

Angiogram, PTA, Stents, Stent grafts, Caval interruption, Thrombolysis

Access (Angiogram, PTA, Stent, Stent graft, Thrombolysis):

Access Site: R Femoral / L Femoral / Bilateral Femoral / R Brachial / L Brachial / Femoral & Brachial / Popliteal / DP / PT / Radial / AV Fistula / Axillary / Jugular / Carotid / AVM / (Bypass) graft / AAA sac / Fem & Pedal/Tibial

Access technique: Percutaneous arterial without closure device/ Percutan. arterial with closure device / Percutaneous venous / Open / Direct puncture (AVM)

Direction: Antegrade / Retrograde / Direct puncture

Associated Procedure: Bypass / Minor amputation / Debridement / Endart +/- patch / Intraluminal occlusion(coils) / Snare Foreign body / Thrombin injection / Amplatzer +/- coils / Glue / Onyx / PVA / Gelfoam / Alcohol / Atherectomy / Renal denervation

Site (PTA, Stent, Stent graft):

Internal Carotid; Common Carotid; Vertebral;Subclavian; Axillary; Innominate; Thoracoabdominal; Thoracic aorta; Coeliac; SMA; IMA; Renal a; Infrarenal aorta; CIA; Bilateral CIA; IIA; EIA; Bilat EIA; CIA and EIA; Bilat CIA and EIA; Iliac & contralateral SFA; Contralateral Iliac & SFA; CFA; PFA; SFA; Popliteal; SFA and Popliteal; SFA,Pop and crural;Tibioperoneal; Ant tib; Post tib; Peroneal; DP; PT-pedal; Plantar;Bypass graft; Stent graft; AV Fistula; SVC; IVC; Jugular; Renal v; Brachiocephalic v; Iliac v; Popliteal v; Instent stenosis(Renal/Iliac/Carotid/Fem,pop)

PTA- Technique: Intraluminal, Drug coated, Cutting balloon, Subintimal angioplasty, SAFARI

Balloon diam (mm):.....

Stent- Type: Balloon expandable, Self-expanding, Balloon and self-expanding, Drug eluting (BE/SE), Covered

Stent diam(mm):..... *Stent length(cm):*.....

Stent graft- Type: Abbott, Hemobahn, Viabahn, Atrium, Gore, Cook, Medtronic, Bard, Vascutek

Stent graft diam(mm):.....*Stent graft length(cm):*.....

Caval interruption-Type: Permanent, Removable, Removal of device

Thrombolysis-Agent: Urokinase, tPa, Rheopro *Dose:*.....

Technique: Pulse spray, Fast, Infusion *Duration(min):*.....

Mechanical thrombectomy: Aspiration, Angiojet , Catheter thrombectomy

Procedural Complications:

No complications? (Tick box)

<i>Complication Group</i>	<input type="checkbox"/>	<i>Complication Name</i>
Access vessel		Pseudoaneurysm; Haemorrhage; Haematoma; Access failure; Dissection
Target vessel		Access failure; Dissection; Occlusion; Perforation
Distal vessel		Thromboembolism
Device/Stent		Endoleak type 1; type 2; type 3; Device malposition; Device failure
Neurologic		TIA; Stroke; Paraplegia
Visceral		Ischaemic gut
Systemic		Contrast allergy; AMI (incl non-STEMI); Arrythmia; Myocardial ischaemia; Renal impairment; Pulmonary embolism; Skin necrosis

AVA DATA ENTRY SHEETS –AV FISTULA SURGERY

(*=Obligatory data entry)

Patient ID Label or

*UR.....
*Surname.....
*First Name.....
*DOB.....
*Gender.....
*Insurance status.....

*Hospital
*ID No. of Consultant
*Surgeon (Consultant; Trainee -Fellow1 / 2; Registrar 1 / 2 / 3 / 4)
*Assistant (Consultant; Trainee- Fellow1 / 2; Reg 1 / 2 / 3 / 4; HMO)
*Date of Admission
*Date of Operation.....
*Name of Operation...AV Fistula.....
.....
Item No's).....

***Risk Factors:**

*IHD - Yes / No
*Diabetes - Yes / No
*Hypertension - Yes / No
*Smoking – Current(<2 weeks) / Ex / Non
*Creat > 150 mMol/L - Yes / No

*Patient Type: Renal failure

*Anaesthetic: General / Regional / Local / Sedation *ASA status: 1 / 2 / 3 / 4 / 5

*Indications for Operation: Dialysis access

***Operation:**

AV Fistula-autog
AV Fistula-prosth

*Side: Right / Left

*Patch/Conduit: GSV reversed / GSV non reversed / Arm vein / PTFE / Dacron / Polyurethane(Braun) /
Vein(other) / Prosthetic(other) / Omniflow

***Operative site:**

Brachiocephalic	Brachio brachial
Brachio basilic	Thigh loop
Radiocephalic	Ax-ax AVF
Ulnobasilic	Brachio-axil AVF
Ulnocephalic	Radiobasilic

*Operation status: *Elective / Emergency / Semiurgent *Primary op / Redo op

*Unplanned return to theatre : Y / N

COMMENT:

Staple BOTH sheets before submitting

<p>Patient ID Label <u>or</u></p> <p>*UR.....</p> <p>*Surname.....</p> <p>*First Name.....</p> <p>*DOB.....</p> <p>*Hospital.....</p>

DISCHARGE DATA – AV Fistulae

*Date of Discharge.....

