA, Other procedures (Kawashima, LV-PA conduit, other)	
1180	DORV, Intraventricular tunnel repair	Repair of DORV using a tunnel closure of the VSD to the aortic valve. This also includes the posterior straight tunnel repair of Kawashima
1200	DOLV repair	Because of the morphologic variability of DOLV, there are many approaches to repair, including: intraventricular tunnel repair directing the VSD to the pulmonary valve, the REV procedure, or the Rastelli procedure. In the case of DOLV use this code for tunnel closure to the pulmonary valve. If the REV or Rastelli procedures are performed then use those respective codes.
1210	Coarctation repair, End to end	Repair of coarctation of aorta by excision of the coarctation segment and end-to-end circumferential anastomosis of the aorta.
1220	Coarctation repair, End to end, Extended	Repair of coarctation of the aorta by excision of the coarctation segment and end-to-end anastomosis of the oblique ends of the aorta, creating an extended anastomosis.
1230	Coarctation repair, Subclavian flap	Repair of coarctation of the aorta by ligating, dividing, and opening the subclavian artery, incising the coarctation site, and folding down the subclavian artery onto the incision in the aorta, suturing the subclavian "flap" in place, creating a roof over the area of the previous coarctation.
1240	Coarctation repair, Patch	Repair of coarctation of the aorta by incising the coarctation

	aortoplasty	site with placement of a patch sutured in place longitudinally along the aortotomy edge.
1250	Coarctation repair, Interposition graft	Repair of coarctation of the aorta by resection of the coarctation segment and placement of a prosthetic tubular interposition graft anastomosed circumferentially to the cut ends of the aorta.
1260	Coarctation repair, Other	Any repair of coarctation not specified in procedure codes. This may include, for example, a combination of two approaches for coarctation repair or extra-anatomic bypass graft, etc.
1275	Coarctation repair + VSD repair	Coarctation of aorta repair, any technique, and simultaneous VSD repair, any type VSD, any type repair.
1280	Aortic arch repair	Aortic arch repair, any technique.
1285	Aortic arch repair + VSD repair	Aortic arch repair, any technique, and simultaneous VSD repair, any type VSD, any type repair. This includes repair of IAA with VSD.
1290	Coronary artery fistula ligation	Coronary artery fistula repair using any technique. If additional technique information may be supplied by another procedure code, please list separately (e.g., bypass graft).
1291	Anomalous origin of coronary artery from pulmonary artery repair	Repair of anomalous origin of the coronary artery (any) from the pulmonary artery, by any technique (ligation, translocation with aortic implantation, Takeuchi operation, or bypass graft). If additional technique information may be supplied by another procedure code, please list separately (for example, bypass graft).
1300	Coronary artery bypass	Coronary artery bypass graft procedure, any technique (with or without CPB, venous or arterial graft, one or more grafts, etc.), for any coronary artery pathology (coronary arterial fistula, aneurysm, coronary bridging, atresia of left main, acquired coronary artery disease, etc.).
1305	Anomalous aortic origin of coronary artery from aorta (AAOCA) repair	
1310	Coronary artery procedure, Other	Any coronary artery procedure not specifically listed.
1320	Interrupted aortic arch repair	Repair of interrupted aortic arch (any type) by any technique (direct anastomosis, prosthetic graft, etc.). Does not include repair of IAA-VSD.
1330	PDA closure, Surgical	Closure of a PDA by any surgical technique (ligation, division, clip) using any approach (i.e., thoracotomy, thoracoscopic, etc.).
1340	PDA closure, Device	Closure of a PDA by device using transcatheter techniques.
1360	Vascular ring repair	Repair of vascular ring (any type, except pulmonary artery sling) by any technique.
1365	Aortopexy	Surgical fixation of the aorta to another structure (usually the posterior aspect of the sternum) to relieve compression on another vessel or structure (e.g., trachea).
1370	Pulmonary artery sling repair	Pulmonary artery sling repair by any technique.
1380	Aortic aneurysm repair	Aortic aneurysm repair by any technique.
1390	Aortic dissection repair	Aortic dissection repair by any technique.
1400	Lung biopsy	Lung biopsy, any technique.
1410	Transplant, lung(s)	Lung or lobe transplantation of any type.

1420	Lung procedure, Other	Included in this procedure code would be any lung procedure other than transplant, such as, but not limited to: pneumonectomy (left or right), lobectomy (any lobe), bilobectomy (two lobes), segmental lung resection (any segment), or wedge resection.
1440	Tracheal procedure	Any tracheal procedure, including but not limited to relief of tracheal stenosis (any means including pericardial graft, autograft insertion, homograft insertion, resection with reanastomosis, rib cartilage insertion, or slide tracheoplasty). Tracheal stent placement or balloon dilation should be coded separately.
2800	Muscle flap, Trunk (i.e. intercostal, pectus, or serratus muscle)	A trunk muscle flap (intercostal, pectus, or serratus muscle) is rotated to buttress or augment a suture line, anastomosis or fill the pleural space.
2810	Muscle flap, Trunk (i.e. latissimus dorsi)	A trunk muscle flap (latissimus dorsi) is rotated to buttress or augment a suture line, anastomosis or fill the pleural space.
2820	Removal, Sternal wire	Excision of wire used to approximate sternum, previous sternotomy
2830	Rib excision, Complete	Complete excision of rib(s)
2840	Rib excision, Partial	Partial excision of rib(s)
2850	Sternal fracture - open treatment	Repair of a sternal fracture with sutures, wires, plates or bars.
2860	Sternal resection, Radical resection of sternum	Involves removal of the sternum with complex reconstructive requirements for either a tumor or severe sternal infection.
2870	Sternal resection, Radical resection of sternum with mediastinal lymphadenectomy	Involves resection of the sternum and mediastinal lymph node dissection.
2880	Tumor of chest wall - Excision including ribs	Excision of ribs and attached muscles for a benign or malignant tumor of the chest wall. When three or less ribs are taken or if the defect is covered by the scapula, reconstruction may not be necessary.
2890	Tumor of chest wall - Excision including ribs, With reconstruction	Resection of the chest wall tumor with reconstruction of the defect, usually with plastic mesh (marlex, prolene), methylmethacrylate/mesh sandwich or a muscle flap.
2900	Tumor of soft tissue of thorax - Excision of deep subfascial or intramuscular tumor	Excision of a deep chest wall tumor that involves the muscles but not the ribs. These would usually be benign tumors such as a fibroma or a deep lipoma.
2910	Tumor of soft tissue of thorax - Excision of subcutaneous tumor	Excision of tumor in the skin/fat of the chest wall-typically a lipoma.
2920	Tumor of soft tissue of thorax - Radical resection	En-bloc, radical excision of a cancer of the chest wall muscles, involving the skin, fat and muscles. Typically it would be a desmoid tumor or a sarcoma malignant fibrous histiocytoma, rhabdomyosarcoma.
2930	Hyoid myotomy and suspension	Typically done as a suprahyoid laryngeal release to reduce tension on a cervical tracheal resection anastomosis. The hyoid bone is cut laterally on both sides to allow it to drop down and thus lower the larynx and trachea.
2940	Muscle flap, Neck	A neck muscle flap is rotated to buttress or augment a suture line, anastomosis or fill a space. Commonly used neck muscles

		are strap muscles, sternocleidomastoid muscle, levator scapulae.
2950	Procedure on neck	Unlisted procedure of the neck
2960	Tumor of soft tissue of neck - Excision of deep subfascial or intramuscular tumor	Excision of a tumor that involves the muscles of the neck. These would usually be benign tumors such as a fibroma or a deep lipoma.
2970	Tumor of soft tissue of neck - Excision of subcutaneous tumor	Excision of a tumor in the skin/fat of the neck-typically a lipoma.
2980	Tumor of soft tissue of neck - Radical resection	A surgical procedure in which the fibrofatty contents of the neck are removed for the treatment of cervical lymphatic metastases. Neck dissection is most commonly used in the management of cancers of the upper aerodigestive tract. It is also used for malignancies of the skin of the head and neck area, the thyroid, and the salivary glands.
2990	Pectus bar removal	Removal of a previously implanted chest wall bar
3000	Pectus bar repositioning	Repositioning of a previously implanted chest wall bar
3010	Pectus repair, Minimally invasive repair (Nuss), With thoracoscopy	Placement of a Nuss transverse chest wall bar to push the sternum forward to repair a pectus deformity, with thoracoscopy
3020	Pectus repair, Minimally invasive repair (Nuss), Without thoracoscopy	Placement of a Nuss transverse chest wall bar to push the sternum forward to repair a pectus deformity, without thoracoscopy
3030	Pectus repair, Open repair	Resection of several costal cartilages, a partial osteotomy of the sternum, and often placement of a temporary bar for stabilization of pectus chest wall deformity
3040	Division of scalenus anticus, With resection of a cervical rib	Repair of Thoracic Outlet Syndrome variant where the scalenus anticus muscle or a band from it impinges on the brachial plexus along with resection of the abnormal cervical rib
3050	Division of scalenus anticus, Without resection of a cervical rib	Repair of Thoracic Outlet Syndrome variant where the scalenus anticus muscle or a band from it impinges on the brachial plexus along without resection of the abnormal cervical rib
3060	Rib excision, Excision of cervical rib	Removal of the first rib or a cervical rib for treatment of Thoracic Outlet Syndrome
3070	Rib excision, Excision of cervical rib, With sympathectomy	Removal of the first rib or a cervical rib and sympathectomy for treatment of Thoracic Outlet Syndrome
3080	Rib excision, Excision of first rib	Removal of the first rib
3090	Rib excision, Excision of first rib, With sympathectomy	Removal of the first rib and sympathectomy
3100	Procedure on thorax	Unlisted procedure on thorax
1450	Pacemaker implantation, Permanent	Implantation of a permanent pacemaker of any type (e.g., single- chamber, dual-chamber, atrial antitachycardia), with any lead configuration or type (atrial, ventricular, atrial and ventricular, transvenous, epicardial, transmural), by any technique (sternotomy, thoracotomy etc.).
1460	Pacemaker procedure	Any revision to a previously placed pacemaker system including revisions to leads, generators, pacemaker pockets. This may include explantation of pacemakers or leads as well.
2350	Explantation of pacing system	Removal of pacemaker generator and wires

1470	ICD (AICD) implantation	Implantation of an (automatic) implantable cardioverter defibrillator system.
1480	ICD (AICD) ([automatic] implantable cardioverter defibrillator) procedure	Any revision to a previously placed AICD including revisions to leads, pads, generators, pockets. This may include explantation procedures as well.
1490	Arrhythmia surgery - atrial, Surgical Ablation	Surgical ablation (any type) of any atrial arrhythmia.
1500	Arrhythmia surgery - ventricular, Surgical Ablation	Surgical ablation (any type) of any ventricular arrhythmia.
2500	Cardiovascular catheterization procedure, Diagnostic	Invasive diagnostic procedure involving the heart and great vessels
2520	Cardiovascular catheterization procedure, Diagnostic, Angiographic data obtained	Invasive diagnostic procedure involving the heart and great vessels using angiography
2550	Cardiovascular catheterization procedure, Diagnostic, Electrophysiology alteration	
2540	Cardiovascular catheterization procedure, Diagnostic, Hemodynamic alteration	Invasive diagnostic procedure involving pressure or flow alteration in the cardiovascular system
2510	Cardiovascular catheterization procedure, Diagnostic, Hemodynamic data obtained	Invasive diagnostic procedure involving pressure and flow assessment of the heart and great vessels
2530	Cardiovascular catheterization procedure, Diagnostic, Transluminal test occlusion	
2410	Cardiovascular catheterization procedure, Therapeutic	Invasive therapeutic procedure involving the heart and great vessels
2670	Cardiovascular catheterization procedure, Therapeutic, Adjunctive therapy	
1540	Cardiovascular catheterization procedure, Therapeutic, Balloon dilation	Invasive therapeutic procedure involving balloon dilatation of a cardiovascular structure
2590	Cardiovascular catheterization procedure, Therapeutic, Balloon valvotomy	Invasive therapeutic procedure involving balloon dilatation of a valve
1580	Cardiovascular catheterization procedure, Therapeutic, Coil implantation	Invasive therapeutic procedure involving implantation of a coil
1560	Cardiovascular catheterization procedure, Therapeutic, Device implantation	Invasive therapeutic procedure involving implantation of a device
3110	Cardiovascular catheterization procedure, Therapeutic, Device implantation attempted	Invasive therapeutic procedure involving attempted but unsuccessful implantation of a device
2690	Cardiovascular catheterization procedure, Therapeutic, Electrophysiological ablation.	Invasive therapeutic procedure involving Catheter based creation of lesions in the heart with radiofrequency energy, cryotherapy , or ultrasound energy to cure or control arrhythmias
3120	Cardiovascular catheterization	Invasive therapeutic procedure involving removal of an

	procedure, Therapeutic, Intravascular foreign body removal	intravascular foreign body
2640	Cardiovascular catheterization procedure, Therapeutic, Perforation (establishing interchamber and/or intervessel communication)	Invasive therapeutic procedure establishing interchamber and/or intervessel communication
2580	Cardiovascular catheterization procedure, Therapeutic, Septostomy	Invasive therapeutic procedure establishing an intracardiac septal communication
1550	Cardiovascular catheterization procedure, Therapeutic, Stent insertion	Invasive therapeutic procedure involving implantation of a stent
2630	Cardiovascular catheterization procedure, Therapeutic, Stent re-dilation	Invasive therapeutic procedure involving dilatation of a previously implanted stent
2650	Cardiovascular catheterization procedure, Therapeutic, Transcatheter Fontan completion	
2660	Cardiovascular catheterization procedure, Therapeutic, Transcatheter implantation of valve	Invasive therapeutic procedure involving deployment/implantation of a valve
1590	Shunt, Systemic to pulmonary, Modified Blalock-Taussig Shunt (MBTS)	Placement of a tube graft from a branch of the aortic arch to the pulmonary artery with or without bypass, from any approach (thoracotomy, sternotomy).
1600	Shunt, Systemic to pulmonary, Central (shunt from aorta)	A direct anastomosis or placement of a tube graft from the aorta to the pulmonary artery with or without bypass, from any approach (thoracotomy, sternotomy).
3130	Shunt, Systemic to pulmonary, Central (shunt from aorta), Central shunt with an end-to-side connection between the transected main pulmonary artery and the side of the ascending aorta (i.e. Mee shunt)	Creation of a central shunt with an end-to-side connection between the transected main pulmonary artery and the side of the ascending aorta
3230	Shunt, Systemic to pulmonary, Potts - Smith type (descending aorta to pulmonary artery)	
1610	Shunt, Systemic to pulmonary, Other	Placement of any other systemic-to-pulmonary artery shunt, with or without bypass, from any approach (thoracotomy, sternotomy) that is not otherwise coded. Includes classic Blalock-Taussig systemic-to-pulmonary artery shunt.
1630	Shunt, Ligation and takedown	Takedown of any shunt.
2095	Shunt, Reoperation	Revision or replacement of a previously created shunt
1640	PA banding (PAB)	Placement of a pulmonary artery band, any type.

1650	PA debanding	Debanding of pulmonary artery. Please list separately any pulmonary artery reconstruction required.
3200	PA band adjustment	
1660	Damus-Kaye-Stansel procedure (DKS) (creation of AP anastomosis without arch reconstruction)	In the Damus-Kaye-Stansel procedure the proximal transected main pulmonary artery is connected by varying techniques to the aorta.
1670	Bidirectional cavopulmonary anastomosis (BDCPA) (bidirectional Glenn)	Superior vena cava to pulmonary artery anastomosis allowing flow to both pulmonary arteries with an end-to-side superior vena-to-pulmonary artery anastomosis.
1680	Glenn (unidirectional cavopulmonary anastomosis) (unidirectional Glenn)	Superior vena cava to ipsilateral pulmonary artery anastomosis (i.e., LSVC to LPA, RSVC to RPA).
1690	Bilateral bidirectional cavopulmonary anastomosis (BBDCPA) (bilateral bidirectional Glenn)	Bilateral superior vena cava-to-pulmonary artery anastomoses (requires bilateral SVCs).
1700	HemiFontan	A HemiFontan is an operation that includes a bidirectional superior vena cava (SVC)-to-pulmonary artery anastomosis and the connection of this "SVC-pulmonary artery amalgamation" to the atrium, with a "dam" between this "SVC-pulmonary artery amalgamation" and the atrium. This operation can be accomplished with a variety of operative strategies including the following two techniques and other techniques that combine elements of both of these approaches: (1) Augmenting both branch pulmonary arteries with a patch and suturing the augmented branch pulmonary arteries to an incision in the medial aspect of the superior vena cava. (With this approach, the pulmonary artery patch forms a roof over the SVC-to-pulmonary artery anastomosis and also forms a "dam" between the SVC-pulmonary artery amalgamation and the right atrium.) (2) Anastomosing both ends of the divided SVC to incisions in the top and bottom of the right pulmonary artery, and using a separate patch to close junction of the SVC and the right atrium.
2330	Superior cavopulmonary anastomosis(es) (Glenn or HemiFontan) + Atrioventricular valvuloplasty	
2130	Superior Cavopulmonary anastomosis(es) + PA reconstruction	
3300	Takedown of superior cavopulmonary anastomosis	
3140	Hepatic vein to azygous vein connection, Direct	
3150	Hepatic vein to azygous vein connection, Interposition graft	
3160	Kawashima operation (superior cavopulmonary connection in setting of interrupted IVC with azygous continuation)	

1710	Palliation, Other	Any other palliative procedure not specifically listed.
3240	Attempted fetal intervention, percutaneous trans-catheter directed at interatrial septum	
3250	Attempted fetal intervention, percutaneous trans-catheter directed at aortic valve	
3260	Attempted fetal intervention, percutaneous trans-catheter directed at pulmonic valve	
3270	Attempted fetal intervention "open" (maternal laparotomy with hysterotomy), directed at interatrial septum	
3280	Attempted fetal intervention "open" (maternal laparotomy with hysterotomy), directed at aortic valve	
3290	Attempted fetal intervention "open" (maternal laparotomy with hysterotomy), directed at pulmonic valve	
2360	ECMO cannulation	Insertion of cannulas for extracorporeal membrane oxygenation
2370	ECMO decannulation	Removal of cannulas for extracorporeal membrane oxygenation
1910	ECMO procedure	Any ECMO procedure (cannulation, decannulation, etc.).
1900	Intraaortic balloon pump (IABP) insertion	Insertion of intraaortic balloon pump by any technique.
1920	Right/left heart assist device procedure	Any right, left, or biventricular assist device procedure (placement, removal etc.).
2390	VAD explantation	Removal of ventricular assist device
2380	VAD implantation	Insertion of a ventricular assist device
3170	VAD change out	Removal of previously inserted ventricular assist device and insertion of a new device
2420	Echocardiography procedure, Sedated transesophageal echocardiogram	Procedural sedation for echocardiogram
2430	Echocardiography procedure, Sedated transthoracic echocardiogram	Procedural sedation for echocardiogram, transthoracic
2435	Non-cardiovascular, Non-thoracic procedure on cardiac patient with cardiac anesthesia	Anesthesia provided by cardiac anesthesiologist for patient with congenital heart disease undergoing a non- cardiovascular, non-thoracic procedure
2440	Radiology procedure on cardiac patient, Cardiac Computerized Axial Tomography (CT Scan)	A patient with congenital heart disease undergoing cardiac CT scan
2450	Radiology procedure on cardiac patient, Cardiac Magnetic Resonance Imaging (MRI)	A patient with congenital heart disease undergoing cardiac MRI

