

Vascular Quality Initiative - Endo AAA Repair

Last Name First Name Middle Initial

Date of Birth Medical Record Number Social Security Number

General Information

Patient Data:

Zip/Postal Code Gender Male Female
 Ethnicity Not Hispanic or Latino Hispanic or Latino Race White Black or African American
 Height inches or cm Asian More than 1 race
 Weight lbs or kg American Indian or Alaskan Native
 Native Hawaiian or other Pacific Islander
 Unknown/other

Admission Data:

Visit code (not required)
 Admit Date Discharge Date
 Surgeon Surgery Date
 Discharge Status Home Rehab Unit
 Nursing Home Dead
 Other Hospital Skilled Nursing Facility
 Was the Procedure Billed to Medicare Part B? No Yes
 If dead, date of death
 Transferred from? No Hospital Rehab Unit

Demographics

Smoking Never Prior (>1 yr) Current (within 1 yr) Hypertension No Yes (>=140/90 or history)
 Diabetes None Diet Oral Meds Insulin Beta Blockers No Op Day only
 Pre-op 1-30 days Chronic > 30 days
 Intolerant
 CAD Symptoms None hx MI but no sx CABG/PTCA None <5yr >=5yrs ago
 Stable Angina Unstable Angina or MI < 6 mos
 CHF None Asymp, hx CHF Mild Severe COPD No Not Treated On Meds
 On Home Oxygen
 Dialysis No Functioning Transplant On Dialysis Creatinine mg/dl OR umol/L
 Stress Test Not Done Normal (+)ischemia (+)MI (+)both Pre-adm Living Home Nursing Home

ASA 1=Normal/healthy 2=w/Mild Systemic dx Pre-op Hemoglobin g/dl OR g/L
 Class 3=w/Severe Systemic dx
 4=w/Severe Systemic dx That's Constant Threat to Life
 5=Moribund/not Expected to Survive w/o Op

Previous Arterial:

Bypass No Yes CEA No Yes
 Aneurysm Repair No Yes PTA/Stent No Yes
 Major Amp No Yes

Pre-Op Medications:

ASA No Yes Intolerant Plavix No Yes Intolerant
 Statin No Yes Intolerant

History

Family History of AAA No Yes Prior Aortic Surgery None AAA SAAA
 Bypass Other
 Ejection Fraction <30% 30-50% Maximum AP AAA Diam mm
 >50% Not done Unknown
 Iliac Aneurysm No Unilateral Bilateral If Iliac Aneurysm, Max Diam mm
 Urgency Elective Symptomatic Ruptured

Fill out the fields below if Urgency equals ruptured:

Lowest pre-intubation BP Systolic-mmHg Mental Status Normal Disoriented
 Unconscious
 Cardiac Arrest No Yes Time: Symptoms to Incision hours
 Time: Admission to Incision hours Abdomen Explored No Yes

Procedure

Unfit for Open AAA Repair No Yes Unfit for gen. anesthesia No Yes Anesthesia Local Regional
 General
 Graft Type Graft Configuration Total Procedure Time minutes
 AneuRx Excluder Aorto-bi-iliac
 Talent Zenith Aorto-uni-iliac right
 Powerlink Endurant Aorto-uni-iliac left
 Aorfix Unifit Aorto-aortic
 Zenith Low Profile
 Aptus Other
 Graft Body Diameter mm Depends on Graft Configuration: Depends on Graft Configuration:
 Hypogastric Intentionally Covered None Right Limb Diameter mm Left Limb Diameter mm
 Unilateral Hypogastric Unintentionally Covered None Skin Prep Chlorhexadine
 Bilateral Unilateral Alcohol
 Bilateral Iodine
 Arterial Injury No Femoral If Arterial Injury: Chlor + Iodine
 Iliac Renal Intervention None Stent/PTA Chlor + Alcohol
 Aorta Multiple Stent-graft Open repair Iodine + Alcohol
 All 3

Endoleak at Completion No Attachment site (type I) Branch (type II) Mid Graft (type III) Indeterminate

Conversion to Open No Yes

If yes, Reason (If yes, also complete an Open AAA Form)

Deployment Failure
 Endoleak
 Rupture

Iodinated Contrast ml
 EBL ml

Crystalloid ml
 PRBC (in OR) ml

Heart Rate:

On Arrival in OR bpm
 Highest intra-op bpm

Concomitant Procedure:

