

## AVA DATA ENTRY SHEETS –AV FISTULA SURGERY

(\*=Obligatory data entry)

Patient ID Label or

\*UR.....

\*Surname.....

\*First Name.....

\*DOB.....

\*Gender.....

\*Insurance status.....

\*Hospital .....

\*ID No. of Consultant .....

\*Surgeon (Consultant; Trainee -Fellow1 / 2; Registrar 1 / 2 / 3 / 4)

\*Assistant (Consultant; Trainee- Fellow1 / 2; Reg 1 / 2 / 3 / 4; HMO)

\*Date of Admission .....

\*Readmission < 30days? Y / N

\*Date of Operation.....

\*Name of Operation...AV Fistula.....

Item No's).....

**\*Risk Factors:**

\*IHD - Yes / No

\*Diabetes - Yes / No

\*Hypertension - Yes / No

\*Smoking – Current(<2 weeks) / Ex / Non

\*Creat > 150 mMol/L - Yes / No

\*Patient Type: Renal failure

\*Anaesthetic: General / Regional / Local / Sedation    \*ASA status: 1 / 2 / 3 / 4 / 5

\*Indications for Operation: Dialysis access

**\*Operation:**

Hickm/PermC in	AV Fistula-autog	Patch only	Thrombectomy(clot/ tumor)
R/O Hickm/PermC	AV Fistula-prosth	Endart only	Thrombect. & patch
.	Superficialize AVF	Endart + patch	
	DRIL	Thrombectomy(clot/ tumor)	
	AVF banding	Thrombect. & patch	

\*Side: Right / Left

\*Patch/Conduit: GSV reversed / GSV non reversed / Arm vein / PTFE / Dacron / Polyurethane(Braun) /  
Vein(other) / Prosthetic(other) / Omniflow

**\*Operative site:**

Brachiocephalic	Brachio brachial
Brachio basilic	Thigh loop
Radiocephalic	Ax-ax AVF
Ulnobasilic	Brachio-axil AVF
Ulnocephalic	Radiobasilic

\*Operation status: \*Elective / Emergency / Semiurgent ..... \*Primary op / Redo op

\*Unplanned return to theatre : Y / N

**COMMENT:**

**Staple BOTH sheets before submitting**

Patient ID Label <u>or</u>  *UR..... *Surname..... *First Name..... *DOB..... *Hospital.....
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**DISCHARGE DATA – AV Fistulae**

\*Date of Discharge.....  
 \* Readmit < 30 days Y/N

\*Complications(circle one): No complication / Specific to Op / General / Specific & General

<u>Specific Complications</u>	
<b>If failed arterial repair</b>	AV Fistula-occluded AV Fistula-steal
<b>Haemorrhage Req. re-operation</b>	Reactionary Secondary(infection)
<b>Wound Complication</b>	Wound Infection(pus) Breakdown Graft infection
<b>If Death :</b> Related directly to Rx Related indirectly to Rx Unrelated	

<u>General Complications</u>	
<b>CVS:</b>	AMI ( <i>incl non STEMI</i> ) Myoc. Ischemia Arrythmia CCF Cardiogenic shock
<b>Resp:</b>	Pneumonia Resp failure Aspiration Pneumothorax Atelectasis Pleural effusion only Pulmonary embolus DVT no PE
<b>Renal:</b>	UTI Renal impairment Renal failure Retention
<b>GIT:</b>	Ileus Obstruction Bowel infarction GI Bleed Hepatitis/hepatic failure
<b>CNS:</b>	Acute brain syndrome Acute brain syndrome Minor CVA(NOT after CEA) Major CVA(NOT after CEA) TIA(NOT after CEA)

**Final diagnosis/comment:**

## AVA DATA ENTRY SHEETS - Carotid Stent

(\*=Obligatory data entry)

Patient ID Label <u>or</u>
*UR.....
*Surname.....
*First Name.....
*DOB.....
*Gender.....
*Insurance status.....

\*Hospital .....

\*ID No. of Consultant .....

\*Surgeon (Consultant; Radiologist; Trainee –Fellow 1 / 2;  
Registrar 1 / 2 / 3 / 4)

\*Assistant (Consultant; Radiologist; Trainee- Fellow 1 / 2;  
Registrar 1 / 2 / 3 / 4)

\*Date of Admission .....

\*Readmission < 30 days? Y / N

\*Date of Operation.....

\*Name of Operation...Carotid Stent.....

Item No's).....

### \*Risk Factors:

\*IHD - Yes / No

\*Diabetes - Yes / No

\*Hypertension - Yes / No

\*Smoking – Current(<2 weeks) / Ex / Non

\*Creat > 150 mMol/L - Yes / No

\*Patient Type: (Arterial)

\*(If Arterial, type): (Carotid)

\*Anaesthetic: General / Regional / Local / Sedation    \*ASA status: 1 / 2 / 3 / 4 / 5

### \*Indications for Operation:

Asymptomatic (Carotid / graft stenosis)	Amaurosis TIA Stroke	Retinal ischemia
-----------------------------------------------	----------------------------	------------------

### \*Operation:

PTA  
Stent(incl covered)

\*Side: Right / Left

\*Patch/Conduit: Stent / Stent graft

\*If Carotid: \*Contralat status – Patent / Occluded ;

\*% Stenosis - 0-15 / 16-49 / 50-59 / 60-69 / 70-79 / 80-99 / String sign / Thrombosed postop

\*Time betw 1<sup>st</sup> symptom and surgery: < 48 hours / 3-7 days / 8-14 days / > 2 weeks / Asymptomatic

\*Operative site: Carotid-stent

\*Operation status: \*Elective / Emergency / Semiurgent ..... \*Primary op / Redo op

\*Unplanned return to theatre : Y / N

Comments:

**Staple ALL 3 sheets before submitting**

Patient ID Label <u>or</u>
*UR.....
*Surname.....
*First Name.....
*DOB.....
*Hospital.....