2460	Radiology procedure on cardiac patient, Diagnostic radiology	A patient with congenital heart disease undergoing a diagnostic radiology procedure
2470	Radiology procedure on cardiac patient, Non-Cardiac Computerized Tomography (CT) on cardiac patient	A patient with congenital heart disease undergoing a non-cardiac CT scan
2480	Radiology procedure on cardiac patient, Non-cardiac Magnetic Resonance Imaging (MRI) on cardiac patient	A patient with congenital heart disease undergoing non-cardiac MRI
2490	Radiology procedure on cardiac patient, Therapeutic radiology	A patient with congenital heart disease undergoing a therapeutic radiology procedure
1720	Aneurysm, Ventricular, Right, Repair	Repair of right ventricular aneurysm, any technique.
1730	Aneurysm, Ventricular, Left, Repair	Repair of left ventricular aneurysm, any technique.
1740	Aneurysm, Pulmonary artery, Repair	Repair of pulmonary artery aneurysm, any technique.
1760	Cardiac tumor resection	Resection of cardiac tumor, any type.
1780	Pulmonary AV fistula repair/occlusion	Repair or occlusion of a pulmonary arteriovenous fistula.
1790	Ligation, Pulmonary artery	Ligation or division of the pulmonary artery. Most often performed as a secondary procedure.
1802	Pulmonary embolectomy, Acute pulmonary embolus	Acute pulmonary embolism (clot) removal, through catheter or surgery.
1804	Pulmonary embolectomy, Chronic pulmonary embolus	Chronic pulmonary embolism (clot) removal, through catheter or surgery.
1810	Pleural drainage procedure	Pleural drainage procedure via thoracocentesis, tube thoracostomy, or open surgical drainage.
1820	Pleural procedure, Other	Other pleural procedures not specifically listed; may include pleurodesis (mechanical, talc, antibiotic or other), among others.
1830	Ligation, Thoracic duct	Ligation of the thoracic duct; most commonly for persistent chylothorax.
1840	Decortication	Decortication of the lung by any technique.
1850	Esophageal procedure	Any procedure performed on the esophagus.
1860	Mediastinal procedure	Any non-cardiovascular mediastinal procedure not otherwise listed.
1870	Bronchoscopy	Bronchoscopy, rigid or flexible, for diagnostic, biopsy, or treatment purposes (laser, stent, dilation, lavage).
1880	Diaphragm plication	Plication of the diaphragm; most often for diaphragm paralysis due to phrenic nerve injury.
1890	Diaphragm procedure, Other	Any diaphragm procedure not specifically listed.
1930	VATS (video-assisted thoracoscopic surgery)	Video-assisted thoracoscopic surgery utilized; this code should be used in addition to the specific procedure code (e.g., if PDA ligated using VATS technique, PDA ligation should be primary procedure, VATS should be secondary procedure).
1940	Minimally invasive procedure	Any procedure using minimally invasive technique; this code should be used in addition to the specific procedure code (e.g.,

		if ASD closed using minimally invasive technique, ASD repair should be primary procedure, minimally invasive procedure should be listed additionally).
1950	Bypass for noncardiac lesion	Use of cardiopulmonary bypass for noncardiac lesion; this code may be used in addition to the specific procedure code if one is available (e.g., tracheal procedures may be done using CPB - the tracheal procedure should be the primary procedure and use of cardiopulmonary bypass for noncardiac lesion should be listed additionally).
1960	Delayed sternal closure	Sternal closure effected after patient has left operating room with sternum open, either because of swelling or electively after complex heart procedures. This procedure should be operative type No CPB Cardiovascular.
1970	Mediastinal exploration	Mediastinal exploration, most often for postoperative control of bleeding or tamponade, but may be exploration to assess mediastinal mass, etc.
1980	Sternotomy wound drainage	Drainage of the sternotomy wound.
3180	Intravascular stent removal	Removal of a previously placed intravascular stent
3220	Removal of transcatheter-delivered device from heart	
3210	Removal of transcatheter-delivered device from blood vessel	
1990	Thoracotomy, Other	Any procedure performed through a thoracotomy incision not otherwise listed.
2000	Cardiotomy, Other	Any procedure involving an incision in the heart that is not otherwise listed.
2010	Cardiac procedure, Other	Any cardiac procedure, bypass or non-bypass, that is not otherwise listed.
2020	Thoracic and/or mediastinal procedure, Other	Any thoracic and/or mediastinal procedure not otherwise listed.
2030	Peripheral vascular procedure, Other	Any peripheral vascular procedure; may include procedures such as femoral artery repair, iliac artery repair, etc.
2040	Miscellaneous procedure, Other	Any miscellaneous procedure not otherwise listed.
7777	Other procedure	Any procedure on any organ system not otherwise listed.

<i>Long Name:</i>	Other Non Card-Caro Endart	<i>SeqNo:</i>	6530
<i>Short Name:</i>	ONCCarEn	<i>Core:</i>	Yes
<i>Section Name:</i>	Other Non-Cardiac Procedures	<i>Harvest:</i>	Yes

DBTableName Adultdata1

Definition: Indicate whether the patient underwent surgical removal of stenotic atheromatous plaque or percutaneous/surgical placement of carotid stent in conjunction with the primary surgical procedure.

Data Source: User

Format: Text (categorical values specified by STS)

ParentShortName: OpONCard

ParentLongName: Other Non Card

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 3 Yes, planned
- 4 Yes, unplanned due to surgical complication
- 5 Yes, unplanned due to unsuspected disease or anatomy
- 2 No

<i>Long Name:</i>	Other Non Card-Other Vasc	<i>SeqNo:</i>	6535
<i>Short Name:</i>	ONCOVasc	<i>Core:</i>	Yes
<i>Section Name:</i>	Other Non-Cardiac Procedures	<i>Harvest:</i>	Yes

DBTableName Adultdata1

Definition: Indicate whether patient had procedures treating peripheral vascular disease or condition in conjunction with the primary surgical procedure.

Data Source: User

Format: Text (categorical values specified by STS)

ParentShortName: OpONCard

ParentLongName: Other Non Card

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 3 Yes, planned
- 4 Yes, unplanned due to surgical complication
- 5 Yes, unplanned due to unsuspected disease or anatomy
- 2 No

Long Name: Other Non Card-Other Thor *SeqNo:* 6540
Short Name: **ONCOThor** *Core:* Yes
Section Name: Other Non-Cardiac Procedures *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate whether patient underwent procedures involving Thorax/Pleura in conjunction with the primary surgical procedure. This includes but is not limited to open lung biopsy, lung resection, mediastinal mass and/or lung dissection.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: OpONCard

ParentLongName: Other Non Card

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 3 Yes, planned
 - 4 Yes, unplanned due to surgical complication
 - 5 Yes, unplanned due to unsuspected disease or anatomy
 - 2 No
-

Long Name: Other Non Card-Other *SeqNo:* 6545
Short Name: **ONCOther** *Core:* Yes
Section Name: Other Non-Cardiac Procedures *Harvest:* Yes
DBTableName Adultdata1

Definition: Indicate whether the patient had any other non-cardiac procedure performed in conjunction with the primary surgical procedure that is not included within this section.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: OpONCard

ParentLongName: Other Non Card

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 3 Yes, planned
- 4 Yes, unplanned due to surgical complication
- 5 Yes, unplanned due to unsuspected disease or anatomy

2 No

Long Name: Postoperative Peak Glucose *SeqNo:* 6550
Short Name: **PostOpPeakGlu** *Core:* Yes
Section Name: Postoperative *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the postoperative peak glucose measured within 18-24 hours of anesthesia end time.
Data Source: User *Format:* Integer
Low Value: 30 High Value: 1500

Long Name: Postoperative Creatinine Level *SeqNo:* 6555
Short Name: **PostCreat** *Core:* Yes
Section Name: Postoperative *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the postoperative Creatinine level. If more than one level is obtained, code the highest level.
Data Source: User *Format:* Real
Low Value: 0.1 High Value: 30.0 UsualRangeLow: 0.4 UsualRangeHigh: 13.0

Long Name: Postoperative Hemoglobin *SeqNo:* 6556
Short Name: **PostopHemoglobin** *Core:* Yes
Section Name: Postoperative *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the postoperative hemoglobin closest to discharge
Data Source: User *Format:* Real
Low Value: 1.00 High Value: 50.00

<i>Long Name:</i>	Postoperative Hematocrit	<i>SeqNo:</i>	6557
<i>Short Name:</i>	PostopHct	<i>Core:</i>	Yes
<i>Section Name:</i>	Postoperative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate the postoperative hematocrit closest to discharge		
<i>Data Source:</i>	User	<i>Format:</i>	Real
<i>Low Value:</i>	1.00	<i>High Value:</i>	99.99

<i>Long Name:</i>	Blood Prod	<i>SeqNo:</i>	6560
<i>Short Name:</i>	BldProd	<i>Core:</i>	Yes
<i>Section Name:</i>	Postoperative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether blood products were transfused any time postoperatively. Postoperatively is defined as any blood started after the initial surgery. Include blood transfused after the initial surgery, including any blood transfused during a reoperative surgery.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
-

<i>Long Name:</i>	Blood Prod - RBC Units	<i>SeqNo:</i>	6565
<i>Short Name:</i>	BdRBCU	<i>Core:</i>	Yes
<i>Section Name:</i>	Postoperative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate the number of units of packed red blood cells that were transfused any time postoperatively.		
	Do not include autologous, cell-saver or chest tube recirculated blood.		
<i>Data Source:</i>	User	<i>Format:</i>	Integer
<i>Low Value:</i>	0	<i>High Value:</i>	99
	<i>UsualRangeLow:</i>	0	<i>UsualRangeHigh:</i> 50
<i>ParentShortName:</i>	BldProd		
<i>ParentLongName:</i>	Blood Prod		
<i>ParentHarvestCodes:</i>	1		
<i>ParentValues:</i>	= "Yes"		

Long Name: Blood Prod - FFP Units *SeqNo:* 6570
Short Name: **BdFFPU** *Core:* Yes
Section Name: Postoperative *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the number of units of fresh frozen plasma that were transfused any time postoperatively.
Data Source: User *Format:* Integer
Low Value: 0 High Value: 99 UsualRangeLow: 0 UsualRangeHigh: 40
ParentShortName: BldProd
ParentLongName: Blood Prod
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Blood Prod - Cryo Units *SeqNo:* 6575
Short Name: **BdCryoU** *Core:* Yes
Section Name: Postoperative *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the number of units of cryoprecipitate that were transfused postoperatively. One bag of cryo = one unit.
The number of units is not volume dependent.
Data Source: User *Format:* Integer
Low Value: 0 High Value: 99 UsualRangeLow: 0 UsualRangeHigh: 20
ParentShortName: BldProd
ParentLongName: Blood Prod
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Blood Prod - Platelet Units *SeqNo:* 6580
Short Name: **BdPlatU** *Core:* Yes
Section Name: Postoperative *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the number of units of platelets that were transfused postoperatively. Count the dose pack as one unit. A dose pack may consist of 4, 6, 8, 10, or any number of donor platelets obtained. The number of units coded is not volume dependent.
Data Source: User *Format:* Integer
 Low Value: 0 High Value: 99
 ParentShortName: BldProd
 ParentLongName: Blood Prod
 ParentHarvestCodes: 1
 ParentValues: = "Yes"

Long Name: Extubated In OR *SeqNo:* 6585
Short Name: **ExtubOR** *Core:* Yes
Section Name: Postoperative *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether the patient was extubated prior to leaving the operating room during the initial surgery. If patient expires in the operating room during the initial surgery, answer "Yes".
Data Source: User *Format:* Text (categorical values specified by STS)

Harvest Codes and Value Definitions:

<u>Code:</u>	<u>Value:</u>	<u>Definition:</u>
1	Yes	
2	No	
3	N/A	Patient was not intubated in the OR

<i>Long Name:</i>	Re-intubated During Hospital Stay	<i>SeqNo:</i>	6590
<i>Short Name:</i>	ReIntub	<i>Core:</i>	No
<i>Section Name:</i>	Postoperative	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether the patient was reintubated during the hospital stay after the initial extubation. This may include patients who have been extubated in the OR and require intubation in the postoperative period.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
Harvest Codes:			
	<u>Code:</u>	<u>Value:</u>	
	1	Yes	
	2	No	

<i>Long Name:</i>	Postop Intubation/Reintubation During Hospital Stay	<i>SeqNo:</i>	6591
<i>Short Name:</i>	PostopIntub	<i>Core:</i>	Yes
<i>Section Name:</i>	Postoperative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether the patient was intubated for the first time after leaving the OR from the initial procedure, or re-intubated during the hospital stay after the initial extubation.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
Harvest Codes:			
	<u>Code:</u>	<u>Value:</u>	
	1	Yes	
	2	No	

<i>Long Name:</i>	Additional Hours Ventilated	<i>SeqNo:</i>	6595
<i>Short Name:</i>	VentHrsA	<i>Core:</i>	Yes
<i>Section Name:</i>	Postoperative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate how many additional hours the patient was on ventilator after initial extubation.		
<i>Data Source:</i>	User	<i>Format:</i>	Real
Low Value:	0.10	High Value:	5000.00
ParentShortName:	PostopIntub		
ParentLongName:	Postop Intubation/Reintubation During Hospital Stay		
ParentHarvestCodes:	1		
ParentValues:	= "Yes"		

Long Name: Total Postoperative Ventilation Hours *SeqNo:* 6600
Short Name: **VentHrsTot** *Core:* Yes
Section Name: Postoperative *Harvest:* Yes
DBTableName Adultdata2
Definition: Calculated variable measuring OR exit time to extubation time plus any additional hours due to reintubation.
Data Source: Calculated *Format:* Real
 Low Value: 0.00 High Value: 6000.00

Long Name: ICU Visit *SeqNo:* 6605
Short Name: **ICUVisit** *Core:* Yes
Section Name: Postoperative *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether the patient received ICU level of care immediately following the initial surgery. Include ICU unit, post-anesthesia recovery, and other similar critical care environments.
Data Source: User *Format:* Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
-

Long Name: Initial ICU hours *SeqNo:* 6610
Short Name: **ICUInHrs** *Core:* Yes
Section Name: Postoperative *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the number of hours the patient received ICU level of care immediately following the initial surgery until the time of actual transfer out of ICU. Include ICU unit, post-anesthesia recovery, and other similar critical care environments.
 For those sites providing postop ICU level of care in one single stay unit (admission to ICU to hospital discharge), document the number of hours immediately following the initial surgery until a physician order is written to change the level of care provided.
Data Source: User *Format:* Real
 Low Value: 0.1 High Value: 5000.0 UsualRangeLow: 1.0 UsualRangeHigh: 300.0
 ParentShortName: ICUVisit
 ParentLongName: ICU Visit
 ParentHarvestCodes: 1
 ParentValues: = "Yes"

Long Name: Readmission to ICU *SeqNo:* 6615
Short Name: **ICUReadm** *Core:* Yes
Section Name: Postoperative *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether the patient spent time in an ICU after having been transferred to a step-down unit (lower level care). Specific situations are described below:
OR -> ICU -> OR -> ICU = No
OR -> ICU -> STEP DOWN -> ICU = Yes
OR -> STEP DOWN -> ICU = Yes
Single care unit:
Code ICU readmission when the level of care increases and is noted in the physician order.
Data Source: User *Format:* Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
- 2 No

Long Name: Additional ICU Hours *SeqNo:* 6620
Short Name: **ICUAdHrs** *Core:* Yes
Section Name: Postoperative *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the number of additional hours spent in the ICU, or at the equivalent higher level of care in single stay units.
Data Source: User *Format:* Real
Low Value: 0.1 High Value: 5000.0 UsualRangeLow: 1.0 UsualRangeHigh: 300.0
ParentShortName: ICUReadm
ParentLongName: Readmission to ICU
ParentHarvestCodes: 1
ParentValues: = "Yes"

<i>Long Name:</i>	Postop Echo	<i>SeqNo:</i>	6625
<i>Short Name:</i>	POpTTEch	<i>Core:</i>	Yes
<i>Section Name:</i>	Postoperative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether an echo was performed postoperatively to evaluate valvular function prior to discharge.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
-

<i>Long Name:</i>	Postop Echo Aortic Insufficiency	<i>SeqNo:</i>	6630
<i>Short Name:</i>	POpTTAR	<i>Core:</i>	Yes
<i>Section Name:</i>	Postoperative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate the level of aortic insufficiency/regurgitation found on post op echo closest to discharge. Mild-to-moderate should be coded as moderate; moderate to severe should be coded as severe.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: POpTTEch

ParentLongName: Postop Echo

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 None
 - 2 Trivial/Trace
 - 3 Mild
 - 4 Moderate
 - 5 Severe
 - 6 Not documented
-

Long Name: Postop Echo Aortic Paravalvular Leak *SeqNo:* 6631
Short Name: **POpAortParaLk** *Core:* Yes
Section Name: Postoperative *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the level of aortic paravalvular leak found on post op echo closest to discharge. Mild-to-moderate should be coded as moderate; moderate to severe should be coded as severe.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: POpTTech
ParentLongName: Postop Echo
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	None
2	Trivial/Trace
3	Mild
4	Moderate
5	Severe
6	Not documented

Long Name: Postop Echo Mitral Insufficiency *SeqNo:* 6635
Short Name: **POpTTMR** *Core:* Yes
Section Name: Postoperative *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the level of mitral insufficiency/regurgitation found on post op echo closest to discharge. Mild-to-moderate should be coded as moderate; moderate to severe should be coded as severe.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: POpTTech
ParentLongName: Postop Echo
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	None
2	Trivial/Trace
3	Mild
4	Moderate
5	Severe
6	Not documented

<i>Long Name:</i>	Postop Echo Mitral Paravalvular leak	<i>SeqNo:</i>	6636
<i>Short Name:</i>	POpMitParaLk	<i>Core:</i>	Yes
<i>Section Name:</i>	Postoperative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate the level of mitral paravalvular leak found on post op echo closest to discharge. Mild-to-moderate should be coded as moderate; moderate to severe should be coded as severe.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: POpTTTEch

ParentLongName: Postop Echo

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 None
- 2 Trivial/Trace
- 3 Mild
- 4 Moderate
- 5 Severe
- 6 Not documented

<i>Long Name:</i>	Postop Echo Tricuspid Insufficiency	<i>SeqNo:</i>	6640
<i>Short Name:</i>	POpTTTR	<i>Core:</i>	Yes
<i>Section Name:</i>	Postoperative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate the level of tricuspid insufficiency/ regurgitation found on post op echo closest to discharge. Mild-to-moderate should be coded as moderate; moderate to severe should be coded as severe.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: POpTTTEch

ParentLongName: Postop Echo

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 None
- 2 Trivial/Trace
- 3 Mild
- 4 Moderate
- 5 Severe
- 6 Not documented

Long Name: Postop Echo Pulmonic Insufficiency *SeqNo:* 6645
Short Name: **POpTTPu** *Core:* Yes
Section Name: Postoperative *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the level of pulmonic insufficiency/ regurgitation found on post op echo closest to discharge. Mild-to-moderate should be coded as moderate; moderate to severe should be coded as severe.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: POpTTTEch

ParentLongName: Postop Echo

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 None
- 2 Trivial/Trace
- 3 Mild
- 4 Moderate
- 5 Severe
- 6 Not documented

Long Name: Postop EF Done *SeqNo:* 6650
Short Name: **POpEFD** *Core:* Yes
Section Name: Postoperative *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether the Ejection Fraction was measured postoperatively.

Data Source: User *Format:* Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
- 2 No

<i>Long Name:</i>	Postop EF	<i>SeqNo:</i>	6655
<i>Short Name:</i>	POpEF	<i>Core:</i>	Yes
<i>Section Name:</i>	Postoperative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate the percentage of the blood emptied from the left ventricle at the end of the contraction measured postoperatively.

