

**Procedure Information**

**Procedure #**                      **Physician**                      **Fellow ID/Second Operator**  
**Procedure Date**                      **Start Time**                      **Procedure End Date**                      **End Time**  
**Status of Procedure**    Elective    Urgent    Emergent   **Staged Procedure**   Y / N

**Consultations**

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

**Labs Pre Procedure**

**Creatinine** \_\_\_\_\_ mg/dl    ND  
**Hemoglobin** \_\_\_\_\_ g/dl    ND  
**BNP** \_\_\_\_\_ pg/mL    No  
**Troponin**    Y / ND  
**I** \_\_\_\_\_ **Units** \_\_\_\_\_ No  
**T** \_\_\_\_\_ **Units** \_\_\_\_\_ No  
**I HS** \_\_\_\_\_ **Units** \_\_\_\_\_ No  
**T HS** \_\_\_\_\_ **Units** \_\_\_\_\_ No

**Imaging Studies**

**RT Pre-Procedure ABI**   Y / N   **Compressible**   Y / N   **Value** \_\_\_\_\_  
**LT Pre-Procedure ABI**   Y / N   **Compressible**   Y / N   **Value** \_\_\_\_\_  
**RT Pre-Procedure TBI**   Y / N   **Value** \_\_\_\_\_  
**LT Pre-Procedure TBI**   Y / N   **Value** \_\_\_\_\_  
**RT Pre Procedure Toe Pressure**   Y / N   **Value** \_\_\_\_\_  
**LT Pre Procedure Toe Pressure**   Y / N   **Value** \_\_\_\_\_  
**Vein Mapping**   Y / N   **Minimal Vein Dia** \_\_\_\_\_    ND  
**Duplex Ultrasound**   Y / N   Nml / Abn  
**CTA**   Y / N   Nml / Abn  
**MRI/MRA**   Y / N   Nml / Abn  
**Contrast Cineangiography**   Y / N   Nml / Abn  
**Cardiac Stress Test**   Y / N   Nml / Abn  
**Electrocardiogram**   Y / N   Nml / Abn  
**Chest X-ray**   Y / N   Nml / Abn

**Labs Post Procedure**

**Peak Creatinine** \_\_\_\_\_ mg/dl    ND  
**Nadir Hemoglobin** \_\_\_\_\_ g/dl    ND

**Labs Other**

**Albumin** \_\_\_\_\_ g/dl    ND

Meds During Procedure	Pre	During	Post	C/I
Aspirin				
Clopidogrel (Plavix)				
Prasugrel (Effient)				
Ticagrelor (Brilinta)				
IV Nitroglycerin				
IV Heparin/Unfractionated Heparin				
Protamine				
Bivalirudin (Angiomax)				
Thrombolytics				

Infusions During Procedure	Pre	During	Post
Sodium Bicarb Infusion			
Saline <1 hr			
Saline 1-3 hrs			
Saline 3-6 hrs			
Saline >6 hrs			
LR <1 hr			
LR 1-3 hrs			
LR 3-6 hrs			
LR >6 hrs			
Other <1 hr			
Other 1-3 hrs			
Other 3-6 hrs			
Other >6 hrs			

**Indications**

**Asymptomatic**    Y / N                      **Concomitant Iliac occlusive disease**    Y / N  
**Abdominal / Back Pain**    Y / N                      **Lower Extremity Ischemia / Emboli**    Y / N  
**Rapidly Increasing Aneurysm Dia**    Y / N                      **Documented Patient Anxiety Levels**    Y / N  
**Unfit for Open AAA Repair**    Y / N                      **Penetrating Ulcer**    Y / N    **Value** \_\_\_\_\_    ND  
**Unfit for General Anesthesia**    Y / N                      **Complication from Prior Procedure**    Y / N  
**Infection**    Y / N                      **Trauma**    Y / N  
**Size of Iliac Aneurysm**    Y / N                      **Mycotic Aneurysm**    Y / N  
**Correction of Endoleak**    Y / N

**Procedure Details**
**Prior Family History of AAA** Y / N

**Prior Aortic Surgery** Y / N

- Year \_\_\_\_\_
- AAA (Infrarenal)
- SAAA (Suprarenal)
- Bypass
- Other (Endarterectomy or Other)

**Max AAA Dia** \_\_\_\_\_m ND

**Iliac Aneurysm** Y / N

- Unilateral
- Bilateral
- \_\_\_\_\_Mm

**Aneurysm Location** Y / N

- Infrarenal
- Juxtarenal
- Suprarenal
- ND

**Aneurysm Anatomy** Y / N

- Fusiform
- Saccular
- Both
- ND

**Contained Rupture** Y / N

**Infrarenal Neck Dia** \_\_\_\_\_mm

**Infrarenal Neck Length** \_\_\_\_\_mm

**Ruptured AAA** Y\* / N

**\*Lowest Pre-Intub BP** \_\_\_\_\_mmHg ND

**\*Mental Status**

- Normal (alert and oriented)
- Disoriented to person, place or time
- Unconscious

