

**Anomalous Aortic Origin of a Coronary Artery (AAOCA) Study  
HOSPITALIZATION FOR AAOCA SURGERY**

Study Number: _____ Institution Code: _____	
Hospitalization	
<b>Date of Admission:</b>	<input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yyyy)
<b>Date of Discharge:</b>	<input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yyyy)
<b>Date of Surgery:</b>	<input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yyyy)
<b>Age at Surgery:</b>	<input type="text"/> years <input type="text"/> months
<b>Height at Admission:</b>	<input type="text"/> . <input type="text"/> cm
<b>Weight at Admission:</b>	<input type="text"/> . <input type="text"/> kg
Intra-Operative and Procedure	
<b>Attending Surgeon Initials:</b> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>Anomalous Coronary Description:</b>	
AAOCA Course: Interarterial <input type="checkbox"/> Yes <input type="checkbox"/> No    Intramural <input type="checkbox"/> Yes <input type="checkbox"/> No    Intraconal <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ostia: Two on left sinus <input type="checkbox"/> Yes <input type="checkbox"/> No    Two on right sinus <input type="checkbox"/> Yes <input type="checkbox"/> No	
One on left sinus <input type="checkbox"/> Yes <input type="checkbox"/> No    One on right sinus <input type="checkbox"/> Yes <input type="checkbox"/> No	
Angle of take-off from anomalous sinus: acute/angulated <input type="checkbox"/> Yes <input type="checkbox"/> No	
Orifice: Slit-like <input type="checkbox"/> Yes <input type="checkbox"/> No    Round <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Surgical Procedure (check all that apply):</b>	
<input type="checkbox"/> Unroofing	
<input type="checkbox"/> Commissure takedown	
<input type="checkbox"/> Ostial window creation	
<input type="checkbox"/> Patch augmentation	
<input type="checkbox"/> Ostioplasty	
<input type="checkbox"/> Patch augmentation	
<input type="checkbox"/> Bypass Graft	
<input type="checkbox"/> Internal thoracic/mammary artery	
<input type="checkbox"/> Saphenous vein	
<input type="checkbox"/> Proximal coronary artery ligation	
<input type="checkbox"/> Reimplantation	
<input type="checkbox"/> Pulmonary Artery Translocation	
<input type="checkbox"/> Other, specify: _____	
<b>Other Surgical Procedure (check all that apply):</b>	
<input type="checkbox"/> None <input type="checkbox"/> PDA ligation <input type="checkbox"/> PFO/ASD closure <input type="checkbox"/> Other, specify: _____	

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**Operation Times:**

Cross clamp:  min

Cardiopulmonary Bypass:  min

**Post-Operative Data and Complications**

**Complications during this admission:**

- None
- Post-operative myocardial infarction
- Pericardial effusion requiring drainage
- New or worsened ventricular dysfunction
- Ventricular arrhythmias requiring medical treatment
- Atrial arrhythmias requiring medical treatment
- New or worsened aortic insufficiency
- Re-exploration for bleeding
- Other re-operation, specify: \_\_\_\_\_
- New neurologic deficit present at discharge
- Dialysis-dependent renal failure at discharge
- Heart block requiring permanent pacemaker
- Need for mechanical circulatory support

**Mortality Discharge Status:**     Alive         Dead

Date of death moved from here to demographics information page, which will be stored separately.

**Surgical Comments**

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PDA=Patent Ductus Arteriosus, PFO=Patent Foramen Ovale, ASD=Atrial Septal Defect