Enter a percentage in the range of 1 - 99. If a percentage range is reported, report a whole number using the "mean" (i.e., 50-55%, is reported as 53%).

Values reported as:

- Hyperdynamic: >70%
- Normal: 50%–70% (midpoint 60%)
- Mild dysfunction: 40%–49% (midpoint 45%)
- Moderate dysfunction: 30%–39% (midpoint 35%)
- Severe dysfunction: <30%

<i>Data Source:</i>	User	<i>Format:</i>	Real
Low Value:	1.0	High Value:	99.0
		UsualRangeLow:	5.0
		UsualRangeHigh:	99.0
ParentShortName:	POpEFD		
ParentLongName:	Postop EF Done		
ParentHarvestCodes:	1		
ParentValues:	= "Yes"		

<i>Long Name:</i>	Postop Cardiac Enzymes Drawn	<i>SeqNo:</i>	6660
<i>Short Name:</i>	POpEnzDrawn	<i>Core:</i>	Yes
<i>Section Name:</i>	Postoperative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate whether Cardiac Enzymes (biomarkers) were drawn post procedure.

<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
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Harvest Codes:

Code: Value:

1 Yes

2 No

<i>Long Name:</i>	Postop Peak CKMB	<i>SeqNo:</i>	6665
<i>Short Name:</i>	POpPkCKMB	<i>Core:</i>	Yes
<i>Section Name:</i>	Postoperative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate the peak CKMB (highest level post procedure).		
<i>Data Source:</i>	User	<i>Format:</i>	Real
Low Value:	0.0	High Value:	5000.0
ParentShortName:	POpEnzDrawn		
ParentLongName:	Postop Cardiac Enzymes Drawn		
ParentHarvestCodes:	1		
ParentValues:	= "Yes"		

<i>Long Name:</i>	Postop Peak Troponin I	<i>SeqNo:</i>	6670
<i>Short Name:</i>	POpPkTrI	<i>Core:</i>	Yes
<i>Section Name:</i>	Postoperative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate the peak Troponin I (highest level post procedure).		
<i>Data Source:</i>	User	<i>Format:</i>	Real
Low Value:	0.0	High Value:	5000.0
ParentShortName:	POpEnzDrawn		
ParentLongName:	Postop Cardiac Enzymes Drawn		
ParentHarvestCodes:	1		
ParentValues:	= "Yes"		

<i>Long Name:</i>	Postop Peak Troponin T	<i>SeqNo:</i>	6675
<i>Short Name:</i>	POpPkTrT	<i>Core:</i>	Yes
<i>Section Name:</i>	Postoperative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate the peak Troponin T (highest level post procedure).		
<i>Data Source:</i>	User	<i>Format:</i>	Real
Low Value:	0.0	High Value:	5000.0
ParentShortName:	POpEnzDrawn		
ParentLongName:	Postop Cardiac Enzymes Drawn		
ParentHarvestCodes:	1		
ParentValues:	= "Yes"		

<i>Long Name:</i>	Postop 12 Lead EKG	<i>SeqNo:</i>	6680
<i>Short Name:</i>	POpEKG	<i>Core:</i>	Yes
<i>Section Name:</i>	Postoperative	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate the post procedure 12 lead EKG findings, if performed.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Not Performed
- 2 No ischemic changes
- 4 New ST changes
- 3 New Pathological Q-Wave or LBBB
- 8 New RBBB
- 9 New AV Conduction Block
- 5 New STEMI
- 6 Other
- 7 NA (no pre-op EKG for comparison, transplant)

<i>Long Name:</i>	Postop Imaging Study	<i>SeqNo:</i>	6685
<i>Short Name:</i>	POpImagStdy	<i>Core:</i>	No
<i>Section Name:</i>	Postoperative	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate the post procedure imaging study findings, if performed.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Not performed
- 2 Angiographic evidence of new thrombosis or occlusion of graft or native coronary
- 3 Imaging evidence of new loss of viable myocardium
- 4 No evidence of new myocardial injury
- 5 Other

Long Name: Post-Op-Surgical Site Infection *SeqNo:* 6690
Short Name: **SurSInf** *Core:* Yes
Section Name: Postoperative Events *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether a surgical site infection (SSI) was diagnosed within 30 days of the procedure or any time during the hospitalization for surgery.
Refer to the most current CDC definition for SSI which can be found in the training manual.
Data Source: User *Format:* Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
-

Long Name: Post-Op-Sternal-Superficial Wound Infection *SeqNo:* 6695
Short Name: **CSternalSupInf** *Core:* Yes
Section Name: Postoperative Events *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether a superficial sternal wound infection was diagnosed within 30 days of the procedure or any time during the hospitalization for surgery.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: SurSInf

ParentLongName: Post-Op-Surgical Site Infection

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 3 Yes, within 30 days of procedure
 - 4 Yes, >30 days after procedure but during hospitalization for surgery
 - 2 No
-

Long Name: Post-Op-Deep Sternal Infection / Mediastinitis *SeqNo:* 6700
Short Name: **DeepSternInf** *Core:* Yes
Section Name: Postoperative Events *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether a deep sternal wound infection or mediastinitis was diagnosed within 30 days of the procedure or any time during the hospitalization for surgery.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: SurSInf

ParentLongName: Post-Op-Surgical Site Infection

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 3 Yes, within 30 days of procedure
 - 4 Yes, >30 days after procedure but during hospitalization for surgery
 - 2 No
-

Long Name: Post-Op-Deep Sternal Infection / Mediastinitis - Date *SeqNo:* 6705
Short Name: **DeepSternInfDt** *Core:* Yes
Section Name: Postoperative Events *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the first date that deep sternal wound infection or mediastinitis was documented.
Data Source: User *Format:* Date mm/dd/yyyy

ParentShortName: DeepSternInf

ParentLongName: Post-Op-Deep Sternal Infection / Mediastinitis

ParentHarvestCodes: 3|4

ParentValues: = "Yes, within 30 days of procedure" or "Yes, >30 days after procedure but during hospitalization for surgery"

Long Name: Post-Op-Infect-Thoracotomy *SeqNo:* 6710
Short Name: **CIThor** *Core:* Yes
Section Name: Postoperative Events *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether a surgical site infection involving a thoracotomy or parasternal site was diagnosed within 30 days of the procedure or any time during the hospitalization for surgery.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: SurSInf

ParentLongName: Post-Op-Surgical Site Infection

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 3 Yes, within 30 days of procedure
 - 4 Yes, >30 days after procedure but during hospitalization for surgery
 - 2 No
-

Long Name: Post-Op-Conduit Harvest *SeqNo:* 6715
Short Name: **ConduitHarv** *Core:* Yes
Section Name: Postoperative Events *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether a surgical site infection involving a conduit harvest site was diagnosed within 30 days of the procedure or any time during the hospitalization for surgery.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: SurSInf

ParentLongName: Post-Op-Surgical Site Infection

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 3 Yes, within 30 days of procedure
 - 4 Yes, >30 days after procedure but during hospitalization for surgery
 - 2 No
-

Long Name: Post-Op-Cannulation Site *SeqNo:* 6720
Short Name: **CanSite** *Core:* Yes
Section Name: Postoperative Events *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether a surgical site infection involving a cannulation site was diagnosed within 30 days of the procedure or any time during the hospitalization for surgery.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: SurSInf

ParentLongName: Post-Op-Surgical Site Infection

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 3 Yes, within 30 days of procedure
 - 4 Yes, >30 days after procedure but during hospitalization for surgery
 - 2 No
-

Long Name: Post-Op-Wound Intervention / Procedure *SeqNo:* 6725
Short Name: **WoundInter** *Core:* Yes
Section Name: Postoperative Events *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether a wound intervention or procedure was performed.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: SurSInf

ParentLongName: Post-Op-Surgical Site Infection

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
-

Long Name: Post-Op-Wound Intervention - Open With Packing / Irrigation *SeqNo:* 6730
Short Name: **WoundIntOpen** *Core:* Yes
Section Name: Postoperative Events *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether wound intervention(s) involved opening the wound and packing and/or irrigation.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: WoundInter

ParentLongName: Post-Op-Wound Intervention / Procedure

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Yes, primary incision
 - 2 Yes, secondary incision
 - 3 Both
 - 4 No
-

Long Name: Post-Op-Wound Intervention - Wound Vac *SeqNo:* 6735
Short Name: **WoundIntVac** *Core:* Yes
Section Name: Postoperative Events *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether wound intervention(s) included application of a wound vac.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: WoundInter

ParentLongName: Post-Op-Wound Intervention / Procedure

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Yes, primary incision
 - 2 Yes, secondary incision
 - 3 Both
 - 4 No
-

Long Name: Post-Op-Wound Intervention - Secondary Procedure Muscle Flap *SeqNo:* 6740
Short Name: **WoundIntMuscle** *Core:* Yes
Section Name: Postoperative Events *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether wound intervention(s) included a secondary procedure involving a muscle flap.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: WoundInter

ParentLongName: Post-Op-Wound Intervention / Procedure

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Yes, primary incision
- 2 Yes, secondary incision
- 3 Both
- 4 No

Long Name: Post-Op-Wound Intervention - Secondary Procedure Omental Flap *SeqNo:* 6745
Short Name: **WoundIntOmental** *Core:* Yes
Section Name: Postoperative Events *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether wound intervention(s) included a secondary procedure involving an Omental flap.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: WoundInter

ParentLongName: Post-Op-Wound Intervention / Procedure

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Yes
- 2 No

<i>Long Name:</i>	In Hospital Post-Op Events	<i>SeqNo:</i>	6750
<i>Short Name:</i>	Complics	<i>Core:</i>	Yes
<i>Section Name:</i>	Postoperative Events	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether a postoperative event occurred during the hospitalization for surgery. This includes the entire postoperative period up to discharge, even if over 30 days.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
- 2 No

<i>Long Name:</i>	Post-Op-ReOp Bleed	<i>SeqNo:</i>	6755
<i>Short Name:</i>	COpReBld	<i>Core:</i>	Yes
<i>Section Name:</i>	Postoperative Events	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether the patient was reexplored for mediastinal bleeding with or without tamponade either in the ICU or returned to the operating room.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: Complics

ParentLongName: In Hospital Post-Op Events

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Yes
- 2 No

Long Name: Post-Op-ReOp Bleed Timing *SeqNo:* 6760
Short Name: **COpReBldTim** *Core:* Yes
Section Name: Postoperative Events *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate when reoperation for bleeding took place.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: COpReBld

ParentLongName: Post-Op-ReOp Bleed

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes and Value Definitions:

<u>Code:</u>	<u>Value:</u>	<u>Definition:</u>
1	Acute	Within 24 hours of the end of the case
2	Late	more than 24 hours after case ends

Long Name: Post-Op-ReOp Vlv Dys *SeqNo:* 6765
Short Name: **COpReVlv** *Core:* Yes
Section Name: Postoperative Events *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether the patient returned to the operating room for prosthetic or native valve dysfunction. Dysfunction may be structural and/or non-structural failure. Dysfunction may be of prosthesis, a progressive native disease process, or an acute event process that disrupts valve function and creates either clinical compromising insufficiency/regurgitation or valve orifice narrowing.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: Complics

ParentLongName: In Hospital Post-Op Events

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
3	Yes, surgical
4	Yes, transcatheter
2	No

<i>Long Name:</i>	Post-Op-Reintervention-Graft Occlusion	<i>SeqNo:</i>	6770
<i>Short Name:</i>	COpReGft	<i>Core:</i>	No
<i>Section Name:</i>	Postoperative Events	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether the patient returned to the operating room or the cath lab for intervention of coronary graft occlusion due to acute closure, thrombosis, technical or embolic origin.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
ParentShortName:	Complics		
ParentLongName:	In Hospital Post-Op Events		
ParentHarvestCodes:	1		
ParentValues:	= "Yes"		
Harvest Codes:			
	<u>Code:</u>	<u>Value:</u>	
	3	Yes, surgical	
	4	Yes, PCI	
	2	No	

<i>Long Name:</i>	Post-Op-Reintervention-Myocardial Ischemia	<i>SeqNo:</i>	6771
<i>Short Name:</i>	CRaintMI	<i>Core:</i>	Yes
<i>Section Name:</i>	Postoperative Events	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether the patient required postoperative reintervention for Myocardial Ischemia.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)
ParentShortName:	Complics		
ParentLongName:	In Hospital Post-Op Events		
ParentHarvestCodes:	1		
ParentValues:	= "Yes"		
Harvest Codes:			
	<u>Code:</u>	<u>Value:</u>	
	1	Yes	
	2	No	

Long Name: Post-Op-Reintervention-Myocardial Ischemia-Vessel *SeqNo:* 6772
Short Name: **CReintMIVes** *Core:* Yes
Section Name: Postoperative Events *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the type of vessels that required postoperative reintervention for Myocardial Ischemia.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CReintMI

ParentLongName: Post-Op-Reintervention-Myocardial Ischemia

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Native coronary
 - 2 Graft
 - 3 Both
-

Long Name: Post-Op-Reintervention-Myocardial Ischemia - Intervention Type *SeqNo:* 6773
Short Name: **CReintMIIntTy** *Core:* Yes
Section Name: Postoperative Events *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the type of intervention used postoperatively for Myocardial Ischemia.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CReintMI

ParentLongName: Post-Op-Reintervention-Myocardial Ischemia

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Surgery
 - 2 PCI
 - 3 Both
-

Long Name: Post-Op-Aortic Reintervention *SeqNo:* 6774
Short Name: **CAortReint** *Core:* Yes
Section Name: Postoperative Events *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether the patient underwent postoperative aortic reintervention.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: Complics
 ParentLongName: In Hospital Post-Op Events
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: Post-Op-Aortic Reintervention-Type *SeqNo:* 6775
Short Name: **CAortReintTy** *Core:* Yes
Section Name: Postoperative Events *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the type of aortic intervention the patient received.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: CAortReint
 ParentLongName: Post-Op-Aortic Reintervention
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:
 Code: Value:
 1 Open
 2 Endovascular

<i>Long Name:</i>	Post-Op-ReOp Other Card	<i>SeqNo:</i>	6778
<i>Short Name:</i>	COpReOth	<i>Core:</i>	Yes
<i>Section Name:</i>	Postoperative Events	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether the patient returned to the operating room for other cardiac reasons.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: Complics

ParentLongName: In Hospital Post-Op Events

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

<i>Long Name:</i>	Post-Op-Return To OR For Other Non-cardiac Reason	<i>SeqNo:</i>	6780
<i>Short Name:</i>	COpReNon	<i>Core:</i>	Yes
<i>Section Name:</i>	Postoperative Events	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether the patient returned to the operating room for other non-cardiac reasons. This includes procedures requiring a return to the operating room such as tracheostomy, general surgery procedures. This does not include procedures performed outside the operating room such as GI Lab for peg tube, shunts for dialysis, etc.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: Complics

ParentLongName: In Hospital Post-Op Events

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Post-Op-Open Chest With Planned Delayed Sternal Closure *SeqNo:* 6785
Short Name: **COPIndDelay** *Core:* Yes
Section Name: Postoperative Events *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether the chest was left open with planned delayed sternal closure.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: Complics
ParentLongName: In Hospital Post-Op Events
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Post-Op-Sternotomy Issue *SeqNo:* 6790
Short Name: **CSternal** *Core:* Yes
Section Name: Postoperative Events *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate presence of a post-operative sternotomy issue.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: Complics
ParentLongName: In Hospital Post-Op Events
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Post-Op Sternal instability/dehiscence (sterile) *SeqNo:* 6795
Short Name: **CSternalDehis** *Core:* Yes
Section Name: Postoperative Events *Harvest:* Yes
DBTableName Adultdata2
Definition: The code indicates sterile dehiscence of the sternal edges without evidence of infection but which requires surgical intervention. Skin and subcutaneous tissue may remain intact.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: CSternal
 ParentLongName: Post-Op-Sternotomy Issue
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Post-Op-Sepsis *SeqNo:* 6800
Short Name: **CSepsis** *Core:* Yes
Section Name: Postoperative Events *Harvest:* Yes
DBTableName Adultdata2
Definition: Sepsis is defined as evidence of serious infection accompanied by a deleterious systemic response. In the time period of the first 48 postoperative or postprocedural hours, the diagnosis of sepsis requires the presence of a Systemic Inflammatory Response Syndrome (SIRS) resulting from a proven infection (such as bacteremia, fungemia or urinary tract infection). In the time period after the first 48 postoperative or postprocedural hours, sepsis may be diagnosed by the presence of a SIRS resulting from suspected or proven infection. During the first 48 hours, a SIRS may result from the stress associated with surgery and/or cardiopulmonary bypass. Thus, the clinical criteria for sepsis during this time period should be more stringent. A systemic inflammatory response syndrome (SIRS) is present when at least two of the following criteria are present: hypo- or hyperthermia (>38.5 or <36.0), tachycardia or bradycardia, tachypnea, leukocytosis or leukopenia, or thrombocytopenia.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: Complics
 ParentLongName: In Hospital Post-Op Events
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Post-Op-Sepsis-Positive Blood Cultures *SeqNo:* 6805
Short Name: **CSepsisPBC** *Core:* Yes
Section Name: Postoperative Events *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether a recognized pathogen is cultured from 1 or more blood cultures and is not related to an infection at another site.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: CSepsis
 ParentLongName: Post-Op-Sepsis
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: Post-Op-Neuro-Stroke Perm *SeqNo:* 6810
Short Name: **CNStrokP** *Core:* Yes
Section Name: Postoperative Events *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether the patient has a postoperative stroke and the type of stroke (i.e., any confirmed neurological deficit of abrupt onset caused by a disturbance in blood supply to the brain) that did not resolve within 24 hours.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: Complics
 ParentLongName: In Hospital Post-Op Events
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:
 Code: Value:
 3 Yes, hemorrhagic
 4 Yes, ischemic
 5 Yes, undetermined type
 2 No

Long Name: Post-Op-Neuro-Transient Ischemic Attack - TIA *SeqNo:* 6815
Short Name: **CNStrokTTIA** *Core:* Yes
Section Name: Postoperative Events *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether the patient had a postoperative Transient Ischemic Attack (TIA): Loss of neurological function that was abrupt in onset but with complete return of function within 24 hours.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: Complics
 ParentLongName: In Hospital Post-Op Events
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Post-Op-Neuro-Coma/Encephalopathy *SeqNo:* 6820
Short Name: **CNComaEnceph** *Core:* No
Section Name: Postoperative Events *Harvest:* No
DBTableName Adultdata2
Definition: Indicate whether the patient developed a postoperative coma and/or encephalopathy.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: Complics
 ParentLongName: In Hospital Post-Op Events
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	None
2	Anoxic
3	Embolic
4	Drug
5	Metabolic
6	Intracranial Bleeding
7	Other
8	Unknown

<i>Long Name:</i>	Post-Op-Neuro-Encephalopathy	<i>SeqNo:</i>	6821
<i>Short Name:</i>	CNEnceph	<i>Core:</i>	Yes
<i>Section Name:</i>	Postoperative Events	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate the type of postoperative encephalopathy the patient developed, if any.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: Complics

ParentLongName: In Hospital Post-Op Events

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- | | |
|---|-----------|
| 1 | None |
| 2 | Anoxic |
| 3 | Drug |
| 4 | Metabolic |
| 5 | Mixed |
| 6 | Unknown |

<i>Long Name:</i>	Post-Op-Neuro-Coma/Unresponsive State	<i>SeqNo:</i>	6822
<i>Short Name:</i>	CNComa	<i>Core:</i>	Yes
<i>Section Name:</i>	Postoperative Events	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate whether the patient developed a postoperative coma or unresponsive state (not stroke).