*Complications(circle one): No complication / Specific to Op / General / Specific & General

<u>Specific Complications</u>	
If failed arterial repair	AV Fistula-occluded AV Fistula-steal
Haemorrhage Req. re-operation	Reactionary Secondary(infection)
Wound Complication	Wound Infection(pus) Breakdown Graft infection
If Death : Related directly to Rx Related indirectly to Rx Unrelated	

<u>General Complications</u>	
CVS:	AMI (<i>incl non STEMI</i>) Myoc. Ischemia Arrythmia CCF Cardiogenic shock
Resp:	Pneumonia Resp failure Aspiration Pneumothorax Atelectasis Pleural effusion only Pulmonary embolus DVT no PE
Renal:	UTI Renal impairment Renal failure Retention
GIT:	Ileus Obstruction Bowel infarction GI Bleed Hepatitis/hepatic failure
CNS:	Acute brain syndrome Acute brain syndrome Minor CVA(NOT after CEA) Major CVA(NOT after CEA) TIA(NOT after CEA)

Final diagnosis/comment:

AVA DATA ENTRY SHEETS - Carotid Stent

(*=Obligatory data entry)

Patient ID Label <u>or</u>
*UR.....
*Surname.....
*First Name.....
*DOB.....
*Gender.....
*Insurance status.....

*Hospital

*ID No. of Consultant

*Surgeon (Consultant; Radiologist; Trainee –Fellow 1 / 2;
Registrar 1 / 2 / 3 / 4)

*Assistant (Consultant; Radiologist; Trainee- Fellow 1 / 2;
Registrar 1 / 2 / 3 / 4)

*Date of Admission

*Date of Operation.....

*Name of Operation... Carotid Stent.....

.....

Item No's).....

*Risk Factors:

*IHD - Yes / No

*Diabetes - Yes / No

*Hypertension - Yes / No

*Smoking – Current(<2 weeks) / Ex / Non

*Creat > 150 mMol/L - Yes / No

*Patient Type: (Arterial)

*(If Arterial, type): (Carotid)

*Anaesthetic: General / Regional / Local / Sedation *ASA status: 1 / 2 / 3 / 4 / 5

*Indications for Operation:

Asymptomatic (Carotid / graft stenosis)	Amaurosis TIA Stroke	Retinal ischemia
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*Operation:

PTA
Stent(incl covered)

*Side: Right / Left

*Patch/Conduit: Stent / Stent graft

*If Carotid: *Contralat status – Patent / Occluded ;

*% Stenosis - 0-15 / 16-49 / 50-59 / 60-69 / 70-79 / 80-99 / String sign / Thrombosed postop

*Time betw 1st symptom and surgery: < 48 hours / 3-7 days / 8-14 days / > 2 weeks / Asymptomatic

*Operative site: Carotid-stent

*Operation status: *Elective / Emergency / Semiurgent *Primary op / Redo op

*Unplanned return to theatre : Y / N

Comments:

Staple ALL 3 sheets before submitting

Patient ID Label <u>or</u>
*UR.....
*Surname.....
*First Name.....
*DOB.....
*Hospital.....

CAROTID STENT DATA

***Aortic Arch type:** 1, 2, 3

***Access Vessel:** R Femoral; L Femoral; Bilateral Femoral; Bilat Femoral & Brachial; R Brachial; L Brachial; R Carotid; L Carotid

***Access technique:** Percutaneous without closure device/Percutan. with closure device / Open

***Access Catheter:** Long sheath; Short sheath with guiding catheter

***Cerebral Protection Device:** Flow reversal(Parodi); Angioguard; Filterwire EX; Neuroshield; Trap; Guardwire Plus; Accunet; Emboshield; Nav 6; SpiderFX; None

***Stent type:** Smart; Precise; Xact; Wallstent; Acculink; ADAPT; ProtegeRX; Cristallo; Tapered; Angioplasty only

***Stent diameter(mm):**

***Stent length(cm):**

***Postdilatation:** Y / N

Comment:

***Procedural Complications:** (more than 1 can be selected) - *No complications?* (tick box)

<i>Complication Group</i>	<i>Complication Name</i>
Access vessel	Pseudoaneurysm;Haemorrhage;Haematoma;Dissection
Target vessel	Access failure;Dissection;Occlusion;Access failure;Perforation
Distal vessel	Thromboembolism; perforation
Device/Stent	Device malposition;Device failure
Neurologic	TIA;Stroke
Systemic	Contrast allergy;AMI(incl non-STEMI);Arrythmia;Myocardial ischaemia

Patient ID Label or

*UR.....

