

Bypass

Patient Details

Patient Consent* No Yes Not Required

Date consent recorded ___ / ___ / _____ (DD/MM/YYYY)

NHS number* _____

Date of birth* ___ / ___ / _____ (DD/MM/YYYY)

Sex* Male Female

Last name _____

First name _____

Postcode* _____

*If patient not consented:
Do not record NHS number,
name(s) or postcode.

If consent not required:
Ignore consent date.*

Admission Details

Admission date* ___ / ___ / _____ (DD/MM/YYYY)

Mode of admission* Elective Non-elective

Hospital code* *Pre-populated drop down menu on NVR audit site*

Local ID* _____

Procedure type **Bypass**

Pre-operative: Pathway

- Referring Specialty* Primary care
 Medical specialty
 Emergency Department
 Other surgical specialty
 Vascular surgery
 MDT diabetic foot clinic

Date of referral* ___ / ___ / _____ (DD/MM/YYYY)

Date first imaging* ___ / ___ / _____ (DD/MM/YYYY)

Date seen by team* ___ / ___ / _____ (DD/MM/YYYY)

Anaesthetic Assessment *(for Elective Pathway only)*

Investigation after preop anaesthetic assessment*

- Please select as many options as possible
- ₁ No additional investigation /intervention
 - ₂ Referral to another specialty
 - ₄ Optimisation/change in drug therapy
 - ₅ Coronary angiogram

Indications

Side of indication* ₁ Right ₂ Left ₃ Bilateral

- Presenting problem*
- ₁ Acute limb ischemia
 - ₂ Chronic limb ischemia
 - ₃ Neuropathy
 - ₄ Tissue loss
 - ₅ Uncontrolled infection
 - ₆ Trauma
 - ₇ Aneurysm

- Fontaine score on admission*
- ₁ 1 – No symptoms
 - ₂ 2 – Intermittent claudication
 - ₃ 3 – Nocturnal and/or resting pain
 - ₄ 4 – Necrosis and/or gangrene in the limb

Right

Left

Previous right sided treatment* ₀ No ₁ Yes

Previous left sided treatment* ₀ No ₁ Yes

If yes, what treatment*

- ₁ Angioplasty/Stent
- ₂ Surgical revascularisation
- ₃ Minor amputation
- ₄ Major amputation

If yes, what treatment*

- ₁ Angioplasty/Stent
- ₂ Surgical revascularisation
- ₃ Minor amputation
- ₄ Major amputation

If presenting problem is acute limb ischaemia, trauma or aneurysm, the Fontaine score does not need to be answered.

Risk Scoring

- Comorbidities* None
- Diabetes Chronic heart failure
- Please select as many options as applicable.* Hypertension Chronic renal disease
- Chronic lung disease Stroke
- Ischaemic heart disease Active/managed cancer
- Smoking status* Current or stopped within 2 months Ex-smoker Never smoked

White cell count* _____ (x10⁹/l)

Sodium* _____ (mmol/l)

Potassium* _____ (mmol/l)

Creatinine* _____ (µmol/l)

Albumin _____ (g/l)

Haemoglobin* _____ (g/dl)

Abnormal ECG* Normal Abnormal

- ASA Grade* 1 – Normal
- 2 – Mild disease
- 3 – Severe, not life-threatening
- 4 – Severe, life-threatening
- 5 – Moribund patient

- Pre-operative medication* None
- Single anti-platelet Beta blocker
- Dual anti-platelet ACE inhibitor / ARB s
- Statin Oral anti-coagulant

Peri-operative medication* None Antibiotic prophylaxis DVT prophylaxis

Has the patient had COVID-19 within the last 2 months? No Yes

COVID-19 Vaccine? No Yes, 1 dose Yes, 2 doses Yes, 3+ doses

- Patient's frailty score Not frail (well or managing well, routinely walking)
- Mild frailty (evident slowing such as difficulty walking outside)
- Moderate frailty (need help with some personal care or keeping house)
- Severe frailty (completely dependent for personal care)

Procedure

Date/Time start* ____ / ____ / ____ (DD/MM/YYYY); ____ : ____ (HH:MM)