**\*Cardiac Arrest** Y / N

**\*Timeframe Sxs to Incision** \_\_\_\_\_hrs ND

**Timeframe Admit to Incision** \_\_\_\_\_hrs

 ND

**Abdomen Explored** Y / N

**Procedure Aborted** Y / N

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

- ND
- Graft Not Utilized

**RT Distal Seal Zone Dia** \_\_\_\_\_mm / No

**LT Distal Seal Zone Dia** \_\_\_\_\_mm / No

**Graft Type (Brand Name)** \_\_\_\_\_

- Other
- 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** Y / N

- Aortic Cuff
- Aortic Screws
- Rt Iliac branch device
  - Distal hypogastric dia \_\_\_\_\_mm ND
  - Distal external iliac dia \_\_\_\_\_mm ND
- LT Iliac branch device
  - Distal hypogastric dia \_\_\_\_\_mm ND
  - Distal external iliac dia \_\_\_\_\_mm ND
- Additional main body
- Other

**Renal Status** Y / N / ND

- 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
- ND

**Intra-Op 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
  - Other VCD
- Open**
  - Suture
    - Absorbable
    - Permanent
    - ND
  - Staples
  - Skin glue
  - Other

**Additional Planned Procedures** Y / N

- Femoral Endarterectomy
- Thromboembolotomy
- Other Arterial Reconstruction

**Conversion to Open** Y / N

- Unable to deploy appropriately
- Endoleak

**Anesthesia Type**

- Local
- Epidural
- Regional
- Spinal
- General
- Epidural + General
- MAC

**Antibiotics Pre Procedure** Y / N

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

**Skin Prep**

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

**C/I to Chlorhexidine &**
**Alcohol Skin Prep** Y / N

**Glucose Peak** \_\_\_\_\_mg/dL ND

**Nadir Body Temp** \_\_\_\_\_Celsius ND

**Crystalloids** \_\_\_\_\_mL ND

**EBL** \_\_\_\_\_mL ND

**ASA Class** \_\_\_\_\_ Does not apply

**Fluoro time** \_\_\_\_\_

<b>Procedure Details (cont.)</b>  <b>Air Kerma</b> _____ ND <input type="radio"/> mGy <input type="radio"/> Gy <b>KAP</b> _____ ND <input type="radio"/> Gy.cm2 <input type="radio"/> dGy.cm2 <input type="radio"/> cGy.cm2 <input type="radio"/> mGy.cm2 <input type="radio"/> µGy.M2	<b>Contrast Types</b> Y / None <input type="checkbox"/> Nonionic, low-osmolar <input type="checkbox"/> Nonionic, Iso-osmolar <input type="checkbox"/> Ionic, hyperosmolar <input type="checkbox"/> Ionic, low-osmolar <input type="checkbox"/> Investigational <input type="checkbox"/> Gadolinium <input type="checkbox"/> Carbon Dioxide (CO <sub>2</sub> ) <input type="checkbox"/> Unknown	<b>Total IV Contrast Used</b> _____ mL ND <b>Total Heparin Dosage</b> _____ units ND <b>Peak Intra-Op ACT</b> _____ Sec ND <b>End of Procedure ACT</b> _____ Sec ND
<b>Outcomes During Procedure</b> Y / N <b>Death</b> Y / N <input type="radio"/> Cardiovascular <input type="radio"/> Hemorrhage <input type="radio"/> Multi System Organ Failure <input type="radio"/> Other (neuro, renal, liver, GI, CA) <input type="radio"/> Unknown Cause of Death <b>Dissection (Not Repaired)</b> Y / N <b>Myocardial Infarction</b> Y / N <b>Cardiac Arrest</b> Y / N <b>Embolus</b> Y / N <input type="radio"/> Successful <input type="radio"/> Unsuccessful <b>Thrombus</b> Y / N <b>Stent/Graft Thrombosis</b> Y / N <input type="radio"/> Successful <input type="radio"/> Unsuccessful	<b>Vessel Perforation</b> Y / No Tx <input type="radio"/> Successful <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="radio"/> Unsuccessful <b>TIA/Stroke</b> Y / N <b>Transfusion</b> Y / N <input type="checkbox"/> PRBC #Units _____ <input type="checkbox"/> Platelets <input type="checkbox"/> FFP <input type="checkbox"/> Other	<b>Vascular Access Complications</b> Y / N <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 <b>Amputation</b> Y / N <b>LT RT</b> Hip disarticulation AKA BKA Foot Metatarsal Digit <b>Compartment Syndrome</b> Y / N