*Surname.....

*First Name.....

*DOB.....

*Hospital.....

DISCHARGE DATA - Carotid Stent

*Date of Discharge.....

*Complications(circle one): No complication / Specific to Op / General / Specific & General

<u>Specific Complications</u>	
If failed arterial repair	Stroke major(post CEA/stent) Stroke minor(post CEA/stent) TIA(post CEA/stent) Hyperperfusion/bleed(CEA/CAS)
Haemorrhage Req. re-operation	Reactionary Secondary(infection)
Wound Complication	Wound Infection(pus) Breakdown Lymph fistula
If Death : Related directly to Rx Related indirectly to Rx Unrelated	

<u>General Complications</u>	
CVS:	AMI (<i>incl non STEMI</i>) Myoc. Ischemia Arrythmia CCF Cardiogenic shock
Resp:	Pneumonia Resp failure Aspiration Pneumothorax Atelectasis Pleural effusion only Pulmonary embolus DVT without PE
Renal:	UTI Renal impairment Renal failure Retention
GIT:	Ileus Obstruction Bowel infarction GI Bleed Hepatitis/hepatic failure
CNS:	Acute brain syndrome Cranial n trauma

Final diagnosis/comment:

AVA DATA ENTRY SHEETS - Carotid Endarterectomy

(*=Obligatory data entry)

Patient ID Label <u>or</u>
*UR.....
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*First Name.....
*DOB.....
*Gender.....
*Insurance status.....

*Hospital

*ID No. of Consultant

*Surgeon (Consultant; Trainee -Fellow1 / 2; Registrar 1 / 2 / 3 / 4)

*Assistant (Consultant; Trainee- Fellow1 / 2; Reg 1 / 2 / 3 / 4; HMO)

*Date of Admission

*Date of Operation.....

*Name of Operation...Carotid Endarterectomy.....

.....

Item No's).....

***Risk Factors:**

- *IHD - Yes / No
- *Diabetes - Yes / No
- *Hypertension - Yes / No
- *Smoking – Current(<2 weeks) / Ex / Non
- *Creat > 150 mMol/L - Yes / No

*Patient Type: (Arterial)

*(If Arterial, type): (Carotid)

*Anaesthetic: General / Regional / Local / Sedation *ASA status: 1 / 2 / 3 / 4 / 5

***Indications for Operation:**

- | | | |
|--|----------------------------|------------------|
| Asymptomatic
(Carotid / graft stenosis) | Amaurosis
TIA
Stroke | Retinal ischemia |
|--|----------------------------|------------------|

***Operation:**

- Endart only
- Endart + patch
- Endart +re / transection

*Side: Right / Left

*Patch/Conduit: GSV reversed / GSV non reversed / Arm vein / Neck vein / ECA / Homograft / PTFE / Dacron / Polyurethane(Braun) / Vein(other) / Prosthetic(other) / Pericardium

*If Carotid: *Shunted – Y / N ; *Eversion endarterectomy – Y / N ; *Contralat status – Patent / Occluded ; *% Stenosis - 0-15 / 16-49 / 50-59 / 60-69 / 50-69 / 70-79 / 80-99 / String sign / Thrombosed postop; *Time betw 1st symptom and surgery: < 48 hours / 3-7 days / 8-14 days / > 2 weeks / Asymptomatic

*Operative site: Carotid

*Operation status: *Elective / Emergency / Semiurgent *Primary op / Redo op

*Unplanned return to theatre : Y / N

COMMENT:

Staple BOTH sheets before submitting

Patient ID Label <u>or</u>
*UR.....
*Surname.....
*First Name.....
*DOB.....
*Hospital.....

DISCHARGE DATA - Carotid Endarterectomy

*Date of Discharge.....