- Anaesthetic type* Local infiltration Plexus/compartiment block
- General anaesthetic Neuraxial block (spinal/epidural)

Was this a hybrid lower limb revascularisation procedure?* No Yes

Angioplasty

	Angioplasty	Stent	DCB	DCS	Lesion	Outcome
Aorta	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	≥10 <10 St/An	S R F

Right leg

	Plasty	Stent	DCB	DCS	Lesion	Outcome
Common iliac	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	≥10 <10 St/An	S R F
External iliac	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	≥10 <10 St/An	S R F
Common femoral	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	≥10 <10 St/An	S R F
Profunda femoral	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	≥10 <10 St/An	S R F
Superficial femoral	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	≥10 <10 St/An	S R F
Popliteal	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	≥10 <10 St/An	S R F
Tibial / pedal	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	≥10 <10 St/An	S R F
Within bypass	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	≥10 <10 St/An	S R F

graft

Left leg

	Plasty	Stent	DCB	DCS	Lesion	Outcome
Common iliac	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	≥10 <10 St/An	S R F
External iliac	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	≥10 <10 St/An	S R F
Common femoral	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	≥10 <10 St/An	S R F
Profunda femoral	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	≥10 <10 St/An	S R F
Superficial femoral	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	≥10 <10 St/An	S R F
Popliteal	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	≥10 <10 St/An	S R F
Tibial / pedal	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	≥10 <10 St/An	S R F
Within bypass	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	≥10 <10 St/An	S R F

graft

Key: Occlusion ≥10cm, Occlusion < 10cm, Stenosis/Aneurysm..Success, Residual stenosis, Failure

Right sheath size

- 4F 5F
 6F 7F
 > 8F

Left sheath size

- 4F 5F
 6F 7F
 > 8F

Right puncture detail

- 1 Antegrade femoral
 2 Retrograde femoral
 3 Other

Left puncture detail

- 1 Antegrade femoral
 2 Retrograde femoral
 3 Other

Right closure

- 1 Digital compression
 2 A closure device
 3 Surgical closure

Left closure

- 1 Digital compression
 2 A closure device
 3 Surgical closure

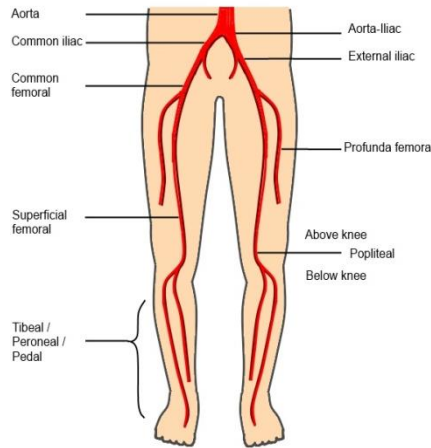
Bypass

Right inflow*

- 0 Axillary artery
- 1 Aorta
- 2 Common Iliac
- 3 External Iliac
- 4 Common femoral artery
- 6 Profunda femoral artery
- 7 Superficial femoral artery
- 8 Popliteal – above knee
- 9 Popliteal – below knee
- 10 Tibial / pedal

Right outflow

- 1 Aorta
- 2 Common Iliac
- 3 External Iliac
- 4 Common femoral artery
- 6 Profunda femoral artery
- 7 Superficial femoral artery
- 8 Popliteal – above knee
- 9 Popliteal – below knee
- 10 Tibial / pedal



Left inflow*

- 0 Axillary artery
- 1 Aorta
- 2 Common Iliac
- 3 External Iliac
- 4 Common femoral artery
- 6 Profunda femoral artery
- 7 Superficial femoral artery
- 8 Popliteal – above knee
- 9 Popliteal – below knee
- 10 Tibial / pedal

Left outflow

- 1 Aorta
- 2 Common Iliac
- 3 External Iliac
- 4 Common femoral artery
- 6 Profunda femoral artery
- 7 Superficial femoral artery
- 8 Popliteal – above knee
- 9 Popliteal – below knee
- 10 Tibial / pedal

