

# BACTS Questionnaire

## Acute Type A Aortic Dissection

### DEMOGRAPHICS

Patient ID		
Gender	M	F
Date of birth (day, month, year)	...../...../.....	
Height	.....cm	
Weight	.....Kg	

### DEFINITION OF THE PATHOLOGY:

Intramural hematoma*	Y	N
Acute (less than 1 week)	Y	N
Type I (Debakey)	Y	N
Type II (Debakey)	Y	N
Retrograde type B	Y	N

### ETIOLOGY:

Medial degeneration Hypertension	Y	N
Medial degeneration Bicuspidy	Y	N
Medial degeneration Unknown	Y	N
Marfan syndrom	Y	N
Connective tissue disorder (other Than Marfan)	Y	N
Pregnancy –Post partum	Y	N
Previously aneurysmal aorta	Y	N
Traumatic	Y	N
Drug abuse	Y	N
Iatrogenic	Y	N
Related to Cardiac Surgery	Y	N
	Early (same hospitalization)	Y
	late	Y
Other	Y	N
If yes, please explain ...		

### PREOP DIAGNOSIS:

Contrast enhanced CT	Y	N
MRI	Y	N
TEE	Y	N
Angiography	Y	N
Other	Y	N
If yes, please explain ...		

### PATIENT S PREOP STATUS :

Stable *	Y	N
If unstable :	Y	N
	Intubated	Y
	Inotrope	Y
	Vasopressor	Y
	Agitation	Y
	Ressucitation	Y
	Other	Y
Please, explain ...		

Preoperative Complications :			
	Pericardial effusion*	Y	N
	Tamponade	Y	N
	Coronary ischemia*	Y	N
	Aortic insufficiency:	None	Y
		Mild	Y
		Moderate	Y
		Severe	Y
	Neurological deficit*	Y	N
	Spinal cord ischemia	Y	N
	Visceral malperfusion	Y	N
	Limb ischemia	Y	N
	Others	Y	N
	Please, explain ...		

### SEVERITY SCORES :

Euroscore (additive)*	
Euroscore (logistic)*	

### DELAY BETWEEN SYMPTOMS, DIAGNOSIS AND SURGERY :

First symptoms	...../...../2008	Hour :	.....
Diagnosis	...../...../2008	Hour :	.....
Induction of anaesthesia	...../...../2008	Hour :	.....

### SURGICAL SET UP AND SURGICAL PROCEDURE :

Urgent	Y	N
Emergent	Y	N
Ph (1st in OR)	.....	
Blood lactate (1st in OR)	..... mg/100 ml	
Arterial cannulation		
	Femoral	Y
	Subclavian-axillary	Y
	Carotid	Y
	Aortic	Y
	LV	Y
Open distal anastomosis	Y	N
If yes,		
	Duration of Circulatory arrest in minutes	.....
	T° during Circulatory arrest	.....°
	Specific surgical cerebral protection	Y
	If yes, retrograde perfusion	Y
	Selective antegrade brain perfusion	Y
	Via subclavian perfusion	Y
	Other	Y
Please, explain ...		
Antegrade Reperfusion	Y	N
Entry tear		
	Entry tear found	Y
	Entry tear in the aortic root	Y
	Entry tear in the ascending aorta	Y
	Entry tear in the arch	Y
	Entry tear in the descending aorta	Y

Associated procedures :			
	CABG	Y	N
	Valve other than aortic	Y	N
	Fenestration	Y	N
	Arterial bypass (i.e. femoro-femoral) If yes, explain ...	Y	N
Repeat ECC*		Y	N

### SURGICAL PROCEDURE

Use of glue		Y	N
Replacement of the aortic valve		Y	N
If yes,			
	Biological	Y	N
	Mechanical	Y	N
	Other Please, explain ...	Y	N
Conservation – repair of the aortic valve		Y	N
Reimplantation of the aortic valve (David)		Y	N
Replacement of the aortic root		Y	N
Replacement of the ascending aorta		Y	N
Hemi-arch		Y	N
Complete arch		Y	N
Elephant trunk		Y	N

### POSTOPERATIVE PERIOD

Simple		Y	N	
Complicated		Y	N	
	LV Dysfunction	Y	N	
	RV Dysfunction	Y	N	
	Arrhythmias (VF-VT)	Y	N	
	Myocardial infarction	Y	N	
	CKmb (maximum value)	.. µg/l		
	Aortic insufficiency :	None	Y	N
		Mild	Y	N
		Moderate	Y	N
		Severe	Y	N
	Stroke*	Y	N	
	Diffuse brain injury (agitation-confusion)	Y	N	
	Prolonged ventilation (≥ 48H)	Y	N	
	Renal failure (dialysis-CVVH)	Y	N	
	Total bilirubine ≥ 20 mg/l	Y	N	
	INR ≥ 2.0	Y	N	
	Lactate ≥ 40 mg/dl at anytime	Y	N	
	Mesenteric ischemia- infarction	Y	N	
	Limb ischemia	Y	N	
	Transfusion of any blood products	Y	N	
	Reexploration for bleeding	Y	N	
	Abnormal bleeding-coagulopathy	Y	N	
	Sepsis	Y	N	
	Other Please, explain ...	Y	N	
	Days in ICU	.....		

### OUTCOME at first hospital discharge

Date of discharge	...../...../20.....	
Status	Alive	Dead

## Appendix

- Intramural hematoma = dissection without entry tear.
- "Stable" = without any criteria for "unstable".
- Pericardial effusion = blood effusion without cardiac tamponade.
- Coronary ischemia = clinical symptoms, ECG anomaly (other than st modifications seen in pericarditis), positive troponines.
- Neurological deficit = any neurological deficit, present or resolved.
- Euroscore : for calculation please visit [www.euroscore.org](http://www.euroscore.org).
- Repeat ECC: repeat run of extracorporeal circulation, caused by cardiac failure, during the same or later operative procedure (same hospitalisation).
- Stroke = any neurological deficit (reversible or not) with lesion demonstrated at contrast enhanced CT or MRI.

Please send the document, after the first hospital discharge of the patient to:

BACTS  
Carine Vandeweyer  
Nachtegaalstraat 24  
3560 Meldert (Lummen)

The follow-up at one year will be asked through another document