*Complications(circle one): No complication / Specific to Op / General / Specific & General

<u>Specific Complications</u>	
If failed arterial repair	Stroke major(post CEA/stent) Stroke minor(post CEA/stent) TIA(post CEA/stent) Hyperperfusion/bleed(CEA/CAS)
Haemorrhage Req. re-operation	Reactionary Secondary(infection)
Wound Complication	Wound Infection(pus) Breakdown Lymph fistula
If Death : Related directly to Rx Related indirectly to Rx Unrelated	

General Complications	
CVS:	AMI (<i>incl non STEMI</i>) Myoc. Ischemia Arrythmia CCF Cardiogenic shock
Resp:	Pneumonia Resp failure Aspiration Pneumothorax Atelectasis Pleural effusion only Pulmonary embolus DVT without PE
Renal:	UTI Renal impairment Renal failure Retention
GIT:	Ileus Obstruction Bowel infarction GI Bleed Hepatitis/hepatic failure
CNS:	Acute brain syndrome Cranial n trauma

Final diagnosis/comment:

AVA DATA ENTRY SHEETS – EVAR

(*=**Obligatory data entry**)

Patient ID Label <u>or</u>
*UR.....
*Surname.....
*First Name.....
*DOB.....
*Gender.....
*Insurance status.....

*Hospital

*ID No. of Consultant

*Surgeon (Consultant; Radiologist; Trainee –Fellow 1 / 2;
Registrar 1 / 2 / 3 / 4)

*Assistant (Consultant; Radiologist; Trainee- Fellow 1 / 2;
Registrar 1 / 2 / 3 / 4)

*Date of Admission

*Date of Operation.....

*Name of Operation...EVAR.....

.....

Item No's).....

Risk Factors:

- *IHD - Yes / No
- *Diabetes - Yes / No
- *Hypertension - Yes / No
- *Smoking – Current(<2 weeks) / Ex / Non
- *Creat > 150 mMol/L - Yes / No

*Patient Type: Arterial

*(If Arterial, type): Aneurysm

*Anaesthetic: General / Regional / Local / Sedation *ASA status: 1 / 2 / 3 / 4 / 5

Indications for Operation:

- | | |
|-------------------|------------------------|
| Aneurysm-elective | Aortoenter. fist.-prim |
| Aneurysm-rupt | Aortoenter. fist.-sec |
| Aneurysm-occl | |
| Aneurysm-pain | |
| Aneurysm-mycotic | |

Operation:

Stent graft

*Side: Right / Left / Bilateral / Midline

*Patch/Conduit: Stent graft

*If AAA: Max diameter (cm)

*Operative site: Aortic tube-endoluminal
Aortoiliac-endoluminal
Common Iliac a

*Operation status: *Elective / Emergency / Semiurgent *Primary op / Redo op

*Unplanned return to theatre : Y / N

Comments:

Patient ID Label or

*UR.....
*Surname.....
*First Name.....
*DOB.....
*Hospital.....

Staple ALL 3 sheets before submitting

***Site of Disease:**

Aorta / Aortoiliac

If Iliac, Right : CIA / IIA / CIA & IIA Iliac Left : CIA / IIA / CIA & IIA

Device Details:

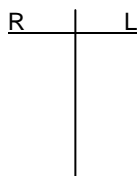
***Configuration**- Tube / Bifurcated / Bifurcated-bifurc(+/-IBD) / Scalloped / Branched Endograft R Iliac / Branched Endograft L Iliac / Fenestrated R renal / Fen. L renal / Fen. both renals / Fen. renal(s)-SMA / Fen. renal(s)-Coeliac / Fen. renal(s)-SMA-Coeliac / Fen. + branched endograft / Aorto-uni Iliac + Fem-fem.

***Device used** – Zenith / AneuRx / Ancure / Vanguard / Talent / Excluder/ Cook HLB Fenestrated /Anaconda / Nellix / Ovation/ Endologix / (Zenith/Talent) body + (Endurant / Anaconda / Gore limbs)
Other hybrid combination

Procedure details:

***Access vessel:**

Femoral
Iliac
Brachial
Axillary



***Access technique:** Percutaneous without closure device/
Percutan. with closure device / Open

***Proximal fixation:** Suprarenal
Infrarenal
Thoracic

***Distal fixation:** Aorta
CIA - R / L
EIA - R / L
IIA - R / L

Other procedures:

PTA / Stent / covered stent / Fem-fem crossover / Thrombolysis / IIA or IMA coils / Amplatzer / Endart / Patch angioplasty / Hybrid visceral bypass(es)

Ancillary surgery: Iliac / Femoral(Local not bypass) / Dacron conduit

***Procedural Complications:** (more than 1 can be selected) - *No complications?*

<i>Complication Group</i>	<i>Complication Name</i>
Access vessel	Pseudoaneurysm;Haemorrhage;Haematoma;Access failure;Dissection
Target vessel	Access failure;Dissection;Occlusion;Perforation
Distal vessel	Thromboembolism
Device/Stent	Endoleak- type 1; type 2 type 3;Device malposition;Device failure; Access failure
Neurologic	TIA;Stroke;Paraplegia
Visceral	Ischaemic gut
Systemic	Contrast allergy;AMI(incl non-STEMI);Arrythmia;Myocardial ischaemia;Renal impairment;Pulmonary embolism

Patient ID Label or

*UR.....
*Surname.....
*First Name.....
*DOB.....
*Hospital.....