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: Complics

ParentLongName: In Hospital Post-Op Events

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

Long Name: Post-Op-Neuro-Paralysis *SeqNo:* 6825
Short Name: **CNParal** *Core:* Yes
Section Name: Postoperative Events *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether the patient had a new postoperative paralysis, paraparesis, or paraplegia related to spinal cord ischemia and not related to a stroke.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: Complics

ParentLongName: In Hospital Post-Op Events

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Post-Op-Neuro-Paralysis Type *SeqNo:* 6826
Short Name: **CNParalTy** *Core:* Yes
Section Name: Postoperative Events *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether the new postoperative paralysis, paraparesis, or paraplegia was transient or permanent.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CNParal

ParentLongName: Post-Op-Neuro-Paralysis

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Transient

2 Permanent

<i>Long Name:</i>	Post-Op-Neuro-Paresis	<i>SeqNo:</i>	6829
<i>Short Name:</i>	CNParesis	<i>Core:</i>	Yes
<i>Section Name:</i>	Postoperative Events	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether post operative paresis was present		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: Complics

ParentLongName: In Hospital Post-Op Events

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

<i>Long Name:</i>	Post-Op-Neuro-Paresis Type	<i>SeqNo:</i>	6830
<i>Short Name:</i>	CNParesisTy	<i>Core:</i>	Yes
<i>Section Name:</i>	Postoperative Events	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate the type of post op paresis		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: CNParesis

ParentLongName: Post-Op-Neuro-Paresis

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Transient

2 Permanent

Long Name: Post-Op-Phrenic Nerve Injury *SeqNo:* 6832
Short Name: **PhrenNrvInj** *Core:* Yes
Section Name: Postoperative Events *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether patient has symptoms of phrenic nerve injury, (e.g., immobility or elevation of the diaphragm, etc.).
Data Source: User *Format:* Text (categorical values specified by STS)
ParentShortName: Complics
ParentLongName: In Hospital Post-Op Events
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:
Code: Value:
1 Yes
2 No

Long Name: Post-Op-Recurrent Laryngeal Nerve Injury *SeqNo:* 6833
Short Name: **RecLarynNrvInj** *Core:* Yes
Section Name: Postoperative Events *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether patient has symptoms of recurrent laryngeal nerve injury, (e.g., hoarseness, difficulty speaking, etc.).
Data Source: User *Format:* Text (categorical values specified by STS)
ParentShortName: Complics
ParentLongName: In Hospital Post-Op Events
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:
Code: Value:
1 Yes
2 No

<i>Long Name:</i>	Post-Op-Pulm-Vent Prolonged	<i>SeqNo:</i>	6835
<i>Short Name:</i>	CPVntLng	<i>Core:</i>	Yes
<i>Section Name:</i>	Postoperative Events	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate whether the patient had prolonged post-operative pulmonary ventilation > 24.0 hours. The hours of postoperative ventilation time include OR exit until extubation, plus any additional hours following reintubation. Include (but not limited to) causes such as ARDS, pulmonary edema, and/or any patient requiring mechanical ventilation > 24 hours postoperatively.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: Complics

ParentLongName: In Hospital Post-Op Events

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

<i>Long Name:</i>	Post-Op-Pulm-Pneumonia	<i>SeqNo:</i>	6840
<i>Short Name:</i>	CPPneum	<i>Core:</i>	Yes
<i>Section Name:</i>	Postoperative Events	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate whether the patient had pneumonia according to the CDC definition.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: Complics

ParentLongName: In Hospital Post-Op Events

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Post-Op-Venous Thromboembolism-VTE *SeqNo:* 6845
Short Name: **CVTE** *Core:* Yes
Section Name: Postoperative Events *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether the patient developed postoperative venous thrombosis or thromboembolic event.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: Complics
 ParentLongName: In Hospital Post-Op Events
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: Post-Op-Pulmonary Thromboembolism *SeqNo:* 6850
Short Name: **PulmEmb** *Core:* Yes
Section Name: Postoperative Events *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether the patient had a pulmonary thromboembolism diagnosed by radiologic study such as V/Q scan, angiogram, or spiral CT.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: CVTE
 ParentLongName: Post-Op-Venous Thromboembolism-VTE
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: Post-Op-Deep Venous Thrombosis *SeqNo:* 6855
Short Name: **DVT** *Core:* Yes
Section Name: Postoperative Events *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether patient had thrombosis (clot formation) in a deep vein.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CVTE
ParentLongName: Post-Op-Venous Thromboembolism-VTE
ParentHarvestCodes: 1
ParentValues: = "Yes"

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Post-Op-Pleural Effusion Requiring Drainage *SeqNo:* 6860
Short Name: **CPIEff** *Core:* Yes
Section Name: Postoperative Events *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether a post-operative pleural effusion required drainage via thoracentesis or chest tube insertion.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: Complics
ParentLongName: In Hospital Post-Op Events
ParentHarvestCodes: 1
ParentValues: = "Yes"

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Post-Op-Pneumothorax Requiring Intervention *SeqNo:* 6865
Short Name: **PostOpPneumo** *Core:* Yes
Section Name: Postoperative Events *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether the patient had a post-operative pneumothorax requiring intervention.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: Complics
 ParentLongName: In Hospital Post-Op Events
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: Post-Op-Renal-Renal Failure *SeqNo:* 6870
Short Name: **CRenFail** *Core:* Yes
Section Name: Postoperative Events *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether the patient had acute renal failure or worsening renal function resulting in ONE OR BOTH of the following:
 1. Increase in serum creatinine level 3.0 x greater than baseline, or serum creatinine level ≥ 4 mg/dL , Acute rise must be at least 0.5 mg/dl 2. A new requirement for dialysis postoperatively.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: Complics
 ParentLongName: In Hospital Post-Op Events
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: Post-Op-Renal-Dialysis Req *SeqNo:* 6875
Short Name: **CRenDial** *Core:* Yes
Section Name: Postoperative Events *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether the patient had a new requirement for dialysis postoperatively, which may include hemodialysis, peritoneal dialysis.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CRenFail
ParentLongName: Post-Op-Renal-Renal Failure
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:
Code: Value:
1 Yes
2 No

Long Name: Post-Op-Dialysis Required After Discharge *SeqNo:* 6880
Short Name: **DialDur** *Core:* Yes
Section Name: Postoperative Events *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether dialysis was required after hospital discharge.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CRenDial
ParentLongName: Post-Op-Renal-Dialysis Req
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:
Code: Value:
1 Yes
2 No

Long Name: Post-Op-Dialysis Duration *SeqNo:* 6881
Short Name: **DialStat** *Core:* Yes
Section Name: Postoperative Events *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the duration of post-discharge dialysis.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CRenDial
ParentLongName: Post-Op-Renal-Dialysis Req
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Temporary
2	Permanent
3	Unknown

Long Name: Post-Op-Ultra Filtration *SeqNo:* 6885
Short Name: **CUltraFil** *Core:* Yes
Section Name: Postoperative Events *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether patient required Ultra filtration.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: Complics
ParentLongName: In Hospital Post-Op Events
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Post-Op-Vasc-Iliac/Fem Dissect *SeqNo:* 6890
Short Name: **CVaIIFem** *Core:* Yes
Section Name: Postoperative Events *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether the patient had a dissection occurring in the iliac or femoral arteries.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: Complics
ParentLongName: In Hospital Post-Op Events
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Post-Op-Vasc-Acute Limb Isch *SeqNo:* 6891
Short Name: **CVaLbIsch** *Core:* Yes
Section Name: Postoperative Events *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether the patient had any complication producing limb ischemia. This may include upper or lower limb ischemia.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: Complics
ParentLongName: In Hospital Post-Op Events
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

<i>Long Name:</i>	Post-Op-Mechanical Assist Device Related Complication	<i>SeqNo:</i>	6892
<i>Short Name:</i>	CMAD	<i>Core:</i>	Yes
<i>Section Name:</i>	Postoperative Events	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate whether there was a post-operative event related to a mechanical assist device.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: Complics

ParentLongName: In Hospital Post-Op Events

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

<i>Long Name:</i>	Post-Op-MAD-Cannula / Insertion Site Issue	<i>SeqNo:</i>	6893
<i>Short Name:</i>	CMADCanIns	<i>Core:</i>	Yes
<i>Section Name:</i>	Postoperative Events	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate whether the mechanical assist device related postoperative event included a cannula/insertion site issue.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CMAD

ParentLongName: Post-Op-Mechanical Assist Device Related Complication

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Post-Op-MAD-Hemorrhagic *SeqNo:* 6894
Short Name: **CMADHem** *Core:* Yes
Section Name: Postoperative Events *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether there was hemorrhage related to a mechanical assist device
Data Source: User *Format:* Text (categorical values specified by STS)
ParentShortName: CMAD
ParentLongName: Post-Op-Mechanical Assist Device Related Complication
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Post-Op-MAD-Thrombotic/Embolitic *SeqNo:* 6895
Short Name: **CMADThromEm** *Core:* Yes
Section Name: Postoperative Events *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether there was a thrombotic or embolic event related to a mechanical assist device
Data Source: User *Format:* Text (categorical values specified by STS)
ParentShortName: CMAD
ParentLongName: Post-Op-Mechanical Assist Device Related Complication
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

<i>Long Name:</i>	Post-Op-MAD-Hemolytic	<i>SeqNo:</i>	6896
<i>Short Name:</i>	CMADHemolytic	<i>Core:</i>	Yes
<i>Section Name:</i>	Postoperative Events	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate whether there was a hemolytic event related to a mechanical assist device

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CMAD

ParentLongName: Post-Op-Mechanical Assist Device Related Complication

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

<i>Long Name:</i>	Post-Op-MAD-Infection	<i>SeqNo:</i>	6897
<i>Short Name:</i>	CMADInf	<i>Core:</i>	Yes
<i>Section Name:</i>	Postoperative Events	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate whether there was infection related to a mechanical assist device

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CMAD

ParentLongName: Post-Op-Mechanical Assist Device Related Complication

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Post-Op-MAD-Other *SeqNo:* 6898
Short Name: **CMADOther** *Core:* Yes
Section Name: Postoperative Events *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether any other mechanical assist device related event occurred
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CMAD

ParentLongName: Post-Op-Mechanical Assist Device Related Complication

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Post-Op-Rhythm Disturbance Requiring Perm Device *SeqNo:* 6900
Short Name: **CRhythmDis** *Core:* Yes
Section Name: Postoperative Events *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether patient developed a new dysrhythmia requiring insertion of a permanent device.
Do not code these device insertions in the reoperation section even if performed in the OR.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: Complics

ParentLongName: In Hospital Post-Op Events

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Pacemaker

2 ICD

3 Pacemaker/ICD

5 Other

4 None

<i>Long Name:</i>	Post-Op-Other-Card Arrest	<i>SeqNo:</i>	6905
<i>Short Name:</i>	COtArrst	<i>Core:</i>	Yes
<i>Section Name:</i>	Postoperative Events	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate whether the patient had an acute cardiac arrest documented by one of the following:

- a. Ventricular fibrillation
- b. Rapid ventricular tachycardia with hemodynamic instability
- c. Asystole
- d. ICD shocks

Data Source: User

Format: Text (categorical values specified by STS)

ParentShortName: Complics

ParentLongName: In Hospital Post-Op Events

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

<i>Long Name:</i>	Post-Op-Other-Aortic Endoleak	<i>SeqNo:</i>	6906
<i>Short Name:</i>	COtAortEndo	<i>Core:</i>	Yes
<i>Section Name:</i>	Postoperative Events	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate whether a post operative endoleak occurred

Data Source: User

Format: Text (categorical values specified by STS)

ParentShortName: Complics

ParentLongName: In Hospital Post-Op Events

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Post-Op-Other-Aortic Endoleak Type *SeqNo:* 6907
Short Name: **COtAortEndoTy** *Core:* Yes
Section Name: Postoperative Events *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate they type of endoleak
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: COtAortEndo

ParentLongName: Post-Op-Other-Aortic Endoleak

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Ia
2 Ib
3 II
4 III
5 IV
6 V

Long Name: Post-Op-Other-Aortic Rupture *SeqNo:* 6908
Short Name: **COtAortRupt** *Core:* Yes
Section Name: Postoperative Events *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether aortic rupture occurred post op
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: Complics

ParentLongName: In Hospital Post-Op Events

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes
2 No

Long Name: Post-Op-Other-Aortic Dissection *SeqNo:* 6909
Short Name: **CVaAoDis** *Core:* Yes
Section Name: Postoperative Events *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether the patient had a dissection occurring in any part of the aorta.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: Complics
ParentLongName: In Hospital Post-Op Events
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:
Code: Value:
1 Yes
2 No

Long Name: Post-Op-Other-Aortic DissectionType *SeqNo:* 6910
Short Name: **CVaAoDisTy** *Core:* Yes
Section Name: Postoperative Events *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the type of aortic dissection
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: CVaAoDis
ParentLongName: Post-Op-Other-Aortic Dissection
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:
Code: Value:
1 Antegrade
2 Retrograde
3 Both

Long Name: Post-Op-Other-Aortic Side Branch Malperfusion *SeqNo:* 6911
Short Name: **COTaortSide** *Core:* Yes
Section Name: Postoperative Events *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether aortic side branch malperfusion occurred
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: Complics
ParentLongName: In Hospital Post-Op Events
ParentHarvestCodes: 1
ParentValues: = "Yes"

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Post-Op-Other-Aortic Stent Graft Induced Entry Tear *SeqNo:* 6912
Short Name: **COTaortTear** *Core:* Yes
Section Name: Postoperative Events *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether an aortic stent graft induced entry tear occurred
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: Complics
ParentLongName: In Hospital Post-Op Events
ParentHarvestCodes: 1
ParentValues: = "Yes"

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

<i>Long Name:</i>	Post-Op-Other-Anticoag Event	<i>SeqNo:</i>	6914
<i>Short Name:</i>	COtCoag	<i>Core:</i>	Yes
<i>Section Name:</i>	Postoperative Events	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate whether the patient had bleeding, hemorrhage, and/or embolic events related to anticoagulant therapy postoperatively.
This may include patients who experience Disseminated Intravascular Coagulopathy (DIC) or Heparin Induced Thrombocytopenia (HIT).

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: Complics

ParentLongName: In Hospital Post-Op Events

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

<i>Long Name:</i>	Post-Op-Other-Pericardiocentesis	<i>SeqNo:</i>	6915
<i>Short Name:</i>	COtTamp	<i>Core:</i>	Yes
<i>Section Name:</i>	Postoperative Events	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate whether the patient had pericardiocentesis to remove fluid in the pericardial space compromising cardiac filling.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: Complics

ParentLongName: In Hospital Post-Op Events

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

<i>Long Name:</i>	Post-Op-Other-GI Event	<i>SeqNo:</i>	6920
<i>Short Name:</i>	COTGI	<i>Core:</i>	Yes
<i>Section Name:</i>	Postoperative Events	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate whether the patient had a postoperative occurrence of any GI event, including but not limited to:

- a. GI bleeding requiring transfusion
- b. Pancreatitis with abnormal amylase/lipase requiring nasogastric (NG) suction therapy
- c. Cholecystitis requiring cholecystectomy or drainage
- d. Mesenteric ischemia requiring exploration
- e. Hepatic failure
- f. Prolonged ileus
- g. Clostridium difficile

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: Complics

ParentLongName: In Hospital Post-Op Events

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

<i>Long Name:</i>	Post-Op-Other-Liver Dysfunction or Failure	<i>SeqNo:</i>	6921
<i>Short Name:</i>	COTLiver	<i>Core:</i>	Yes
<i>Section Name:</i>	Postoperative Events	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate whether the patient had liver dysfunction or failure.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: Complics

ParentLongName: In Hospital Post-Op Events

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Post-Op-Other-Multi Sys Fail *SeqNo:* 6925
Short Name: **COTMSF** *Core:* Yes
Section Name: Postoperative Events *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether the patient had two or more major organ systems suffer compromised functions.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: Complics

ParentLongName: In Hospital Post-Op Events

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Post-Op-Other-A Fib *SeqNo:* 6930
Short Name: **COTAFib** *Core:* Yes
Section Name: Postoperative Events *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether the patient experienced atrial fibrillation/flutter (AF) requiring treatment.
Exclude patients who were in AFib at the start of surgery.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: Complics

ParentLongName: In Hospital Post-Op Events

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Post-Op-Other-Other *SeqNo:* 6950
Short Name: **COTOther** *Core:* Yes
Section Name: Postoperative Events *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether a postoperative event occurred that is not identified in the categories above yet impacts hospital length of stay and/or outcome.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: Complics
 ParentLongName: In Hospital Post-Op Events
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: Date of Last Follow-Up *SeqNo:* 7000
Short Name: **LFUDate** *Core:* Yes
Section Name: Discharge / Mortality *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the date on which the last follow-up was made. If patient dies in the hospital, this value will be the same as the date of death. If no follow-up is made after patient is discharged, this value will be the same as the discharge date.
Data Source: User *Format:* Date mm/dd/yyyy

Long Name: Mort-30d Status *SeqNo:* 7001
Short Name: **Mt30Stat** *Core:* Yes
Section Name: Discharge / Mortality *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether the patient was alive or dead at 30 days post-surgery (whether in hospital or not).
Data Source: User *Format:* Text (categorical values specified by STS)

Harvest Codes:

Code: Value:
 1 Alive
 2 Dead
 3 Unknown

<i>Long Name:</i>	Mort-Op Death-Method Of Verification	<i>SeqNo:</i>	7002
<i>Short Name:</i>	Mt30StatMeth	<i>Core:</i>	Yes
<i>Section Name:</i>	Discharge / Mortality	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate the primary method used to verify the patient's 30-day mortality status.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Phone call to patient or family
 - 2 Letter from medical provider
 - 3 Evidence of life or death in medical record (lab tests, cardiac rehab visits, etc.)
 - 4 Office visit on or after 30 days after procedure
 - 5 Social Security Death Master File / NDI
 - 6 Other
-

<i>Long Name:</i>	Discharge / Mortality Status	<i>SeqNo:</i>	7005
<i>Short Name:</i>	DischMortStat	<i>Core:</i>	Yes
<i>Section Name:</i>	Discharge / Mortality	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate the discharge and current vital status of the patient		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 In hospital, alive
 - 2 Died in hospital
 - 3 Discharged alive, last know status is alive
 - 4 Discharged alive, died after discharge
-

Long Name: Date of Discharge *SeqNo:* 7008
Short Name: **DischDt** *Core:* Yes
Section Name: Discharge / Mortality *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the date the patient was discharged from the hospital (acute care) even if the patient is going to a rehab or hospice or similar extended care unit within the same physical facility. If the patient died in the hospital, the discharge date is the date of death.
Data Source: User *Format:* Date mm/dd/yyyy
 ParentShortName: DischMortStat
 ParentLongName: Discharge / Mortality Status
 ParentHarvestCodes: 3|4
 ParentValues: = "Discharged alive, last know status is alive" or "Discharged alive, died after discharge"

Long Name: Discharge Location *SeqNo:* 7009
Short Name: **DisLoctn** *Core:* Yes
Section Name: Discharge / Mortality *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the location to where the patient was discharged.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: DischMortStat
 ParentLongName: Discharge / Mortality Status
 ParentHarvestCodes: 3|4
 ParentValues: = "Discharged alive, last know status is alive" or "Discharged alive, died after discharge"

Harvest Codes:

Code: Value:

- 1 Home
 - 2 Extended Care/Transitional
Care Unit/Rehab
 - 3 Other acute care hospital
 - 4 Nursing Home
 - 5 Hospice
 - 6 Left AMA
 - 777 Other
-