**CAROTID STENT DATA**

\***Aortic Arch type:** 1, 2, 3

\***Access Vessel:** R Femoral; L Femoral; Bilateral Femoral; Bilat Femoral & Brachial; R Brachial; L Brachial; R Carotid; L Carotid

\***Access technique:** Percutaneous without closure device/Percutan. with closure device / Open

\***Access Catheter:** Long sheath; Short sheath with guiding catheter

\***Cerebral Protection Device:** Flow reversal(Parodi); Angioguard; Filterwire EX; Neuroshield; Trap; Guardwire Plus; Accunet; Emboshield; Nav 6; SpiderFX; None

\***Stent type:** Smart / Precise / Xact / Wallstent / Acculink / ADAPT / ProtegeRX / Cristallo / Tapered / Angioplasty only / Casper / Covered stent / CGuard

\***Stent diameter(mm):** .....

\***Stent length(cm):** .....

\***Postdilatation:** Y / N

**Comment:** .....

\***Procedural Complications:** (more than 1 can be selected) - *No complications?* (tick box)

<i>Complication Group</i>	<i>Complication Name</i>
Access vessel	Pseudoaneurysm;Haemorrhage;Haematoma;Dissection
Target vessel	Access failure;Dissection;Occlusion;Access failure;Perforation
Distal vessel	Thromboembolism; perforation
Device/Stent	Device malposition;Device failure
Neurologic	TIA;Stroke
Systemic	Contrast allergy;AMI(incl non-STEMI);Arrythmia;Myocardial ischaemia

Patient ID Label or

\*UR.....  
\*Surname.....  
\*First Name.....  
\*DOB.....  
\*Hospital.....

**DISCHARGE DATA - Carotid Stent**

\*Date of Discharge.....  
\* Readmit < 30 days Y/N

\***Complications(circle one):** No complication / Specific to Op / General / Specific & General

<b><u>Specific Complications</u></b>	
<b>If failed arterial repair</b>	Stroke major(post CEA/stent) Stroke minor(post CEA/stent) TIA(post CEA/stent) Hyperperfusion/bleed(CEA/CAS)
<b>Haemorrhage Req. re-operation</b>	Reactionary Secondary(infection)
<b>Wound Complication</b>	Wound Infection(pus) Breakdown Lymph fistula
<b>If Death :</b> Related directly to Rx Related indirectly to Rx Unrelated	

<b><u>General Complications</u></b>	
<b><u>CVS:</u></b>	AMI ( <i>incl non STEMI</i> ) Myoc. Ischemia Arrythmia CCF Cardiogenic shock
<b>Resp:</b>	Pneumonia Resp failure Aspiration Pneumothorax Atelectasis Pleural effusion only Pulmonary embolus DVT without PE
<b>Renal:</b>	UTI Renal impairment Renal failure Retention
<b>GIT:</b>	Ileus Obstruction Bowel infarction GI Bleed Hepatitis/hepatic failure
<b>CNS:</b>	Acute brain syndrome Cranial n trauma

**Final diagnosis/comment:**

## AVA DATA ENTRY SHEETS - Carotid Endarterectomy

(\*=Obligatory data entry)

Patient ID Label or

\*UR.....  
\*Surname.....  
\*First Name.....  
\*DOB.....  
\*Gender.....  
\*Insurance status.....

\*Hospital .....  
\*ID No. of Consultant .....  
\*Surgeon (Consultant; Trainee -Fellow1 / 2; Registrar 1 / 2 / 3 / 4)  
\*Assistant (Consultant; Trainee- Fellow1 / 2; Reg 1 / 2 / 3 / 4; HMO)  
\*Date of Admission .....  
\*Readmission < 30 days? Y / N  
\*Date of Operation.....  
\*Name of Operation...Carotid Endarterectomy....  
Item No's).....

### \*Risk Factors:

\*IHD - Yes / No

\*Diabetes - Yes / No

\*Hypertension - Yes / No

\*Smoking – Current(<2 weeks) / Ex / Non

\*Creat > 150 mMol/L - Yes / No

\*Patient Type: (Arterial)

\*(If Arterial, type): (Carotid)

\*Anaesthetic: General / Regional / Local / Sedation \*ASA status: 1 / 2 / 3 / 4 / 5

### \*Indications for Operation:

Asymptomatic (Carotid / graft stenosis)	Amaurosis TIA Stroke	Retinal ischemia
--------------------------------------------	----------------------------	------------------

### \*Operation:

Endart only  
Endart + patch  
Endart +re / transection

\*Side: Right / Left

\*Patch/Conduit: GSV reversed / GSV non reversed / Arm vein / Neck vein / ECA / Homograft / PTFE /  
Dacron / Polyurethane(Braun) / Vein(other) / Prosthetic(other) / Pericardium

\*If Carotid: \*Shunted – Y / N ; \*Eversion endarterectomy – Y / N ; \*Contralat status – Patent / Occluded ;  
\*% Stenosis - 0-15 / 16-49 / 50-59 / 60-69 / 70-79 / 80-99 / String sign / Thrombosed postop; \*Time  
betw 1<sup>st</sup> symptom and surgery: < 48 hours / 3-7 days / 8-14 days / > 2 weeks / Asymptomatic

\*Operative site: Carotid

\*Operation status: \*Elective / Emergency / Semiurgent ..... \*Primary op / Redo op

\*Unplanned return to theatre : Y / N

COMMENT:

**Staple BOTH sheets before submitting**

Patient ID Label <u>or</u>
*UR.....
*Surname.....
*First Name.....
*DOB.....
*Hospital.....