Staple ALL 3 sheets before submitting

DISCHARGE DATA - EVAR

*Date of Discharge.....

*Complications(circle one): No complication / Specific to Op / General / Specific & General

<u>Specific Complications</u>	
If failed arterial repair	Graft occl-no further action Graft occl-further arterial op Thromboembolism ie"trash Endoleak type 1 Endoleak type 2 Endoleak type 3 Conversion to open-Endoleak type1 Conversion to open-no endoleak
Haemorrhage Req. re-operation	Reactionary Secondary(infection)
Wound Complication	Wound Infection(pus) Breakdown Lymph fistula Abdo compartment syndrome
If Death : Related directly to Rx Related indirectly to Rx Unrelated	

<u>General Complications</u>	
CVS:	AMI (<i>incl non STEMI</i>) Myoc. Ischemia Arrythmia CCF Cardiogenic shock
Resp:	Pneumonia Resp failure Aspiration Pneumothorax Atelectasis Pleural effusion only Pulmonary embolus DVT without PE
Renal:	UTI Renal impairment Renal failure Retention
GIT:	Ileus Obstruction Bowel infarction GI Bleed Hepatitis/hepatic failure
CNS:	Acute brain syndrome Minor CVA(NOT after CEA) Major CVA(NOT after CEA) TIA(NOT after CEA) Paraplegia/paresis

Final diagnosis/comment:

AVA DATA ENTRY SHEETS – INFRAINGUINAL BYPASS

(*=Obligatory data entry)

Patient ID Label or

*UR.....

*Surname.....

*First Name.....

*DOB.....

*Gender.....

*Insurance status.....

*Hospital

*ID No. of Consultant

*Surgeon (Consultant; Trainee -Fellow1 / 2; Registrar 1 / 2 / 3 / 4)-circle both if co-surgeons

*Assistant (Consultant; Trainee- Fellow1 / 2; Reg 1 / 2 / 3 / 4; HMO)

*Date of Admission

*Date of Operation.....

*Name of Operation.....

.....

Item No's).....

***Risk Factors:**

*IHD - Yes / No

*Diabetes - Yes / No

*Hypertension - Yes / No

*Smoking – Current(<2 weeks) / Ex / Non

*Creat > 150 mMol/L - Yes / No

*Patient Type: Arterial

***(If Arterial, type):** Chronic Limb / Acute Limb / Aneurysm / Trauma / Other

***Anaesthetic:** General / Regional / Local / Sedation ***ASA status:** 1 / 2 / 3 / 4 / 5

***Indications for Operation:**

Asymptomatic (Carotid / graft stenosis)	Dissection Aneurysm-elective Aneurysm-rupt Aneurysm-occl Aneurysm-pain Aneurysm-mycotic	Claudication Rest pain Ulcer/gangrene(arterial) Acute Ischaemia
<u>Trauma iatrog:</u> -Haemorrhage -Aneurysm-false -Occlusion	<u>Trauma-non iatrog:</u> -Haemorrhage -Aneurysm-false -Occlusion	Entrapment Advent. Cyst Neoplasm-malign

***Operation type:**

Bypass(+/-angio)	Bypass + thrombect(+/- angio)
Bypass + endart(+/-angio)	Interposition
	Hybrid:IIB & endovasc

***Side:** Right / Left

***Patch/Conduit:** GSV reversed / GSV in situ / GSV non reversed / SSV / SFA / SFV / Arm vein / Homograft / Composite / PTFE with cuff / PTFE / Dacron / Dacron with cuff / Flonova / Omniflow / Radial / Vein(other) / Prosthetic(other)

***Site of proximal anastomosis:** CFA / SFA / Profunda / Ext Iliac / AK Popliteal / BK Popliteal / Abdo Dacron / Aorta / Tibial / Vein graft

***Vein graft quality:** Good / Suboptimal / Not applicable (synthetic).

***Runoff status:** Blind popliteal / 1 crural vessel / 2 vessel / 3 vessel runoff

Staple BOTH sheets before submitting

Patient ID Label or

- *UR.....
- *Surname.....
- *First Name.....
- *DOB.....
- *Hospital.....

***Operative site:** AK Pop bypass / BK Pop bypass / Bypass to TP trunk / Bypass to ant Tib
 Bypass to post Tib / Bypass to Peroneal / Bypass to DP / Bypass PT pedal / Ilio-pop bypass AK
 Ilio-pop bypass BK / Prosthetic graft / Vein graft

***Operation status:** *Elective / Emergency / Semiurgent *Primary op / Redo op

***Unplanned return to theatre :** Y / N

COMMENT:

DISCHARGE DATA – Infrainguinal Bypass

*Date of Discharge.....

***Complications(circle one):** No complication / Specific to Op / General / Specific & General

<u>Specific Complications</u>	<u>General Complications</u>
<p>If failed arterial repair Graft occl-no further action Graft occl-further arterial op Graft patent-further arterial op Amputation, bypass patent Amputation, bypass occl.</p> <p>Haemorrhage Req. re-operation Reactionary Secondary(infection)</p> <p>Wound Complication Wound Infection(pus) Breakdown Lymph fistula Graft infection</p>	<p>CVS: AMI (<i>incl non STEMI</i>) Myoc. Ischemia Arrythmia CCF Cardiogenic shock</p> <p>Resp: Pneumonia Resp failure Aspiration Pneumothorax Atelectasis Pleural effusion only Pulmonary embolus DVT without PE</p> <p>Renal: UTI Renal impairment Renal failure Retention</p> <p>GIT: Ileus Obstruction Bowel infarction GI Bleed Hepatitis/hepatic failure</p> <p>CNS: Acute brain syndrome Minor CVA(NOT after CEA) Major CVA(NOT after CEA) TIA(NOT after CEA)</p>
<p>If Death : Related directly to Rx Related indirectly to Rx Unrelated</p>	
<p><u>Final diagnosis/comment:</u></p>	

AVA DATA ENTRY SHEETS – OPEN ANEURYSM (AORTOILIAC & THORACIC)

(*=Obligatory data entry)

Patient ID Label <u>or</u> *UR..... *Surname..... *First Name..... *DOB..... *Gender..... *Insurance status.....
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*Hospital

*ID No. of Consultant

*Surgeon (Consultant; Trainee -Fellow1 / 2; Registrar 1 / 2 / 3 / 4)-circle both if co-surgeons

*Assistant (Consultant; Trainee- Fellow1 / 2; Reg 1 / 2 / 3 / 4; HMO)

*Date of Admission

*Date of Operation.....

*Name of Operation.....

.....

Item No's).....

***Risk Factors:**

*IHD - Yes / No

*Diabetes - Yes / No

*Hypertension - Yes / No

*Smoking – Current(<2 weeks) / Ex / Non

*Creat > 150 mMol/L - Yes / No

*Patient Type: Arterial

*If Arterial, type: Aneurysm

*Anaesthetic: General / Regional *ASA status: 1 / 2 / 3 / 4 / 5

***Indications for Operation:**

<u>Trauma iatrog:</u>	<u>Trauma-non iatrog:</u>	Dissection	Aortoenter. fist.-prim
-Aneurysm-false	-Aneurysm-false	Aneurysm-elective	
		Aneurysm-rupt	
		Aneurysm-occl	
		Aneurysm-pain	
		Aneurysm-mycotic	

***Operation:**

Bypass(+/-angio)	Local repair	Exovasc ular collar
Bypass + endart(+/-angio)	Explore only	
Bypass + thrombect(+/- angio)		

*Side: Right / Left / Bilateral / Midline

*Patch/Conduit: Homograft / PTFE / Dacron / GSV reversed / SFV / Composite

* If AAA: Suprarenal clamp-Y / N ; Suprarenal AAA – Y / N ; Blood loss(ml)- 0-999 / 1000 –1999 / 2000-2999 / 3000-3999 / >4000 ; Max diameter (cm)

Patient ID Label <u>or</u> *UR..... *Surname..... *First Name..... *DOB..... *Hospital.....
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***Operative site:** Aorta(AAA rupture-no bypass) / Aortic tube-open / Aortoiliac- open(aneurysm) / Aortofem-aneurysm // Aorta + Ax-fem / Iliofem bypass(aneurysm) / Thoracic aorta(aneurysm) // Thoracoabdominal-open

***Operation status:** *Elective / Emergency / Semiurgent *Primary op / Redo op

***Unplanned return to theatre :** Y / N

COMMENT:

DISCHARGE DATA – Open Aortic and Iliac Surgery

*Date of Discharge.....

***Complications(circle one):** No complication / Specific to Op / General / Specific & General

<u>Specific Complications</u>	
If failed arterial repair	Graft occl-no further action Graft occl-further arterial op Graft patent-further arterial op Amputation, bypass patent Amputation, bypass occl. Thromboembolism ie"trash"
Haemorrhage Req. re-operation	Reactionary Secondary(infection)
Wound Complication	Wound Infection(pus) Breakdown Lymph fistula Graft infection Burst abdomen Abdo compartment syndrome
If Death : Related directly to Rx Related indirectly to Rx Unrelated	

<u>General Complications</u>	
CVS:	AMI (<i>incl non STEMI</i>) Myoc. Ischemia Arrhythmia CCF Cardiogenic shock
Resp:	Pneumonia Resp failure Aspiration Pneumothorax Atelectasis Pleural effusion only Pulmonary embolus DVT without PE
Renal:	UTI Renal impairment Renal failure Retention Ureteric injury
GIT:	Ileus Obstruction GI contamination GI fistula Bowel infarction GI Bleed Hepatitis/hepatic failure Incidental splenectomy
CNS:	Acute brain syndrome Minor CVA(NOT after CEA) Major CVA(NOT after CEA) TIA(NOT after CEA) Paraplegia/paresis

Final diagnosis/comment:

AVA DATA ENTRY SHEETS – OPEN AORTOILIAC (OCCLUSIVE) SURGERY

(*=Obligatory data entry)

Patient ID Label or

*UR.....

*Surname.....

*First Name.....

*DOB.....

*Gender.....

*Insurance status.....

*Hospital

*ID No. of Consultant

*Surgeon (Consultant; Trainee -Fellow1 / 2; Registrar 1 / 2 / 3 / 4)-circle both if co-surgeons

*Assistant (Consultant; Trainee- Fellow1 / 2; Reg 1 / 2 / 3 / 4; HMO)

*Date of Admission

*Date of Operation.....

*Name of Operation.....

.....

Item No's).....

***Risk Factors:**

*IHD - Yes / No

*Diabetes - Yes / No

*Hypertension - Yes / No

*Smoking – Current(<2 weeks) / Ex / Non

*Creat > 150 mMol/L - Yes / No

*Patient Type: Arterial

***(If Arterial, type):** Chronic Limb / Acute Limb / Other

*Anaesthetic: General / Regional *ASA status: 1 / 2 / 3 / 4 / 5

***Indications for Operation:**

<p><u>Trauma iatrog:</u></p> <p>-Occlusion</p>	<p><u>Trauma-non iatrog:</u></p> <p>-Occlusion</p> <p>Arteritis/collagen d</p> <p>Mesent ischemia</p>	<p>Dissection</p> <p>Neoplasm-malign</p> <p>Renal a stenosis</p>	<p>Claudication</p> <p>Rest pain</p> <p>Ulcer/gangrene(arterial)</p> <p>Acute Ischaemia</p>
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***Operation:**

Bypass(+/-angio)	Embolectomy
Bypass + endart(+/-angio)	Local repair
Bypass + thrombect(+/- angio)	Explore only
Endart only	
Endart + patch	

*Side: Right / Left / Bilateral / Midline

*Patch/Conduit: Homograft / PTFE / Dacron / GSV reversed / SFV

Patient ID Label <u>or</u> *UR..... *Surname..... *First Name..... *DOB..... *Hospital.....
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***Operative site:** Aortic tube-open / Aortoiliac –open(occlusive) / Aortofem-occlusive / Aorta + Ax-fem /Iliofem bypass(occlusive) / Ilio-SMA bypass / Ilio-renal bypass / Splenorenal(arterial) / Aortorenal bypass / Thoracic aorta(non-aneurysm) / Aorta(not AAA) / Coeliac / SMA / IMA / Renal a / Common, Ext, Int Iliac a / Lumbar a

***Operation status:** *Elective / Emergency / Semiurgent *Primary op / Redo op

***Unplanned return to theatre :** Y / N

COMMENT:

DISCHARGE DATA – Open Aortic and Iliac Surgery

*Date of Discharge.....

***Complications(circle one):** No complication / Specific to Op / General / Specific & General

<u>Specific Complications</u>	
If failed arterial repair	Graft occl-no further action Graft occl-further arterial op Graft patent-further arterial op Amputation, bypass patent Amputation, bypass occl. Thromboembolism ie"trash"
Haemorrhage Req. re-operation	Reactionary Secondary(infection)
Wound Complication	Wound Infection(pus) Breakdown Lymph fistula Graft infection Burst abdomen Abdo compartment syndrome
If Death : Related directly to Rx Related indirectly to Rx Unrelated	

<u>General Complications</u>	
CVS:	AMI (<i>incl non STEMI</i>) Myoc. Ischemia Arrhythmia CCF Cardiogenic shock
Resp:	Pneumonia Resp failure Aspiration Pneumothorax Atelectasis Pleural effusion only Pulmonary embolus DVT without PE
Renal:	UTI Renal impairment Renal failure Retention Ureteric injury
GIT:	Ileus Obstruction GI contamination GI fistula Bowel infarction GI Bleed Hepatitis/hepatic failure Incidental splenectomy
CNS:	Acute brain syndrome Minor CVA(NOT after CEA) Major CVA(NOT after CEA) TIA(NOT after CEA) Paraplegia/paresis

Final diagnosis/comment:

AVA DATA ENTRY SHEETS – TEVAR

(*=**Obligatory data entry**)

Patient ID Label <u>or</u>
*UR.....
*Surname.....
*First Name.....
*DOB.....
*Gender.....
*Insurance status.....

