

a. Patient Name:		b. Reporting centre:	
c. Identification Card No.		d. Hospital RN:	

SECTION 7.1: ADVANCED PCI PROCEDURE DETAILS (OPTIONAL)

A. BIFURCATION

1. Bifurcation techniques:	<input type="radio"/> 1 stent →	<input type="radio"/> Simple cross over <input type="radio"/> Ostial Stenting	<input type="radio"/> Simple cross over with kissing balloon <input type="radio"/> Simple cross over with drug eluting balloon side branch				
	<input type="radio"/> 2 stents →	a. <input type="radio"/> Planned b. <input type="radio"/> Cullote <input type="radio"/> Crush <input type="radio"/> Mini crush <input type="radio"/> Double kiss crush <input type="radio"/> Reverse crush <input type="radio"/> Others, specify: _____	<input type="radio"/> Provisional <input type="radio"/> T <input type="radio"/> Small protrusion (TAP) <input type="radio"/> Double barrel Y <input type="radio"/> V <input type="radio"/> Dedicated bifurcation stent				
2. Final Kissing:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Failed	3. Size SB pre PCI (mm):	<input type="radio"/> <2.0 <input type="radio"/> 2.0 - 2.5 <input type="radio"/> >2.5				
4. Stenosis SB pre PCI:	<input type="radio"/> <50% <input type="radio"/> ≥ 50%	TIMI Flow (pre):	<input type="radio"/> TIMI-0 <input type="radio"/> TIMI-1 <input type="radio"/> TIMI-2 <input type="radio"/> TIMI-3				
5. Stenosis SB post PCI:	<input type="radio"/> <70% <input type="radio"/> ≥ 70%	TIMI Flow (post):	<input type="radio"/> TIMI-0 <input type="radio"/> TIMI-1 <input type="radio"/> TIMI-2 <input type="radio"/> TIMI-3				
6. TIMI Flow Main Branch:	Pre:	<input type="radio"/> TIMI-0 <input type="radio"/> TIMI-1 <input type="radio"/> TIMI-2 <input type="radio"/> TIMI-3					
	Post:	<input type="radio"/> TIMI-0 <input type="radio"/> TIMI-1 <input type="radio"/> TIMI-2 <input type="radio"/> TIMI-3					
7. Stent details: <i>(please refer instruction sheet for stent codes)</i>	i. Main Branch:	a. Stent code #1	b. Diameter (mm)	c. Length (mm)	a. Stent code #2	b. Diameter (mm)	c. Length (mm)
		Others, specify: _____	Others, specify: _____	Others, specify: _____	Others, specify: _____	Others, specify: _____	Others, specify: _____
	ii. Side Branch:	a. Stent code #1	b. Diameter (mm)	c. Length (mm)	a. Stent code #2	b. Diameter (mm)	c. Length (mm)
		Others, specify: _____	Others, specify: _____	Others, specify: _____	Others, specify: _____	Others, specify: _____	Others, specify: _____

B. LEFT MAIN STEM

1. LMS intervention:	<input type="radio"/> Unprotected <input type="radio"/> Protected	2. Location:	<input type="checkbox"/> Ostial <input type="checkbox"/> Mid <input type="checkbox"/> Distal & Bifurcation
3. IVUS guided:	<input type="radio"/> Yes <input type="radio"/> No	4. OCT guided:	<input type="radio"/> Yes <input type="radio"/> No
5. CSA Intervention:	a. Pre: [] [] . [] mm ²	b. Post:	[] [] . [] mm ²
6. Techniques:	<input type="radio"/> 1 stent →	<input type="radio"/> Simple cross over <input type="radio"/> Ostial Stenting	<input type="radio"/> Simple cross over with kissing balloon <input type="radio"/> Simple cross over with drug eluting balloon side branch
	<input type="radio"/> 2 stents →	a. <input type="radio"/> Planned b. <input type="radio"/> Cullote <input type="radio"/> Crush <input type="radio"/> Mini crush <input type="radio"/> Double kiss crush <input type="radio"/> Reverse crush <input type="radio"/> Others, specify: _____	<input type="radio"/> Provisional <input type="radio"/> T <input type="radio"/> Small protrusion (TAP) <input type="radio"/> Double barrel Y <input type="radio"/> V <input type="radio"/> Dedicated bifurcation stent
7. Final kissing:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Failed		

C. CALCIFIED LESION

1. Calcification:	<input type="radio"/> Mild <i>(densities noted only after contrast injection)</i> <input type="radio"/> Moderate <i>(radiopacities noted only during the cardiac cycle before contrast injection)</i> <input type="radio"/> Severe <i>(radiopacities noted without cardiac motion before contrast injection)</i>	
2. Predilatation:	<input type="checkbox"/> Compliant Balloon <input type="checkbox"/> Non Compliant Balloon <input type="checkbox"/> Cutting Balloon <input type="checkbox"/> Scoring Balloon <input type="checkbox"/> Tornus <input type="checkbox"/> Rotablator →	a) No of Burr: [] b) Burr size: i) [] . [] mm ii) [] . [] mm iii) [] . [] mm