**DISCHARGE DATA - Carotid Endarterectomy**

\*Date of Discharge.....  
 \* Readmit < 30 days Y/N

\*Complications(circle one): No complication / Specific to Op / General / Specific & General

<u>Specific Complications</u>	
<b>If failed arterial repair</b>	Stroke major(post CEA/stent) Stroke minor(post CEA/stent) TIA(post CEA/stent) Hyperperfusion/bleed(CEA/CAS)
<b>Haemorrhage Req. re-operation</b>	Reactionary Secondary(infection)
<b>Wound Complication</b>	Wound Infection(pus) Breakdown Lymph fistula
<b>If Death :</b> Related directly to Rx Related indirectly to Rx Unrelated	

<u>General Complications</u>	
<b><u>CVS:</u></b>	AMI ( <i>incl non STEMI</i> ) Myoc. Ischemia Arrythmia CCF Cardiogenic shock
<b>Resp:</b>	Pneumonia Resp failure Aspiration Pneumothorax Atelectasis Pleural effusion only Pulmonary embolus DVT without PE
<b>Renal:</b>	UTI Renal impairment Renal failure Retention
<b>GIT:</b>	Ileus Obstruction Bowel infarction GI Bleed Hepatitis/hepatic failure
<b>CNS:</b>	Acute brain syndrome Cranial n trauma

**Final diagnosis/comment:**

## PTA/Stent for PAD-data entry sheet

(\*=Obligatory data entry)

Patient ID Label or

\*UR.....  
\*Surname.....  
\*First Name.....  
\*DOB.....  
\*Gender.....  
\*Insurance status.....

\*Hospital .....  
\*ID No. of Consultant .....  
\*Surgeon (Cons; Trainee -Fellow1 / 2; Registrar 1 / 2 / 3 / 4  
Assistant (Cons; Trainee- Fellow1 / 2; Reg 1 / 2 / 3 / 4 / HMO)  
\*Date of Admission .....  
\*Readmission < 30 days? Y / N  
\*Date of Operation.....  
\*Name of Operation...Endovascular intervention for PAD.....  
Item No's).....

**\*Risk Factors:**

\*IHD - Yes / No  
\*Diabetes - Yes / No  
\*Hypertension - Yes / No  
\*Smoking – Current(<2 weeks) / Ex / Non  
\*Creat > 150 mMol/L - Yes / No / On dialysis

**\*Patient Type:** Arterial

**\*Anaesthetic:** General / Regional / Local / Sedation    **\*ASA status:** 1 / 2 / 3 / 4 / 5

**\*Indications for Operation:** Acute ischaemia, Claudication, Rest pain, Ulcer/gangrene(arterial)

**\*Operation:** PTA / Stent incl covered

**\*Side:** Right / Left

**\*Patch/Conduit:**

**\*Operative site:**

> 1 vessel (endol)	Peroneal	Tibioperoneal
Ant tibial	Popliteal	Vein graft
Aorta (not AAA)	Post Tib	
CFA	Prev prosthetic/stent graft	
CIA	Profunda	
EIA	SFA	

**\*Operation status:** \*Elective / Emergency / Semiurgent ..... \*Primary op / Redo op

**\*Unplanned return to theatre :** Y / N



Patient ID Label or

\*UR.....  
\*Surname.....  
\*First Name.....  
\*DOB.....  
\*Gender.....  
\*Insurance status.....

**COMMENT:**

**\*Arterial type:** Acute limb / Chronic limb

**\*Endoluminal Procedure:** General Endovascular

**\*Access Site:** R Femoral / L Femoral / Bilateral Femoral / R Brachial / L Brachial / Femoral & Brachial / Popliteal / DP / PT / Radial / AV Fistula / Axillary / Jugular / Carotid / AVM / (Bypass) graft / AAA sac / Fem & Pedal/Tibial

**\*Access technique:** Percutaneous arterial without closure device/ Percutan. arterial with closure device / Percutaneous venous / Open / Direct puncture (AVM)

**Direction:** Antegrade / Retrograde / Direct puncture

**Associated Procedure:** Bypass / Minor amputation / Debridement / Endart +/- patch / Intraluminal occlusion(coils) / Snare Foreign body / Thrombin injection / Amplatzer +/- coils / Glue / Onyx / PVA / Gelfoam / Alcohol / Atherectomy / Renal denervation / Pressure measurement / Thrombus retrieval / IVUS / AV Fistula / Endoanchor

**\*Site (PTA, Stent, Stent graft):** Common Carotid / Vertebral;Subclavian / Axillary / Innominate / Thoracoabdominal / Thoracic aorta / Coeliac / SMA / IMA / Renal a / Infrarenal aorta / CIA / Bilateral CIA / IIA / EIA / Bilat EIA / CIA and EIA / Bilat CIA and EIA / Iliac & contralateral SFA / Contralateral Iliac & SFA / CFA / PFA / SFA / Popliteal / SFA and Popliteal / SFA,Pop and crural /Tibioperoneal / Ant tib / Post tib / Peroneal / DP / PT-pedal / Plantar;Bypass graft / Stent graft / AV Fistula / SVC / IVC / Jugular / Renal v / Brachiocephalic v / Iliac v / Popliteal v / Instent stenosis(Renal/Iliac/Carotid/Fem,pop/Crural)

**PTA- \*Technique:** Intraluminal, Cutting balloon, Subintimal angioplasty, SAFARI, intraluminal drug-coated, subintimal drug-coated

**Balloon diam (mm):**.....

**Stent- \*Type:** Balloon expandable, Self-expanding, Balloon and self-expanding, Drug eluting (BE/SE), Covered

**Stent diam(mm):**..... **Stent length(cm):**.....

**Stent graft- \*Type:** Abbott, Hemobahn, Viabahn, Atrium, Gore, Cook, Medtronic, Bard, Vascutek, Bentley BeGraft

**Stent graft diam(mm):**.....**Stent graft length(cm):**.....

Patient ID Label or

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\*Hospital.....