<i>Long Name:</i>	Cardiac Rehabilitation Referral	<i>SeqNo:</i>	7010
<i>Short Name:</i>	CardRef	<i>Core:</i>	Yes
<i>Section Name:</i>	Discharge / Mortality	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate whether advice was given or discussion conducted with the patient (by physician, nurse, or other personnel) regarding the importance of joining a cardiac rehabilitation program, or an appointment made.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: DischMortStat

ParentLongName: Discharge / Mortality Status

ParentHarvestCodes: 3|4

ParentValues: = "Discharged alive, last know status is alive" or "Discharged alive, died after discharge"

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
 - 3 Not Applicable
-

<i>Long Name:</i>	Smoking Cessation Counseling	<i>SeqNo:</i>	7011
<i>Short Name:</i>	SmokCoun	<i>Core:</i>	Yes
<i>Section Name:</i>	Discharge / Mortality	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate whether, prior to discharge from the acute care facility, the patient received smoking cessation counseling. Please select "Not Applicable" for those patients with no prior history of smoking or remote (more than 1 year) history.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: DischMortStat

ParentLongName: Discharge / Mortality Status

ParentHarvestCodes: 3|4

ParentValues: = "Discharged alive, last know status is alive" or "Discharged alive, died after discharge"

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
 - 3 Not Applicable
-

<i>Long Name:</i>	Aspirin - Discharge	<i>SeqNo:</i>	7060
<i>Short Name:</i>	DCASA	<i>Core:</i>	Yes
<i>Section Name:</i>	Discharge / Mortality	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate whether or not the patient was discharged from facility on Aspirin, or if it was contraindicated. The contraindication must be documented in the medical record by a physician, nurse practitioner, pharmacist or physician assistant.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: DischMortStat

ParentLongName: Discharge / Mortality Status

ParentHarvestCodes: 3|4

ParentValues: = "Discharged alive, last know status is alive" or "Discharged alive, died after discharge"

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
 - 3 Contraindicated
-

<i>Long Name:</i>	ADP Inhibitors - Discharge	<i>SeqNo:</i>	7070
<i>Short Name:</i>	DCADP	<i>Core:</i>	Yes
<i>Section Name:</i>	Discharge / Mortality	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate whether or not the patient was discharged from facility on an ADP inhibitor, or if it was contraindicated. The contraindication must be documented in the medical record by a physician, nurse practitioner, pharmacist or physician assistant.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: DischMortStat

ParentLongName: Discharge / Mortality Status

ParentHarvestCodes: 3|4

ParentValues: = "Discharged alive, last know status is alive" or "Discharged alive, died after discharge"

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
 - 3 Contraindicated
-

Long Name: Other Antiplatelet - Discharge *SeqNo:* 7075
Short Name: **DCOthAntiplat** *Core:* Yes
Section Name: Discharge / Mortality *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether or not the patient was discharged from facility on any other antiplatelet medication, or if it was contraindicated. The contraindication must be documented in the medical record by a physician, nurse practitioner, pharmacist or physician assistant.
Data Source: User *Format:* Text (categorical values specified by STS)
ParentShortName: DischMortStat
ParentLongName: Discharge / Mortality Status
ParentHarvestCodes: 3|4
ParentValues: = "Discharged alive, last know status is alive" or "Discharged alive, died after discharge"
Harvest Codes:
Code: Value:
1 Yes
2 No
3 Contraindicated

Long Name: Direct Thrombin Inhibitors - Discharge *SeqNo:* 7080
Short Name: **DCDirThromIn** *Core:* Yes
Section Name: Discharge / Mortality *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether or not the patient was discharged from facility on a direct thrombin inhibitor, or if it was contraindicated. The contraindication must be documented in the medical record by a physician, nurse practitioner, pharmacist or physician assistant.
Data Source: User *Format:* Text (categorical values specified by STS)
ParentShortName: DischMortStat
ParentLongName: Discharge / Mortality Status
ParentHarvestCodes: 3|4
ParentValues: = "Discharged alive, last know status is alive" or "Discharged alive, died after discharge"
Harvest Codes:
Code: Value:
1 Yes
2 No
3 Contraindicated

Long Name: Warfarin (Coumadin) - Discharge *SeqNo:* 7085
Short Name: **DCCoum** *Core:* Yes
Section Name: Discharge / Mortality *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether or not the patient was discharged from facility on Warfarin (Coumadin), or if it was contraindicated. The contraindication must be documented in the medical record by a physician, nurse practitioner, pharmacist or physician assistant.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: DischMortStat
 ParentLongName: Discharge / Mortality Status
 ParentHarvestCodes: 3|4
 ParentValues: = "Discharged alive, last know status is alive" or "Discharged alive, died after discharge"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No
 3 Contraindicated

Long Name: Factor Xa Inhibitors - Discharge *SeqNo:* 7090
Short Name: **DCFactorXa** *Core:* Yes
Section Name: Discharge / Mortality *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether or not the patient was discharged from facility on a factor Xa inhibitor, or if it was contraindicated. The contraindication must be documented in the medical record by a physician, nurse practitioner, pharmacist or physician assistant.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: DischMortStat
 ParentLongName: Discharge / Mortality Status
 ParentHarvestCodes: 3|4
 ParentValues: = "Discharged alive, last know status is alive" or "Discharged alive, died after discharge"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No
 3 Contraindicated

Long Name: Novel Oral Anticoagulant - Discharge *SeqNo:* 7091
Short Name: **DCNovOrAnti** *Core:* Yes
Section Name: Discharge / Mortality *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether or not the patient was discharged from facility on a Novel Oral Anticoagulant, or if it was contraindicated. The contraindication must be documented in the medical record by a physician, nurse practitioner, pharmacist or physician assistant.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: DischMortStat
 ParentLongName: Discharge / Mortality Status
 ParentHarvestCodes: 3|4
 ParentValues: = "Discharged alive, last know status is alive" or "Discharged alive, died after discharge"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No
 3 Contraindicated

Long Name: Other Anticoagulant - Discharge *SeqNo:* 7095
Short Name: **DCOthAnticoag** *Core:* Yes
Section Name: Discharge / Mortality *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether or not the patient was discharged from facility on any other anticoagulant, or if it was contraindicated. The contraindication must be documented in the medical record by a physician, nurse practitioner, pharmacist or physician assistant.
Data Source: User *Format:* Text (categorical values specified by STS)
 ParentShortName: DischMortStat
 ParentLongName: Discharge / Mortality Status
 ParentHarvestCodes: 3|4
 ParentValues: = "Discharged alive, last know status is alive" or "Discharged alive, died after discharge"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No
 3 Contraindicated

<i>Long Name:</i>	ACE or ARB Inhibitors - Discharge	<i>SeqNo:</i>	7100
<i>Short Name:</i>	DCACE	<i>Core:</i>	Yes
<i>Section Name:</i>	Discharge / Mortality	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate whether or not the patient was discharged from facility on ACE or ARB Inhibitors, or if it was contraindicated or not indicated (no history of CHF or EF>40%). The contraindication must be documented in the medical record by a physician, nurse practitioner, pharmacist or physician assistant.

Data Source: User

Format: Text (categorical values specified by STS)

ParentShortName: DischMortStat

ParentLongName: Discharge / Mortality Status

ParentHarvestCodes: 3|4

ParentValues: = "Discharged alive, last know status is alive" or "Discharged alive, died after discharge"

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
 - 3 Contraindicated
 - 6 Not indicated (no hx CHF or EF>40%)
-

<i>Long Name:</i>	Amiodarone - Discharge	<i>SeqNo:</i>	7103
<i>Short Name:</i>	DCAmiodarone	<i>Core:</i>	Yes
<i>Section Name:</i>	Discharge / Mortality	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate whether or not the patient was discharged from facility on Amiodarone, or if it was contraindicated. The contraindication must be documented in the medical record by a physician, nurse practitioner, pharmacist or physician assistant.

Data Source: User

Format: Text (categorical values specified by STS)

ParentShortName: DischMortStat

ParentLongName: Discharge / Mortality Status

ParentHarvestCodes: 3|4

ParentValues: = "Discharged alive, last know status is alive" or "Discharged alive, died after discharge"

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
 - 3 Contraindicated
-

<i>Long Name:</i>	Beta Blockers - Discharge	<i>SeqNo:</i>	7105
<i>Short Name:</i>	DCBeta	<i>Core:</i>	Yes
<i>Section Name:</i>	Discharge / Mortality	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate whether or not the patient was discharged on beta blockers, or if beta blocker was contraindicated. The contraindication must be documented in the medical record by a physician, nurse practitioner, pharmacist or physician assistant.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: DischMortStat

ParentLongName: Discharge / Mortality Status

ParentHarvestCodes: 3|4

ParentValues: = "Discharged alive, last know status is alive" or "Discharged alive, died after discharge"

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
 - 3 Contraindicated
-

<i>Long Name:</i>	Lipid Lowering Statin - Discharge	<i>SeqNo:</i>	7115
<i>Short Name:</i>	DCLipLowStat	<i>Core:</i>	Yes
<i>Section Name:</i>	Discharge / Mortality	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate whether or not the patient was discharged from facility on a Statin, or if it was contraindicated. The contraindication must be documented in the medical record by a physician, nurse practitioner, pharmacist or physician assistant.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: DischMortStat

ParentLongName: Discharge / Mortality Status

ParentHarvestCodes: 3|4

ParentValues: = "Discharged alive, last know status is alive" or "Discharged alive, died after discharge"

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
 - 3 Contraindicated
-

<i>Long Name:</i>	Lipid Lowering - Other - Discharge	<i>SeqNo:</i>	7120
<i>Short Name:</i>	DCLipLowNonStat	<i>Core:</i>	Yes
<i>Section Name:</i>	Discharge / Mortality	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate whether or not the patient was discharged from facility on a lipid-lowering medication other than a statin, or if it was contraindicated. The contraindication must be documented in the medical record by a physician, nurse practitioner, pharmacist or physician assistant.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: DischMortStat

ParentLongName: Discharge / Mortality Status

ParentHarvestCodes: 3|4

ParentValues: = "Discharged alive, last know status is alive" or "Discharged alive, died after discharge"

Harvest Codes:

Code: Value:

1 Yes

2 No

3 Contraindicated

<i>Long Name:</i>	Mort-Date	<i>SeqNo:</i>	7121
<i>Short Name:</i>	MtDate	<i>Core:</i>	Yes
<i>Section Name:</i>	Discharge / Mortality	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate the date the patient was declared dead.

Data Source: User *Format:* Date mm/dd/yyyy

ParentShortName: DischMortStat

ParentLongName: Discharge / Mortality Status

ParentHarvestCodes: 2|4

ParentValues: = "Died in hospital" or "Discharged alive, died after discharge"

Long Name: Mort-Prim Cause *SeqNo:* 7122
Short Name: **MtCause** *Core:* Yes
Section Name: Discharge / Mortality *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the PRIMARY cause of death, i.e., the first significant abnormal event which ultimately led to death.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: DischMortStat

ParentLongName: Discharge / Mortality Status

ParentHarvestCodes: 2|4

ParentValues: = "Died in hospital" or "Discharged alive, died after discharge"

Harvest Codes:

Code: Value:

- 1 Cardiac
- 2 Neurologic
- 3 Renal
- 4 Vascular
- 5 Infection
- 6 Pulmonary
- 700 Unknown
- 777 Other

Long Name: In-Hospital Death location *SeqNo:* 7123
Short Name: **InHospDthLoc** *Core:* Yes
Section Name: Discharge / Mortality *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the location within the hospital where the patient died.
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: DischMortStat

ParentLongName: Discharge / Mortality Status

ParentHarvestCodes: 2

ParentValues: = "Died in hospital"

Harvest Codes:

Code: Value:

- 1 OR During Initial surgery
- 2 OR During Reoperation
- 3 In Hospital (Other Than OR)

<i>Long Name:</i>	Mort-Op Death	<i>SeqNo:</i>	7124
<i>Short Name:</i>	MtOpD	<i>Core:</i>	Yes
<i>Section Name:</i>	Discharge / Mortality	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Operative Mortality includes: (1) all deaths, regardless of cause, occurring during the hospitalization in which the operation was performed, even if after 30 days (including patients transferred to other acute care facilities); and (2) all deaths, regardless of cause, occurring after discharge from the hospital, but before the end of the thirtieth postoperative day.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: DischMortStat

ParentLongName: Discharge / Mortality Status

ParentHarvestCodes: 4

ParentValues: = "Discharged alive, died after discharge"

Harvest Codes:

Code: Value:

1 Yes

2 No

<i>Long Name:</i>	Post Discharge Death Location	<i>SeqNo:</i>	7125
<i>Short Name:</i>	PostDisDthLoc	<i>Core:</i>	Yes
<i>Section Name:</i>	Discharge / Mortality	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate the location where the patient died after being discharged from the original hospitalization.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: DischMortStat

ParentLongName: Discharge / Mortality Status

ParentHarvestCodes: 4

ParentValues: = "Discharged alive, died after discharge"

Harvest Codes:

Code: Value:

1 Home

2 Extended Care Facility

3 Hospice

4 Acute Rehabilitation

5 Hospital during readmission

6 Other

7 Unknown

<i>Long Name:</i>	Mort-DC Status	<i>SeqNo:</i>	7127
<i>Short Name:</i>	MtDCStat	<i>Core:</i>	No
<i>Section Name:</i>	Discharge / Mortality	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether the patient was alive or dead at discharge from the hospitalization in which surgery occurred. Include patients who died after transfer to another acute care hospital.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Alive
- 2 Dead

<i>Long Name:</i>	Mort-Mortality	<i>SeqNo:</i>	7128
<i>Short Name:</i>	Mortality	<i>Core:</i>	No
<i>Section Name:</i>	Discharge / Mortality	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether the patient has been declared dead within this hospitalization (admission to acute care discharge even if transferred to another hospital) or any time after discharge from this hospitalization. This includes all causes of death, including those causes clearly unrelated to the operation.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
- 2 No

<i>Long Name:</i>	Mort-Location	<i>SeqNo:</i>	7130
<i>Short Name:</i>	MtLocatn	<i>Core:</i>	No
<i>Section Name:</i>	Discharge / Mortality	<i>Harvest:</i>	No
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate the patient's location at time of death.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

ParentShortName: Mortality

ParentLongName: Mort-Mortality

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Operating Room (OR)
During Initial Surgery
- 2 Hospital (Other Than
Operating Room)
- 3 Home
- 7 Extended Care Facility
- 8 Hospice
- 9 Acute Rehabilitation
- 5 Operating Room (OR) During
Reoperation
- 6 Unknown
- 10 Other

Long Name: P2Y12 - Discharge *SeqNo:* 7131

Short Name: **DCP2Y12** *Core:* No

Section Name: Discharge / Mortality *Harvest:* No

DBTableName Adultdata2

Definition: Indicate whether or not the patient was discharged from facility on a P2Y12 antagonist, or if it was contraindicated. The contraindication must be documented in the medical record by a physician, nurse practitioner, pharmacist or physician assistant.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: MtDCStat

ParentLongName: Mort-DC Status

ParentHarvestCodes: 1

ParentValues: = "Alive"

Harvest Codes:

Code: Value:

- 1 Yes
- 2 No
- 3 Contraindicated

<i>Long Name:</i>	Readmission	<i>SeqNo:</i>	7140
<i>Short Name:</i>	Readmit	<i>Core:</i>	Yes
<i>Section Name:</i>	Readmission	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate whether the patient was readmitted to the hospital within 30 days of discharge from hospitalization for this surgery. Code yes for inpatient admission to an acute care facility. Do not capture ED or outpatient visits or admission to a skilled facility or nursing home.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: DischMortStat

ParentLongName: Discharge / Mortality Status

ParentHarvestCodes: 3|4

ParentValues: = "Discharged alive, last know status is alive" or "Discharged alive, died after discharge"

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
 - 3 Unknown
-

<i>Long Name:</i>	Date of Readmission	<i>SeqNo:</i>	7145
<i>Short Name:</i>	ReadmitDt	<i>Core:</i>	Yes
<i>Section Name:</i>	Readmission	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate the date the patient was readmitted.

Data Source: User *Format:* Date mm/dd/yyyy

ParentShortName: Readmit

ParentLongName: Readmission

ParentHarvestCodes: 1

ParentValues: = "Yes"

<i>Long Name:</i>	Readmit Reason	<i>SeqNo:</i>	7160
<i>Short Name:</i>	ReadmRsn	<i>Core:</i>	Yes
<i>Section Name:</i>	Readmission	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate the primary reason that the patient was readmitted as an in-patient.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: Readmit

ParentLongName: Readmission

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 34 Angina
- 21 Anticoagulation
Complication -
Pharmacological
- 20 Anticoagulation
Complication - Valvular
- 33 Aortic Complication
- 2 Arrhythmia/Heart Block
- 35 Blood Pressure (hyper or
hypotension)
- 36 Chest pain, noncardiac
- 3 Congestive Heart Failure
- 22 Coronary Artery / Graft
Dysfunction
- 37 Depression/psychiatric issue
- 27 DVT
- 38 Electrolyte imbalance
- 24 Endocarditis
- 39 Failure to thrive
- 40 GI issue
- 23 Infection - Conduit Harvest
Site
- 9 Infection - Deep Sternum /
Mediastinitis
- 41 Mental status changes
- 5 Myocardial Infarction
- 28 PE
- 6 Pericardial Effusion and/or
Tamponade
- 42 Pericarditis/Post Cardiotomy
Syndrome
- 31 Pleural effusion requiring

	intervention
29	Pneumonia
14	Renal Failure
43	Renal insufficiency
30	Respiratory complications, other
44	Sepsis
18	Stroke
15	TIA
45	Transfusion
26	Transplant Rejection
25	VAD Complication
8	Valve Dysfunction
19	Vascular Complication, acute
46	Wound, other (drainage, cellulitis)
998	Other - Related Readmission
999	Other - Nonrelated Readmission
32	Other - Planned readmission
997	Unknown

<i>Long Name:</i>	Readmit Reason - Primary Procedure	<i>SeqNo:</i>	7165
<i>Short Name:</i>	ReadmPro	<i>Core:</i>	Yes
<i>Section Name:</i>	Readmission	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate the primary procedure that the patient received after being readmitted as an in-patient.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: Readmit

ParentLongName: Readmission

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
700	No Procedure Performed
100	Cath lab for valve intervention
30	Cath lab for coronary intervention (PCI)
80	Dialysis
10	OR for Bleeding
50	OR for Coronary Artery Intervention
70	OR for Sternal Debridement/Muscle Flap

60	OR for Valve Intervention
90	OR for Vascular Procedure
130	OR for Aorta Intervention
20	Pacemaker insertion/AICD
40	Pericardiotomy/Pericardiocentesis
140	Planned noncardiac procedure
110	Thoracentesis / chest tube insertion
120	Wound vac
710	Other Procedure
720	Unknown

Long Name: Readmit Reason - Primary Procedure - Aorta Intervention Type *SeqNo:* 7166

Short Name: **ReadmAortIntTy** *Core:* Yes

Section Name: Readmission *Harvest:* Yes

DBTableName Adultdata2

Definition: Indicate the type of aortic intervention required during readmission

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: ReadmPro

ParentLongName: Readmit Reason - Primary Procedure

ParentHarvestCodes: 130

ParentValues: = "OR for Aorta Intervention"

Harvest Codes:

Code: Value:

1 Open

2 Endovascular

Long Name: Readmit Reason - Primary Procedure - Aorta Intervention Indication *SeqNo:* 7167

Short Name: **ReadmAortIntInd** *Core:* Yes

Section Name: Readmission *Harvest:* Yes

DBTableName Adultdata2

Definition: Select the indication for aortic reintervention

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: ReadmPro

ParentLongName: Readmit Reason - Primary Procedure

ParentHarvestCodes: 130

ParentValues: = "OR for Aorta Intervention"