- Right endarterectomy
- 1 Aorta
 - 2 Common Iliac
 - 3 External Iliac
 - 4 Common femoral artery
 - 6 Profunda femoral artery
 - 7 Superficial femoral artery
 - 8 Popliteal – above knee
 - 9 Popliteal – below knee
 - 10 Tibial / pedal

- Left endarterectomy
- 1 Aorta
 - 2 Common Iliac
 - 3 External Iliac
 - 4 Common femoral artery
 - 6 Profunda femoral artery
 - 7 Superficial femoral artery
 - 8 Popliteal – above knee
 - 9 Popliteal – below knee
 - 10 Tibial / pedal

- Right leg graft*
- 1 Autologous vein
 - 2 Biologic prosthetic
 - 3 Prosthetic
 - 4 Vein and prosthetic

- Left leg graft*
- 1 Autologous vein
 - 2 Biologic prosthetic
 - 3 Prosthetic
 - 4 Vein and prosthetic

- Right graft – why not vein*
- 1 No ipsilateral vein
 - 2 No leg or arm vein
 - 3 Surgeon choice

- Left graft – why not vein*
- 1 No ipsilateral vein
 - 2 No leg or arm vein
 - 3 Surgeon choice

Operator

Vascular specialist 1* _____

Anaesthetist 1* _____

Vascular specialist 2 _____

Anaesthetist 2 _____

Vascular specialist 3 _____

Vascular specialist 4 _____

Post Operative

Number of vessels with continuous run-off to foot

Right Leg

- 0
- 1
- > 1
- Not imaged

Left Leg

- 0
- 1
- > 1
- Not imaged

Destination after surgery*

- 1 Ward
- 2 Level 2 (HDU/PACU)
- 4 Level 3 (ICU)
- 5 Died in theatre

Note: If Died in theatre is selected, the remaining questions in the post-operative section will not show

Critical care stay*

_____ (Number of days)

Postoperative complications*

Please select as many options as applicable.

- 0 None
- 1 Cardiac
- 2 Respiratory
- 3 Cerebral (stroke)
- 4 Renal failure
- 5 Haemorrhage
- 6 Limb ischaemia
- 8 Bowel ischaemia
- 9 Puncture site related haematoma
- 10 False aneurysm
- 11 Vessel perforation
- 12 Distal embolus
- 13 Post-operative confusion
- 14 Major GI complication
- 15 Surgical site infection
- 17 Other

Readmission to a higher level of care*

- 0 No
- 1 Yes

Further unplanned lower limb surgery*

Please select as many options as applicable.

- 0 None
- 1 Angioplasty without stent
- 2 Angioplasty with stent
- 3 Lower limb bypass
- 7 Minor amputation (below ankle)
- 8 Major amputation (above ankle)
- 9 Other

Note: if Major amputation (above ankle) is selected, the rest of this bypass record will not be entered, and a linked amputation record will be started.

Discharge

- Discharge status – Alive on discharge* No Yes
- Date discharged/died* ____ / ____ / ____ (DD/MM/YYYY)
- Discharge destination*
 Usual place of residence
 Rehabilitation
 Other hospital
 Intermediate care (e.g. nursing or care home)
- Graft re-occluded prior to discharge* No Yes

Please also complete the [COVID-19 dataset, which can be found on our website.](#)

- Was the management of this patient affected by COVID-19?* No
 Yes

Patient does not have to be COVID-19 positive for this to apply, as their planned care may have been changed due to COVID-19 without a positive diagnosis.

Follow Up

- Readmission to hospital within 30 days* No Yes
- Was the readmission for vascular reasons?* No Yes
- Did the patient die within 30 days of the procedure?* No Yes
- Reason for NO follow up
 Died prior to planned follow-up after discharge
 Moved out of area
 Did not attend
 Other
- Date clinic appointment attended ____ / ____ / ____ (DD/MM/YYYY) *(Only if follow up occurred)*
- Wound healed at 30 days No Yes

If you have any queries please contact us on 020 7869 6621 and nvr@rcseng.ac.uk