**Endovascular Complications:**

No complications? (Tick box)

<i>Complication Group</i>	<i>Complication Name</i>
Access vessel	Pseudoaneurysm; Haemorrhage; Haematoma; Access failure; Dissection
Target vessel	Access failure; Dissection; Occlusion; Perforation
Distal vessel	Thromboembolism
Device/Stent	Endoleak type 1; type 2; type 3; Device malposition; Device failure
Neurologic	TIA; Stroke; Paraplegia
Visceral	Ischaemic gut
Systemic	Contrast allergy; AMI (incl non-STEMI); Arrhythmia; Myocardial ischaemia; Renal impairment; Pulmonary embolism; Skin necrosis

**Staple all 4 sheets before submitting**

Patient ID Label <u>or</u>
*UR.....
*Surname.....
*First Name.....
*DOB.....
*Hospital.....

**DISCHARGE DATA – AV Fistulae**

\*Date of Discharge.....  
\* Readmit < 30 days Y/N

\***Complications(circle one):** No complication / Specific to Op / General / Specific & General

<b><u>Specific Complications</u></b>	
<b>If failed arterial repair</b>	AV Fistula-occluded AV Fistula-steal
<b>Haemorrhage Req. re-operation</b>	Reactionary Secondary(infection)
<b>Wound Complication</b>	Wound Infection(pus) Breakdown Graft infection
<b>If Death :</b> Related directly to Rx Related indirectly to Rx Unrelated	

<b><u>General Complications</u></b>	
<b>CVS:</b>	AMI incl non STEMI  Myoc. Ischemia Arrhythmia CCF Cardiogenic shock
<b>Resp:</b>	Pneumonia Resp failure Aspiration Pneumothorax Atelectasis Pleural effusion only Pulmonary embolus DVT no PE
<b>Renal:</b>	UTI Renal impairment Renal failure Retention
<b>GIT:</b>	Ileus Obstruction Bowel infarction GI Bleed Hepatitis/hepatic failure
<b>CNS:</b>	Acute brain syndrome Acute brain syndrome Minor CVA(NOT after CEA) Major CVA(NOT after CEA) TIA(NOT after CEA)

**Final diagnosis/comment:**

# AVA DATA ENTRY SHEETS – EVAR

(\*=**Obligatory data entry**)

Patient ID Label <u>or</u>
*UR.....
*Surname.....
*First Name.....
*DOB.....
*Gender.....
*Insurance status.....

\*Hospital .....

\*ID No. of Consultant .....

\*Surgeon (Consultant; Radiologist; Trainee –Fellow 1 / 2;  
Registrar 1 / 2 / 3 / 4)

\*Assistant (Consultant; Radiologist; Trainee- Fellow 1 / 2;  
Registrar 1 / 2 / 3 / 4)

\*Date of Admission .....

\*Readmission < 30 days? Y / N

\*Date of Operation.....

\*Name of Operation...EVAR.....

Item No's).....

**Risk Factors:**

\*IHD - Yes / No

\*Diabetes - Yes / No

\*Hypertension - Yes / No

\*Smoking – Current(<2 weeks) / Ex / Non

\*Creat > 150 mMol/L - Yes / No

\*Patient Type: (Arterial)

\*If Arterial, type): (Aneurysm)

\*Anaesthetic: General / Regional / Local / Sedation    \*ASA status: 1 / 2 / 3 / 4 / 5

**Indications for Operation:**

Dissection	Graft sepsis
Aneurysm-elective	Aortoenter. fist.-prim
Aneurysm-rupt	Aortoenter. fist.-sec
Aneurysm-occl	Endoleak
Aneurysm-pain	
Aneurysm-mycotic	

**Operation:**

(Stent graft)

\*Side: Right / Left / Bilateral / Midline

\*Patch/Conduit: (Stent graft)

\*If AAA: Max diameter (mm) .....

\*Operative site: Aortic tube-endoluminal  
Aortoiliac-endoluminal  
common iliac a

\*Operation status: \*Elective / Emergency / Semiurgent ..... \*Primary op / Redo op

\*Unplanned return to theatre : Y / N

**Comments:**

Patient ID Label or

- \*UR.....
- \*Surname.....
- \*First Name.....
- \*DOB.....
- \*Hospital.....

**Staple ALL 3 sheets before submitting**

**\*Site of Disease:**

Aorta / Aortoiliac

If Iliac, Right : CIA / IIA / CIA & IIA    Iliac Left : CIA / IIA / CIA & IIA

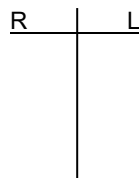
**Device Details:**

**\*Configuration-** Tube / Bifurcated / Bifurcated-bifurc(+/-IBD) / Scalloped / Branched Endograft R Iliac / Branched Endograft L Iliac / Fenestrated R renal / Fen. L renal / Fen. both renals / Fen. renal(s)-SMA / Fen. renal(s)-Coeliac / Fen. renal(s)-SMA-Coeliac / Fen. + branched endograft / Aorto-uni Iliac + Fem-fem./ Bifurcated-bifurcated(+/- IBD) / Aorto-uni-iliac-no x-over / BREVAR Renal(s)-Coeliac / BREVAR Coeliac / BREVAR-SMA / BREVAR-R renal / BREVAR L renal / BREVAR both renals / BREVAR Renal(s)-SMA-Coeliac /BREVAR Renal(s)-SMA

**\*Device used** – Zenith / AneuRx / Ancure / Vanguard / Talent / Excluder/ Cook HLB Fenestrated /Anaconda / Nellix / Ovation/ Endologix / (Zenith /Talent) body + (Endurant / Anaconda / Gore limbs) / Other hybrid combo / Ventana / Cook low profile / Cook low profile with spiral limb(s) / Trivascular Ovation (Prime) / Cook with side branches / Aorfix / Zenith T Branch / Zenith Alpha / Cordis Incraft / Anaconda(fenestrated)

**Procedure details:**

**\*Access vessel:**



**\*Access technique:** Percutaneous without closure device/  
Percutan. with closure device / Open

**\*Proximal fixation:**

- Suprarenal
- Infrarenal
- Thoracic

**\*Distal fixation:**

- Aorta
- CIA - R / L
- EIA - R / L
- IIA - R / L

**Other procedures:**

PTA / Stent / covered stent / Fem-fem crossover / Thrombolysis / IIA or IMA coils / Amplatzer / Endart / Patch angioplasty / Hybrid visceral bypass(es) / Endoanchor / Endoanchor + Amplatzer / Endoanchor + coils / Exovascular collar / IVUS/ Bridging stents

