

Steps		YES/NO		Weight of step (1-5)	Included in HOST-CHS Holistic Score		
1	Transection of aorta						
		Is the cut in the aorta					
	1	i)	Perpendicular to the vessel?	Y	N	2	RESPECT
	2	ii)	Clean? (i.e. not jagged or having sharp protruding points)	Y	N	2	RESPECT
	3	Is there enough distance on the proximal aorta (5-10mm) for good sized coronary buttons?		Y	N	3	KNOWLEDGE
4	Is there enough distal length on the aorta for reconstruction of the neo-aorta?		Y	N	3	KNOWLEDGE	
2	Excision of coronary artery buttons						
	5	Have the coronary buttons been excised with a liberal amount of aortic sinus wall with the coronary artery?		Y	N	5	RESPECT
	6	Is the coronary button rectangular shaped?		Y	N	3	KNOWLEDGE
	7	Is the coronary orifice in the centre of the button?		Y	N	5	KNOWLEDGE
	8	Is there enough aortic wall left for pulmonary artery reconstruction? (i.e. oblique cut towards anterior commissure)		Y	N	3	KNOWLEDGE
9	Has there been any damage to the coronary arteries or aortic/neo-pulmonary valve during excision and mobilization?		N	Y	5	RESPECT	
3	Transection of ductus arteriosus and pulmonary trunk						
	10	Has ductus been suture ligated and transected?		Y	N	1	
	11	Is the proximal PDA suture a safe distance from the left pulmonary artery (>1-2mm)?		Y	N	4	
		Is the cut in the pulmonary trunk					
	12	i)	Perpendicular to the vessel?	Y	N	3	RESPECT
	13	ii)	Clean? (i.e. not jagged or having sharp protruding points)	Y	N	3	RESPECT
	14	iii)	A safe distance away from the pulmonary bifurcation (2-5mm) that it does not compromise the branch PAs?	Y	N	4	KNOWLEDGE
15	Have one or more commissures been marked with a pen or stitch?		Y	N	4	KNOWLEDGE	
4	Reconstruction of neo-aorta						
	16	Has the length of the ascending aorta been adjusted in a new position if required? (i.e. trimmed)		Y	N	3	KNOWLEDGE
	17	Has an end-to-end anastomosis been performed between the proximal neo-aorta and ascending aorta?		Y	N	3	
	18	Was the anastomosis commenced posteriorly?		Y	N	3	
		Suture/Anastomosis assessment:					
19	i)	Are all the sutures evenly spaced from one another WITH a gap of 2-3mm between suture bites?	Y	N	3	FLUENCY	
20	ii)	Are all the sutures an adequate distance from the edge (2-3mm)?	Y	N	3	FLUENCY	
5	Implantation of coronary artery buttons to neo-aorta						
		LEFT coronary button incision					
	21	i)	In the correct position for the technique of choice? (i.e. medially-based trap door for closed technique vs trap-door/rectangular for open technique)	Y	N	5	KNOWLEDGE
	22	ii)	Adequate sized incision for technique of choice? (i.e. Closed technique: incision is slightly smaller than button [4-6mm] and edges of trap door are cut at right angles)	Y	N	4	RESPECT
		Is the LEFT coronary artery					
23	i)	In the 'best lie' position? (i.e. lateral + superior avoiding compression from PA, not stretching)	Y	N	5	FLUENCY	
24	ii)	Kinked or twisted?	N	Y	5	FLUENCY	

	iii) Suture/Anastomosis assessment:				
25	a) Are all the sutures evenly spaced from one another WITH a gap of 1-2mm between suture bites?	Y	N	4	FLUENCY
26	b) Are all sutures an adequate distance from the edge (1-2mm) AND is a safe distance from the neo-aortic valve and coronary ostium?	Y	N	4	FLUENCY
27	iv) Has the coronary button been trimmed appropriately? (i.e. leaving more tissue medially than laterally in the trap door technique / not too much tissue left over effecting lay/anastomosis)	Y	N	3	
28	v) Is the coronary still in tact by the end of anastomosis (i.e. not avulsed)?	Y	N	5	
	RIGHT coronary button incision				
29	i) In the correct position for the technique of choice? (i.e. medially-based trap door for closed technique vs trap-door/rectangular for open technique)	Y	N	5	KNOWLEDGE
30	ii) Adequate sized incision for technique of choice? (i.e. Closed technique: incision is slightly smaller than button [4-6mm] and edges of trap door are cut at right angles)	Y	N	4	RESPECT
	Is the RIGHT coronary artery				
31	i) In the 'best lie' position? (i.e. lateral + superior avoiding compression from PA, not stretching)	Y	N	5	FLUENCY
32	ii) Kinked or twisted?	N	Y	5	FLUENCY
	iii) Suture/Anastomosis assessment:				
33	a) Are all the sutures evenly spaced from one another WITH a gap of 1-2mm between suture bites?	Y	N	4	FLUENCY
34	b) Are all sutures an adequate distance from the edge (1-2mm), AND is a safe distance from the neo-aortic valve and coronary ostium?	Y	N	4	FLUENCY
35	iv) Has the coronary button been trimmed appropriately? (i.e. leaving more tissue medially than laterally in the trap door technique/ not too much tissue left over effecting lay/anastomosis)	Y	N	3	
36	v) Is the coronary still intact by the end of anastomosis (i.e. not avulsed)?	Y	N	5	
6	Reconstruction of neo-pulmonary trunk				
37	Has the candidate performed this procedure to completion? (i.e. anastomosis of patch and then to branch PAs)	Y	N	4	FLUENCY
38	Is the height of patch level with the native tissue left following transection/ coronary button excision?	Y	N	2	FLUENCY
39	Is diameter of patch slightly larger than the native lumen size?	Y	N	2	KNOWLEDGE
40	Has an end-to-end anastomosis been performed between the neo-pulmonary trunk and the distal pulmonary artery?	Y	N	2	
41	Was the anastomosis commenced posteriorly?	Y	N	2	
	Suture/Anastomosis assessment:				
42	i) Are all the sutures evenly spaced from one another WITH a gap of 2-3mm between suture bites?	Y	N	3	FLUENCY
43	ii) Are all the sutures an adequate distance from the edge (2-3mm)?	Y	N	3	FLUENCY
	TOTAL SCORE			153	