Harvest Codes:

Code: Value:

1 Rupture

-
- 2 Endoleak
 - 3 Infection
 - 4 Dissection
 - 5 Expansion
 - 6 Loss of side branch patency
 - 7 Other
-

Long Name: Predicted Risk of Mortality *SeqNo:* 7170
Short Name: **PredMort** *Core:* Yes
Section Name: Risk Scores *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the Predicted Risk of Mortality.
Data Source: Calculated *Format:* Real number, at least 0.3 digits (3 decimal places)
 Low Value: 0.000 High Value: 100.000

Long Name: Predicted Deep Sternal Wound Infx *SeqNo:* 7175
Short Name: **PredDeep** *Core:* Yes
Section Name: Risk Scores *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the Predicted Risk of Deep Sternal Wound Infection.
Data Source: Calculated *Format:* Real number, at least 0.3 digits (3 decimal places)
 Low Value: 0.000 High Value: 100.000

Long Name: Predicted Reoperation *SeqNo:* 7180
Short Name: **PredReop** *Core:* Yes
Section Name: Risk Scores *Harvest:* Yes
DBTableName Adultdata1
Definition: Indicate the Predicted Risk of Reoperation.
Data Source: Calculated *Format:* Real number, at least 0.3 digits (3 decimal places)
 Low Value: 0.000 High Value: 100.000

<i>Long Name:</i>	Predicted Permanent Stroke	<i>SeqNo:</i>	7185
<i>Short Name:</i>	PredStro	<i>Core:</i>	Yes
<i>Section Name:</i>	Risk Scores	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the Predicted Risk of Permanent Stroke.		
<i>Data Source:</i>	Calculated	<i>Format:</i>	Real number, at least 0.3 digits (3 decimal places)
Low Value:	0.000	High Value:	100.000

<i>Long Name:</i>	Predicted Prolonged Ventilation	<i>SeqNo:</i>	7190
<i>Short Name:</i>	PredVent	<i>Core:</i>	Yes
<i>Section Name:</i>	Risk Scores	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the Predicted Risk of Prolonged Ventilation.		
<i>Data Source:</i>	Calculated	<i>Format:</i>	Real number, at least 0.3 digits (3 decimal places)
Low Value:	0.000	High Value:	100.000

<i>Long Name:</i>	Predicted Renal Failure	<i>SeqNo:</i>	7195
<i>Short Name:</i>	PredRenF	<i>Core:</i>	Yes
<i>Section Name:</i>	Risk Scores	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the Predicted Risk of Renal Failure.		
<i>Data Source:</i>	Calculated	<i>Format:</i>	Real number, at least 0.3 digits (3 decimal places)
Low Value:	0.000	High Value:	100.000

<i>Long Name:</i>	Predicted Morbidity or Mortality	<i>SeqNo:</i>	7200
<i>Short Name:</i>	PredMM	<i>Core:</i>	Yes
<i>Section Name:</i>	Risk Scores	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the Predicted Risk of Morbidity or Mortality.		
<i>Data Source:</i>	Calculated	<i>Format:</i>	Real number, at least 0.3 digits (3 decimal places)
Low Value:	0.000	High Value:	100.000

<i>Long Name:</i>	Predicted Short Length of Stay	<i>SeqNo:</i>	7205
<i>Short Name:</i>	Pred6D	<i>Core:</i>	Yes
<i>Section Name:</i>	Risk Scores	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the Predicted Risk of Short Length of Stay.		
<i>Data Source:</i>	Calculated	<i>Format:</i>	Real number, at least 0.3 digits (3 decimal places)
Low Value:	0.000	High Value:	100.000

<i>Long Name:</i>	Predicted Long Length of Stay	<i>SeqNo:</i>	7210
<i>Short Name:</i>	Pred14D	<i>Core:</i>	Yes
<i>Section Name:</i>	Risk Scores	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	Indicate the Predicted Risk of Long Length of Stay.		
<i>Data Source:</i>	Calculated	<i>Format:</i>	Real number, at least 0.3 digits (3 decimal places)
Low Value:	0.000	High Value:	100.000

<i>Long Name:</i>	Temporary Yes/No Field #1	<i>SeqNo:</i>	7215
<i>Short Name:</i>	TempYN1	<i>Core:</i>	Yes
<i>Section Name:</i>	STS Temporary Fields	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	This is a temporary field that should not be used for data collection until expressly instructed to by the STS.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
-

<i>Long Name:</i>	Temporary Yes/No Field #2	<i>SeqNo:</i>	7220
<i>Short Name:</i>	TempYN2	<i>Core:</i>	Yes
<i>Section Name:</i>	STS Temporary Fields	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	This is a temporary field that should not be used for data collection until expressly instructed to by the STS.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
-

<i>Long Name:</i>	Temporary Date Field	<i>SeqNo:</i>	7225
<i>Short Name:</i>	TempDt	<i>Core:</i>	Yes
<i>Section Name:</i>	STS Temporary Fields	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	This is a temporary field that should not be used for data collection until expressly instructed to by the STS.		
<i>Data Source:</i>	User	<i>Format:</i>	Date mm/dd/yyyy

<i>Long Name:</i>	Temporary Coded Field	<i>SeqNo:</i>	7230
<i>Short Name:</i>	TempCode	<i>Core:</i>	Yes
<i>Section Name:</i>	STS Temporary Fields	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	This is a temporary field that should not be used for data collection until expressly instructed to by the STS.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
18	18
19	19
20	20

<i>Long Name:</i>	Temporary Text Field	<i>SeqNo:</i>	7235
<i>Short Name:</i>	TempText	<i>Core:</i>	Yes
<i>Section Name:</i>	STS Temporary Fields	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata1		
<i>Definition:</i>	This is a temporary field that should not be used for data collection until expressly instructed to by the STS.		
<i>Data Source:</i>	User	<i>Format:</i>	Text

<i>Long Name:</i>	Primary Anesthesiologist Name	<i>SeqNo:</i>	7310
<i>Short Name:</i>	PrimAnesName	<i>Core:</i>	Yes
<i>Section Name:</i>	Adult Caridac Anesthesiology	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate the full name of the primary anesthesiologist for the procedure.		
<i>Data Source:</i>	User	<i>Format:</i>	Text

<i>Long Name:</i>	Primary Anesthesiologist National Provider Identifier	<i>SeqNo:</i>	7315
<i>Short Name:</i>	PrimAnesNPI	<i>Core:</i>	Yes
<i>Section Name:</i>	Adult Caridac Anesthesiology	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate the individual-level National Provider Identifier (NPI) of the primary anesthesiologist for the procedure.		
<i>Data Source:</i>	Automatic	<i>Format:</i>	Text

<i>Long Name:</i>	Care Team Model	<i>SeqNo:</i>	7320
<i>Short Name:</i>	AnesCareTeamMod	<i>Core:</i>	Yes
<i>Section Name:</i>	Adult Caridac Anesthesiology	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate the anesthesia care team assigned for the predominant portion of the procedure.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Anesthesiologist working alone
- 2 Attending anesthesiologist teaching/medically directing fellow
- 3 Attending anesthesiologist teaching/medically directing house staff
- 4 Attending anesthesiologist medically directing CRNA (1:4 ratio or less)
- 5 Attending anesthesiologist medically directing CRNA (1:5 ratio or greater)

-
- 6 Surgeon medically directing CRNA
 - 7 CRNA practicing independently
-

Long Name: Pain Score Baseline *SeqNo:* 7325
Short Name: **PainScorePre** *Core:* Yes
Section Name: Adult Cardiac Anesthesiology *Harvest:* Yes
DBTableName: Adultdata2
Definition: Indicate the highest baseline (preoperative) pain score on the 0-10 integer scale, or indicate that the score was not recorded.
Data Source: User *Format:* Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	Not Recorded

Long Name: Transfusion Algorithm to Guide Transfusion *SeqNo:* 7330
Short Name: **TransfAlg** *Core:* Yes
Section Name: Adult Cardiac Anesthesiology *Harvest:* Yes
DBTableName: Adultdata2
Definition: Indicate whether a transfusion algorithm or guideline was used to guide transfusion in the patient.
Data Source: User *Format:* Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

1	Yes, SCA/STS guidelines used
2	Yes, Other algorithm used
3	No algorithm used

Long Name: Cell saver volume *SeqNo:* 7335
Short Name: **CellSavVol** *Core:* Yes
Section Name: Adult Caridac Anesthesiology *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the volume of cell-saver blood that was transfused intraoperatively. Include any volume started in the OR, even if the infusion completed post-operatively.

Do not include autologous, allogeneic, pump-residual, or chest-tube recirculated blood. Value should be recorded in milliliters.
Data Source: User *Format:* Integer
Low Value: 0 High Value: 10000

Long Name: Heparin Total Dose *SeqNo:* 7340
Short Name: **TotHep** *Core:* Yes
Section Name: Adult Caridac Anesthesiology *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the total dose of heparin that was administered intraoperatively prior to the initiation of first cardiopulmonary bypass.

Include all doses of heparin given prior to the first cardiopulmonary bypass. Value should be recorded in units.
Data Source: User *Format:* Integer
Low Value: 0 High Value: 200000

<i>Long Name:</i>	Heparin Management	<i>SeqNo:</i>	7345
<i>Short Name:</i>	HepMgmt	<i>Core:</i>	Yes
<i>Section Name:</i>	Adult Cardiac Anesthesiology	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate the method of heparin management used intraoperatively.

Different approaches are utilized to measure the adequacy of heparinization for anticoagulation.

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: TotHep

ParentLongName: Heparin Total Dose

ParentHarvestCodes:

ParentValues: >0

Harvest Codes:

Code: Value:

- 1 Heparin titration based on activated clotting time (ACT)
- 2 Heparin titration based on heparin concentration (e.g. Hepcon system)
- 3 Other method

<i>Long Name:</i>	Protamine total dose	<i>SeqNo:</i>	7350
<i>Short Name:</i>	TotProt	<i>Core:</i>	Yes
<i>Section Name:</i>	Adult Cardiac Anesthesiology	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate the total dose of protamine given intraoperatively to reverse heparinization after first cardiopulmonary bypass.

Value should be recorded in milligrams. Do not include doses given in the ICU.

Data Source: User *Format:* Integer

Low Value: 0 High Value: 1000

<i>Long Name:</i>	Antithrombin III Total Dose	<i>SeqNo:</i>	7351
<i>Short Name:</i>	AntithromDose	<i>Core:</i>	Yes
<i>Section Name:</i>	Adult Cardiac Anesthesiology	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	indicate the total dose of antithrombin III		
<i>Data Source:</i>	User	<i>Format:</i>	Real
Low Value:	0.00	High Value:	7500.00

<i>Long Name:</i>	Viscoelastic Testing Used During Operation	<i>SeqNo:</i>	7360
<i>Short Name:</i>	IntraViscoTest	<i>Core:</i>	Yes
<i>Section Name:</i>	Adult Cardiac Anesthesiology	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether viscoelastic testing was used intraoperatively (example: TEG and ROTEM). Thromboelastography (TEG) is a method of testing the efficiency of coagulation in the blood.		
<i>Data Source:</i>	User	<i>Format:</i>	Integer

Harvest Codes:

Code: Value:

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |
-

<i>Long Name:</i>	Volatile Agent Used	<i>SeqNo:</i>	7365
<i>Short Name:</i>	VolAgentUsed	<i>Core:</i>	Yes
<i>Section Name:</i>	Adult Cardiac Anesthesiology	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether a volatile agent was used.		
<i>Data Source:</i>	User	<i>Format:</i>	Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |
-

Long Name: Volatile Agent - Isoflurane *SeqNo:* 7366
Short Name: **VolAgentIso** *Core:* Yes
Section Name: Adult Cardiac Anesthesiology *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether the volatile agent used was Isoflurane
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VolAgentUsed
ParentLongName: Volatile Agent Used
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Volatile Agent - Sevoflurane *SeqNo:* 7367
Short Name: **VolAgentSevo** *Core:* Yes
Section Name: Adult Cardiac Anesthesiology *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether the volatile agent used was Sevoflurane
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VolAgentUsed
ParentLongName: Volatile Agent Used
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Volatile Agent - Desflurane *SeqNo:* 7368
Short Name: **VolAgentDes** *Core:* Yes
Section Name: Adult Cardiac Anesthesiology *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether the volatile agent used was Desflurane
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VolAgentUsed
ParentLongName: Volatile Agent Used
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Volatile Agent - Other *SeqNo:* 7369
Short Name: **VolAgentOth** *Core:* Yes
Section Name: Adult Cardiac Anesthesiology *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether any other volatile agent was used
Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: VolAgentUsed
ParentLongName: Volatile Agent Used
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Volatile Agent Timing - Pre-CPB *SeqNo:* 7370
Short Name: **VolAgentTimPre** *Core:* Yes
Section Name: Adult Cardiac Anesthesiology *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether the volatile agent was used prior to the patient being on CPB.
Data Source: User *Format:* Integer

ParentShortName: VolAgentUsed
ParentLongName: Volatile Agent Used
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Volatile Agent Timing - During CPB *SeqNo:* 7375
Short Name: **VolAgentTimDur** *Core:* Yes
Section Name: Adult Cardiac Anesthesiology *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether the volatile agent was used during the period when patient was on CPB.
Data Source: User *Format:* Integer

ParentShortName: VolAgentUsed
ParentLongName: Volatile Agent Used
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Volatile Agent Timing - Post CPB *SeqNo:* 7380
Short Name: **VolAgentTimPost** *Core:* Yes
Section Name: Adult Caridac Anesthesiology *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether the volatile agent was used after the patient was taken off CPB.
Data Source: User *Format:* Integer

ParentShortName: VolAgentUsed
ParentLongName: Volatile Agent Used
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Volatile Agent Timing - Maintenance (no CPB) *SeqNo:* 7385
Short Name: **VolAgentTimMaint** *Core:* Yes
Section Name: Adult Caridac Anesthesiology *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether a volatile agent was used for maintenance in a non-pump case (no CPB).
Data Source: User *Format:* Integer

ParentShortName: VolAgentUsed
ParentLongName: Volatile Agent Used
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

<i>Long Name:</i>	Intraop Infusion: Dexmedetomidine	<i>SeqNo:</i>	7390
<i>Short Name:</i>	DexIntra	<i>Core:</i>	Yes
<i>Section Name:</i>	Adult Cardiac Anesthesiology	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate the use of dexmedetomidine infusion during surgery.		
	Any use of dexmedetomidine infusion during the intraoperative period, usually but not always, in the post-bypass period.		
<i>Data Source:</i>	User	<i>Format:</i>	Integer

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
-

<i>Long Name:</i>	Intraop Infusion: Propofol	<i>SeqNo:</i>	7395
<i>Short Name:</i>	PropIntra	<i>Core:</i>	Yes
<i>Section Name:</i>	Adult Cardiac Anesthesiology	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate the use of propofol infusion during surgery.		
	Any use of a propofol infusion during the intraoperative period, usually but not always, in the post-bypass period.		
<i>Data Source:</i>	User	<i>Format:</i>	Integer

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
-

<i>Long Name:</i>	Intraop Mgs of Midazolam	<i>SeqNo:</i>	7400
<i>Short Name:</i>	MidazIntra	<i>Core:</i>	Yes
<i>Section Name:</i>	Adult Cardiac Anesthesiology	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate the intraoperative dose of midazolam in milligrams. Enter zero if no midazolam used.		
<i>Data Source:</i>	User	<i>Format:</i>	Integer
Low Value:	0	High Value:	50

<i>Long Name:</i>	Intraop Insulin Total Dose (max units)	<i>SeqNo:</i>	7405
<i>Short Name:</i>	TotInsuIntra	<i>Core:</i>	Yes
<i>Section Name:</i>	Adult Caridac Anesthesiology	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate the total units (bolus and infusion) of insulin administered intraoperatively. Enter zero if no insulin was given.		
<i>Data Source:</i>	User	<i>Format:</i>	Real
<i>Low Value:</i>	0.00	<i>High Value:</i>	200.00

<i>Long Name:</i>	Blood Pressure Baseline (Pre-Anesthetic Induction) - Systolic	<i>SeqNo:</i>	7410
<i>Short Name:</i>	PreAnesthBPSys	<i>Core:</i>	Yes
<i>Section Name:</i>	Adult Caridac Anesthesiology	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate the most representative preoperative blood pressure upon arrival in the operating room. The most representative initial blood pressure (systolic) should be recorded. This number may be an initial single recording or the average or median of a series of BP determinations. In all cases, the values should be recorded in the operating room prior to the induction of anesthesia.		
<i>Data Source:</i>	User	<i>Format:</i>	Integer
<i>Low Value:</i>	50	<i>High Value:</i>	300

<i>Long Name:</i>	Blood Pressure Baseline (Pre-Anesthetic Induction) - Diastolic	<i>SeqNo:</i>	7415
<i>Short Name:</i>	PreAnesthBPDia	<i>Core:</i>	Yes
<i>Section Name:</i>	Adult Caridac Anesthesiology	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate the most representative preoperative blood pressure upon arrival in the operating room. The most representative initial blood pressure (diastolic) should be recorded. This number may be an initial single recording or the average or median of a series of BP determinations. In all cases, the values should be recorded in the operating room prior to the induction of anesthesia.		
<i>Data Source:</i>	User	<i>Format:</i>	Integer
<i>Low Value:</i>	20	<i>High Value:</i>	150

Long Name: Blood Pressure Baseline (Pre-Anesthetic Induction) - Mean *SeqNo:* 7420
Short Name: **PreAnesthBPMean** *Core:* Yes
Section Name: Adult Cardiac Anesthesiology *Harvest:* Yes
DBTableName: Adultdata2
Definition: Indicate the most representative preoperative blood pressure upon arrival in the operating room.

The most representative initial blood pressure (mean) should be recorded. This number may be an initial single recording or the average or median of a series of BP determinations. In all cases, the values should be recorded in the operating room prior to the induction of anesthesia.

Data Source: User *Format:* Integer
Low Value: 30 High Value: 150

Long Name: Heart Rate Baseline (Pre-Anesthetic Induction) *SeqNo:* 7425
Short Name: **PreAnesthHR** *Core:* Yes
Section Name: Adult Cardiac Anesthesiology *Harvest:* Yes
DBTableName: Adultdata2
Definition: Indicate the most representative preoperative heart rate upon arrival in the operating room.

The most representative initial heart rate should be recorded. This number may be an initial single recording or the average or median of a series of heart rate determinations. In all cases, the values should be recorded in the operating room prior to the induction of anesthesia. The source of heart rate should derive from the ECG monitor, since pulse rates derived from pulse oximetry/plethysmography or arterial tracings may underestimate the heart rate in tachyarrhythmias and other circumstances.

Data Source: User *Format:* Integer
Low Value: 30 High Value: 170

Long Name: Pulmonary Artery Catheter Used *SeqNo:* 7430
Short Name: **PACIntra** *Core:* Yes
Section Name: Adult Cardiac Anesthesiology *Harvest:* Yes
DBTableName: Adultdata2
Definition: Indicate the preoperative or intraoperative placement of a pulmonary artery catheter.

Placement of a pulmonary artery catheter (PAC) in the preoperative or intraoperative period and use of this catheter during the intraoperative period.

Data Source: User *Format:* Integer

Harvest Codes:

Code: Value:

-
- 1 Yes
 - 2 No
-

Long Name: Core Temperature Source *SeqNo:* 7435
Short Name: **CoreTempSrc** *Core:* Yes
Section Name: Adult Cardiac Anesthesiology *Harvest:* Yes
DBTableName: Adultdata2

Definition: Indicate the source of core temperature data used to guide cooling and/or rewarming during cardiac surgery.

