

Steps		YES/NO		Weight of step (1-5)	Included in HOST-CHS Holistic Score	
1	Incisions into the Ascending Aorta					
	1	Has the H incision been marked on the model with a pen?	Y	N	2	KNOWLEDGE
	2	Has the first horizontal incision been made on the anterior ascending aorta and approximately 10mm above the sinotubular junction?	Y	N	4	KNOWLEDGE
	3	i) Is this incision clean (i.e. no jagged edges and perpendicular to the ascending aorta)?	Y	N	3	RESPECT
	4	ii) Is the length of the incision between 10-15mm?	Y	N	3	KNOWLEDGE
	5	Has the locations of the approximation sutures been marked on the aorta with a pen (4 locations need to be made)?	Y	N	3	KNOWLEDGE
	6	Has the first vertical incision been made extending proximally down into the middle of the non-coronary sinus?	Y	N	5	KNOWLEDGE
	7	i) Has this incision been extended distally on the ascending aorta?	Y	N	4	FLUENCY
	8	Has the second vertical incision been made extending proximally into the right coronary sinus between the RCA and the aortic valve commissure?	Y	N	5	KNOWLEDGE
	9	i) Is this incision a safe distance away from the right coronary ostia (2-3mm)?	Y	N	5	RESPECT
	10	ii) Has the incision been extended distally on the ascending aorta?	Y	N	4	FLUENCY
11	Has the right coronary artery or aortic valve been damaged during the incisions?	N	Y	5	RESPECT	
2	Patch trimming and anastomosis: (Patch 1)					
	12	Has the patch been shaped in an oval shape (with pen) and trimmed to accommodate the shape of the defect?	Y	N	2	KNOWLEDGE
	13	Has the suture commenced within the non-coronary sinus and continued around the sinus and along the Asc Ao?	Y	N	3	FLUENCY
	14	Has an approximation suture been placed on the anterior wall of the ascending aorta to approximate the cut ends (i.e. at location of approximation suture marks)	Y	N	3	KNOWLEDGE
	15	Has the patch been trimmed if necessary to ensure correct geometry of a pressurized aorta?	Y	N	4	KNOWLEDGE
	16	Has the anastomosis of this patch been completed?	Y	N	4	FLUENCY
3	Patch trimming and anastomosis: (Patch 2)					
	17	Has the patch been shaped in an oval shape (with pen) and trimmed to accommodate the shape of the defect?	Y	N	2	KNOWLEDGE
	18	Has the suture commenced within the right coronary sinus and continued around the sinus and along the Asc Ao?	Y	N	3	FLUENCY
	19	Has an approximation suture been placed on the anterior wall of the ascending aorta to approximate the cut ends (i.e. at location of approximation suture marks)	Y	N	3	KNOWLEDGE
	20	Have any of the sutures compromised the right coronary ostium (i.e. sutures placed <1mm away from or within ostium)	N	Y	5	RESPECT
	21	Has the patch been trimmed if necessary to ensure correct geometry of a pressurized aorta?	Y	N	4	KNOWLEDGE
	22	Has the anastomosis of this patch been completed?	Y	N	4	FLUENCY
	23	Has the horizontal incision been sutured to completion?	Y	N	3	FLUENCY
		Suture assessment:				
	23	i) Are all the sutures evenly spaced from one another WITH a gap of 1-2mm between suture bites?	Y	N	3	FLUENCY
24	ii) Are all the sutures an adequate distance from the tissue edge (1-2mm)?	Y	N	3	FLUENCY	
4	Patch Assessment					
	25	Are the patches the correct size for the defect?	Y	N	5	RESPECT
	26	Would this patch bulge once pressurised without compressing adjacent structures?	Y	N	5	RESPECT
	27	Are there any visible holes within the patch?	N	Y	5	RESPECT
	28	Have any plication sutures been needed to make the patch smaller?	N	Y	4	RESPECT
TOTAL SCORE				108		