



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

Table with 3 columns: Study Name, Y/N, and Value/Status. Rows include Right/Left Pre-Procedure ABI, TBI, Toe Pressure, Vein Mapping, Duplex Ultrasound, CTA, MRI/MRA, Contrast Cineangiography, Cardiac Stress Test, Electrocardiogram, and Chest X-Ray.

IV. Labs Pre Procedure

- Pre Creatinine \_\_\_\_\_ mg/dl Not drawn
Pre Hemoglobin \_\_\_\_\_ g/dl Not drawn
Pre BNP \_\_\_\_\_ pg/mL No
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 Status

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 COVID Status

VI. Labs Other

Albumin \_\_\_\_\_ g/L Not drawn

**VII. Medication 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 Dia	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	Maximum AAA Dia _____mm	Aneurysm Location	Y / N
Prior Aortic Surgery	Y / N	<input type="checkbox"/> Not Documented	<input type="checkbox"/> Infrarenal	
<input type="checkbox"/> Year _____		Iliac Aneurysm	<input type="checkbox"/> Juxtarenal	
<input type="checkbox"/> AAA (Infrarenal)		Y / N	<input type="checkbox"/> Suprarenal	
<input type="checkbox"/> SAAA (Suprarenal)		<input type="checkbox"/> Unilateral	<input type="checkbox"/> Not Documented	
<input type="checkbox"/> Bypass		<input type="checkbox"/> Bilateral		
		_____mm	Aneurysm Anatomy	Y / N
			<input type="checkbox"/> Fusiform	
			<input type="checkbox"/> Saccular	

- Other (Endarterectomy or Other)

**Procedure Details (cont.)****Contained Rupture** Y / N**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** Y / N  
**(for ruptured AAA repairs only)****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**Conversion from Endovascular Repair** Y / N

- Immediate
- >1 day - 30 days
- >30 days

**Exposure**

- Transperitoneal
- Retroperitoneal

**Distal Anastomosis**

- Aorta
- Common Iliac artery (CIA)
- External Iliac artery (EIA)
- Common Femoral Artery (CFA)
- Graft Not Utilized

**Graft Body Diameter** \_\_\_\_\_mm

- Not Documented
- Graft Not Utilized

**Graft Type**

- Dacron
- PTFE
- Graft Not Utilized
- Allograft
- 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

**Anastomotic Felt Reinforcement** Y / N**Hypogastric ligated / occluded**

- Single
- Both

**Proximal Clamp Position** Y / N

- Infrarenal
- Above 1 renal
- Above both renal
- Supraceliac
- Clamp not utilized

**Inferior Mesenteric Artery at Completion**

- Occluded
- Ligated
- Re-implanted
- Graft Not Utilized
- Not Documented

**Renal/Visceral Ischemic Time**

- \_\_\_\_\_ mins
- Not Documented
- Clamp not utilized

**Intra-Operative Revision** Y / N**Cold Renal Perfusion** Y / N**Mannitol administered during procedure** Y / N**Closure for Open Exposure**

- Suture
  - Absorbable
  - Permanent
- Staples
- Delayed
- Other

**Anesthesia Type**

- Local
- Epidural
- Regional
- Spinal
- General
- Epidural & General
- MAC

- Not Documented

**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  
 Not Documented**Estimated Blood Loss** \_\_\_\_\_mL  
 Not Documented**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 (CO<sub>2</sub>)
- None

**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

<p><b>X. <u>Locations</u> Choose Vessel Location from drop down menu on website.</b></p>		
<p><b>Vessel Location</b> _____</p> <p><b>Lesion Segment Area</b></p> <p><input type="radio"/> Proximal   <input type="radio"/> Diffuse</p> <p><input type="radio"/> Mid   <input type="radio"/> Not Documented</p> <p><input type="radio"/> Distal</p> <div style="border: 1px solid black; padding: 5px;"> <p><b>PVI Procedure Performed</b></p> <p><input type="checkbox"/> Asp-Ather   <input type="checkbox"/> Lys</p> <p><input type="checkbox"/> M-Throm   <input type="checkbox"/> ND</p> <p><input type="checkbox"/> BA   <input type="checkbox"/> NW</p> <p><input type="checkbox"/> Cryo-B   <input type="checkbox"/> Oth-Ather</p> <p><input type="checkbox"/> CTO Device   <input type="checkbox"/> Open Endart</p> <p><input type="checkbox"/> CB   <input type="checkbox"/> Open Thromb</p> <p><input type="checkbox"/> D-Ather   <input type="checkbox"/> R-Ather</p> <p><input type="checkbox"/> DPD-B   <input type="checkbox"/> Re-Ent-Cath</p> <p><input type="checkbox"/> DPD-F   <input type="checkbox"/> Research</p> <p><input type="checkbox"/> DCB   <input type="checkbox"/> S-BA</p> <p><input type="checkbox"/> FW   <input type="checkbox"/> Stent</p> <p><input type="checkbox"/> Inf-Cath   <input type="checkbox"/> Thromb-Asp</p> <p><input type="checkbox"/> IVUS   <input type="checkbox"/> Vasc Emb</p> <p><input type="checkbox"/> L-Ather</p> </div>	<p><b>Vessel Location</b> _____</p> <p><b>Lesion Segment Area</b></p> <p><input type="radio"/> Proximal   <input type="radio"/> Diffuse</p> <p><input type="radio"/> Mid   <input type="radio"/> Not Documented</p> <p><input type="radio"/> Distal</p> <div style="border: 1px solid black; padding: 5px;"> <p><b>PVI Procedure Performed</b></p> <p><input type="checkbox"/> Asp-Ather   <input type="checkbox"/> Lys</p> <p><input type="checkbox"/> M-Throm   <input type="checkbox"/> ND</p> <p><input type="checkbox"/> BA   <input type="checkbox"/> NW</p> <p><input type="checkbox"/> Cryo-B   <input type="checkbox"/> Oth-Ather</p> <p><input type="checkbox"/> CTO Device   <input type="checkbox"/> Open Endart</p> <p><input type="checkbox"/> CB   <input type="checkbox"/> Open Thromb</p> <p><input type="checkbox"/> D-Ather   <input type="checkbox"/> R-Ather</p> <p><input type="checkbox"/> DPD-B   <input type="checkbox"/> Re-Ent-Cath</p> <p><input type="checkbox"/> DPD-F   <input type="checkbox"/> Research</p> <p><input type="checkbox"/> DCB   <input type="checkbox"/> S-BA</p> <p><input type="checkbox"/> FW   <input type="checkbox"/> Stent</p> <p><input type="checkbox"/> Inf-Cath   <input type="checkbox"/> Thromb-Asp</p> <p><input type="checkbox"/> IVUS   <input type="checkbox"/> Vasc Emb</p> <p><input type="checkbox"/> L-Ather</p> </div>	<p><b>Vessel Location</b> _____</p> <p><b>Lesion Segment Area</b></p> <p><input type="radio"/> Proximal   <input type="radio"/> Diffuse</p> <p><input type="radio"/> Mid   <input type="radio"/> Not Documented</p> <p><input type="radio"/> Distal</p> <div style="border: 1px solid black; padding: 5px;"> <p><b>PVI Procedure Performed</b></p> <p><input type="checkbox"/> Asp-Ather   <input type="checkbox"/> Lys</p> <p><input type="checkbox"/> M-Throm   <input type="checkbox"/> ND</p> <p><input type="checkbox"/> BA   <input type="checkbox"/> NW</p> <p><input type="checkbox"/> Cryo-B   <input type="checkbox"/> Oth-Ather</p> <p><input type="checkbox"/> CTO Device   <input type="checkbox"/> Open Endart</p> <p><input type="checkbox"/> CB   <input type="checkbox"/> Open Thromb</p> <p><input type="checkbox"/> D-Ather   <input type="checkbox"/> R-Ather</p> <p><input type="checkbox"/> DPD-B   <input type="checkbox"/> Re-Ent-Cath</p> <p><input type="checkbox"/> DPD-F   <input type="checkbox"/> Research</p> <p><input type="checkbox"/> DCB   <input type="checkbox"/> S-BA</p> <p><input type="checkbox"/> FW   <input type="checkbox"/> Stent</p> <p><input type="checkbox"/> Inf-Cath   <input type="checkbox"/> Thromb-Asp</p> <p><input type="checkbox"/> IVUS   <input type="checkbox"/> Vasc Emb</p> <p><input type="checkbox"/> L-Ather</p> </div>
<p><b>Bypass Graft</b> Y / N   <b>Type</b> Syn/Vein/ND</p> <p><b>Graft Origin</b> _____</p> <p><b>Graft Insertion</b> _____</p> <p><b>Lesion Length</b> _____ mm</p> <p><b>Heavy Calcium</b> Y / N</p> <p><b>In-stent restenosis</b> Y / N</p> <p><b>Thrombus</b> Y / N</p> <p><b>Pre/Post stenosis</b> _____ / _____ %</p> <p><b>Final balloon dia</b> _____ mm</p>	<p><b>Bypass Graft</b> Y / N   <b>Type</b> Syn/Vein/ND</p> <p><b>Graft Origin</b> _____</p> <p><b>Graft Insertion</b> _____</p> <p><b>Lesion Length</b> _____ mm</p> <p><b>Heavy Calcium</b> Y / N</p> <p><b>In-stent restenosis</b> Y / N</p> <p><b>Thrombus</b> Y / N</p> <p><b>Pre/Post stenosis</b> _____ / _____ %</p> <p><b>Final balloon dia</b> _____ mm</p>	<p><b>Bypass Graft</b> Y / N   <b>Type</b> Syn/Vein/ND</p> <p><b>Graft Origin</b> _____</p> <p><b>Graft Insertion</b> _____</p> <p><b>Lesion Length</b> _____ mm</p> <p><b>Heavy Calcium</b> Y / N</p> <p><b>In-stent restenosis</b> Y / N</p> <p><b>Thrombus</b> Y / N</p> <p><b>Pre/Post stenosis</b> _____ / _____ %</p> <p><b>Final balloon dia</b> _____ mm</p>
<p><b>XI. <u>Stents</u></b></p>		
<p><b>Stent Name</b> _____</p> <p><b>Stent Dia</b> _____ mm</p> <p><b>Stent Length</b> _____ mm</p>	<p><b>Stent Name</b> _____</p> <p><b>Stent Dia</b> _____ mm</p> <p><b>Stent Length</b> _____ mm</p>	<p><b>Stent Name</b> _____</p> <p><b>Stent Dia</b> _____ mm</p> <p><b>Stent Length</b> _____ mm</p>
<p><b>XII. <u>Vascular Access</u></b></p>		
<p><b>Vascular Access Site</b> _____</p> <p><b>Vascular Access Type</b></p> <p><input type="radio"/> Percutaneous</p> <p><input type="radio"/> Surgical Cut down</p> <p><b>Vessel Accessed</b></p> <p><input type="radio"/> Native Artery</p> <p><input type="radio"/> Bypass Graft</p> <p><b>Access Guidance</b> Y / N</p> <p><input type="radio"/> Fluoroscopy</p> <p><input type="radio"/> Ultrasound</p> <p><b>Access Approach</b></p> <p><input type="radio"/> Antegrade   <input type="radio"/> Both</p> <p><input type="radio"/> Retrograde</p>	<p><b>Vascular Access Site</b> _____</p> <p><b>Vascular Access Type</b></p> <p><input type="radio"/> Percutaneous</p> <p><input type="radio"/> Surgical Cut down</p> <p><b>Vessel Accessed</b></p> <p><input type="radio"/> Native Artery</p> <p><input type="radio"/> Bypass Graft</p> <p><b>Access Guidance</b> Y / N</p> <p><input type="radio"/> Fluoroscopy</p> <p><input type="radio"/> Ultrasound</p> <p><b>Access Approach</b></p> <p><input type="radio"/> Antegrade   <input type="radio"/> Both</p> <p><input type="radio"/> Retrograde</p>	<p><b>Vascular Access Site</b> _____</p> <p><b>Vascular Access Type</b></p> <p><input type="radio"/> Percutaneous</p> <p><input type="radio"/> Surgical Cut down</p> <p><b>Vessel Accessed</b></p> <p><input type="radio"/> Native Artery</p> <p><input type="radio"/> Bypass Graft</p> <p><b>Access Guidance</b> Y / N</p> <p><input type="radio"/> Fluoroscopy</p> <p><input type="radio"/> Ultrasound</p> <p><b>Access Approach</b></p> <p><input type="radio"/> Antegrade   <input type="radio"/> Both</p> <p><input type="radio"/> Retrograde</p>

Sheath Size \_\_\_\_\_ French

Sheath Size \_\_\_\_\_ French

Sheath Size \_\_\_\_\_ French

**Vascular Access (cont.)**

**Sheath Removed Y / N**

- Manual (No device)
- Perclose
- Angioseal
- Mynx
- Starclose
- Surgical
- Exoseal
- Boomerang
- Compression Device
- Hemostatic Patch
- FISH
- Vascade

**Sheath removal**

- 0-3 hours
- 3-24 hours
- >24 hours

**Sheath Removed Y / N**

- Manual (No device)
- Perclose
- Angioseal
- Mynx
- Starclose
- Surgical
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- Compression Device
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- Compression Device
- Hemostatic Patch
- FISH
- Vascade

**Sheath removal**

- 0-3 hours
- 3-24 hours
- >24 hours

**XIII. Outcomes During Procedure**

**Death Y / N**

- Cardiovascular
- Hemorrhage
- Multi System Organ Failure
- Other
- Unknown Cause of Death

**Dissection (Not Repaired) Y / N**

**Myocardial Infarction Y / N**

**Cardiac Arrest Y / N**

**Embolus Y / N**

- Successful
- Unsuccessful

**Thrombus Y / N**

**Stent/Graft Thrombosis Y / N**

- Successful
- Unsuccessful

**No Outcomes During Procedure**

**Vessel Perforation Y / N**

- Successful
  - Balloon
  - Covered Stent
  - Bare Metal Stent
  - External Compression
  - Reversal of Anticoagulation
  - No Treatment
- Unsuccessful

**TIA/Stroke Y / N**

**Transfusion Y / N**

- PRBC #Units \_\_\_\_\_
- Platelets
- Fresh Frozen Plasma
- 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

**Amputation Y / N**

- 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

**Compartment Syndrome Y / N**

**XIV. Outcomes Post Procedure** **No 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** \_\_\_\_/\_\_\_\_/\_\_\_\_**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

**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