Cardiac centers utilize various sites for measuring core temperature during cardiac procedures. These may include the esophageal, bladder, nasopharyngeal, pulmonary artery catheter thermistor, tympanic, or rectal sources. If more than one temperature is being recorded, the value selected as the core should be noted.

Data Source: User *Format:* Integer

Harvest Codes:

Code: Value:

- 1 Esophageal
 - 2 Bladder
 - 3 Nasopharyngeal
 - 4 Pulmonary artery catheter thermistor
 - 5 Tympanic
 - 6 Rectal
-

Long Name: Core Temperature Maximum *SeqNo:* 7440
Short Name: **CoreTempMax** *Core:* Yes
Section Name: Adult Cardiac Anesthesiology *Harvest:* Yes
DBTableName: Adultdata2

Definition: Indicate the patient's highest core temperature during the procedure in degrees centigrade.

Data Source: User *Format:* Real

Low Value: 33.0 High Value: 41.0

Long Name: Nitric Oxide Therapy Begun Intraoperatively *SeqNo:* 7445
Short Name: **NitricOxIntraop** *Core:* Yes
Section Name: Adult Cardiac Anesthesiology *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the usage of inhaled nitric oxide.

Inhaled nitric oxide is used in the treatment of pulmonary hypertension and right ventricular failure. The intent is to capture the usage of inhaled nitric oxide during the cardiac surgical procedure. Do not record the usage of inhaled vasodilating substances other than nitric oxide in this data field.

Data Source: User *Format:* Integer

Harvest Codes:

Code:	Value:
1	Yes
2	No

Long Name: Total Crystalloid Administered by Anesthesia Care Team *SeqNo:* 7450
Short Name: **TotCrystAnesth** *Core:* Yes
Section Name: Adult Cardiac Anesthesiology *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the total volume of intravenous crystalloid administered by the anesthesia care team.
The data should be recorded in milliliters. Enter zero if no crystalloid used.

There is continuing controversy as to the risks and benefits of liberal or restrictive intravenous fluid regimens. Record the total volume of all crystalloid intravenous fluids administered by the anesthesia care team. Do not record any blood products in this data field.

Data Source: User *Format:* Integer

Low Value: 0 High Value: 10000 UsualRangeLow: 500 UsualRangeHigh: 10000

Long Name: Total Synthetic Colloid Administered by Anesthesia Care Team *SeqNo:* 7455
Short Name: **TotColloidAnesth** *Core:* Yes
Section Name: Adult Cardiac Anesthesiology *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the total volume of intravenous synthetic colloid fluid administered by the anesthesia care team. The data should be recorded in milliliters. Enter zero if no synthetic colloid used.

There is continuing controversy as to the risks and benefits of liberal or restrictive intravenous fluid regimens. Record the total volume of all synthetic colloid intravenous fluids administered by the anesthesia care team. Do not record any blood products in this data field.
Data Source: User *Format:* Integer
Low Value: 0 High Value: 4000

Long Name: Total Albumin Administered by Anesthesia Care Team *SeqNo:* 7460
Short Name: **TotAlbumAnesth** *Core:* Yes
Section Name: Adult Cardiac Anesthesiology *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the total volume of intravenous human serum albumin fluid administered by the anesthesia care team. The data should be recorded in milliliters. Enter zero if no albumin used.

There is continuing controversy as to the risks and benefits of liberal or restrictive intravenous fluid regimens. Record the total volume of all human serum albumin fluid administered by the anesthesia care team. Do not record any blood products in this data field.
Data Source: User *Format:* Integer
Low Value: 0 High Value: 2000

Long Name: Intraoperative Glucose Trough Value *SeqNo:* 7470
Short Name: **GlucTroughIntraop** *Core:* Yes
Section Name: Adult Cardiac Anesthesiology *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the trough value of intraoperative glucose in mg/dl.

Intraoperative glucose values vary widely in cardiac surgery. Administration of glucose containing fluids, stress, insulin, and glucocorticoids may all affect intraoperative glycemic levels.
Data Source: User *Format:* Integer
Low Value: 20 High Value: 250

<i>Long Name:</i>	Vasodilators used	<i>SeqNo:</i>	7475
<i>Short Name:</i>	VasodilIntraop	<i>Core:</i>	Yes
<i>Section Name:</i>	Adult Cardiac Anesthesiology	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate the usage of intravenous vasodilating drugs administered by continuous infusion during the intraoperative phase of cardiac surgery.

Vasodilators are used commonly in cardiac surgical patients for the control of intraoperative hypertension and for afterload reduction to improve ventricular function. For the purposes of this data field, infusions of milrinone and pure vasodilating drugs, such as nitroglycerin, nitroprusside, and nicardipine, should be recorded.

Data Source: User *Format:* Integer

Harvest Codes:

Code: Value:

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

<i>Long Name:</i>	Intraoperative Processed EEG (BIS)	<i>SeqNo:</i>	7476
<i>Short Name:</i>	IntraProcEEG	<i>Core:</i>	Yes
<i>Section Name:</i>	Adult Cardiac Anesthesiology	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate whether an intraoperative processed EEG (BIS) was monitored

Data Source: User *Format:* Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

<i>Long Name:</i>	Intraoperative Pre-procedure TEE Performed	<i>SeqNo:</i>	7480
<i>Short Name:</i>	IntraOpPreTEE	<i>Core:</i>	Yes
<i>Section Name:</i>	Adult Cardiac Anesthesiology	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate whether intraoperative TEE was performed pre-procedure.

Data Source: User *Format:* Integer

Harvest Codes:

Code: Value:

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

Long Name: Pre-Procedure Left Ventricular Ejection Fraction Measured *SeqNo:* 7485
Short Name: **PreLVEFMeas** *Core:* Yes
Section Name: Adult Cardiac Anesthesiology *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether left ventricular ejection fraction was measured
Data Source: User *Format:* Integer
 ParentShortName: IntraOpPreTEE
 ParentLongName: Intraoperative Pre-procedure TEE Performed
 ParentHarvestCodes: 1
 ParentValues: = "Yes"
 Harvest Codes:
 Code: Value:
 1 Yes
 2 No

Long Name: Left Ventricular Ejection Fraction Estimate *SeqNo:* 7490
Short Name: **PreLVEF** *Core:* Yes
Section Name: Adult Cardiac Anesthesiology *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the estimate of Left Ventricular ejection fraction determined by intraoperative transesophageal echocardiography.

 Enter a range of 1-99. If a percentage range is reported, report a whole number using the "mean" (i.e., 50-55% is reported as 53%). The following guideline is to be used when the EF is not documented as a percentage; but rather, the EF is documented using a word descriptor:
 Normal = 60%
 Good function = 50%
 Mildly reduced = 45%
 Fair function = 40%
 Moderately reduced = 30%
 Poor function = 25%
 Severely reduced = 20%

Data Source: User *Format:* Real
 Low Value: 1.0 High Value: 99.0
 ParentShortName: PreLVEFMeas
 ParentLongName: Pre-Procedure Left Ventricular Ejection Fraction Measured
 ParentHarvestCodes: 1
 ParentValues: = "Yes"

Long Name: Pre-Procedure Right Ventricular Function *SeqNo:* 7495
Short Name: **PreRVFx** *Core:* Yes
Section Name: Adult Cardiac Anesthesiology *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the estimate of RV function determined by intraoperative transesophageal echocardiography.
Data Source: User *Format:* Integer
ParentShortName: IntraOpPreTEE
ParentLongName: Intraoperative Pre-procedure TEE Performed
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Normal
2	Mild dysfunction
3	Moderate dysfunction
4	Severe dysfunction
5	Not assessed

Long Name: Mitral Regurgitation *SeqNo:* 7500
Short Name: **PreMR** *Core:* Yes
Section Name: Adult Cardiac Anesthesiology *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the degree of mitral valve regurgitation from intraoperative transesophageal echocardiography.

Enter the highest level recorded in the chart, i.e., worst performance level. "Moderately severe" should be coded as "severe".
Data Source: User *Format:* Integer
ParentShortName: IntraOpPreTEE
ParentLongName: Intraoperative Pre-procedure TEE Performed
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	None
2	Trace/trivial
3	Mild
4	Moderate
5	Severe
6	Not assessed

Long Name: Mitral Stenosis *SeqNo:* 7505
Short Name: **PreMS** *Core:* Yes
Section Name: Adult Cardiac Anesthesiology *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the degree of mitral valve stenosis from intraoperative transesophageal echocardiography.

Enter the highest level recorded in the chart, i.e., worst performance level. "Moderately severe" should be coded as "severe".
Data Source: User *Format:* Integer

ParentShortName: IntraOpPreTEE
ParentLongName: Intraoperative Pre-procedure TEE Performed
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	None
2	Mild
3	Moderate
4	Severe
5	Not assessed

Long Name: Aortic Regurgitation *SeqNo:* 7510
Short Name: **PreAR** *Core:* Yes
Section Name: Adult Cardiac Anesthesiology *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the degree of aortic valve regurgitation from intraoperative transesophageal echocardiography.

Enter the highest level recorded in the chart, i.e., worst performance level. "Moderately severe" should be coded as "severe".
Data Source: User *Format:* Integer

ParentShortName: IntraOpPreTEE
ParentLongName: Intraoperative Pre-procedure TEE Performed
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	None
2	Trace/trivial
3	Mild

-
- 4 Moderate
 - 5 Severe
 - 6 Not assessed
-

Long Name: Aortic Stenosis *SeqNo:* 7515
Short Name: **PreAS** *Core:* Yes
Section Name: Adult Cardiac Anesthesiology *Harvest:* Yes
DBTableName Adultdata2

Definition: Indicate the degree of aortic valve stenosis from intraoperative transesophageal echocardiography.

Enter the highest level recorded in the chart, i.e., worst performance level. "Moderately severe" should be coded as "severe".

Data Source: User *Format:* Integer

ParentShortName: IntraOpPreTEE

ParentLongName: Intraoperative Pre-procedure TEE Performed

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 None
 - 2 Mild
 - 3 Moderate
 - 4 Severe
 - 5 Not assessed
-

Long Name: Aortic Valve Area Assessed *SeqNo:* 7520
Short Name: **PreAVAAssessed** *Core:* Yes
Section Name: Adult Cardiac Anesthesiology *Harvest:* Yes
DBTableName Adultdata2

Definition: Indicate whether the aortic valve areas was assessed from intraoperative transesophageal echocardiography.

Data Source: User *Format:* Integer

ParentShortName: IntraOpPreTEE

ParentLongName: Intraoperative Pre-procedure TEE Performed

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Yes
- 2 No

Long Name: Aortic Valve Area *SeqNo:* 7525
Short Name: **PreAVA** *Core:* Yes
Section Name: Adult Cardiac Anesthesiology *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the aortic valve area from intraoperative transesophageal echocardiography.
Enter numeric value in square centimeters for aortic valve.
Data Source: User *Format:* Real
Low Value: 0.2 High Value: 5.0
ParentShortName: PreAVAAssessed
ParentLongName: Aortic Valve Area Assessed
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Tricuspid Regurgitation *SeqNo:* 7530
Short Name: **PreTR** *Core:* Yes
Section Name: Adult Cardiac Anesthesiology *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the degree of tricuspid valve regurgitation from intraoperative transesophageal echocardiography.
Enter the highest level recorded in the chart, i.e., worst performance level. "Moderately severe" should be coded as "severe".
Data Source: User *Format:* Integer
ParentShortName: IntraOpPreTEE
ParentLongName: Intraoperative Pre-procedure TEE Performed
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:
Code: Value:
1 None
2 Trace/trivial
3 Mild
4 Moderate
5 Severe
6 Not assessed

Long Name: Patent Foramen Ovale *SeqNo:* 7535
Short Name: **PrePFO** *Core:* Yes
Section Name: Adult Cardiac Anesthesiology *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the presence of patent foramen ovale diagnosed by intraoperative transesophageal echocardiography.
Data Source: User *Format:* Integer
ParentShortName: IntraOpPreTEE
ParentLongName: Intraoperative Pre-procedure TEE Performed
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No
3	Not assessed

Long Name: Ascending Aorta Assessed *SeqNo:* 7540
Short Name: **AscAoAssessed** *Core:* Yes
Section Name: Adult Cardiac Anesthesiology *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether the ascending aorta was assessed using TEE.
Data Source: User *Format:* Integer
ParentShortName: IntraOpPreTEE
ParentLongName: Intraoperative Pre-procedure TEE Performed
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

<i>Long Name:</i>	Maximal Ascending Aortic Diameter	<i>SeqNo:</i>	7545
<i>Short Name:</i>	MxAscAo	<i>Core:</i>	Yes
<i>Section Name:</i>	Adult Cardiac Anesthesiology	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate the maximal diameter of ascending aorta as determined by intraoperative transesophageal echocardiography.

Indicate maximal diameter of ascending aorta in centimeters as determined by intraoperative transesophageal echocardiography.

Data Source: User *Format:* Real

Low Value: 1.0 High Value: 8.0

ParentShortName: AscAoAssessed

ParentLongName: Ascending Aorta Assessed

ParentHarvestCodes: 1

ParentValues: = "Yes"

<i>Long Name:</i>	Maximal Ascending Aortic Atheroma Thickness	<i>SeqNo:</i>	7550
<i>Short Name:</i>	MxAscAoThick	<i>Core:</i>	Yes
<i>Section Name:</i>	Adult Cardiac Anesthesiology	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate the maximal ascending aortic atherosclerotic thickness as measured by intraoperative transesophageal echocardiography.

Indicate maximal thickness of ascending aorta plaque in millimeters as determined by intraoperative transesophageal echocardiography. If only intimal thickening and no plaque put numeric value of zero.

Data Source: User *Format:* Real

Low Value: 0.0 High Value: 20.0

ParentShortName: AscAoAssessed

ParentLongName: Ascending Aorta Assessed

ParentHarvestCodes: 1

ParentValues: = "Yes"

Long Name: Ascending Aortic Atheroma Mobility *SeqNo:* 7555
Short Name: **AsAthMo** *Core:* Yes
Section Name: Adult Cardiac Anesthesiology *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the ascending aortic atheroma mobility as measured by intraoperative transesophageal echocardiography.
Data Source: User *Format:* Integer
ParentShortName: AscAoAssessed
ParentLongName: Ascending Aorta Assessed
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Aortic Arch Visualized *SeqNo:* 7560
Short Name: **AoArcVis** *Core:* Yes
Section Name: Adult Cardiac Anesthesiology *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether the aortic arch was visualized.
Data Source: User *Format:* Integer
ParentShortName: IntraOpPreTEE
ParentLongName: Intraoperative Pre-procedure TEE Performed
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Long Name: Maximal Aortic Arch Atheroma Thickness *SeqNo:* 7565
Short Name: **MxArcAth** *Core:* Yes
Section Name: Adult Cardiac Anesthesiology *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the maximal aortic arch atherosclerotic thickness as measured by intraoperative transesophageal echocardiography.

Indicate maximal thickness of aortic arch plaque in millimeters as determined by intraoperative transesophageal echocardiography. If only intimal thickening and no plaque put numeric value of zero.

Data Source: User *Format:* Real
Low Value: 0.0 High Value: 20.0
ParentShortName: AoArcVis
ParentLongName: Aortic Arch Visualized
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Aortic Arch Atheroma Mobility *SeqNo:* 7570
Short Name: **ArcAthMo** *Core:* Yes
Section Name: Adult Cardiac Anesthesiology *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the aortic arch atheroma mobility as measured by pre-CPB intraoperative transesophageal echocardiography.

Data Source: User *Format:* Integer

ParentShortName: AoArcVis
ParentLongName: Aortic Arch Visualized
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:
Code: Value:
1 Yes
2 No

<i>Long Name:</i>	Cardiopulmonary Bypass Used	<i>SeqNo:</i>	7575
<i>Short Name:</i>	CPBUsed	<i>Core:</i>	Yes
<i>Section Name:</i>	Adult Cardiac Anesthesiology	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether cardiopulmonary bypass was used.		
<i>Data Source:</i>	User	<i>Format:</i>	Integer

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
-

<i>Long Name:</i>	Retrograde Autologous Priming of CPB Circuit	<i>SeqNo:</i>	7580
<i>Short Name:</i>	RetrAutolPrim	<i>Core:</i>	Yes
<i>Section Name:</i>	Adult Cardiac Anesthesiology	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		
<i>Definition:</i>	Indicate whether retrograde autologous priming was used by the cardiopulmonary perfusion team prior to the onset of cardiopulmonary bypass.		
	Retrograde autologous priming is technique used by cardiopulmonary perfusionists to minimize hemodilution and hypotension during onset of cardiopulmonary bypass.		
<i>Data Source:</i>	User	<i>Format:</i>	Integer

ParentShortName: CPBUsed

ParentLongName: Cardiopulmonary Bypass Used

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
-

Long Name: Total Fluids Crystalloid Administered by Perfusion Team *SeqNo:* 7585
Short Name: **TotCrystPerf** *Core:* Yes
Section Name: Adult Cardiac Anesthesiology *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the total volume of intravenous crystalloid fluids administered by cardiopulmonary perfusion team. The data should be recorded in milliliters. Enter zero if fluid crystalloid not used by perfusion team.

 There is continuing controversy as to the risks and benefits of liberal or restrictive intravenous fluid regimens. Record the total of all crystalloid intravenous fluids given by the cardiopulmonary perfusion team. Do not record any blood products in this data field.

Data Source: User *Format:* Integer
Low Value: 0 *High Value:* 10000
ParentShortName: CPBUsed
ParentLongName: Cardiopulmonary Bypass Used
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Total Synthetic Colloid Administered by Perfusion Team *SeqNo:* 7590
Short Name: **TotColloidPerf** *Core:* Yes
Section Name: Adult Cardiac Anesthesiology *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the total volume of intravenous synthetic colloid fluids (of any concentration) administered by the cardiopulmonary perfusion team. The data should be recorded in milliliters. Enter zero if synthetic colloid not administered by perfusion team.

 There is continuing controversy as to the risks and benefits of liberal or restrictive intravenous fluid regimens. Record the total of all synthetic colloid intravenous fluids given by the cardiopulmonary perfusion team. Synthetic colloids of all concentrations and substitution ratios should be included, Do not record any blood products in this data field.

Data Source: User *Format:* Integer
Low Value: 0 *High Value:* 4000
ParentShortName: CPBUsed
ParentLongName: Cardiopulmonary Bypass Used
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Total Albumin Administered by Perfusion Team *SeqNo:* 7595
Short Name: **TotAlbumPerf** *Core:* Yes
Section Name: Adult Cardiac Anesthesiology *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the total volume of intravenous human serum albumin fluids (of any concentration) administered by the cardiopulmonary perfusion team. The data should be recorded in milliliters. Enter zero if albumin not administered by perfusion team.

There is continuing controversy as to the risks and benefits of liberal or restrictive intravenous fluid regimens. Record the total of all human serum albumin intravenous fluids given by the cardiopulmonary perfusion team. Albumin-containing fluids of all concentrations should be included. Do not record any blood products in this data field.
Data Source: User *Format:* Integer
Low Value: 0 High Value: 2000
ParentShortName: CPBUsed
ParentLongName: Cardiopulmonary Bypass Used
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Hemofiltration Volume Removed by Perfusion Team *SeqNo:* 7600
Short Name: **HemofilPerf** *Core:* Yes
Section Name: Adult Cardiac Anesthesiology *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the total volume of ultrafiltrate removed by the cardiopulmonary perfusion team during cardiopulmonary bypass and during modified ultra-hemofiltration post-CPB. Record the data in milliliters.