**Ancillary surgery:** Iliac / Femoral(Local not bypass) / Dacron conduit

**\*Procedural Complications:** (more than 1 can be selected) - No complications?

Complication Group	Complication Name
Access vessel	Pseudoaneurysm;Haemorrhage;Haematoma;Access failure;Dissection
Target vessel	Access failure;Dissection;Occlusion;Perforation
Distal vessel	Thromboembolism
Device/Stent	Endoleak- type 1; type 2 type 3;Device malposition;Device failure; Access failure
Neurologic	TIA;Stroke;Paraplegia
Visceral	Ischaemic gut
Systemic	Contrast allergy;AMI(incl non-STEMI);Arrythmia;Myocardial ischaemia;Renal impairment;Pulmonary embolism

<p>Patient ID Label <u>or</u></p> <p>*UR.....</p> <p>*Surname.....</p> <p>*First Name.....</p> <p>*DOB.....</p> <p>*Hospital.....</p>
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**DISCHARGE DATA - EVAR**

\*Date of Discharge.....  
 \* Readmit < 30 days Y/N

**\*Complications(circle one):** No complication / Specific to Op / General / Specific & General

<b><u>Specific Complications</u></b>	
<b>If failed arterial repair</b>	Graft occl-no further action Graft occl-further arterial op Thromboembolism ie"trash Endoleak type 1 Endoleak type 2 Endoleak type 3 Conversion to open-Endoleak type1 Conversion to open-no endoleak
<b>Haemorrhage Req. re-operation</b>	Reactionary Secondary(infection)
<b>Wound Complication</b>	Wound Infection(pus) Breakdown Lymph fistula Abdo compartment syndrome
<b>If Death :</b> Related directly to Rx Related indirectly to Rx Unrelated	

<b><u>General Complications</u></b>	
<b>CVS:</b>	AMI ( <i>incl non STEMI</i> ) Myoc. Ischemia Arrythmia CCF Cardiogenic shock
<b>Resp:</b>	Pneumonia Resp failure Aspiration Pneumothorax Atelectasis Pleural effusion only Pulmonary embolus DVT without PE
<b>Renal:</b>	UTI Renal impairment Renal failure Retention
<b>GIT:</b>	Ileus Obstruction Bowel infarction GI Bleed Hepatitis/hepatic failure
<b>CNS:</b>	Acute brain syndrome Minor CVA(NOT after CEA) Major CVA(NOT after CEA) TIA(NOT after CEA) Paraplegia/paresis

**Final diagnosis/comment:**

## AVA DATA ENTRY SHEETS – INFRAINGUINAL BYPASS

(\*=Obligatory data entry)

Patient ID Label or

\*UR.....

\*Surname.....

\*First Name.....

\*DOB.....

\*Gender.....

\*Insurance status.....

\*Hospital .....

\*ID No. of Consultant .....

\*Surgeon (Consultant; Trainee -Fellow1 / 2; Registrar 1 / 2 / 3 / 4)-circle both if co-surgeons

\*Assistant (Consultant; Trainee- Fellow1 / 2; Reg 1 / 2 / 3 / 4; HMO)

\*Date of Admission .....

\*Readmission < 30 days? Y / N

\*Date of Operation.....

\*Name of Operation...IIB.....

Item No's).....

**\*Risk Factors:**

\*IHD - Yes / No

\*Diabetes - Yes / No

\*Hypertension - Yes / No

\*Smoking – Current(<2 weeks) / Ex / Non

\*Creat > 150 mMol/L - Yes / No / On dialysis

\*Patient Type: Arterial

\*(If Arterial, type): Chronic Limb / Acute Limb / Aneurysm / Trauma / Other

\*Anaesthetic: General / Regional / Local / Sedation    \*ASA status: 1 / 2 / 3 / 4 / 5

**\*Indications for Operation:**

Asymptomatic  
(Carotid / graft  
stenosis)

Dissection  
Aneurysm-elective  
Aneurysm-rupt  
Aneurysm-occl  
Aneurysm-pain  
Aneurysm-mycotic

Claudication  
Rest pain  
Ulcer/gangrene(arterial)  
Acute Ischaemia

Trauma iatrog:  
-Haemorrhage  
-Aneurysm-false  
-Occlusion

Trauma-non iatrog:  
-Haemorrhage  
-Aneurysm-false  
-Occlusion

Entrapment  
Advent. Cyst

Neoplasm-malign

**\*Operation type:**

Bypass(+/-angio)

Bypass + endart(+/-angio)

Bypass + thrombect(+/- angio)

Interposition

Hybrid:IIB & endovasc

\*Side: Right / Left

\*Patch/Conduit: GSV reversed / GSV in situ / GSV non reversed / SSV / SFA / SFV / Arm vein / Homograft / Composite / PTFE with cuff / PTFE / Dacron / Dacron with cuff / Flonova / Omniflow / Radial / Vein(other) / Prosthetic(other)

\*Site of proximal anastomosis: CFA / SFA / Profunda / Ext Iliac / AK Popliteal / BK Popliteal / Abdo Dacron / Aorta / Tibial / Vein graft

\*Vein graft quality: Good / Suboptimal / Not applicable (synthetic).

