



Procedure Information				
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				

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		
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

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 (CO₂)
- 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="checkbox"/> Cardiovascular <input type="checkbox"/> Hemorrhage <input type="checkbox"/> Multi System Organ Failure <input type="checkbox"/> Other (neuro, renal, liver, GI, CA) <input type="checkbox"/> Unknown Cause of Death Dissection (Not Repaired) Y / N Myocardial Infarction Y / N Cardiac Arrest Y / N Embolus Y / N <input type="checkbox"/> Successful <input type="checkbox"/> Unsuccessful Thrombus Y / N	Stent/Graft Thrombosis Y / N <input type="checkbox"/> Successful <input type="checkbox"/> Unsuccessful Vessel Perforation Y / No Treatment <input type="checkbox"/> 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="checkbox"/> 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"/> 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 Amputation Y / N RT LT Hip disarticulation AKA BKA Foot Metatarsal Digit Compartment Syndrome Y / N
Outcomes Post Procedure Y / N Death Y / N <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Hemorrhage <input type="checkbox"/> Multi System Organ Failure <input type="checkbox"/> Other (neuro, renal, liver, GI, CA) <input type="checkbox"/> Unknown of death Comfort Care Implemented Y / N Date _____ Stay in ICU Y / N _____ #days Vasopressors Post-Op Y / N Respiratory Y / None <input type="checkbox"/> Ventilator (cont. after leaving OR) <input type="checkbox"/> Reintubation (after initial extub) Myocardial Injury Y / N Date _____ <input type="checkbox"/> Acute Myocardial Injury <input type="checkbox"/> Type 2 Myocardial Infarction <input type="checkbox"/> Type 1 NSTEMI <input type="checkbox"/> STEMI <input type="checkbox"/> 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 Date _____ <input type="checkbox"/> PRBC #Units _____ <input type="checkbox"/> Hgb prior to txf Y/N/ND <input type="checkbox"/> Hgb value _____ mg/dL <input type="checkbox"/> 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 <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"/> 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="checkbox"/> Successful <input type="checkbox"/> Unsuccessful Thrombus Y / N Date _____ Stent / Graft Thrombosis Y / N Date _____ <input type="checkbox"/> Successful <input type="checkbox"/> Unsuccessful Amputation Y / N Date _____ RT LT Hip Disarticulation AKA BKA Foot Metatarsal digit Return to OR Y / N Date _____ <input type="checkbox"/> Bleeding <input type="checkbox"/> Renal Ischemia <input type="checkbox"/> Endoleak <input type="checkbox"/> Infection <input type="checkbox"/> Graft Revision <input type="checkbox"/> Other Bowel Ischemia Y / N Date _____ <input type="checkbox"/> Medical Treatment <input type="checkbox"/> Surgical Treatment
Locations Vessel Location _____ Lesion Segment Area <input type="checkbox"/> Proximal <input type="checkbox"/> Mid <input type="checkbox"/> Distal <input type="checkbox"/> Diffuse <input type="checkbox"/> ND	Vessel Location _____ Lesion Segment Area <input type="checkbox"/> Proximal <input type="checkbox"/> Mid <input type="checkbox"/> Distal <input type="checkbox"/> Diffuse <input type="checkbox"/> ND	Vessel Location _____ Lesion Segment Area <input type="checkbox"/> Proximal <input type="checkbox"/> Mid <input type="checkbox"/> Distal <input type="checkbox"/> Diffuse <input type="checkbox"/> 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 <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
Bypass Graft Y / N Type <input type="radio"/> Synthetic <input type="radio"/> Vein <input type="radio"/> 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 <input type="radio"/> Synthetic <input type="radio"/> Vein <input type="radio"/> 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 Stent Name _____ Stent Dia _____ mm Stent Length _____ mm	Bypass Graft Y / N Type <input type="radio"/> Synthetic <input type="radio"/> Vein <input type="radio"/> 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 Stent Name _____ Stent Dia _____ mm Stent Length _____ mm
Vascular Access Site _____ Vascular Access Type <input type="radio"/> Percutaneous <input type="radio"/> Surgical Cut down Vessel Accessed <input type="radio"/> Native Artery <input type="radio"/> Bypass Graft Access Guidance Y / N <input type="radio"/> Fluoroscopy <input type="radio"/> Ultrasound Access Approach <input type="radio"/> Antegrade <input type="radio"/> Retrograde <input type="radio"/> 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	Vascular Access Site _____ Vascular Access Type <input type="radio"/> Percutaneous <input type="radio"/> Surgical Cut down Vessel Accessed <input type="radio"/> Native Artery <input type="radio"/> Bypass Graft Access Guidance Y / N <input type="radio"/> Fluoroscopy <input type="radio"/> Ultrasound Access Approach <input type="radio"/> Antegrade <input type="radio"/> Retrograde <input type="radio"/> 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	Vascular Access Site _____ Vascular Access Type <input type="radio"/> Percutaneous <input type="radio"/> Surgical Cut down Vessel Accessed <input type="radio"/> Native Artery <input type="radio"/> Bypass Graft Access Guidance Y / N <input type="radio"/> Fluoroscopy <input type="radio"/> Ultrasound Access Approach <input type="radio"/> Antegrade <input type="radio"/> Retrograde <input type="radio"/> 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