

**Angioplasty**

**Patient Details**

Patient Consent\*     No     Yes     Not Required    *If patient not consented:*  
 Date consent recorded    \_\_\_ / \_\_\_ / \_\_\_\_\_ (DD/MM/YYYY)    *Do not record NHS number, name(s) or postcode.*  
 NHS number\*    \_\_\_\_\_  
 Date of birth\*    \_\_\_ / \_\_\_ / \_\_\_\_\_ (DD/MM/YYYY)    *If consent not required:*  
 Sex\*     Male     Female    *Ignore consent date.*  
 Last name    \_\_\_\_\_  
 First name    \_\_\_\_\_  
 Postcode\*    \_\_\_\_\_

**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    **Angioplasty**

**Pre-operative: Pathway**

Referring Specialty\*     Primary care  
     Medical specialty  
     Emergency Department  
     Other surgical specialty  
     Vascular surgery  
     MDT diabetic foot clinic  
 Date of referral to radiology\*    \_\_\_ / \_\_\_ / \_\_\_\_\_ (DD/MM/YYYY)  
 Date first imaging\*    \_\_\_ / \_\_\_ / \_\_\_\_\_ (DD/MM/YYYY)  
 Date seen by team\*    \_\_\_ / \_\_\_ / \_\_\_\_\_ (DD/MM/YYYY)

Indications			
Side of indication*	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Bilateral
Presenting problem*	<input type="checkbox"/> Acute limb ischemia <input type="checkbox"/> Chronic limb ischemia <input type="checkbox"/> Neuropathy <input type="checkbox"/> Tissue loss <input type="checkbox"/> Uncontrolled infection <input type="checkbox"/> Trauma <input type="checkbox"/> Aneurysm		
Fontaine score on admission*	<input type="checkbox"/> 1 – No symptoms <input type="checkbox"/> 2 – Intermittent claudication <input type="checkbox"/> 3 – Nocturnal and/or resting pain <input type="checkbox"/> 4 – Necrosis and/or gangrene in the limb		
Right	Left		
Previous right sided treatment*	<input type="checkbox"/> No <input type="checkbox"/> Yes	Previous left sided treatment*	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, what treatment*	<input type="checkbox"/> Angioplasty/Stent <input type="checkbox"/> Surgical revascularisation <input type="checkbox"/> Minor amputation <input type="checkbox"/> 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
- Hypertension
- Chronic lung disease
- Ischaemic heart disease
- Chronic heart failure
- Chronic renal disease
- Stroke
- Active/managed Cancer

*Please select as many options as applicable.*

Smoking status\*

- Current or stopped within 2 months
- Ex-smoker
- Never smoked

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
- Dual anti-platelet
- Statin
- Beta blocker
- ACE inhibitor / ARB s
- 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

## Procedure

Date/Time start\*

\_\_\_/\_\_\_/\_\_\_\_ (DD/MM/YYYY); \_\_\_ : \_\_\_ (HH:MM)

Anaesthetic type\*

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

Was this a hybrid lower limb revascularisation procedure?\*

- No
- Yes

## Angioplasty

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

### Right leg

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

graft

### Left leg

	Angioplasty	Stent	DCB	DCS	Lesion	Outcome
Common iliac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	≥10 <10 St/An	S R F
External iliac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	≥10 <10 St/An	S R F
Common femoral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	≥10 <10 St/An	S R F
Profunda femoral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	≥10 <10 St/An	S R F
Superficial femoral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	≥10 <10 St/An	S R F
Popliteal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	≥10 <10 St/An	S R F
Tibial / pedal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	≥10 <10 St/An	S R F
Within bypass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	≥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\*

- Antegrade femoral  
 Retrograde femoral  
 Other

Left puncture detail\*

- Antegrade femoral  
 Retrograde femoral  
 Other

Right closure\*

- Digital compression  
 A closure device  
 Surgical closure

Left closure\*

- Digital compression  
 A closure device  
 Surgical closure

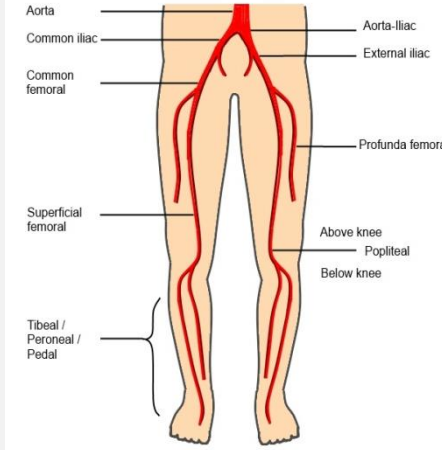
**Bypass**

**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\* \_\_\_\_\_  
 Vascular specialist 2 \_\_\_\_\_  
 Vascular specialist 3 \_\_\_\_\_  
 Vascular specialist 4 \_\_\_\_\_

Anaesthetist 1 \_\_\_\_\_  
 Anaesthetist 2 \_\_\_\_\_

## 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 procedure\*

- Day case unit
- Ward
- Level 2 (HDU/PACU)
- Level 3 (ICU)
- 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)

Peri/Post-op Complications\*

within hospital stay

*Please select as many options as applicable.*

- None
- Cardiac
- Respiratory
- Cerebral (stroke)
- Renal failure
- Haemorrhage
- Bowel ischaemia
- Post-operative confusion
- Limb ischaemia
- Puncture site related haematoma
- False aneurysm
- Vessel perforation
- Distal embolus
- Flow limiting dissection
- Other

Readmission to a higher level of care\*  No  Yes

Subsequent further unplanned lower limb procedure\*

*Please select as many options as applicable.*

- None
- Angioplasty without stent
- Angioplasty with stent
- Lower limb bypass
- Aspiration of clot
- Thrombolysis
- Minor amputation (below ankle)
- Major amputation (above ankle)
- Other

## Discharge

Discharge status – Alive on discharge\*  No  Yes

Date discharged/died\* \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (DD/MM/YYYY)

Ipsilateral artery patent at 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)*

If you have any queries please contact us on 020 7869 6621 and [nvr@rcseng.ac.uk](mailto:nvr@rcseng.ac.uk)