\*Runoff status: Blind popliteal / 1 crural vessel / 2 vessel / 3 vessel runoff

Patient ID Label <u>or</u> *UR..... *Surname..... *First Name..... *DOB..... *Hospital.....
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**Staple BOTH sheets before submitting**

**\*Operative site:** AK Pop bypass / BK Pop bypass / Bypass to TP trunk / Bypass to ant Tib  
 Bypass to post Tib / Bypass to Peroneal / Bypass to DP / Bypass PT pedal / Ilio-pop bypass AK  
 Ilio-pop bypass BK / Prosthetic graft / Vein graft

**\*Operation status:** \*Elective / Emergency / Semiurgent ..... \*Primary op / Redo op

**\*Unplanned return to theatre :** Y / N

**COMMENT:**

**DISCHARGE DATA – Infrainguinal Bypass**

\*Date of Discharge.....  
 \* Readmit < 30 days Y/N

**\*Complications(circle one):** No complication / Specific to Op / General / Specific & General

<b><u>Specific Complications</u></b>	
<b>If failed arterial repair</b>	Graft occl-no further action Graft occl-further arterial op Graft patent-further arterial op Amputation, bypass patent Amputation, bypass occl.
<b>Haemorrhage Req. re-operation</b>	Reactionary Secondary(infection)
<b>Wound Complication</b>	Wound Infection(pus) Breakdown Lymph fistula Graft infection
<b>If Death :</b> Related directly to Rx Related indirectly to Rx Unrelated	

<b><u>General Complications</u></b>	
<b>CVS:</b>	AMI ( <i>incl non STEMI</i> ) Myoc. Ischemia Arrythmia CCF Cardiogenic shock
<b>Resp:</b>	Pneumonia Resp failure Aspiration Pneumothorax Atelectasis Pleural effusion only Pulmonary embolus DVT without PE
<b>Renal:</b>	UTI Renal impairment Renal failure Retention
<b>GIT:</b>	Ileus Obstruction Bowel infarction GI Bleed Hepatitis/hepatic failure
<b>CNS:</b>	Acute brain syndrome Minor CVA(NOT after CEA) Major CVA(NOT after CEA) TIA(NOT after CEA)

**Final diagnosis/comment:**



**AVA DATA ENTRY SHEETS – OPEN ANEURYSM (AORTOILIAC & THORACIC)**

(\*=Obligatory data entry)

Patient ID Label <u>or</u> *UR..... *Surname..... *First Name..... *DOB..... *Gender..... *Insurance status.....
------------------------------------------------------------------------------------------------------------------------------------

\*Hospital .....

\*ID No. of Consultant .....

\*Surgeon (Consultant; Trainee -Fellow1 / 2; Registrar 1 / 2 / 3 / 4)-circle both if co-surgeons

\*Assistant (Consultant; Trainee- Fellow1 / 2; Reg 1 / 2 / 3 / 4; HMO)

\*Date of Admission .....

\*Readmission < 30 days? Y / N

\*Date of Operation.....

\*Name of Operation.....

Item No's).....

**\*Risk Factors:**

\*IHD - Yes / No

\*Diabetes - Yes / No

\*Hypertension - Yes / No

\*Smoking – Current(<2 weeks) / Ex / Non

\*Creat > 150 mMol/L - Yes / No

**\*Patient Type:** (Arterial)

**\*(If Arterial, type):** (Aneurysm)

**\*Anaesthetic:** General / Regional    **\*ASA status:** 1 / 2 / 3 / 4 / 5

**\*Indications for Operation:**

<u>Trauma iatrog:</u>	<u>Trauma-non iatro:</u>	Dissection	Aortoenter. fist.-prim
-Aneurysm-false	-Aneurysm-false	Aneurysm-elective	
		Aneurysm-rupt	
		Aneurysm-occl	
		Aneurysm-pain	
		Aneurysm-mycotic	

**\*Operation:**

Bypass(+/-angio)	Local repair	Exovascular collar
Bypass + endart(+/-angio)	Explore only	
Bypass + thrombect(+/- angio)		

**\*Side:** Right / Left / Bilateral / Midline

**\*Patch/Conduit:** Homograft / PTFE / Dacron / GSV reversed / SFV / Composite

**\* If AAA:** Suprarenal clamp-Y / N ; Suprarenal AAA – Y / N ; Blood loss(ml)- 0-999 / 1000 –1999 / 2000-2999 / 3000-3999 / >4000 ; Max diameter (mm) .....

Staple BOTH sheets before submitting

Patient ID Label <u>or</u>
*UR.....
*Surname.....
*First Name.....
*DOB.....
*Hospital.....

**\*Operative site:** Aorta(AAA rupture-no bypass) / Aortic tube-open / Aortoiliac- open(aneurysm) / Aortofem-aneurysm // Aorta + Ax-fem / Iliofem bypass(aneurysm) / Thoracic aorta(aneurysm) // Thoracoabdominal-open

**\*Operation status:** \*Elective / Emergency / Semiurgent ..... \*Primary op / Redo op

**\*Unplanned return to theatre :** Y / N

**COMMENT:**

**DISCHARGE DATA – Open Aortic and Iliac Surgery**

\*Date of Discharge.....  
\* Readmit < 30 days Y/N

**\*Complications(circle one):** No complication / Specific to Op / General / Specific & General

<u>Specific Complications</u>	
<b>If failed arterial repair</b>	Graft occl-no further action Graft occl-further arterial op Graft patent-further arterial op Amputation, bypass patent Amputation, bypass occl. Thromboembolism ie"trash"
<b>Haemorrhage Req. re-operation</b>	Reactionary Secondary(infection)
<b>Wound Complication</b>	Wound Infection(pus) Breakdown Lymph fistula Graft infection Burst abdomen Abdo compartment syndrome
<b>If Death :</b> Related directly to Rx Related indirectly to Rx Unrelated	

<u>General Complications</u>	
<b>CVS:</b>	AMI ( <i>incl non STEMI</i> ) Myoc. Ischemia Arrythmia CCF Cardiogenic shock
<b>Resp:</b>	Pneumonia Resp failure Aspiration Pneumothorax Atelectasis Pleural effusion only Pulmonary embolus DVT without PE
<b>Renal:</b>	UTI Renal impairment Renal failure Retention Ureteric injury
<b>GIT:</b>	Ileus Obstruction GI contamination GI fistula Bowel infarction GI Bleed Hepatitis/hepatic failure Incidental splenectomy
<b>CNS:</b>	Acute brain syndrome Minor CVA(NOT after CEA) Major CVA(NOT after CEA) TIA(NOT after CEA) Paraplegia/paresis

**Final diagnosis/comment:**

## AVA DATA ENTRY SHEETS – OPEN AORTIC AND ILIAC SURGERY

(\*=Obligatory data entry)

Patient ID Label or

\*UR.....

