**OPERATION DATA SHEET**

 Patient ID Label

\*Hospital …………………………………….………….. (\*=Obligatory data entry)

 \*Name of Consultant …………………………………..

\*Surgeon (Cons / Fellow1 / 2 / Reg 1 / 2 / 3 / 4 / Radiologist / HMO)-If co-surgeons, circle both

\*Assistant (Cons / Fellow1 / 2 / Reg 1 /2 /3 /4 / Radiologist)

\*Date of Admission …………..…………………………

\*Is this a readmission < 30 days from any hospital? Y /N

\*Date of Operation…………..……………………….…

\*Name of Operation…………..………………………..

Item No’s………………………………………………..

**\*Risk Factors:** IHD / Diabetes / Hypertension / Smoking –Current *(<2 weeks)* / Ex / Non / Creat > 150 mMol/L (Y / N / On dialysis)

**\*Patient Type:** Arterial / Venous / Renal failure / Other

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

**\*Indications for Operation:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Asymptomatic(Carotid/ graft/inflow stenosis)MS | AmaurosisTIAStrokeStealRetinal isch | CoarctationDissectionAneurysm-electiveAneurysm-ruptAneurysm-occlAneurysm-painAneurysm-mycoticAortic ulcer(penetr) | ClaudicationRest painUlcer/gangrene(arterialAcute IschaemiaRejectionInfectionWound closure | Primary VVRecurrent VVSup thromboph.DVTUlcer-non arterialAneurysm-venousPelvic congestionNutcracker syndClaudic(venous) |
| Trauma iatrog:-Haemorrhage-Aneurysm-false-Occlusion-AV FistulaRetrieval FBExposureECMOIABP | Trauma-non iatro:-Haemorrhage-Aneurysm-false-Occlusion-AV FistulaDehiscenceImpotenceGraft occlusionRenovasc-FMDRenovasc-atheromaRenovasc-renal imp. | TransplantT/P thrombosisVenous access/plas-phoresisDialysis accessAVFistula closureArteritis/collagen-osis EntrapmentAdvent. CystHaematoma | Neoplasm-maligNeoplasm-benignGraft/patch sepsisAortoenter. fist.-prim Aortoenter. fist.-secLymphoceleCompartment syndr. Thoracic outletMay-Thurner SVC syndrome | Portal hypert.Portal v thrombVaricocoeleOrgan harvestReact. HaemSec. Haem Mesent ischemiaEndoleakPulm embolismHyperhidrosisGI bleed |
|   Patient ID Label**\*Operation type:**Bypass(+/-angio)Patch onlyEndart onlyBypass + endart(+/-angio)Bypass + thrombect(+/- angio)Bypass-deep v arterialisationEndart + patch Endart + resect.EmbolectomyEmbolect & patchThrombectomy(clot/tumor)DebranchingThrombect. & patch | Hybrid:CFA- Endart/EndoHybrid:IIB/EndoHickm/PermC inR/O Hickm/PermCPortacath InsertR/O PortacathSuperficialize AVFDRILAV Fistula-autogAV Fistula-prosthAVF-bandingTranspositionInterpositionRe-implantation | Explore onlyExcision graft/patchLocal repairMajor amp –1oMajor amp – 2oMinor AmpExcisionLigationSSGDebridementDrainageRetrievalReleaseNeurolysisMedical glue | VVVenocuffRadiofreq ablation Endovenous laserNon thermal ablat.Venous bypassThrombin inject.Sclero-foamAngiogram onlyPTAStent-incl coveredStent graftOther endolum.Regional hyperperfPortosytemic shunt | RenalT/P-LRD T/P nephrectomyRenal autoT/PTenckhoff in / outAV shuntThoracic outletFasciotomySympathectomyExovasc collarExc aortic graft/ELG + bypass (in situ)Exc aortic graft /ELG+ ax-bifem L/Node dissection |

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

**\*Patch/Conduit:** GSV reversed / GSV in situ / GSV non reversed / SSV / SFA / SFV / Arm vein / Neck vein / ECA / Homograft / Composite / PTFE with cuff / PTFE / Dacron with cuff / Dacron / Stent / Stent graft / Polyurethane(Braun) / Flonova / Omniflow / Radial / Vein(other) / Prosthetic(other) / Pericardium /No patch/conduit / Peritoneum / Teflon / Ovarian v

**\*If Carotid:**Shunted – Y / N ; Eversion endarterectomy – Y / N; Contralat status – *Patent / Occluded ;*

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

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

**\*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) ……….

**\*ONLY If Infrainguinal bypass (ie. Not Fem-Fem x-over), - 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(prosthetic)

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

 Patient ID Label

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **\*Operative Site:**AK Pop bypass BK Pop bypass Bypass to TP trunkBypass to ant TibBypass to post TibBypass to PeronealBypass to DP Bypass PT pedalIlio-pop bypass AKIlio-pop bypass BKProsthetic (or stent) graftVein graftAnast. RepairCarotidCarotid-stentCCA-endoCCA-openIn stent stenosis(Carotid only)  | R AtriumThor aorta-anThor aorta-non anThoracoabd (open)Thor-abd(endolum)Aorta(AAA rupture no bypass)Aortic tube-OpenAortic tube-endolumAortoiliac-open(an)Aortoiliac-open-occlAortoiliac-endolumAortofem-aneurysmAortofem- occlusiveAorta + Ax bifemIliofem byp- an.Iliofem byp-occl.Ilio fem x overIliofem(arterial)Ilio-SMA bypassIlio-RenalSplenorenal(art)AortorenalAx uni femAx bi femFem fem(art)Carotid-Subcl Subcl-CarotidVertebral-carotidCarotid-carotidAxillo-axillaryAx v-Fem v | SF ligationSP ligationBil SFBil SPUni SF + SPBil SF + SPLSV ablationSSV ablationLSV & SSV ablat.Perf lig/coil/foamUni SF & uni/bil perfUni SF & bilat VVUni SP & uni/bil perfUni SP & bilat VVVV(avulsions/foam)Venocuff +/- perfLumbar-openLumbar-lap’scopicLumbar-chemical VATSSupraclavic-ribInfraclavic-ribTransaxillary-ribSupraclav(scalenectomy/neurolysis)Above elbowBelow elbowAKABKAThrough kneeDisarticulationHindquarter(Fore)foot Toe(s)Finger(s) | Fem fem(venous)GSV/SSVCentral veinJugularAxillosubclavian vIVCSVCPortal vMesenteric vOvarian vTesticular vIliac veinFemoral vPopliteal vPulmonary aPulmonary vBrachiocephalicBrachiobasilicRadiocephalicUlnobasilicUlnocephalicBrachiobrachialThigh loopAx-ax AVFBrachio-axil AVFKidney | AbdomenAbdo+leg(s)ChestPec minorNeckUpper limb(s)Lower limb(s)VertebralInnominateSubclavianAxillaryBrachialRadialAorta(not AAA) Renal aRenal v(+/-IVC)CoeliacSMAIMALumbar aIliacCFASFAProfundaPoplitealGeniculateTP trunkAnt tibPost TibPeronealDPTemporal>1 artery(Endo) |

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

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

 **Number of separate vascular procedures this operation:** 1 / 2 / 3 / 4 / 5

 **\* If Endoluminal procedure:** Proceed to separate data sheet AFTER completing this operation sheet.

**COMMENT:**

10/4/2023