Hemofiltration is used to concentrate the red blood cells and plasma proteins in the circulation during and immediately following CPB.
Data Source: User *Format:* Integer
Low Value: 0 High Value: 10000
ParentShortName: CPBUsed
ParentLongName: Cardiopulmonary Bypass Used
ParentHarvestCodes: 1
ParentValues: = "Yes"

<i>Long Name:</i>	Inotropes used to wean from CPB	<i>SeqNo:</i>	7605
<i>Short Name:</i>	InotropWeanCPB	<i>Core:</i>	Yes
<i>Section Name:</i>	Adult Cardiac Anesthesiology	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate the usage of inotropic drug infusions to facilitate weaning from cardiopulmonary bypass. For this data field, any drug infusion with inotropic properties, including catecholamines, phosphodiesterase inhibitors, and calcium sensitizers, should be recorded.

Inotropic drugs infusions are used routinely or as required in many cardiac surgical patients during the process of weaning from CPB. Record all usage of drugs with positive inotropic effect, including epinephrine, norepinephrine, dopamine, dobutamine, levosimendan, and milrinone.

Data Source: User *Format:* Integer

ParentShortName: CPBUsed

ParentLongName: Cardiopulmonary Bypass Used

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

<i>Long Name:</i>	Vasopressors used to wean from CPB	<i>SeqNo:</i>	7610
<i>Short Name:</i>	VasopWeanCPB	<i>Core:</i>	Yes
<i>Section Name:</i>	Adult Cardiac Anesthesiology	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate the usage of vasoconstrictive drugs to facilitate weaning from cardiopulmonary bypass. For this data field, any drug infusion at a dosage range with clinically vasoconstrictive properties, including catecholamines and pure vasoconstrictors, should be recorded.

Low systemic vascular resistance (a.k.a. vasoplegia) is a common condition during cardiopulmonary bypass that may be related to preoperative vasodilating drugs or certain antiarrhythmic drugs. Include purely vasoconstrictive drugs. Also record usage of drugs with inotropic effects that have vasoconstrictive properties in higher doses, such as dopamine and epinephrine.

Data Source: User *Format:* Integer

ParentShortName: CPBUsed

ParentLongName: Cardiopulmonary Bypass Used

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

-
- 1 Yes
 - 2 No
-

Long Name: Intraoperative Post-procedure TEE Performed *SeqNo:* 7615
Short Name: **IntraOpPostTEE** *Core:* Yes
Section Name: Adult Cardiac Anesthesiology *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether intraoperative TEE was performed post-procedure.
Data Source: User *Format:* Integer

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
-

Long Name: Systolic Anterior Motion of Mitral Valve *SeqNo:* 7620
Short Name: **PostSAM** *Core:* Yes
Section Name: Adult Cardiac Anesthesiology *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the presence of systolic anterior motion (SAM) of the mitral valve as determined by intraoperative transesophageal echocardiography prior to chest closure.
 Choose Yes for any SAM between weaning from CPB and chest closure.
Data Source: User *Format:* Integer

ParentShortName: IntraOpPostTEE

ParentLongName: Intraoperative Post-procedure TEE Performed

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
 - 3 Not assessed
-

Long Name: Return to CPB for Echo-Related Diagnosis *SeqNo:* 7625
Short Name: **RetCPBEch** *Core:* Yes
Section Name: Adult Cardiac Anesthesiology *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether surgical revision was performed based on post procedure intraoperative TEE.
Data Source: User *Format:* Integer

ParentShortName: IntraOpPostTEE

ParentLongName: Intraoperative Post-procedure TEE Performed

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Post-Procedure Left Ventricular Ejection Fraction Measured *SeqNo:* 7630
Short Name: **PostLVEFMeas** *Core:* Yes
Section Name: Adult Cardiac Anesthesiology *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether left ventricular ejection fraction was measured post-procedure by intraoperative transesophageal echocardiography.
Data Source: User *Format:* Integer

ParentShortName: IntraOpPostTEE

ParentLongName: Intraoperative Post-procedure TEE Performed

ParentHarvestCodes: 1

ParentValues: = "Yes"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Post-Procedure Left Ventricular Ejection Fraction Estimate *SeqNo:* 7635
Short Name: **PostLVEF** *Core:* Yes
Section Name: Adult Cardiac Anesthesiology *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the post-procedure estimate of left ventricular ejection fraction determined by intraoperative transesophageal echocardiography.

Enter a range of 1-99. If a percentage range is reported, report a whole number using the "mean" (i.e., 50-55% is reported as 53%). The following guideline is to be used when the EF is not documented as a percentage; but rather, the EF is documented using a word descriptor:
Normal = 60%
Good function = 50%
Mildly reduced = 45%
Fair function = 40%
Moderately reduced = 30%
Poor function = 25%
Severely reduced = 20%

Data Source: User *Format:* Real
Low Value: 1.0 High Value: 99.0
ParentShortName: PostLVEFMeas
ParentLongName: Post-Procedure Left Ventricular Ejection Fraction Measured
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Post-Procedure Right Ventricular Function *SeqNo:* 7640
Short Name: **PostRVFx** *Core:* Yes
Section Name: Adult Cardiac Anesthesiology *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the post-procedure estimate of RV function determined by intraoperative transesophageal echocardiography.

Data Source: User *Format:* Integer
ParentShortName: IntraOpPostTEE
ParentLongName: Intraoperative Post-procedure TEE Performed
ParentHarvestCodes: 1
ParentValues: = "Yes"
Harvest Codes:
Code: Value:
1 Normal
2 Mild dysfunction
3 Moderate dysfunction
4 Severe dysfunction

5 Not assessed

Long Name: Intraoperative Cardiac Arrest Related To Anesthesia Care *SeqNo:* 7641
Short Name: **IntraCardArr** *Core:* Yes
Section Name: Adult Cardiac Anesthesiology *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether there was a cardiac arrest related to anesthesia care
Data Source: User *Format:* Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
-

Long Name: Patient Died Within The OR *SeqNo:* 7645
Short Name: **ORDeath** *Core:* Yes
Section Name: Adult Cardiac Anesthesiology *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether the patient died within the OR.
Data Source: User *Format:* Integer

Harvest Codes:

Code: Value:

- 1 Yes
 - 2 No
-

Long Name: Core Temperature Upon Entry To ICU/PACU Measured *SeqNo:* 7650
Short Name: **PostTempMeas** *Core:* Yes
Section Name: Adult Cardiac Anesthesiology *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether the core temperature was measured upon initial arrival in the ICU/PACU following cardiac surgery.
Data Source: User *Format:* Integer

ParentShortName: ORDeath

ParentLongName: Patient Died Within The OR

ParentHarvestCodes: 2

ParentValues: = "No"

Harvest Codes:

Code: Value:

- 1 Yes

2 No

Long Name: Core Temperature Upon Entry To ICU/PACU *SeqNo:* 7655
Short Name: **PostCoreTemp** *Core:* Yes
Section Name: Adult Cardiac Anesthesiology *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the core temperature in degrees Centigrade upon initial arrival in the ICU/PACU following cardiac surgery.

The intent is to capture the initial documented core temperature in the intensive care unit, as per the normal routine for core temperature monitoring in the ICU/PACU.

Data Source: User *Format:* Real

Low Value: 30.0 High Value: 41.0

ParentShortName: PostTempMeas

ParentLongName: Core Temperature Upon Entry To ICU/PACU Measured

ParentHarvestCodes: 1

ParentValues: = "Yes"

Long Name: Postoperative INR Measured *SeqNo:* 7660
Short Name: **PostINRMeas** *Core:* Yes
Section Name: Adult Cardiac Anesthesiology *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether the International normalized ratio (INR) was measured upon initial arrival in the ICU/PACU following cardiac surgery.

Data Source: User *Format:* Integer

ParentShortName: ORDeath

ParentLongName: Patient Died Within The OR

ParentHarvestCodes: 2

ParentValues: = "No"

Harvest Codes:

Code: Value:

1 Yes

2 No

<i>Long Name:</i>	First Postoperative INR	<i>SeqNo:</i>	7665
<i>Short Name:</i>	PostINR	<i>Core:</i>	Yes
<i>Section Name:</i>	Adult Cardiac Anesthesiology	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate the first international normalized ratio (INR) value upon initial arrival in the ICU/PACU following cardiac surgery.

INR is the standard unit used to report the result of a prothrombin (PT) test. The hospital laboratory report should be accessed first when coding this variable. If this is unavailable, then additional source documents may be referenced for lab results.

Data Source: User *Format:* Real

Low Value: 0.5 High Value: 5.0

ParentShortName: PostINRMeas

ParentLongName: Postoperative INR Measured

ParentHarvestCodes: 1

ParentValues: = "Yes"

<i>Long Name:</i>	WBC Upon Entry To ICU/PACU Measured	<i>SeqNo:</i>	7670
<i>Short Name:</i>	PostWBCMeas	<i>Core:</i>	Yes
<i>Section Name:</i>	Adult Cardiac Anesthesiology	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate whether the white blood cell count was measured upon initial arrival in the ICU/PACU following cardiac surgery.

Data Source: User *Format:* Integer

ParentShortName: ORDeath

ParentLongName: Patient Died Within The OR

ParentHarvestCodes: 2

ParentValues: = "No"

Harvest Codes:

Code: Value:

1 Yes

2 No

<i>Long Name:</i>	WBC Upon Entry To ICU/PACU	<i>SeqNo:</i>	7675
<i>Short Name:</i>	PostWBC	<i>Core:</i>	Yes
<i>Section Name:</i>	Adult Cardiac Anesthesiology	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate the first white blood cell count upon initial arrival in the ICU/PACU following cardiac surgery.

White Blood Cells (leukocytes) are part of the body's immune defense and are often elevated in the presence of infection. The hospital laboratory report should be accessed first when coding this variable. If this is unavailable, then additional source documents may be referenced for lab results.

Data Source: User *Format:* Integer

Low Value: 1000 High Value: 50000

ParentShortName: PostWBCMeas

ParentLongName: WBC Upon Entry To ICU/PACU Measured

ParentHarvestCodes: 1

ParentValues: = "Yes"

<i>Long Name:</i>	Platelets Upon Entry To ICU/PACU Measured	<i>SeqNo:</i>	7680
<i>Short Name:</i>	PostPltMeas	<i>Core:</i>	Yes
<i>Section Name:</i>	Adult Cardiac Anesthesiology	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate whether the platelet count was measured upon initial arrival in the ICU/PACU following cardiac surgery.

Data Source: User *Format:* Integer

ParentShortName: ORDeath

ParentLongName: Patient Died Within The OR

ParentHarvestCodes: 2

ParentValues: = "No"

Harvest Codes:

Code: Value:

1 Yes

2 No

<i>Long Name:</i>	Platelets Upon Entry To ICU/PACU	<i>SeqNo:</i>	7685
<i>Short Name:</i>	PostPlt	<i>Core:</i>	Yes
<i>Section Name:</i>	Adult Caridac Anesthesiology	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate the first platelet count upon initial arrival in the ICU/PACU following cardiac surgery.

Platelets are a blood component instrumental in clot formation. The hospital laboratory report should be accessed first when coding this variable. If this is unavailable, then additional source documents may be referenced for lab results.

Data Source: User *Format:* Integer

Low Value: 5000 High Value: 500000

ParentShortName: PostPltMeas

ParentLongName: Platelets Upon Entry To ICU/PACU Measured

ParentHarvestCodes: 1

ParentValues: = "Yes"

<i>Long Name:</i>	Hematocrit Upon Entry To ICU/PACU Measured	<i>SeqNo:</i>	7690
<i>Short Name:</i>	PostHCTMeas	<i>Core:</i>	Yes
<i>Section Name:</i>	Adult Caridac Anesthesiology	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate whether the hematocrit value was measured upon initial arrival in the ICU/PACU following cardiac surgery.

Data Source: User *Format:* Integer

ParentShortName: ORDeath

ParentLongName: Patient Died Within The OR

ParentHarvestCodes: 2

ParentValues: = "No"

Harvest Codes:

Code: Value:

1 Yes

2 No

<i>Long Name:</i>	Hematocrit Upon Entry To ICU/PACU	<i>SeqNo:</i>	7695
<i>Short Name:</i>	PostHCT	<i>Core:</i>	Yes
<i>Section Name:</i>	Adult Cardiac Anesthesiology	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate the first hematocrit value upon initial arrival in the ICU/PACU following cardiac surgery.

Hct, Hematocrit, is the proportion of red cells in the blood. The hospital laboratory report should be accessed first when coding this variable. If this is unavailable, then additional source documents may be referenced for lab results.

Data Source: User *Format:* Real

Low Value: 10.0 High Value: 60.0

ParentShortName: PostHCTMeas

ParentLongName: Hematocrit Upon Entry To ICU/PACU Measured

ParentHarvestCodes: 1

ParentValues: = "Yes"

<i>Long Name:</i>	Fibrinogen Upon Entry To ICU/PACU Measured	<i>SeqNo:</i>	7696
<i>Short Name:</i>	PostFibrinMeas	<i>Core:</i>	Yes
<i>Section Name:</i>	Adult Cardiac Anesthesiology	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate whether fibrinogen was measured upon entry to ICU/PACU

Data Source: User *Format:* Text (categorical values specified by STS)

ParentShortName: ORDeath

ParentLongName: Patient Died Within The OR

ParentHarvestCodes: 2

ParentValues: = "No"

Harvest Codes:

Code: Value:

1 Yes

2 No

Long Name: Fibrinogen Upon Entry To ICU/PACU *SeqNo:* 7697
Short Name: **PostFibrin** *Core:* Yes
Section Name: Adult Cardiac Anesthesiology *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate the fibrinogen level upon entry to ICU/PACU
Data Source: User *Format:* Real
Low Value: 0.00 High Value: 1200.00
ParentShortName: PostFibrinMeas
ParentLongName: Fibrinogen Upon Entry To ICU/PACU Measured
ParentHarvestCodes: 1
ParentValues: = "Yes"

Long Name: Lactate Upon Entry To ICU/PACU Measured *SeqNo:* 7700
Short Name: **PostLactMeas** *Core:* Yes
Section Name: Adult Cardiac Anesthesiology *Harvest:* Yes
DBTableName Adultdata2
Definition: Indicate whether the lactate value was measured upon initial arrival in the ICU/PACU following cardiac surgery.
Data Source: User *Format:* Integer
ParentShortName: ORDeath
ParentLongName: Patient Died Within The OR
ParentHarvestCodes: 2
ParentValues: = "No"
Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

<i>Long Name:</i>	Lactate Upon Entry To ICU/PACU	<i>SeqNo:</i>	7705
<i>Short Name:</i>	PostLact	<i>Core:</i>	Yes
<i>Section Name:</i>	Adult Cardiac Anesthesiology	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate the value of lactate in mg/dl upon initial arrival in the ICU/PACU following cardiac surgery. Do not record missing data as a zero value.

Serum lactate is a marker for the duration and severity of malperfusion during critical states. The magnitude of serum lactate has been associated with mortality and adverse outcomes.

Data Source: User *Format:* Integer

Low Value: 0 High Value: 20

ParentShortName: PostLactMeas

ParentLongName: Lactate Upon Entry To ICU/PACU Measured

ParentHarvestCodes: 1

ParentValues: = "Yes"

<i>Long Name:</i>	Postop Infusion: Dexmedetomidine	<i>SeqNo:</i>	7710
<i>Short Name:</i>	DexPost	<i>Core:</i>	Yes
<i>Section Name:</i>	Adult Cardiac Anesthesiology	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate the use of dexmedetomidine infusion after surgery.

Any use of dexmedetomidine infusion during the postoperative period, after transport to the ICU/PACU.

Data Source: User *Format:* Integer

ParentShortName: ORDeath

ParentLongName: Patient Died Within The OR

ParentHarvestCodes: 2

ParentValues: = "No"

Harvest Codes:

Code: Value:

1 Yes

2 No

<i>Long Name:</i>	Postop Infusion: Propofol	<i>SeqNo:</i>	7715
<i>Short Name:</i>	PropPost	<i>Core:</i>	Yes
<i>Section Name:</i>	Adult Cardiac Anesthesiology	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate the use of propofol infusion after surgery.

Any use of a propofol infusion during the postoperative period, after transport to the ICU/PACU.

Data Source: User *Format:* Integer

ParentShortName: ORDeath

ParentLongName: Patient Died Within The OR

ParentHarvestCodes: 2

ParentValues: = "No"

Harvest Codes:

Code: Value:

1 Yes

2 No

<i>Long Name:</i>	Postoperative Delirium	<i>SeqNo:</i>	7720
<i>Short Name:</i>	PostopDel	<i>Core:</i>	Yes
<i>Section Name:</i>	Adult Cardiac Anesthesiology	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate whether the patient experienced postoperative delirium.

Postoperative altered mental state such as loss of memory and cognitive ability, personality changes, inability to concentrate, or lethargy, without actual evidence of stroke or coma.

Data Source: User *Format:* Integer

ParentShortName: ORDeath

ParentLongName: Patient Died Within The OR

ParentHarvestCodes: 2

ParentValues: = "No"

Harvest Codes:

Code: Value:

1 Yes

2 No

<i>Long Name:</i>	Heparin-Induced Thrombocytopenia (Postop Dx)	<i>SeqNo:</i>	7725
<i>Short Name:</i>	PostHITAnti	<i>Core:</i>	Yes
<i>Section Name:</i>	Adult Cardiac Anesthesiology	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate whether Heparin Induced Thrombocytopenia, HIT, is confirmed by antibody testing.

Heparin induced thrombocytopenia (HIT) can be defined as any clinical event best explained by platelet factor 4 (PF4)/heparin-reactive antibodies ('HIT antibodies') in a patient who is receiving, or who has recently received heparin. Thrombocytopenia is the most common 'event' in HIT and occurs in at least 90% of patients, depending upon the definition of thrombocytopenia. A very small proportion of patients with HIT develop thrombosis. Alternative (nonheparin) anticoagulant therapy reduces the risk of subsequent thrombosis.

Data Source: User

Format: Integer

ParentShortName: ORDeath

ParentLongName: Patient Died Within The OR

ParentHarvestCodes: 2

ParentValues: = "No"

Harvest Codes:

Code: Value:

1 Yes

2 No

<i>Long Name:</i>	Pain Score POD #3	<i>SeqNo:</i>	7730
<i>Short Name:</i>	PainScorePOD3	<i>Core:</i>	Yes
<i>Section Name:</i>	Adult Cardiac Anesthesiology	<i>Harvest:</i>	Yes
<i>DBTableName</i>	Adultdata2		

Definition: Indicate the pain score on postoperative day #3 (Integer Rating Scale).

Highest pain score on postoperative day #3 on the 0-10 integer scale, if recorded, or record score as missing.

Data Source: User

Format: Integer

ParentShortName: ORDeath

ParentLongName: Patient Died Within The OR

ParentHarvestCodes: 2

ParentValues: = "No"

Harvest Codes:

Code: Value:

0 0

1 1

2 2

3 3

4 4

5	5
6	6
7	7
8	8
9	9
10	10
11	Not recorded
12	NA

Long Name: Pain Score Hospital Discharge*SeqNo:* 7735*Short Name:* **PainScoreDisch***Core:* Yes*Section Name:* Adult Cardiac Anesthesiology*Harvest:* Yes*DBTableName* Adultdata2*Definition:* Indicate the pain score on day of discharge (Integer Rating Scale).

Highest pain score recorded on day of discharge on the 0-10 integer scale, if recorded, or record score as missing.

Data Source: User*Format:* Integer

ParentShortName: ORDeath

ParentLongName: Patient Died Within The OR

ParentHarvestCodes: 2

ParentValues: = "No"

Harvest Codes:

Code: Value:

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	Not Recorded
12	NA