\*Surname.....

\*First Name.....

\*DOB.....

\*Gender.....

\*Insurance status.....

\*Hospital .....

\*ID No. of Consultant .....

\*Surgeon (Consultant; Trainee -Fellow1 / 2; Registrar 1 / 2 / 3 / 4)-circle both if co-surgeons

\*Assistant (Consultant; Trainee- Fellow1 / 2; Reg 1 / 2 / 3 / 4; HMO)

\*Date of Admission .....

\*Readmission < 30 days? Y / N

\*Date of Operation.....

\*Name of Operation.....

.....

Item No's).....

**\*Risk Factors:**

\*IHD - Yes / No

\*Diabetes - Yes / No

\*Hypertension - Yes / No

\*Smoking – Current(<2 weeks) / Ex / Non

\*Creat > 150 mMol/L - Yes / No

\*Patient Type: (Arterial)

\*If Arterial, type): Chronic Limb / Acute Limb / Aneurysm / Trauma / Other

\*Anaesthetic: General / Regional    \*ASA status: 1 / 2 / 3 / 4 / 5

**\*Indications for Operation:**

<u>Trauma iatrog:</u>	<u>Trauma-non iatro:</u>	Dissection	Claudication
-Haemorrhage	-Haemorrhage	Aneurysm-elective	Rest pain
-Aneurysm-false	-Aneurysm-false	Aneurysm-rupt	Ulcer/gangrene(arterial)
-Occlusion	-Occlusion	Aneurysm-occl	Acute Ischaemia
-AV Fistula	-AV Fistula	Aneurysm-pain	Aortoenter. fist.-prim
	Arteritis/collagen d	Aneurysm-mycotic	Aortoenter. fist.-sec
	Graft sepsis	Neoplasm-malign	
	Mesent ischemia	Renal a stenosis	

**\*Operation:**

Bypass(+/-angio)	Thrombectomy(clot/ tumor)	Exc aortic graft/ELG + bypass (in situ)
Bypass + endart(+/-angio)	Thrombect. & patch	Exc aortic graft /ELG+ ax-bifem
Bypass + thrombect(+/- angio)	Local repair	Re-implantation
Endart only	Explore only	Exovascular collar
Endart + patch	Embolect & patch	
Embolectomy		

\*Side: Right / Left / Bilateral / Midline

\*Patch/Conduit: Homograft / PTFE / Dacron / GSV reversed / SFV / Composite

\* If AAA: Suprarenal clamp-Y / N ; Suprarenal AAA – Y / N ; Blood loss(ml)- 0-999 / 1000 –1999 / 2000-2999 / 3000-3999 / >4000 ; Max diameter (cm) .....

Patient ID Label <u>or</u> *UR..... *Surname..... *First Name..... *DOB..... *Hospital.....
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Staple BOTH sheets before submitting

**\*Operative site:** Aorta(AAA rupture-no bypass) / Aortic tube-open / Aortoiliac- open(aneurysm) / Aortoiliac – open(occlusive) / Aortofem-aneurysm / Aortofem-occlusive / Aorta + Ax-fem / Iliofem bypass(aneurysm) / Iliofem bypass(occlusive) / Ilio-SMA bypass / Ilio-renal bypass / Splenorenal(arterial) / Aortorenal bypass / Thoracic aorta(aneurysm) / Thoracic aorta(non-aneurysm) / Thoracoabdominal-open / Aorta(not AAA) / Coeliac / SMA / IMA / Renal a / Iliac a / Lumbar a

**\*Operation status:** \*Elective / Emergency / Semiurgent ..... \*Primary op / Redo op

**\*Unplanned return to theatre :** Y / N

**COMMENT:**

**DISCHARGE DATA – Open Aortic and Iliac Surgery**

\*Date of Discharge.....  
 \*Readmit < 30 days Y/N

**\*Complications(circle one):** No complication / Specific to Op / General / Specific & General

<b><u>Specific Complications</u></b>	
<b>If failed arterial repair</b>	Graft occl-no further action Graft occl-further arterial op Graft patent-further arterial op Amputation, bypass patent Amputation, bypass occl. Thromboembolism ie"trash"
<b>Haemorrhage Req. re-operation</b>	Reactionary Secondary(infection)
<b>Wound Complication</b>	Wound Infection(pus) Breakdown Lymph fistula Graft infection Burst abdomen Abdo compartment syndrome
<b>If Death :</b> Related directly to Rx Related indirectly to Rx Unrelated	

<b><u>General Complications</u></b>	
<b>CVS:</b>	AMI ( <i>incl non STEMI</i> ) Myoc. Ischemia Arrythmia CCF Cardiogenic shock
<b>Resp:</b>	Pneumonia Resp failure Aspiration Pneumothorax Atelectasis Pleural effusion only Pulmonary embolus DVT without PE
<b>Renal:</b>	UTI Renal impairment Renal failure Retention Ureteric injury
<b>GIT:</b>	Ileus Obstruction GI contamination GI fistula Bowel infarction GI Bleed Hepatitis/hepatic failure Incidental splenectomy
<b>CNS:</b>	Acute brain syndrome Minor CVA(NOT after CEA) Major CVA(NOT after CEA) TIA(NOT after CEA) Paraplegia/paresis

**Final diagnosis/comment:**

# AVA DATA ENTRY SHEETS – TEVAR

(\*=**Obligatory data entry**)

Patient ID Label <u>or</u>
*UR.....
*Surname.....
*First Name.....
*DOB.....
*Gender.....
*Insurance status.....

\*Hospital .....

\*ID No. of Consultant .....

