

Submit new patient

Pericardial rerouting technique in Scimitar Syndrome - International Multicentric Study

Section 1

Hospital/Clinic name*

.....

City, country*

.....

Referral physician's name and surname*

.....

Contact e-mail*

.....

Patient's name and surname* (enter initials for name and surname)

.....

Date of birth* (mm/dd/yyyy)

.....

Gender*

- Female
- Male

Age at diagnosis*

- Before 1 year old
- After 1 year old

Section 2

Preoperative diagnostic tests

Position of the heart*

- Levocardia
- Mesocardia
- Dextrocardia

Dilated right atrium/right ventricle*

- Yes
- No

Degree of hypoplasia of the right lung*

- Absent
- Mild
- Moderate
- Severe

Associated CHD

- ASD
- VSD
- Aortopulmonary collateral arteries
- Patent ductus arteriosus
- Other.....

Type of pulmonary venous drainage

- Partial anomaly of the right lung
- Total anomaly of the right lung

Other.....

Preoperative collateral arteries embolization

Yes

No

Scimitar vein preoperative stenosis*

Yes

No

Not assessed

If the previous answer was "Yes", please describe the location of the stenosis

.....

Qp/Qs

.....

Pulmonary hypertension

Yes

No

Please upload preoperative images or videos (echo, CT, MRI, cath)



Section 3

Surgery

Date of surgery* (mm/dd/yyyy)

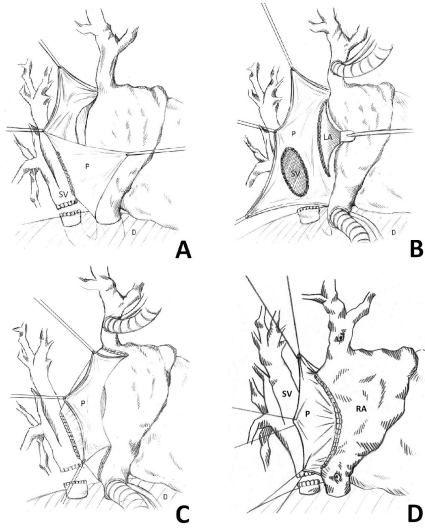
.....

Weight* (in kg)

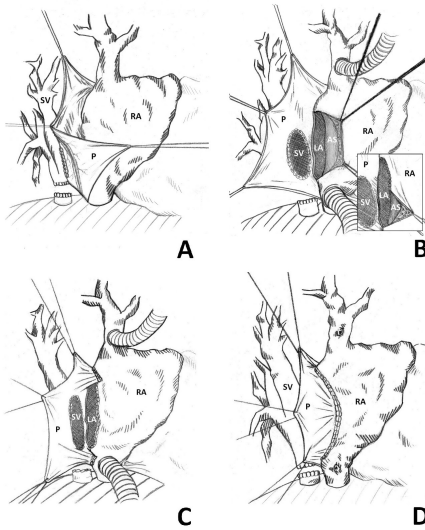
.....

Technique

In situ pericardial rerouting technique



In situ pericardial rerouting technique with atrial septum repositioning



Cardiopulmonary bypass time* (in min)

.....

Aortic cross-clamp time* (in min)

.....

Circulatory arrest time* (in min)

.....

Please make a short description of the procedure

.....
.....
.....
.....

Please describe associated procedures

.....
.....

Degree of difficulty of the technique*

Extremely easy 1 2 3 4 5 6 7 8 9 10 Extremely difficult

Reproducibility of the technique*

Extremely easy 1 2 3 4 5 6 7 8 9 10 Extremely difficult

Please upload photos and/or videos of the surgery



Section 4

Postoperative

Inpatient outcome*

- Death
- Alive after major complications
- Alive after minor complications
- Uneventful recovery

Postoperative complications

- No complications
- Heart failure
- Arrhythmia
- Respiratory complications
- Bleeding
- Phrenic nerve palsy
- Other.....

Date of discharge / death (mm/dd/yyyy)

Patency of the reconstructed pathway*

- Patent
- Stenotic
- Totally obstructed

Please provide postoperative images or videos



Need for cath intervention*

- Yes
- No

If the previous answer was "Yes", please describe the causes of cath intervention, the procedure and the outcomes

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Need for reoperation*

- Yes
- No

If the previous answer was "Yes", please describe the cause of reoperation, the procedure and the outcomes

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