<b>Outcomes Post Procedure</b> Y / N <b>Death</b> Y / N <input type="radio"/> Cardiovascular <input type="radio"/> Hemorrhage <input type="radio"/> Multi System Organ Failure <input type="radio"/> Other (neuro, renal, liver, GI, CA) <input type="radio"/> Unknown of death <b>Comfort Care</b> Y / N Date _____ <b>Stay in ICU</b> Y / N _____ #days <b>Vasopressors Post-Op</b> Y / N <b>Respiratory</b> Y / No <input type="checkbox"/> Ventilator (cont. after leaving OR) <input type="checkbox"/> Reintubation (after initial extub) <b>Myocardial Injury</b> Y / N Date _____ <input type="radio"/> Acute Myocardial Injury <input type="radio"/> Type 2 Myocardial Infarction <input type="radio"/> Type 1 NSTEMI <input type="radio"/> STEMI <input type="radio"/> ND <b>Peak post-op troponin</b> Y / ND <b>I</b> _____ <b>Units</b> _____ No <b>T</b> _____ <b>Units</b> _____ No <b>I HS</b> _____ <b>Units</b> _____ No <b>T HS</b> _____ <b>Units</b> _____ No <b>Dysrhythmia</b> Y / N Date _____	<b>CHF</b> Y / N <b>Date</b> _____ <b>TIA/Stroke</b> Y / N <b>Date</b> _____ <b>Infection/Sepsis</b> Y / N <b>Date</b> _____ <input type="checkbox"/> Access site <input type="checkbox"/> Central line/IV <input type="checkbox"/> Blood <input type="checkbox"/> Graft infection <input type="checkbox"/> Pulmonary <input type="checkbox"/> UTI <input type="checkbox"/> Wound site <input type="checkbox"/> Unknown <b>New Requirement for Dialysis</b> Y / N <b>Date</b> _____ <b>Transfusion</b> Y / N <input type="checkbox"/> <b>PRBC #Units</b> _____ <input type="radio"/> <b>Date</b> _____ <input type="radio"/> <b>Hgb prior to txf</b> Y/N/ND <input type="radio"/> Hgb value _____ mg/dL <input type="radio"/> <b>Symptomatic prior to txf</b> Y/N <input type="checkbox"/> Angina <input type="checkbox"/> Hypotension <input type="checkbox"/> Tachycardia <input type="checkbox"/> EKG Changes <input type="checkbox"/> Shortness of Air <input type="checkbox"/> Bleeding <input type="checkbox"/> Cancer/Chronic Anemia <input type="checkbox"/> <b>Platelets</b> <input type="checkbox"/> <b>FFP</b> <b>Other</b>	<b>Vascular Access Complications</b> Y / N <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 <b>Compartment Syndrome</b> Y / N <b>Date</b> _____ <b>Embolus</b> Y / N <b>Date</b> _____ <input type="radio"/> Successful <input type="radio"/> Unsuccessful <b>Thrombus</b> Y / N <b>Date</b> _____ <b>Stent / Graft Thrombosis</b> Y / N <b>Date</b> _____ <input type="radio"/> Successful <input type="radio"/> Unsuccessful <b>Amputation</b> Y / N <b>LT RT</b> Hip disarticulation AKA BKA Foot Metatarsal Digit

**Outcomes Post Procedure (cont.)**

**Return to OR** Y / N **Date** \_\_\_\_\_

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

**Bowel Ischemia** Y / N **Date** \_\_\_\_\_

- Medical Treatment
- Surgical Treatment

**Reasons for LOS >2 days after EVAR**

(for Elective EVAR only)

- Hypertension
- Lack of transportation
- No caregiver/support at home
- COPD
- Urinary retention
- Placement to another facility
- EVAR & another surg proc, same DC
- Persistent hypotension
- FEVAR
- Other

**Locations**

**Vessel Location** \_\_\_\_\_

**Lesion Segment Area**

- Proximal
- Mid
- Distal
- Diffuse
- ND

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**Lesion Segment Area**

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**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**

- |                                     |                                      |
|-------------------------------------|--------------------------------------|
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| <input type="checkbox"/> L-Ather    |                                      |

**Bypass Graft** Y / N

**Type**

- Synthetic
- Vein
- ND

**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

**Stents**

**Stent Name** \_\_\_\_\_

**Stent Dia** \_\_\_\_\_ mm

**Stent Length** \_\_\_\_\_ mm

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**Vascular Access**

Vascular Access Site \_\_\_\_\_

**Vascular Access Type**

- Percutaneous
- Surgical Cut down

**Vessel Accessed**

- Native Artery
- Bypass Graft

**Access Guidance** Y / N

- Fluoroscopy
- Ultrasound

**Access Approach**

- Antegrade
- Retrograde
- Both

Sheath Size \_\_\_\_\_FR

**Sheath Removed** Y / N

- |   |   |
|---|---|
| <input type="checkbox"/> Manual (No device) | <input type="checkbox"/> Exoseal            |
| <input type="checkbox"/> Perclose           | <input type="checkbox"/> Compression Device |
| <input type="checkbox"/> Angioseal          | <input type="checkbox"/> Boomerang          |
| <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            |

**Sheath removal**

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

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|---|---|
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