\*Surgeon (Consultant; Radiologist; Trainee –Fellow 1 / 2;  
Registrar 1 / 2 / 3 / 4)

\*Assistant (Consultant; Radiologist; Trainee- Fellow 1 / 2;  
Registrar 1 / 2 / 3 / 4)

\*Date of Admission .....

\*Readmission < 30 days? Y ? N

\*Date of Operation.....

\*Name of Operation...TEVAR.....

Item No's).....

**Risk Factors:**

- \*IHD - Yes / No
- \*Diabetes - Yes / No
- \*Hypertension - Yes / No
- \*Smoking – Current(<2 weeks) / Ex / Non
- \*Creat > 150 mMol/L - Yes / No / On dialysis

\*Patient Type: (Arterial)

**(If Arterial, type):** Aneurysm / Trauma / Other

**Anaesthetic:** General / Regional / Local / Sedation    **ASA status:** 1 / 2 / 3 / 4 / 5

**Indications for Operation:**

Dissection	Graft sepsis	<u>Trauma-non iatro:</u>
Aneurysm-elective	Endoleak	-Haemorrhage
Aneurysm-rupt	Arteritis/collagen d	-Aneurysm-false
Aneurysm-pain	Penetrating aortic	-AV Fistula
Aneurysm-mycotic	ulcer	

**Operation:**

(Stent graft)

\*Side: (Midline)

\*Patch/Conduit: (Stent graft)

**Operative site:**

- Thor aorta-an
- Thor aorta-non an
- Thoracoabd (endolum)

\*Operation status: \*Elective / Emergency / Semiurgent ..... \*Primary op / Redo op

\*Unplanned return to theatre : Y / N

**Comments:**

Patient ID Label or

\*UR.....  
\*Surname.....  
\*First Name.....  
\*DOB.....  
\*Hospital.....

**Staple ALL 3 sheets before submitting**

**THORACIC STENT GRAFTS** (\*=Obligatory data entry)

\***Access site:** R Femoral / L Femoral / Bilateral Femoral / R Iliac / L Iliac / Bilateral Iliac / Iliac & Femoral / Bilat Femoral & Brachial / R Carotid / L Carotid / Axillary

\***Access technique:** Percutaneous without closure device / Percutan. with closure device / Open

\***Pathology:** Aneurysm (non dissecting) / Aneurysm (dissecting) / Dissection-acute / Dissection-chronic / Traumatic tear / Fistula / Penetrating ulcer

\***If Aneurysm**, diameter (mm).....

\***Device type:** Cook TX2 / Excluder / Medtronic / Bolton / Gore C-TAG / Zenith Alpha / Endospa Nexus / Gore C-TAG with Zenith Alpha extension / Custom Cook (fenestrated/branched)

\***Device Configuration:** Single stent graft / Overlapping stent grafts / Stent graft(s) + distal bare stent / Stent graft(s) with intra-abd fenestration(s) / Fenestrated/branched-Brachioceph / Fenestrated/branched-CCA / Fenestrated/branched-Brachioceph & CCA

\***Proximal landing zone:** 0-Proximal to Brachiocephalic / 1-Distal to Brachiocephalic / 2-Distal to L Common Carotid / 3-Distal to L Subclavian

**Ancillary surgery:** Carotid-subclavian bypass / Carotid-subclavian bypass + Amplatzer subclav a / Carotid - carotid bypass / Chimney-brachiocephalic / Chimney-brachiocephalic + L carotid / Chimney-L carotid / Laser fenestration

Comment:.....

\***Procedural Complications:** (more than 1 can be selected) - *No complications?* (tick box)

<i>Complication Group</i>	<i>Complication Name</i>
Access vessel	Pseudoaneurysm;Haemorrhage;Haematoma;Access failure;Dissection
Target vessel	Access failure;Dissection;Occlusion;Perforation
Distal vessel	Thromboembolism
Device/Stent	Endoleak type 1;Endoleak type 2;Endoleak type 3;Device malposition;Device failure
Neurologic	TIA;Stroke;Paraplegia
Visceral	Ischaemic gut
Systemic	Contrast allergy;AMI(incl non-STEMI);Arrythmia;Myocardial ischaemia;Renal impairment

Patient ID Label or

\*UR.....  
\*Surname.....  
\*First Name.....  
\*DOB.....  
\*Hospital.....

**Staple ALL 3 sheets before submitting**

**DISCHARGE DATA -** \*Date of Discharge.....  
\*Readmit < 30 days Y/N

**\*Complications(circle one):** No complication / Specific to Op / General / Specific & General

<u>Specific Complications</u>	<u>General Complications</u>
<b>If failed arterial repair</b> Graft occl-no further action Graft occl-further arterial op Thromboembolism ie"trash Endoleak type 1 Endoleak type 2 Endoleak type 3 Conversion to open-Endoleak type1 Conversion to open-no endoleak	<b>CVS:</b> AMI ( <i>incl non STEMI</i> ) Myoc. Ischemia Arrythmia CCF Cardiogenic shock
<b>Haemorrhage Req. re-operation</b> Reactionary Secondary(infection)	<b>Resp:</b> Pneumonia Resp failure Aspiration Pneumothorax Atelectasis Pleural effusion only
<b>Wound Complication</b> Wound Infection(pus) Breakdown Lymph fistula	<b>Renal:</b> UTI Renal impairment Renal failure Retention
<b>*Clinical Indicators (circle one):</b>  None  If this admission < 30 days after previous admission -unplanned  Admission to ICU –unplanned  DVT  PE+/- DVT	<b>GIT:</b> Ileus Obstruction Bowel infarction GI Bleed Hepatitis/hepatic failure  <b>CNS:</b> Acute brain syndrome Minor CVA(NOT after CEA) Major CVA(NOT after CEA) TIA(NOT after CEA) Paraplegia/paresis
<b>If Death :</b> Related directly to Rx Related indirectly to Rx Unrelated	

**Final diagnosis/comment:**