

**Procedure Information**

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

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	_____
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	

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				

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

Labs Post Procedure

Peak Creatinine _____ mg/dl ND
 Nadir Hemoglobin _____ g/dl ND

Labs Other

Albumin _____ g/dl ND

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
 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



<p>Procedure Details</p> <p>Prior Family History of AAA Y / N</p> <p>Prior Aortic Surgery Y / N</p> <ul style="list-style-type: none"> o Year _____ o AAA (Infrarenal) o SAAA (Suprarenal) o Bypass o Other (Endarterectomy or Other) <p>Max AAA Dia _____m ND</p> <p>Iliac Aneurysm Y / N</p> <ul style="list-style-type: none"> o Unilateral o Bilateral o _____Mm <p>Aneurysm Location Y / N</p> <ul style="list-style-type: none"> o Infrarenal o Juxtarenal o Suprarenal o ND <p>Aneurysm Anatomy Y / N</p> <ul style="list-style-type: none"> o Fusiform o Saccular o Both o ND <p>Contained Rupture Y / N</p> <p>Infrarenal Neck Dia _____mm</p> <p>Infrarenal Neck Length _____mm</p> <p>Ruptured AAA Y* / N</p> <p>*Lowest Pre-Intub BP _____mmHg ND</p> <p>*Mental Status</p> <ul style="list-style-type: none"> o Normal (alert and oriented) o Disoriented to person, place or time o Unconscious <p>*Cardiac Arrest Y / N</p> <p>*Timeframe Sxs to Incision ____hrs ND</p> <p>Timeframe Admit to Incision ____hrs</p> <ul style="list-style-type: none"> o ND <p>Abdomen Explored Y / N</p> <p>Procedure Aborted Y / N</p> <p>Graft Body Diameter _____mm</p> <ul style="list-style-type: none"> o ND o Graft Not Utilized <p>RT Distal Seal Zone Dia _____mm / No</p> <p>LT Distal Seal Zone Dia _____mm / No</p> <p>Graft Type (Brand Name) _____</p> <ul style="list-style-type: none"> o Other o Graft Not Utilized <p>Graft Configuration</p> <ul style="list-style-type: none"> o Aorto-bi-iliac o Aorto-uni-iliac RT o Aorto-uni-iliac LT o Aorto-aortic o Fenestrated o Graft Not Utilized 	<p>Additional Graft Components Y / N</p> <ul style="list-style-type: none"> <input type="checkbox"/> Aortic Cuff <input type="checkbox"/> Aortic Screws <input type="checkbox"/> Rt Iliac branch device <ul style="list-style-type: none"> o Distal hypogastric dia _____mm ND o Distal external iliac dia _____mm ND <input type="checkbox"/> LT Iliac branch device <ul style="list-style-type: none"> o Distal hypogastric dia _____mm ND o Distal external iliac dia _____mm ND <input type="checkbox"/> Additional main body <input type="checkbox"/> Other <p>Renal Status Y / N / ND</p> <ul style="list-style-type: none"> <input type="checkbox"/> Patent, No Intervention <input type="checkbox"/> Chronically Occluded <input type="checkbox"/> Purposely Occluded <input type="checkbox"/> De-Branch / Bypass <input type="checkbox"/> Stent <input type="checkbox"/> Chimney <input type="checkbox"/> Fenestrated / scallop <input type="checkbox"/> Side Branch from Graft <input type="checkbox"/> Accessory Renal Artery Covered <p>Hypogastric Coiled / Plugged Y / N</p> <ul style="list-style-type: none"> o Coiled Pre-op o Coiled Intra-op o Unilateral o Bilateral <p>Hypogastric Intentionally covered Y / N / Graft Not Utilized</p> <ul style="list-style-type: none"> o Unilateral o Bilateral <p>Hypogastric Unintentionally covered Y / N / Graft Not Utilized</p> <ul style="list-style-type: none"> o Unilateral o Bilateral <p>Arterial Injury Y / N</p> <ul style="list-style-type: none"> o Femoral o Iliac o Renal o Aorta o Multiple <p>*Record intervention performed to resolve injury.</p> <ul style="list-style-type: none"> o Stent/PTA o Stent/Graft o Open Repair o ND <p>Intra-Op Revision Needed Y / N</p> <p>Endoleak at Completion Y / N</p> <ul style="list-style-type: none"> o Attachment site (Type I) o Branch (Type II) o Mid Graft (Type III) o Indeterminate 	<p>Closure for Groin Access</p> <ul style="list-style-type: none"> o Percutaneous Access <ul style="list-style-type: none"> <input type="checkbox"/> Manual <input type="checkbox"/> Perclose <input type="checkbox"/> Angioseal <input type="checkbox"/> Mynx <input type="checkbox"/> Starclose <input type="checkbox"/> Exoseal <input type="checkbox"/> Compression Device <input type="checkbox"/> Other VCD o Open Cutdown <ul style="list-style-type: none"> <input type="checkbox"/> Suture <ul style="list-style-type: none"> <input type="checkbox"/> Absorbable <input type="checkbox"/> Permanent <input type="checkbox"/> ND <input type="checkbox"/> Staples <input type="checkbox"/> Skin glue <input type="checkbox"/> Other <p>Additional Planned Procedures Y / N</p> <ul style="list-style-type: none"> <input type="checkbox"/> Femoral Endarterectomy <input type="checkbox"/> Thromboembolotomy <input type="checkbox"/> Other Arterial Reconstruction <p>Conversion to Open Y / N</p> <ul style="list-style-type: none"> o Unable to deploy appropriately o Endoleak <p>Anesthesia Type</p> <ul style="list-style-type: none"> o Local o Epidural o Regional o Spinal o General o Epidural + General o MAC <p>Antibiotics Pre Procedure Y / N</p> <ul style="list-style-type: none"> o Cefazolin <ul style="list-style-type: none"> o Redosed (Q4 hours) Y / N o Clindamycin <ul style="list-style-type: none"> o Redosed (Q6 hours) Y / N o On scheduled antibiotic o Other <p>Skin Prep</p> <ul style="list-style-type: none"> <input type="checkbox"/> Chlorhexidine <input type="checkbox"/> Alcohol <input type="checkbox"/> Iodine <input type="checkbox"/> Chlorhexidine + Iodine <input type="checkbox"/> Chlorhexidine + Alcohol <input type="checkbox"/> Iodine + Alcohol <p>C/I to Chlorhexidine & Alcohol Skin Prep Y / N</p> <p>Glucose Peak _____mg/dL ND</p> <p>Nadir Body Temp _____Celsius ND</p> <p>Crystalloids _____mL ND</p> <p>EBL _____mL ND</p> <p>ASA Class _____ Does not apply</p> <p>Fluoro time _____</p>
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Procedure Details (cont.) Air Kerma _____ ND <input type="radio"/> mGy <input type="radio"/> Gy KAP _____ 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	Contrast Types 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 ₂) <input type="checkbox"/> Unknown	Total IV Contrast Used _____ mL ND Total Heparin Dosage _____ units ND Peak Intra-Op ACT _____ Sec ND End of Procedure ACT _____ Sec ND
Outcomes During Procedure Y / N Death 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 Dissection (Not Repaired) Y / N Myocardial Infarction Y / N Cardiac Arrest Y / N Embolus Y / N <input type="radio"/> Successful <input type="radio"/> Unsuccessful Thrombus Y / N Stent/Graft Thrombosis Y / N <input type="radio"/> Successful <input type="radio"/> Unsuccessful	Vessel Perforation 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 TIA/Stroke Y / N Transfusion Y / N <input type="checkbox"/> PRBC #Units _____ <input type="checkbox"/> Platelets <input type="checkbox"/> FFP <input type="checkbox"/> Other	Vascular Access Complications Y / N <input type="checkbox"/> Retroperitoneal hematoma <input type="checkbox"/> Pseudo-aneurysm <input type="checkbox"/> Hematoma 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 Amputation Y / N LT RT Hip disarticulation AKA BKA Foot Metatarsal Digit Compartment Syndrome Y / N
Outcomes Post Procedure Y / N Death 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 Comfort Care Y / N Date _____ Stay in ICU Y / N _____ #days Vasopressors Post-Op Y / N Respiratory Y / No <input type="checkbox"/> Ventilator (cont. after leaving OR) <input type="checkbox"/> Reintubation (after initial extub) Myocardial Injury 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 Peak post-op troponin Y / ND I _____ Units _____ No T _____ Units _____ No I HS _____ Units _____ No T HS _____ Units _____ No Dysrhythmia Y / N Date _____	CHF Y / N Date _____ TIA/Stroke Y / N Date _____ Infection/Sepsis Y / N Date _____ <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 New Requirement for Dialysis Y / N Date _____ Transfusion Y / N <input type="checkbox"/> PRBC #Units _____ <input type="radio"/> Date _____ <input type="radio"/> Hgb prior to txf Y/N/ND <input type="radio"/> Hgb value _____ mg/dL <input type="radio"/> Symptomatic prior to txf 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"/> Platelets <input type="checkbox"/> FFP Other	Vascular Access Complications 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 Compartment Syndrome Y / N Date _____ Embolus Y / N Date _____ <input type="radio"/> Successful <input type="radio"/> Unsuccessful Thrombus Y / N Date _____ Stent / Graft Thrombosis Y / N Date _____ <input type="radio"/> Successful <input type="radio"/> Unsuccessful Amputation Y / N LT RT 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
(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

Vessel Location _____

Lesion Segment Area

- Proximal
- Mid
- Distal
- Diffuse
- ND

Vessel Location _____

Lesion Segment Area

- Proximal
- Mid
- Distal
- Diffuse
- ND

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 |
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| <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 | |

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

Bypass Graft Y / N

Type

- Synthetic
- Vein
- ND

Graft Origin _____

Graft Insertion _____

Lesion Length _____ mm

Heavy Calcium Y / N

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- Vein
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Graft Insertion _____

Lesion Length _____ mm

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In-stent restenosis Y / N

Thrombus Y / N

Pre/Post stenosis _____ / _____ %

Final balloon dia _____ mm

Stent Name _____

Stent Dia _____ mm

Stent Length _____ mm

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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- Surgical Cut down

Vessel Accessed

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Access Guidance Y / N

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- Ultrasound

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- Retrograde
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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 |
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- Antegrade
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|---|---|
| <input type="checkbox"/> Manual (No device) | <input type="checkbox"/> Exoseal |
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Sheath removal

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