Update 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)

……………………………………………………………………..

Section 2

Follow up

Current day* (mm/dd/yyyy)

……………………………………………………………………..

Is the patient alive*

☐ Yes

☐ No

If the answer is "No", please specify the cause of death

…………………………………………………………………………..

Weight* (in Kg)

…………………………………………………………………..

Symptoms

☐ Yes

☐ No

Need for medication

☐ Yes

☐ No

Antiplatelet / Anticoagulation therapy

☐ Yes

☐ No

Dilated right atrium / right ventricle

☐ Yes

☐ No

Patency of the reconstructed pathway*

☐ Patent

☐ Stenotic

☐ Totally obstructed

If the previous answer was "Stenotic" or "Totally obstructed", please describe the

location of the stenosis/obstruction

…………………………………………………………………..

Need for collateral arteries embolization

☐ Yes

☐ No

Pulmonary Hypertension

☐ Yes

☐ No

Need for therapeutic catheterization

☐ No

☐ Yes, to dilate right pulmonary venous pathway

☐ Yes, to dilate and put a stent in the right pulmonary venous pathway

☐ Other…………………………………………………………………………

If the previous answer was "Yes", please describe outcome of the procedure

………………………………………………………………………..

………………………………………………………………………..

Please upload follow-up images and/or videos

➢

Need for reoperation

☐ Yes

☐ No

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

procedure and the outcomes

………………………………………………………………………..

………………………………………………………………………..

Short summary of current status and last events

………………………………………………………………………..

………………………………………………………………………..