Concomitant Procedure Done? No Yes

Hypogastric Coil Pre-Op No Unilateral Bilateral

Hypogastric Coil Intra-op No Unilateral Bilateral

Femoral Endarterectomy No Yes

Fem-Fem Bypass No Yes

Thrombo-embolctomy No Yes

Iliac Angioplasty No Yes

Renal PTA/Stent No Yes

Other Arterial Reconstruction No Planned Arterial Injury

Unplanned Graft Extension No Yes

Ilio-Femoral Bypass No Yes

Iliac Stent Placement No Yes

Post-Op Data

Time to Extubation in OR <12 hrs 12-24 hrs >=24hrs

Vasopressors Req. Post-Op No Yes

ICU Stay days

Myocardial Infarction No Troponin Only EKG or Clinical

Dysrhythmia (new) No Yes

CHF No Yes

Respiratory No Pneumonia Ventilator

Change of Renal Function None Creat. Increase > 0.5mg/dl (44.2umol/L) Temp. Dialysis Permanent Dialysis

Leg Ischemia/ Emboli No Yes, rx w/o Surgery Required Surgery Amputation

Bowel Ischemia No Medical Rx Surgical Rx

Wound Complication No Superficial Separation/Infection Return to OR

Transfusion # Units PRBC # Units (During total hospitalization)

Return to OR No Yes

If Return to OR is Yes, Bleeding No Yes

Stroke None Minor Major

Discharge Medications:

ASA No Yes Intolerant

Plavix No Yes Intolerant

Statin No Yes Intolerant

Beta-Blocker No Yes Intolerant

Peri-Op Antibiotic Ordered:

Start <1hr Pre-op No Yes No, for medical reason

Stop <24hr Post-op No Yes No, for medical reason

1st-2nd Gen Cephalosporin No Yes No, for medical reason

Vascular Quality Initiative - Endo AAA Repair Follow-Up

Last Name First Name Middle Initial

Date of Birth Medical Record Number Social Security Number

Visit code (not required) Zip/Postal Code
 Surgeon Procedure:
 Surgery Date Side:

General Information

Date of Contact <input type="text"/>	Contact By <input type="checkbox"/> Face to Face	Current Smoking <input type="checkbox"/> No	
	<input type="checkbox"/> Phone	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No Follow-up Possible		
Current Living Status <input type="checkbox"/> Home	Date of Death <input type="text"/>	Cause <input type="checkbox"/> Operation Related	
<input type="checkbox"/> Nursing Home		<input type="checkbox"/> Non-Related	
<input type="checkbox"/> Dead		<input type="checkbox"/> Unsure	
Current Medications			
ASA <input type="checkbox"/> No <input type="checkbox"/> Yes	Plavix <input type="checkbox"/> No <input type="checkbox"/> Yes	Coumadin <input type="checkbox"/> No <input type="checkbox"/> Yes	Beta Blocker <input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Intolerant	<input type="checkbox"/> Intolerant	<input type="checkbox"/> Intolerant	<input type="checkbox"/> Intolerant
			Statin <input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> Intolerant

Endo AAA Repair

Current Max AAA Diameter <input type="text"/> mm	Current Endoleak <input type="checkbox"/> No	
	<input type="checkbox"/> Attachment site (type I)	
	<input type="checkbox"/> Branch (type II)	
	<input type="checkbox"/> Mid Graft (type III)	
	<input type="checkbox"/> Indeterminate	
Number of New Interventions <input type="text"/>		
If New Intervention(s):	Date of First Intervention <input type="text"/>	
Intervention Performed for:		
Endoleak <input type="checkbox"/> No <input type="checkbox"/> Yes	Sac Growth <input type="checkbox"/> No <input type="checkbox"/> Yes	Migration <input type="checkbox"/> No <input type="checkbox"/> Yes
Limb Occlusion <input type="checkbox"/> No <input type="checkbox"/> Yes	Symptom Rupture <input type="checkbox"/> No <input type="checkbox"/> Yes	
Conversion to Open Repair <input type="checkbox"/> No <input type="checkbox"/> Yes	If no, skip to Other Op Related to Endo	
If Converted to Open:	Date of Open Repair <input type="text"/>	
Conversion to Open Repair Performed for:		
Endoleak <input type="checkbox"/> No <input type="checkbox"/> Yes	Sac Growth <input type="checkbox"/> No <input type="checkbox"/> Yes	Migration <input type="checkbox"/> No <input type="checkbox"/> Yes
Infection <input type="checkbox"/> No <input type="checkbox"/> Yes	Symptom Rupture <input type="checkbox"/> No <input type="checkbox"/> Yes	
Other Op Related to Endo <input type="checkbox"/> No <input type="checkbox"/> Yes		