



Open Abdominal Aneurysm Repair (OAAA) Worksheet

Procedure Information

Procedure # _____ **Physician Name** _____ **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** _____

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

Aspirin (PRE) Procedure G NG C/I

Clopidogrel (Plavix) (PRE) Procedure G NG C/I

Prasugrel (Effient) (PRE) Procedure G NG C/I

Ticagrelor (Brilinta) (PRE) Procedure G NG C/I

IV Nitroglycerin (DURING) Procedure G NG

IV Heparin/Unfractionated Heparin Pre During Post NG

Total Heparin Dosage (units) ND

Protamine (DURING) Procedure G NG

Thrombolytics Pre During Post NG

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			
Crystalloids (mL)	ND		

Indications

Asymptomatic Y / N

Abdominal / Back Pain Y / N

Rapidly Increasing Aneurysm Dia 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

- ☐ Infrarenal
- ☐ Juxtarenal
- ☐ Suprarenal
- ☐ ND

Aneurysm Anatomy

- ☐ 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

Initial Wound Vac Placement in OR

- ☐ Yes
 - ☐ Incisional Wound Vac
 - ☐ Traditional Wound Vac
- ☐ No

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

- ☐ 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

EBL _____mL ND

ASA Class _____ Does not apply

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 Treatment

- ☐ Successful
 - ☐ Balloon
 - ☐ Covered Stent
 - ☐ Bare Metal Stent
 - ☐ External Compression
 - ☐ Reversal of Anticoagulation
- ☐ Unsuccessful

TIA/Stroke Y / N

Transfusion Y / N

- ☐ PRBC #Units _____
- ☐ Platelets
- ☐ FFP
- ☐ Other

Vascular Access Complications Y / N

- ☐ Retroperitoneal hematoma
- ☐ Pseudo-aneurysm
- ☐ Hematoma at access site
- ☐ Bleeding at access site
- ☐ AV fistula
- ☐ Acute Thrombosis
- ☐ Surgical repair of the vascular access site
- ☐ 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

- ☐ Cardiovascular
- ☐ Hemorrhage
- ☐ Multi System Organ Failure
- ☐ Other (neuro, renal, liver, GI, CA)
- ☐ Unknown of death

Comfort Care Implemented Y / N

Date _____

Stay in ICU Y / N _____ #days

Vasopressors Post-Op Y / N

Respiratory Y / None

- ☐ Ventilator (cont. after leaving OR)
- ☐ 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 _____

- ☐ Access site
- ☐ Central line/IV
- ☐ Blood
- ☐ Graft infection
- ☐ Pulmonary
- ☐ UTI
- ☐ Wound site
- ☐ Unknown

New Requirement for Dialysis Y / N

Date _____

Transfusion Y / N Date _____

- ☐ PRBC #Units _____
 - ☐ Hgb prior to txf Y/N/ND
 - ☐ Hgb value _____ mg/dL
 - ☐ Symptomatic prior to txf Y/N
 - ☐ Angina
 - ☐ Hypotension
 - ☐ Tachycardia
 - ☐ EKG Changes
 - ☐ Shortness of Air
 - ☐ Bleeding
 - ☐ Cancer/Chronic Anemia

☐ Platelets

☐ FFP

☐ Other

Vascular Access Complications Y / N

- ☐ Retroperitoneal hematoma
- ☐ Pseudo-aneurysm
- ☐ Hematoma at access site
- ☐ Bleeding at access site
- ☐ AV fistula
- ☐ Acute thrombosis
- ☐ Surgical repair of the vascular access site
- ☐ Other

Return to OR Y / N

☐ Amputation

- ☐ Date _____
- ☐ Planned
- ☐ Unplanned
- ☐ Amputation Point _____

☐ Bleeding

- ☐ Date _____

☐ Compartment Syndrome

- ☐ Date _____

☐ Embolus

- ☐ Date _____
- ☐ Successful
- ☐ Unsuccessful

☐ Endoleak

- ☐ Date _____

☐ Graft Revision

- ☐ Date _____

☐ Infection

- ☐ Date _____

☐ Other

- ☐ Date _____

☐ Renal Ischemia

- ☐ Date _____

☐ Stent/Graft Thrombosis

- ☐ Date _____
- ☐ Successful
- ☐ Unsuccessful

☐ Thrombus

- ☐ Date _____
- ☐ Successful
- ☐ Unsuccessful

Bowel Ischemia Y / N Date _____

- ☐ Medical Treatment
- ☐ Surgical Treatment

Locations

Vessel Location _____

Lesion Segment Area

- ☐ Proximal
- ☐ Mid
- ☐ Distal
- ☐ Diffuse
- ☐ ND

PVI Procedure Performed

- | | |
|-------------------------------------|--------------------------------------|
| ☐ Asp-Ather | ☐ Lys |
| ☐ M-Throm | ☐ ND |
| ☐ BA | ☐ NW |
| ☐ Cryo-B | ☐ Oth-Ather |
| ☐ CTO Device | ☐ Open Endart |
| ☐ CB | ☐ Open Thromb |
| ☐ D-Ather | ☐ R-Ather |
| ☐ DPD-B | ☐ Re-Ent-Cath |
| ☐ DPD-F | ☐ Research |
| ☐ DCB | ☐ S-BA |
| ☐ FW | ☐ Stent |
| ☐ Inf-Cath | ☐ Thromb-Asp |
| ☐ IVUS | ☐ Vasc Emb |
| ☐ L-Ather | |

Vessel Location _____

Lesion Segment Area

- ☐ Proximal
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| ☐ Inf-Cath | ☐ Thromb-Asp |
| ☐ IVUS | ☐ Vasc Emb |
| ☐ 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 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

- ☐ Manual (No device) ☐ Exoseal

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- ☐ Ultrasound

Access Approach

- ☐ Antegrade
- ☐ Retrograde
- ☐ Both

Sheath Size _____FR

Sheath Removed Y / N

- ☐ Manual (No device) ☐ Exoseal



☐ Perclose	☐ Compression Device	☐ Perclose	☐ Compression Device	☐ Perclose	☐ Compression
☐ Angioseal	☐ Boomerang	☐ Angioseal	☐ Boomerang	☐ Device	☐ Boomerang
☐ Mynx	☐ Hemostatic Patch	☐ Mynx	☐ Hemostatic Patch	☐ Angioseal	☐ Hemostatic Patch
☐ Starclose	☐ FISH	☐ Starclose	☐ FISH	☐ Mynx	☐ FISH
☐ Surgical	☐ Vascade	☐ Surgical	☐ Vascade	☐ Starclose	☐ Vascade
Sheath removal		Sheath removal		Sheath removal	
0-3 hours	3-24 hours	>24 hours	0-3 hours	3-24 hours	>24 hours
				0-3 hours	3-24 hours
					>24 hours