

2017/2018 Summer Studentship Project Application Form

Send to: Research Office, University of Otago Christchurch, PO Box 4345, Christchurch, by 5pm on 3 July 2017

Supervisor Information (First named supervisor will be the contact):		
First Supervisor's Name and Title: Harsh Singh, Clinical Director, Cardiothoracic Surgery		
Department - UOC &/or CDHB (if applicable): Cardiothoracic Surgery		
First Supervisors Phone: 021 229 9279	First Supervisors Email: harsh.singh@cdhb.health.nz	
First Supervisors Mailing Address: Christchurch Hospital, Riccarton Road, Christchurch		
Co-Supervisors Name and Title(s): Trevor Tnay, Cardiothoracic SET Trainee		
Research Category (Choose one category only – to be used for judging the students' presentations):		
Clinical	Laboratory	Community
Project Title (20 words MAXIMUM):		
New Zealand Single Centre Experience with Sutureless Aortic Valve Replacement		
Project Description:		

Introduction:

The recent advent of transcatheter aortic valve replacement (TAVR) in high risk patients as an alternative to surgical aortic valve replacement (SAVR) has generated debate about the morbidity and mortality associated with each procedure. Sutureless surgical aortic valve replacement (SuSAVR) has been introduced as a means of reducing cardiopulmonary bypass times whilst still providing the benefit of annulus debridement seen in traditional SAVR. The morbidity and mortality associated with SuSAVR overseas has been documented, however, there has been no study looking at a single centre New Zealand experience. The longevity of SuSAVR is also still to be determined, with only early follow up echocardiogram data available.

Aim:

To analyse demographics, operative details including cardiopulmonary bypass times, post-operative morbidity and mortality and post-operative echocardiogram results of all Christchurch Hospital patients undergoing SuSAVR.

Possible impact (in lay terms):

Identifying the morbidity and mortality associated with SuSAVR at Christchurch Hospital would impact the pre-operative **decision making as to whether patient's were candidates for SAVR, SuSAVR or TAVR.**

Method:

Retrospective analysis of patient records and NZ Cardiac Surgery database of all patient who underwent sutureless surgical aortic valve replacement with the Liva Nova Perceval valve as either an isolated or combined procedure.

Student Prerequisites (eg. Medical Student) if applicable:

Medical Student – interest in Cardiothoracic Surgery or Cardiology

Administration Details

1. Is ethical approval required? **No**

If Yes: please circle or tick one of the following:

- a) Applied for (provide application #)
- b) Approved (attach a copy of the letter of approval from the ethics committee or application #)
- c) To be done

2. Are you able to provide the funding for this project (ie. \$5,000 for the student, incidental expenses should be met from departmental or research funds) **Yes/No**

If Yes: Please provide name of the funder _____

If No: Please provide ideas of possible funding sources, including past funding agents and topics often associated with this research area, for the Research Office to contact.

If Yes: You will be sent a request for more information.

3. Medical Records or Decision Support accessed **Yes/No**

4. Health Connect South or other DHB records **Yes/No**

5. Signatures:

- I have read the 2017/2018 Summer Studentship programme handbook.
- I am prepared to supervise the project and will be available to the student during the studentship (including Christmas/New Year break if the student is working during this time).
- I agree to assume responsibility for the submission **of the student's reports to the Research Office** by the due date 29 January 2018.
- I agree that the project lay report may be available to local media for publicity purposes.

Signature of Project Supervisor(s):

Date:

- I understand that I am responsible for hosting the Summer Student chosen for this project and will meet any costs incurred. I agree that incidental expenses will be met from departmental or research funds.

Signature of Head of Department:
(Print Name)

Date:

Signature of Clinical Director: (if applicable)
(Print Name)

Date: