

I. Procedure Information for Vascular Intervention

Physician _____ Fellow ID/Second Operator _____

Procedure Date _____ Start Time _____ Procedure End Date _____ End Time _____

 Status of Procedure Elective Urgent Emergent **Staged Procedure** Y / N

II. Consultations

 Cardiology Consultation Y / N
 Pulmonary Consultation Y / N
 Primary Care/ Internal Medicine Y / N
 Hematology Consultation Y / N
 Renal Consultation Y / N

III. Imaging Studies Within past 6 months

Right Pre-Procedure ABI	Y / N	Compressible Y / N Value _____
Left Pre-Procedure ABI	Y / N	Compressible Y / N Value _____
Right Pre-Procedure TBI	Y / N	Value _____
Left Pre-Procedure TBI	Y / N	Value _____
Right Pre Procedure Toe Pressure	Y / N	Value _____
Left Pre Procedure Toe Pressure	Y / N	Value _____
Vein Mapping	Y / N	
Duplex Ultrasound	Y / N	Normal or Abnormal
CTA	Y / N	Normal or Abnormal
MRI/MRA	Y / N	Normal or Abnormal
Contrast Cineangiography	Y / N	Normal or Abnormal
Cardiac Stress Test	Y / N	Normal or Abnormal
Electrocardiogram	Y / N	Normal or Abnormal
Chest X-Ray	Y / N	Normal or Abnormal

IV. Labs Pre Procedure

Pre Creatinine _____ mg/dl Not drawn

Pre Hemoglobin _____ g/dl Not drawn

Pre BNP _____ pg/mL Y / N

Pre Troponin Y / Not drawn

Pre Troponin I _____ No I HS _____ No

Pre Troponin T _____ No T HS _____ No

Units

- ng/dL
- ng/mL
- ng/L
- pg/mL

Pre COVID-19

- Positive
 - Date _____ Time _____ : _____
 - Not Documented
- Negative
 - Date _____ Time _____ : _____
 - Not Documented
- Investigating COVID-19
- COVID-19 Not Suspected
- Recovered COVID-19

V. Labs Post Procedure

Peak Creatinine _____ mg/dl Not drawn

Nadir Hemoglobin _____ g/dl Not drawn

COVID-19

- Positive
 - Date _____ Time _____
 - Not Documented
- Negative
 - Date _____ Time _____
 - Not Documented
- No Result
- No Specimen
- No Change in COVID Status

VI. Labs Other

Albumin _____ g/L Not drawn

VII. Medications During Procedure

	Pre	During	Post	C/I		Pre	During	Post
Aspirin	<input type="checkbox"/>			<input type="checkbox"/>	Lactated Ringer's Infusion			
Clopidogrel (Plavix)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	LR <1 hr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prasugrel (Effient)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	LR 1-3 hrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ticagrelor (Brilinta)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	LR 3-6 hrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV / IA Nitroglycerin		<input type="checkbox"/>		<input type="checkbox"/>	LR >6 hrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV Heparin/Unfractionated Heparin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		LR <1 hr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protamine		<input type="checkbox"/>	<input type="checkbox"/>		Other Hydration Infusion			
Bivalirudin (Angiomax)		<input type="checkbox"/>			Other <1 hr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thrombolytics (TPA /TNK /rPA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Other 1-3 hrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sodium Bicarbonate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Other 3-6 hrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saline Infusion					Other >6 hrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saline <1 hr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Saline 1-3 hrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Saline 3-6 hrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Saline >6 hrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

VIII. Indications

Asymptomatic	Y / N	Documented Patient Anxiety Levels	Y / N
Abdominal / Back Pain	Y / N	Penetrating Ulcer	Y / N
Rapidly Increasing Aneurysm Diameter	Y / N	Complication from Prior Procedure	Y / N
Unfit for Open AAA Repair	Y / N	Trauma	Y / N
Unfit for General Anesthesia	Y / N	Mycotic Aneurysm	Y / N
Infection	Y / N	Pre-procedure smoking cessation	Y / N
Size of Iliac Aneurysm	Y / N	<input type="checkbox"/> Physician delivered advice	
Correction of Endoleak	Y / N	<input type="checkbox"/> NRT	
Concomitant Iliac disease	Y / N	<input type="checkbox"/> Referral to smoking counseling services	
Lower Extremity Ischemia / Emboli	Y / N		

IX. Procedure Details

Prior Family History of AAA	Y / N	Iliac Aneurysm	Y / N	Aneurysm Anatomy	Y / N
Prior Aortic Surgery	Y / N	<input type="checkbox"/> Unilateral		<input type="checkbox"/> Fusiform	
<input type="checkbox"/> Year _____		<input type="checkbox"/> Bilateral		<input type="checkbox"/> Saccular	
<input type="checkbox"/> AAA (Infrarenal)		<input type="checkbox"/> _____mm		<input type="checkbox"/> Not Documented	
<input type="checkbox"/> SAAA (Suprarenal)		Aneurysm Location	Y / N	Contained Rupture	Y / N
<input type="checkbox"/> Bypass		<input type="checkbox"/> Infrarenal		Infrarenal Neck Dia	_____mm
<input type="checkbox"/> Other (Endarterectomy or Other)		<input type="checkbox"/> Juxtarenal		Infrarenal Neck Length	_____mm
Maximum AAA Dia	_____mm	<input type="checkbox"/> Suprarenal			
<input type="checkbox"/> Not Documented		<input type="checkbox"/> Not Documented			

Procedure Details (cont.)

Ruptured AAA Y / N

Lowest Pre-Intubation Blood Pressure (for ruptured AAA repairs only)

_____mmHg

- Not Documented

Mental Status

(for ruptured AAA repairs only)

- Normal (alert and oriented)
- Disoriented to person, place or time
- Unconscious
- Not Documented

Cardiac Arrest

(for ruptured AAA repairs only) Y / N

Timeframe Symptoms to Incision (for ruptured AAA repairs only)

_____hrs

- Not Documented

Timeframe Admission to Incision (for ruptured AAA repairs only)

_____hrs

- Not Documented

Abdomen Explored Y / N

Procedure Aborted Y / N

Graft Body Diameter

_____mm

- Not Documented
- Graft Not Utilized

Right Distal Seal Zone Dia

_____mm

Left Distal Seal Zone Dia

_____mm

Graft Type

- | | |
|-----------------------------------|--|
| <input type="radio"/> AFX | <input type="radio"/> Nellix |
| <input type="radio"/> Aneurx | <input type="radio"/> Ovation |
| <input type="radio"/> Trivasc | |
| <input type="radio"/> Aorfix | <input type="radio"/> Powerlink |
| <input type="radio"/> Aptus | <input type="radio"/> Talent |
| <input type="radio"/> Endologix | <input type="radio"/> Unifit |
| <input type="radio"/> Endurant | <input type="radio"/> Zenith |
| <input type="radio"/> Excluder | <input type="radio"/> Other |
| <input type="radio"/> Low Profile | <input type="radio"/> Graft Not Utilized |

Graft Configuration

- Aorto-bi-iliac
- Aorto-uni-iliac RT
- Aorto-uni-iliac LT
- Aorto-aortic
- Fenestrated
- Graft Not Utilized

Additional Graft Components

- Aortic Cuff
- Aortic Screws
- Right Iliac branch device
- Distal hypogastric dia _____mm
 - Distal external iliac dia _____mm
- Left Iliac branch device
 - Distal hypogastric dia _____mm
 - Distal external iliac dia _____mm
- Additional main body
- Other

Renal Status Y / N / Not Documented

- Patent, No Intervention
- Chronically Occluded
- Purposely Occluded
- De-Branch / Bypass
- Stent
- Chimney
- Fenestrated / scallop
- Side Branch from Graft
- Accessory Renal Artery Covered

Hypogastric Coiled / Plugged Y / N

- Coiled Pre-op
- Coiled Intra-op
- Unilateral
- Bilateral

Hypogastric Intentionally covered

Y / N / Graft Not Utilized

- Unilateral
- Bilateral

Hypogastric Unintentionally covered

Y / N / Graft Not Utilized

- Unilateral
- Bilateral

Arterial Injury Y / N

- Femoral
- Iliac
- Renal
- Aorta
- Multiple

*Record intervention performed to resolve injury.

- Stent/PTA
- Stent/Graft
- Open Repair
- Not Documented

Intra-Operative Revision Needed Y / N

Endoleak at Completion Y / N

- Attachment site (Type I)
- Branch (Type II)
- Mid Graft (Type III)
- Indeterminate

Closure for Groin Access

- Percutaneous
 - Manual
 - Perclose
 - Angioseal
 - Mynx
 - Starclose
 - Exoseal
 - Compression Device
- Open
 - Suture
 - Absorbable
 - Permanent
 - Not Documented
- Staples
- Skin glue
- Other

Additional Planned Procedure Y / N

- Femoral Endarterectomy
- Thromboembolctomy
- Other Arterial Reconstruction

Conversion to Open Y / N

- Unable to deploy appropriately
- Endoleak

Anesthesia Type

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> Local | <input type="checkbox"/> General |
| <input type="checkbox"/> Epidural | <input type="checkbox"/> Epidural & General |
| <input type="checkbox"/> Regional | <input type="checkbox"/> MAC |
| <input type="checkbox"/> Spinal | |

Antibiotics Pre Procedure Y / N

- Cefazolin
 - Redosed (Q4 hours) Y / N
- Clindamycin
 - Redosed (Q6 hours) Y / N
- On scheduled antibiotic
- Other

Skin Preparation

- Chlorhexidine
- Alcohol
- Iodine
- Chlorhexidine + Iodine
- Chlorhexidine + Alcohol
- Iodine + Alcohol

Contraindicated to Chlorhexidine & Alcohol Skin Preparation Y / N

Glucose Peak _____ mg/dL

- Not Documented

Nadir Body Temp _____ Celsius

- Not Documented

Crystalloids _____mL

Estimated Blood Loss _____mL

- Not Documented

Procedure Details (cont.)

ASA Class

- Does not apply
- Class 1 – Normal/health
- Class 2 – Mild systemic disease
- Class 3 – Severe systemic disease
- Class 4 – Disease is threat to life
- Class 5 – Moribund

Contrast Types

- Nonionic, low-osmolar
- Nonionic, Iso-osmolar
- Ionic, hyperosmolar
- Ionic, low-osmolar
- Unknown/Investigational
- Gadolinium
- Carbon Dioxide (CO₂)

Total IV Contrast Used

_____mL
 Not Documented

Total Heparin Dosage

_____units
 Not Documented

Peak Intra-Operative ACT

_____Sec
 Not Documented

End of Procedure ACT

_____Sec
 Not Documented

X. Locations Choose Vessel Location from drop down menu on website.

Vessel Location _____

Lesion Segment Area

- Proximal
- Mid
- Distal
- Diffuse
- Not Documented

Vessel Location _____

Lesion Segment Area

- Proximal
- Mid
- Distal
- Diffuse
- Not Documented

Vessel Location _____

Lesion Segment Area

- Proximal
- Mid
- Distal
- Diffuse
- Not Documented

PVI Procedure Performed

- | | |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Asp-Ather | <input type="checkbox"/> Lys |
| <input type="checkbox"/> M-Throm | <input type="checkbox"/> ND |
| <input type="checkbox"/> BA | <input type="checkbox"/> NW |
| <input type="checkbox"/> Cryo-B | <input type="checkbox"/> Oth-Ather |
| <input type="checkbox"/> CTO Device | <input type="checkbox"/> Open Endart |
| <input type="checkbox"/> CB | <input type="checkbox"/> Open Thromb |
| <input type="checkbox"/> D-Ather | <input type="checkbox"/> R-Ather |
| <input type="checkbox"/> DPD-B | <input type="checkbox"/> Re-Ent-Cath |
| <input type="checkbox"/> DPD-F | <input type="checkbox"/> Research |
| <input type="checkbox"/> DCB | <input type="checkbox"/> S-BA |
| <input type="checkbox"/> FW | <input type="checkbox"/> Stent |
| <input type="checkbox"/> Inf-Cath | <input type="checkbox"/> Thromb-Asp |
| <input type="checkbox"/> IVUS | <input type="checkbox"/> Vasc Emb |
| <input type="checkbox"/> L-Ather | |

PVI Procedure Performed

- | | |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Asp-Ather | <input type="checkbox"/> Lys |
| <input type="checkbox"/> M-Throm | <input type="checkbox"/> ND |
| <input type="checkbox"/> BA | <input type="checkbox"/> NW |
| <input type="checkbox"/> Cryo-B | <input type="checkbox"/> Oth-Ather |
| <input type="checkbox"/> CTO Device | <input type="checkbox"/> Open Endart |
| <input type="checkbox"/> CB | <input type="checkbox"/> Open Thromb |
| <input type="checkbox"/> D-Ather | <input type="checkbox"/> R-Ather |
| <input type="checkbox"/> DPD-B | <input type="checkbox"/> Re-Ent-Cath |
| <input type="checkbox"/> DPD-F | <input type="checkbox"/> Research |
| <input type="checkbox"/> DCB | <input type="checkbox"/> S-BA |
| <input type="checkbox"/> FW | <input type="checkbox"/> Stent |
| <input type="checkbox"/> Inf-Cath | <input type="checkbox"/> Thromb-Asp |
| <input type="checkbox"/> IVUS | <input type="checkbox"/> Vasc Emb |
| <input type="checkbox"/> L-Ather | |

PVI Procedure Performed

- | | |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Asp-Ather | <input type="checkbox"/> Lys |
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| <input type="checkbox"/> FW | <input type="checkbox"/> Stent |
| <input type="checkbox"/> Inf-Cath | <input type="checkbox"/> Thromb-Asp |
| <input type="checkbox"/> IVUS | <input type="checkbox"/> Vasc Emb |
| <input type="checkbox"/> L-Ather | |

Bypass Graft Y / N

- Synthetic
- Vein
- Not Documented

Graft Origin _____

Graft Insertion _____

Lesion Length _____ mm

Heavy Calcium Y / N

In-stent restenosis Y / N

Thrombus Y / N

Pre/Post stenosis _____/_____%

Bypass Graft Y / N

- Synthetic
- Vein
- Not Documented

Graft Origin _____

Graft Insertion _____

Lesion Length _____ mm

Heavy Calcium Y / N

In-stent restenosis Y / N

Thrombus Y / N

Pre/Post stenosis _____/_____%

Bypass Graft Y / N

- Synthetic
- Vein
- Not Documented

Graft Origin _____

Graft Insertion _____

Lesion Length _____ mm

Heavy Calcium Y / N

In-stent restenosis Y / N

Thrombus Y / N

Pre/Post stenosis _____/_____%

Final balloon dia _____ mm	Final balloon dia _____ mm	Final balloon dia _____ mm
XI. <u>Stents</u>		
Stent Name _____	Stent Name _____	Stent Name _____
Stent Dia _____ mm	Stent Dia _____ mm	Stent Dia _____ mm
Stent Length _____ mm	Stent Length _____ mm	Stent Length _____ mm

<p>XII. <u>Vascular Access</u></p> <p>Vascular Access Site _____</p> <p>Vascular Access Type</p> <ul style="list-style-type: none"> <input type="radio"/> Percutaneous <input type="radio"/> Surgical Cut down <p>Vessel Accessed</p> <ul style="list-style-type: none"> <input type="radio"/> Native Artery <input type="radio"/> Bypass Graft <p>Access Guidance Y / N</p> <ul style="list-style-type: none"> <input type="radio"/> Fluoroscopy <input type="radio"/> Ultrasound <p>Access Approach</p> <ul style="list-style-type: none"> <input type="radio"/> Antegrade <input type="radio"/> Both <input type="radio"/> Retrograde <p>Sheath Size _____ French</p> <p>Sheath Removed Y / N</p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Manual (No device)</td> <td><input type="checkbox"/> Exoseal</td> </tr> <tr> <td><input type="checkbox"/> Perclose</td> <td><input type="checkbox"/> Boomerang</td> </tr> <tr> <td><input type="checkbox"/> Angioseal</td> <td><input type="checkbox"/> Compression Device</td> </tr> <tr> <td><input type="checkbox"/> Mynx</td> <td><input type="checkbox"/> Hemostatic Patch</td> </tr> <tr> <td><input type="checkbox"/> Starclose</td> <td><input type="checkbox"/> FISH</td> </tr> <tr> <td><input type="checkbox"/> Surgical</td> <td><input type="checkbox"/> Vascade</td> </tr> </table> <p>Sheath removal</p> <ul style="list-style-type: none"> <input type="radio"/> 0-3 hours <input type="radio"/> 3-24 hours <input type="radio"/> >24 hours 	<input type="checkbox"/> Manual (No device)	<input type="checkbox"/> Exoseal	<input type="checkbox"/> Perclose	<input type="checkbox"/> Boomerang	<input type="checkbox"/> Angioseal	<input type="checkbox"/> Compression Device	<input type="checkbox"/> Mynx	<input type="checkbox"/> Hemostatic Patch	<input type="checkbox"/> Starclose	<input type="checkbox"/> FISH	<input type="checkbox"/> Surgical	<input type="checkbox"/> Vascade	<p>Vascular Access Site _____</p> <p>Vascular Access Type</p> <ul style="list-style-type: none"> <input type="radio"/> Percutaneous <input type="radio"/> Surgical Cut down <p>Vessel Accessed</p> <ul style="list-style-type: none"> <input type="radio"/> Native Artery <input type="radio"/> Bypass Graft <p>Access Guidance Y / N</p> <ul style="list-style-type: none"> <input type="radio"/> Fluoroscopy <input type="radio"/> Ultrasound <p>Access Approach</p> <ul style="list-style-type: none"> <input type="radio"/> Antegrade <input type="radio"/> Both <input type="radio"/> Retrograde <p>Sheath Size _____ French</p> <p>Sheath Removed Y / N</p> <table style="width:100%; 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<p>XIII. <u>Outcomes During Procedure</u></p> <p>Death Y / N</p> <ul style="list-style-type: none"> <input type="radio"/> Cardiovascular <input type="radio"/> Hemorrhage <input type="radio"/> Multi System Organ Failure <input type="radio"/> Other <input type="radio"/> Unknown Cause of Death <p>Dissection (Not Repaired) Y / N</p> <p>Myocardial Infarction Y / N</p> <p>Cardiac Arrest Y / N</p> <p>Embolus Y / N</p> <ul style="list-style-type: none"> <input type="radio"/> Successful <input type="radio"/> Unsuccessful <p>Thrombus Y / N</p> <p>Stent/Graft Thrombosis Y / N</p>	<p><input type="checkbox"/> No Outcomes During Procedure</p> <p>Vessel Perforation Y / N</p> <ul style="list-style-type: none"> <input type="radio"/> Successful <ul style="list-style-type: none"> <input type="checkbox"/> Balloon <input type="checkbox"/> Covered Stent <input type="checkbox"/> Bare Metal Stent <input type="checkbox"/> External Compression <input type="checkbox"/> Reversal of Anticoagulation <input type="checkbox"/> No Treatment <input type="radio"/> Unsuccessful <p>TIA/Stroke Y / N</p> <p>Transfusion Y / N</p> <ul style="list-style-type: none"> <input type="checkbox"/> PRBC #Units _____ <input type="checkbox"/> Platelets <input type="checkbox"/> Fresh Frozen Plasma <input type="checkbox"/> Other <p>Compartment Syndrome Y / N</p>	<p>Vascular Access Complications Y / N</p> <ul style="list-style-type: none"> <input type="checkbox"/> Retroperitoneal hematoma <input type="checkbox"/> Pseudo-aneurysm <input type="checkbox"/> Hematoma at access site <input type="checkbox"/> Bleeding at access site <input type="checkbox"/> AV fistula <input type="checkbox"/> Acute Thrombosis <input type="checkbox"/> Surgical repair of the vascular access site <input type="checkbox"/> Other <p>Amputation Y / N</p> <ul style="list-style-type: none"> <input type="radio"/> Left hip disarticulation <input type="radio"/> Left AKA <input type="radio"/> Left BKA <input type="radio"/> Left foot <input type="radio"/> Left metatarsal <input type="radio"/> Left digit <input type="radio"/> Right hip disarticulation <input type="radio"/> Right AKA <input type="radio"/> Right BKA <input type="radio"/> Right foot
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- Successful
- Unsuccessful

XIV. Outcomes Post Procedure

- Death** Y / N
- Cardiovascular
 - Hemorrhage
 - Multi System Organ Failure
 - Other (neuro, renal, liver, GI, CA)
 - Unknown of death

Comfort Care Implemented Y / N

Date ____/____/____

Stay in ICU Y / N ____ #days

Vasopressors Post-Op Y / N

Respiratory

- Ventilator (cont. after leaving OR)
- Reintubation (after initial intub)
- None

Myocardial Injury Y / N

Date ____/____/____

- Troponin leak
- Demand ischemia
- NSTEMI
- STEMI
- Not documented

Peak post-operative troponin value

Y / Not drawn

- troponin I _____
- troponin T _____
- troponin I HS _____
- troponin T HS _____

Units

- ng/dL
- ng/mL
- ng/L
- pg/mL

Dysrhythmia Y / N

Date ____/____/____

CHF Y / N

Date ____/____/____

TIA/Stroke Y / N

Date ____/____/____

No Outcomes Post Procedure

Infection/Sepsis Y / N

Date ____/____/____

- Access site
- Central line/IV
- Blood
- Graft infection
- Pulmonary
- UTI
- Wound site
- Unknown

New Requirement for Dialysis Y / N

Transfusion Y / N

Date ____/____/____

- PRBC #Units _____
- Hgb prior to transfusion Y/N/ND
- Hgb value _____ mg/dL
- Symptomatic before transfuse Y / N
 - Angina
 - Hypotension
 - Tachycardia
 - EKG Changes
 - Shortness of Air
 - Bleeding
 - Cancer/Chronic Anemia

Platelets

FFP

Other

Vascular Access Complications Y / N

- Retroperitoneal hematoma
- Pseudo-aneurysm
- Hematoma at access site
- Bleeding at access site
- AV fistula
- Acute thrombosis
- Surgical repair of the vascular access site
- Other

Compartment Syndrome Y / N

Date ____/____/____

Embolus Y / N

Date ____/____/____

- Successful
- Unsuccessful

- Right metatarsal
- Right digit

Thrombus Y / N

Date ____/____/____

Stent / Graft Thrombosis Y / N

Date ____/____/____

- Successful
- Unsuccessful

Amputation Y / N

Date ____/____/____

- Left hip disarticulation
- Left AKA
- Left BKA
- Left foot
- Left metatarsal
- Left digit
- Right hip disarticulation
- Right AKA
- Right BKA
- Right foot
- Right metatarsal
- Right digit

Return to OR Y / N

Date ____/____/____

- Bleeding
- Renal Ischemia
- Endoleak
- Infection
- Graft Revision
- Other

Bowel Ischemia Y / N

Date ____/____/____

- Medical Treatment
- Surgical Treatment

Was the LOS >2 days after EVAR? Y/N
(for Elective EVAR only)

- Hypertension
- Lack of transportation
- No caregiver/support at home
- COPD
- Urinary retention
- Other