

<b>Procedure Information</b>																																																												
Procedure #	Physician Name		Fellow ID/Second Operator																																																									
Procedure Date	Start Time	Procedure End Date	End Time																																																									
Status of Procedure	<input type="radio"/> Elective <input type="radio"/> Urgent	<input type="radio"/> Emergent	Staged Procedure	Y / N																																																								
<b>Consultations</b>			<b>Labs Pre Procedure</b>																																																									
Cardiology Consultation	Y / N		Creatinine_____mg/dl	ND																																																								
Pulmonary Consultation	Y / N		Hemoglobin_____g/dl	ND																																																								
Primary Care/ Internal Medicine	Y / N		BNP_____pg/mL	No																																																								
Hematology Consultation	Y / N		Troponin	Y / ND																																																								
Renal Consultation	Y / N		I _____ Units_____	No																																																								
<b>Imaging Studies</b>			T _____ Units_____	No																																																								
RT Pre-Procedure ABI	Y / N	Compressible	Y / N	Value_____																																																								
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RT Pre-Procedure TBI	Y / N	Value_____	I HS _____ Units_____	No																																																								
LT Pre-Procedure TBI	Y / N	Value_____	T HS _____ Units_____	No																																																								
RT Pre Procedure Toe Pressure	Y / N	Value_____	<b>Labs Post Procedure</b>																																																									
LT Pre Procedure Toe Pressure	Y / N	Value_____	Peak Creatinine_____mg/dl	ND																																																								
Vein Mapping	Y / N	Minimal Vein Dia_____	Nadir Hemoglobin_____g/dl	ND																																																								
Duplex Ultrasound	Y / N	Nml / Abn	<b>Labs Other</b>																																																									
CTA	Y / N	Nml / Abn	Albumin_____g/dl	ND																																																								
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																																																										
<b>Meds During Procedure</b>	Pre	During	Post	C/I																																																								
Aspirin																																																												
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IV Nitroglycerin																																																												
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Protamine																																																												
Bivalirudin (Angiomax)																																																												
Thrombolytics																																																												
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<b>Indications</b>	
Asymptomatic	Y / N
Abdominal / Back Pain	Y / N
Rapidly Increasing Aneurysm Dia	Y / N
Unfit for Open AAA Repair	Y / N
Unfit for General Anesthesia	Y / N
Infection	Y / N
Size of Iliac Aneurysm	Y / N
Correction of Endoleak	Y / N
Concomitant Iliac occlusive disease	Y / N
Lower Extremity Ischemia / Emboli	Y / N
Documented Patient Anxiety Levels	Y / N
Penetrating Ulcer	Y / N Value_____ ND
Complication from Prior Procedure	Y / N
Trauma	Y / N
Mycotic Aneurysm	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)

**Maximum AAA Dia** \_\_\_\_\_mm 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

**Ruptured AAA** Y \* / N

**\*Lowest Pre-Intubation BP** \_\_\_\_\_ ND

**\*Mental Status**

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

**\*Cardiac Arrest** Y / N

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

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

**\*Abdomen Explored** Y / N

**Conversion from EVAR** 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

- ND
- Graft Not Utilized

**Graft Type** Y / Graft Not Utilized

- Dacron
- PTFE
- Allograft
- 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

**Anastomotic Felt Reinforcement** Y / N

**Hypogastric ligated / occluded**

- Single
- Both

**Proximal Clamp Position**

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

**IMA at Completion**

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

**Renal/Visceral Ischemic Time** \_\_\_\_\_mins

- Not Documented
- Clamp not utilized

**Intra-Op Revision** Y / N

**Cold Renal Perfusion** Y / N

**Mannitol administered** Y / N

**Closure for Open Exposure**

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

**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** \_\_\_\_\_C ND

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

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

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

**Contrast Types** Y / None

- Nonionic, low-osmolar
- Nonionic, Iso-osmolar
- Ionic, hyperosmolar
- Ionic, low-osmolar
- Investigational
- Gadolinium
- Carbon Dioxide (CO<sub>2</sub>)
- Unknown

**Total IV Contrast Used** \_\_\_\_\_mL ND

**Total Heparin Dosage** \_\_\_\_\_units ND

**Peak Intra-Op ACT** \_\_\_\_\_Sec ND

**End of Procedure ACT** \_\_\_\_\_Sec ND

<p><b>Outcomes During Procedure</b> Y / N</p> <p><b>Death</b> Y / N</p> <ul style="list-style-type: none"> <li><input type="radio"/> Cardiovascular</li> <li><input type="radio"/> Hemorrhage</li> <li><input type="radio"/> Multi System Organ Failure</li> <li><input type="radio"/> Other (neuro, renal, liver, GI, CA)</li> <li><input type="radio"/> Unknown Cause of Death</li> </ul> <p><b>Dissection (Not Repaired)</b> Y / N</p> <p><b>Myocardial Infarction</b> Y / N</p> <p><b>Cardiac Arrest</b> Y / N</p> <p><b>Embolus</b> Y / N</p> <ul style="list-style-type: none"> <li><input type="radio"/> Successful</li> <li><input type="radio"/> Unsuccessful</li> </ul> <p><b>Thrombus</b> Y / N</p>	<p><b>Stent/Graft Thrombosis</b> Y / N</p> <ul style="list-style-type: none"> <li><input type="radio"/> Successful</li> <li><input type="radio"/> Unsuccessful</li> </ul> <p><b>Vessel Perforation</b> Y / No Treatment</p> <ul style="list-style-type: none"> <li><input type="radio"/> Successful <ul style="list-style-type: none"> <li><input type="checkbox"/> Balloon</li> <li><input type="checkbox"/> Covered Stent</li> <li><input type="checkbox"/> Bare Metal Stent</li> <li><input type="checkbox"/> External Compression</li> <li><input type="checkbox"/> Reversal of Anticoagulation</li> </ul> </li> <li><input type="radio"/> Unsuccessful</li> </ul> <p><b>TIA/Stroke</b> Y / N</p> <p><b>Transfusion</b> Y / N</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> PRBC #Units _____</li> <li><input type="checkbox"/> Platelets</li> <li><input type="checkbox"/> FFP</li> <li><input type="checkbox"/> Other</li> </ul>	<p><b>Vascular Access Complications</b> Y / N</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Retroperitoneal hematoma</li> <li><input type="checkbox"/> Pseudo-aneurysm</li> <li><input type="checkbox"/> Hematoma at access site</li> <li><input type="checkbox"/> Bleeding at access site</li> <li><input type="checkbox"/> AV fistula</li> <li><input type="checkbox"/> Acute Thrombosis</li> <li><input type="checkbox"/> Surgical repair of the vascular access site</li> <li><input type="checkbox"/> Other</li> </ul> <p><b>Amputation</b> Y / N</p> <p><b>RT LT</b></p> <p>Hip disarticulation</p> <p>AKA BKA Foot Metatarsal Digit</p> <p><b>Compartment Syndrome</b> Y / N</p>
<p><b>Outcomes Post Procedure</b> Y / N</p> <p><b>Death</b> Y / N</p> <ul style="list-style-type: none"> <li><input type="radio"/> Cardiovascular</li> <li><input type="radio"/> Hemorrhage</li> <li><input type="radio"/> Multi System Organ Failure</li> <li><input type="radio"/> Other (neuro, renal, liver, GI, CA)</li> <li><input type="radio"/> Unknown of death</li> </ul> <p><b>Comfort Care Implemented</b> Y / N</p> <p><b>Date</b> _____</p> <p><b>Stay in ICU</b> Y / N _____ #days</p> <p><b>Vasopressors Post-Op</b> Y / N</p> <p><b>Respiratory</b> Y / None</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ventilator (cont. after leaving OR)</li> <li><input type="checkbox"/> Reintubation (after initial extub)</li> </ul> <p><b>Myocardial Injury</b> Y / N <b>Date</b> _____</p> <ul style="list-style-type: none"> <li><input type="radio"/> Acute Myocardial Injury</li> <li><input type="radio"/> Type 2 Myocardial Infarction</li> <li><input type="radio"/> Type 1 NSTEMI</li> <li><input type="radio"/> STEMI</li> <li><input type="radio"/> ND</li> </ul> <p><b>Peak post-op troponin</b> Y / ND</p> <p><b>I</b> _____ <b>Units</b> _____ No</p> <p><b>T</b> _____ <b>Units</b> _____ No</p> <p><b>I HS</b> _____ <b>Units</b> _____ No</p> <p><b>T HS</b> _____ <b>Units</b> _____ No</p> <p><b>Dysrhythmia</b> Y / N <b>Date</b> _____</p> <p><b>CHF</b> Y / N <b>Date</b> _____</p> <p><b>TIA/Stroke</b> Y / N <b>Date</b> _____</p>	<p><b>Infection/Sepsis</b> Y / N <b>Date</b> _____</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Access site</li> <li><input type="checkbox"/> Central line/IV</li> <li><input type="checkbox"/> Blood</li> <li><input type="checkbox"/> Graft infection</li> <li><input type="checkbox"/> Pulmonary</li> <li><input type="checkbox"/> UTI</li> <li><input type="checkbox"/> Wound site</li> <li><input type="checkbox"/> Unknown</li> </ul> <p><b>New Requirement for Dialysis</b> Y / N <b>Date</b> _____</p> <p><b>Transfusion</b> Y / N <b>Date</b> _____</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> PRBC #Units _____ <ul style="list-style-type: none"> <li><input type="radio"/> Hgb prior to txf Y/N/ND</li> <li><input type="radio"/> Hgb value _____ mg/dL</li> <li><input type="radio"/> Symptomatic prior to txf Y/N <ul style="list-style-type: none"> <li><input type="checkbox"/> Angina</li> <li><input type="checkbox"/> Hypotension</li> <li><input type="checkbox"/> Tachycardia</li> <li><input type="checkbox"/> EKG Changes</li> <li><input type="checkbox"/> Shortness of Air</li> <li><input type="checkbox"/> Bleeding</li> <li><input type="checkbox"/> Cancer/Chronic Anemia</li> </ul> </li> </ul> </li> <li><input type="checkbox"/> Platelets</li> <li><input type="checkbox"/> FFP</li> <li><input type="checkbox"/> Other</li> </ul>	<p><b>Vascular Access Complications</b> Y / N</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Retroperitoneal hematoma</li> <li><input type="checkbox"/> Pseudo-aneurysm</li> <li><input type="checkbox"/> Hematoma at access site</li> <li><input type="checkbox"/> Bleeding at access site</li> <li><input type="checkbox"/> AV fistula</li> <li><input type="checkbox"/> Acute thrombosis</li> <li><input type="checkbox"/> Surgical repair of the vascular access site</li> <li><input type="checkbox"/> Other</li> </ul> <p><b>Compartment Syndrome</b> Y / N <b>Date</b> _____</p> <p><b>Embolus</b> Y / N <b>Date</b> _____</p> <ul style="list-style-type: none"> <li><input type="radio"/> Successful</li> <li><input type="radio"/> Unsuccessful</li> </ul> <p><b>Thrombus</b> Y / N <b>Date</b> _____</p> <p><b>Stent / Graft Thrombosis</b> Y / N <b>Date</b> _____</p> <ul style="list-style-type: none"> <li><input type="radio"/> Successful</li> <li><input type="radio"/> Unsuccessful</li> </ul> <p><b>Amputation</b> Y / N <b>Date</b> _____</p> <p><b>RT LT</b></p> <p>Hip Disarticulation</p> <p>AKA BKA Foot Metatarsal digit</p> <p><b>Return to OR</b> Y / N <b>Date</b> _____</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Bleeding</li> <li><input type="checkbox"/> Renal Ischemia</li> <li><input type="checkbox"/> Endoleak</li> <li><input type="checkbox"/> Infection</li> <li><input type="checkbox"/> Graft Revision</li> <li><input type="checkbox"/> Other</li> </ul> <p><b>Bowel Ischemia</b> Y / N <b>Date</b> _____</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Medical Treatment</li> <li><input type="checkbox"/> Surgical Treatment</li> </ul>
<p><b>Locations</b></p> <p><b>Vessel Location</b> _____</p> <p><b>Lesion Segment Area</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Proximal</li> <li><input type="radio"/> Mid</li> <li><input type="radio"/> Distal</li> <li><input type="radio"/> Diffuse</li> <li><input type="radio"/> ND</li> </ul>	<p><b>Vessel Location</b> _____</p> <p><b>Lesion Segment Area</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Proximal</li> <li><input type="radio"/> Mid</li> <li><input type="radio"/> Distal</li> <li><input type="radio"/> Diffuse</li> <li><input type="radio"/> ND</li> </ul>	<p><b>Vessel Location</b> _____</p> <p><b>Lesion Segment Area</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Proximal</li> <li><input type="radio"/> Mid</li> <li><input type="radio"/> Distal</li> <li><input type="radio"/> Diffuse</li> <li><input type="radio"/> ND</li> </ul>

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