

Steps		YES/NO		Weight of step (1-5)	Included in HOST-CHS Holistic Score
1	Ligation and Transection for PDA				
1	Has the PDA been ligated distally, avoiding the LPA?	Y	N	3	FLUENCY
2	Is the transection of the PDA clean (i.e. no jagged edges)	Y	N	2	RESPECT
2	Resection of ductal tissue				
3	Has the residual ductal tissue been removed from the descending aorta?	Y	N	4	FLUENCY
4	Has the incision been extended 4-6mm up the origin of the LSCA (if required)?	Y	N	3	KNOWLEDGE
3	Incision into the Ascending Aorta				
5	Is the incision on the anterolateral aspect of the ascending aorta? (if incision is too posterior mark as 'no')	Y	N	3	KNOWLEDGE
6	Is the incision between the STJ and the origin of the left common carotid artery?	Y	N	4	FLUENCY
4	Anastomosis between descending aorta and arch				
7	Has anastomosis commenced 1 stitch away from the toe?	Y	N	3	KNOWLEDGE
8	Does the suture on posterior wall of the anastomosis continue inferiorly until the anterior wall of cut descending aorta? (descending aorta orifice flattens)	Y	N	3	FLUENCY
9	Has the other end of suture completed the toe and continued for 5-6 sutures to make patch shaping easier?	Y	N	3	FLUENCY
	Suture assessment				
10	i) Are all the sutures evenly spaced from one another WITH a gap of 1-2mm between suture bites?	Y	N	3	FLUENCY
11	ii) Are all the sutures an adequate distance from the tissue edge (1-2mm)?	Y	N	3	FLUENCY
12	Has a 6-8mm cutback incision been made along the lateral wall of the descending aorta to widen it?	Y	N	4	KNOWLEDGE
5	Patch trimming and anastomosis:				
13	Has the patch been shaped (with pen) and trimmed to accommodate the shape of the defect?	Y	N	4	
14	Has the suture commenced 1-2 stitches away from the toe (of cutback incision on descending aorta) and continued around the toe and superiorly towards the previous suture and tied?	Y	N	3	FLUENCY
15	Has the same been repeated for other end of suture (inferiorly)? – if sutures done in reverse order. Give this mark.	Y	N	3	FLUENCY
15	Has the patch been trimmed to accommodate its lay with the ascending aorta?	Y	N	4	FLUENCY
16	Has suture continued proximally to the origin of the incision?	Y	N	3	FLUENCY
17	Has a small cutback incision been on the ascending aorta to widen the anastomosis at the heel?	Y	N	4	KNOWLEDGE
18	Is the lay of the patch good? (i.e. no obvious twisting or kinking)	Y	N	5	RESPECT
19	Has the anastomosis been completed?	Y	N	5	FLUENCY
	Suture assessment				
20	i) Are all the sutures evenly spaced from one another WITH a gap of 1-2mm between suture bites?	Y	N	3	FLUENCY
21	ii) Are all the sutures an adequate distance from the tissue edge (1-2mm)?	Y	N	3	FLUENCY
6	Patch Assessment				
22	Is the patch the correct size for the defect?	Y	N	5	RESPECT
23	Would this patch bulge once pressurised?	Y	N	4	RESPECT
24	Are there any visible holes within the patch?	N	Y	5	RESPECT
25	Have any plication sutures been needed to make the patch smaller?	N	Y	4	RESPECT

7 VSD closure					
26	Has the VSD patch been trimmed to the size of the defect?	Y	N	3	KNOWLEDGE
27	Has the anastomosis commenced away from the conduction tissue and continued around to the tricuspid annulus and out into the RA?	Y	N	4	FLUENCY
28	Has the other end of the suture completed the inferior margin of the VSD avoiding conduction tissue and out into the RA?	Y	N	5	FLUENCY
29	VSD closure completed with horizontal mattress or interrupted sutures?	Y	N	3	FLUENCY
30	Are the chordae tendinae and tricuspid valve leaflets preserved?	Y	N	5	RESPECT
TOTAL SCORE				113	