*Hospital

*ID No. of Consultant

*Surgeon (Consultant; Radiologist; Trainee –Fellow 1 / 2;
Registrar 1 / 2 / 3 / 4)

*Assistant (Consultant; Radiologist; Trainee- Fellow 1 / 2;
Registrar 1 / 2 / 3 / 4)

*Date of Admission

*Date of Operation.....

*Name of Operation...TEVAR.....

.....

Item No's).....

Risk Factors:

- *IHD - Yes / No
- *Diabetes - Yes / No
- *Hypertension - Yes / No
- *Smoking – Current(<2 weeks) / Ex / Non
- *Creat > 150 mMol/L - Yes / No

*Patient Type: (Arterial)

(If Arterial, type): Aneurysm / Trauma / Other

*Anaesthetic: General / Regional / Local / Sedation *ASA status: 1 / 2 / 3 / 4 / 5

Indications for Operation:

Dissection	Graft sepsis	<u>Trauma-non iatro:</u>
Aneurysm-elective	Endoleak	-Haemorrhage
Aneurysm-rupt	Arteritis/collagen d	-Aneurysm-false
Aneurysm-pain	Penetrating aortic	-AV Fistula
Aneurysm-mycotic	ulcer	

Operation:

(Stent graft)

*Side: (Midline)

*Patch/Conduit: (Stent graft)

Operative site:

- Thor aorta-an
- Thor aorta-non an
- Thoracoabd (endolum)

*Operation status: *Elective / Emergency / Semiurgent *Primary op / Redo op

*Unplanned return to theatre : Y / N

Comments:

Patient ID Label or

*UR.....
*Surname.....
*First Name.....
*DOB.....
*Hospital.....

Staple ALL 3 sheets before submitting

THORACIC STENT GRAFTS (*=Obligatory data entry)

***Access site:** R Femoral / L Femoral / Bilateral Femoral / R Iliac / L Iliac / Bilateral Iliac / Iliac & Femoral / Bilat Femoral & Brachial / R Carotid / L Carotid /Axillary

***Access technique:** Percutaneous without closure device / Percutan. with closure device / Open

***Pathology:** Aneurysm / Dissection-acute / Dissection-chronic / Traumatic tear / Fistula / Penetrating ulcer

***If Aneurysm**, diameter (cms).....

***Device type:** Cook TX2 / Cook Alpha / Excluder / Medtronic / Bolton ? Gore C-TAG

***Device Configuration:** Single stent graft / Overlapping stent grafts / Stent graft(s) + distal bare stent / Stent graft(s) with intra-abd fenestration(s)

***Proximal landing zone:** Proximal to Brachiocephalic / Proximal to L CCA / Proximal to Subclavian / Distal to Subclavian

Comment:.....

***Procedural Complications:** (more than 1 can be selected) - *No complications?* (tick box)

<i>Complication Group</i>	<i>Complication Name</i>
Access vessel	Pseudoaneurysm;Haemorrhage;Haematoma;Access failure;Dissection
Target vessel	Access failure;Dissection;Occlusion;Perforation
Distal vessel	Thromboembolism
Device/Stent	Endoleak type 1;Endoleak type 2;Endoleak type 3;Device malposition;Device failure
Neurologic	TIA;Stroke;Paraplegia
Visceral	Ischaemic gut
Systemic	Contrast allergy;AMI(incl non-STEMI);Arrythmia;Myocardial ischaemia;Renal impairment

Patient ID Label or

*UR.....
*Surname.....
*First Name.....
*DOB.....
*Hospital.....

Staple ALL 3 sheets before submitting

DISCHARGE DATA - EVAR

*Date of Discharge.....

*Complications(circle one): No complication / Specific to Op / General / Specific & General

<u>Specific Complications</u>	
If failed arterial repair	Graft occl-no further action Graft occl-further arterial op Thromboembolism ie"trash Endoleak type 1 Endoleak type 2 Endoleak type 3 Conversion to open-Endoleak type1 Conversion to open-no endoleak
Haemorrhage Req. re-operation	Reactionary Secondary(infection)
Wound Complication	Wound Infection(pus) Breakdown Lymph fistula
If Death : Related directly to Rx Related indirectly to Rx Unrelated	

<u>General Complications</u>	
CVS:	AMI (<i>incl non STEMI</i>) Myoc. Ischemia Arrythmia CCF Cardiogenic shock
Resp:	Pneumonia Resp failure Aspiration Pneumothorax Atelectasis Pleural effusion only Pulmonary embolus DVT without PE
Renal:	UTI Renal impairment Renal failure Retention
GIT:	Ileus Obstruction Bowel infarction GI Bleed Hepatitis/hepatic failure
CNS:	Acute brain syndrome Minor CVA(NOT after CEA) Major CVA(NOT after CEA) TIA(NOT after CEA) Paraplegia/paresis

Final diagnosis/comment: