



Procedure Information

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

Table with 10 columns for imaging studies (RT/ LT Pre-Procedure ABI, TBI, Toe Pressure, Duplex Ultrasound, CTA, MRI/MRA, Contrast Cineangiography, Cardiac Stress Test, Electrocardiogram, Chest X-ray) and medications (Aspirin, Clopidogrel, Prasugrel, Ticagrelor, IV Nitroglycerin, IV Heparin, Protamine, 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

Table with 4 columns: Infusions During Procedure, Pre, During, Post. Rows include Sodium Bicarb Infusion, Saline (<1 hr, 1-3 hrs, 3-6 hrs, >6 hrs), LR (<1 hr, 1-3 hrs, 3-6 hrs, >6 hrs), Other (<1 hr, 1-3 hrs, 3-6 hrs, >6 hrs), and Crystalloids (mL).

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"> <input type="radio"/> Year _____ <input type="radio"/> AAA (Infrarenal) <input type="radio"/> SAAA (Suprarenal) <input type="radio"/> Bypass <input type="radio"/> Other (Endarterectomy or Other) <p>Max AAA Dia _____m ND</p> <p>Iliac Aneurysm Y / N</p> <ul style="list-style-type: none"> <input type="radio"/> Unilateral <input type="radio"/> Bilateral <input type="radio"/> _____Mm <p>Aneurysm Location Y / N</p> <ul style="list-style-type: none"> <input type="radio"/> Infrarenal <input type="radio"/> Juxtarenal <input type="radio"/> Suprarenal <input type="radio"/> ND <p>Aneurysm Anatomy Y / N</p> <ul style="list-style-type: none"> <input type="radio"/> Fusiform <input type="radio"/> Saccular <input type="radio"/> Both <input type="radio"/> 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"> <input type="radio"/> Normal (alert and oriented) <input type="radio"/> Disoriented to person, place or time <input type="radio"/> 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"> <input type="radio"/> 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"> <input type="radio"/> ND <input type="radio"/> 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"> <input type="radio"/> Other <input type="radio"/> Graft Not Utilized <p>Graft Configuration</p> <ul style="list-style-type: none"> <input type="radio"/> Aorto-bi-iliac <input type="radio"/> Aorto-uni-iliac RT <input type="radio"/> Aorto-uni-iliac LT <input type="radio"/> Aorto-aortic <input type="radio"/> Fenestrated <input type="radio"/> 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"> <input type="radio"/> Distal hypogastric dia _____mm ND <input type="radio"/> Distal external iliac dia _____mm ND <input type="checkbox"/> LT Iliac branch device <ul style="list-style-type: none"> <input type="radio"/> Distal hypogastric dia _____mm ND <input type="radio"/> 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"> <input type="radio"/> Coiled Pre-op <input type="radio"/> Coiled Intra-op <input type="radio"/> Unilateral <input type="radio"/> Bilateral <p>Hypogastric Intentionally covered Y / N / Graft Not Utilized</p> <ul style="list-style-type: none"> <input type="radio"/> Unilateral <input type="radio"/> Bilateral <p>Hypogastric Unintentionally covered Y / N / Graft Not Utilized</p> <ul style="list-style-type: none"> <input type="radio"/> Unilateral <input type="radio"/> Bilateral <p>Arterial Injury Y / N</p> <ul style="list-style-type: none"> <input type="radio"/> Femoral <input type="radio"/> Iliac <input type="radio"/> Renal <input type="radio"/> Aorta <input type="radio"/> Multiple <p>*Record intervention performed to resolve injury.</p> <ul style="list-style-type: none"> <input type="radio"/> Stent/PTA <input type="radio"/> Stent/Graft <input type="radio"/> Open Repair <input type="radio"/> ND <p>Intra-Op Revision Needed Y / N</p> <p>Endoleak at Completion Y / N</p> <ul style="list-style-type: none"> <input type="radio"/> Attachment site (Type I) <input type="radio"/> Branch (Type II) <input type="radio"/> Mid Graft (Type III) <input type="radio"/> Indeterminate 	<p>Closure for Groin Access</p> <p>o Percutaneous Access</p> <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 <p>o Open Cutdown</p> <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>Initial Placement of Wound Vac in OR</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <ul style="list-style-type: none"> <input type="radio"/> Incisional Wound Vac <input type="radio"/> Traditional Wound Vac <input type="radio"/> No <p>Additional Planned Procedures Y / N</p> <ul style="list-style-type: none"> <input type="checkbox"/> Femoral Endarterectomy <input type="checkbox"/> Thromboembolctomy <input type="checkbox"/> Other Arterial Reconstruction <p>Conversion to Open Y / N</p> <ul style="list-style-type: none"> <input type="radio"/> Unable to deploy appropriately <input type="radio"/> Endoleak <p>Anesthesia Type</p> <ul style="list-style-type: none"> <input type="radio"/> Local <input type="radio"/> Epidural <input type="radio"/> Regional <input type="radio"/> Spinal <input type="radio"/> General <input type="radio"/> Epidural + General <input type="radio"/> MAC <p>Antibiotics Pre Procedure Y / N</p> <ul style="list-style-type: none"> <input type="radio"/> Cefazolin <ul style="list-style-type: none"> <input type="radio"/> Redosed (Q4 hours) Y / N <input type="radio"/> Clindamycin <ul style="list-style-type: none"> <input type="radio"/> Redosed (Q6 hours) Y / N <input type="radio"/> On scheduled antibiotic <input type="radio"/> 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>EBL _____mL ND</p>
--	---	--

Procedure Details (cont.) ASA Class _____ Does not apply Fluoro time _____ Air Kerma _____ ND ○ mGy ○ Gy KAP _____ ND ○ Gy.cm2 ○ dGy.cm2 ○ cGy.cm2 ○ mGy.cm2 ○ 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 Peak Intra-Op ACT _____ Sec ND End of Procedure ACT _____ Sec ND
Outcomes During Procedure Y / N Death Y / N ○ Cardiovascular ○ Hemorrhage ○ Multi System Organ Failure ○ Other (neuro, renal, liver, GI, CA) ○ 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	Vessel Perforation Y / No Tx ○ 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 ○ 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 LT RT Hip disarticulation AKA BKA Foot Metatarsal Digit Compartment Syndrome Y / N
Outcomes Post Procedure Y / N Death Y / N ○ Cardiovascular ○ Hemorrhage ○ Multi System Organ Failure ○ Other (neuro, renal, liver, GI, CA) ○ 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 _____ ○ Acute Myocardial Injury ○ Type 2 Myocardial Infarction ○ Type 1 NSTEMI ○ STEMI ○ 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 Req for Dialysis Y / N Date _____ Transfusion Y / N <input type="checkbox"/> PRBC #Units _____ ○ Date _____ ○ Hgb prior to txf Y/N/ND ○ Hgb value _____ mg/dL ○ 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 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 _____ ○ Successful ○ Unsuccessful Thrombus Y / N Date _____ Stent / Graft Thrombosis Y / N Date _____ ○ Successful ○ 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 |
| <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

- 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

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

- 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

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

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

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"/> Angio seal | <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