

**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    **Carotid Endarterectomy**

**Pre-operative: Pathway**

Indication for carotid intervention\*

- 1 Asymptomatic
- 2 TIA
- 3 Amaurosis Fugax
- 4 Stroke
- 5 Other

Date first symptom\*    \_\_\_/\_\_\_/\_\_\_\_ (DD/MM/YYYY)

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Source of Referral\*

- <sub>1</sub> GP
- <sub>2</sub> Neurologist
- <sub>3</sub> Stroke Physician
- <sub>4</sub> Radiologist
- <sub>5</sub> Care of Elderly Consultant
- <sub>6</sub> Vascular Surgeon
- <sub>7</sub> Cardiologist or Cardiothoracic Surgeon
- <sub>8</sub> Ophthalmologist
- <sub>9</sub> Self Referral
- <sub>10</sub> Other Surgeon
- <sub>99</sub> Other

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Date of referral\*

\_\_\_/\_\_\_/\_\_\_\_ (DD/MM/YYYY)

Date first imaging\*

\_\_\_/\_\_\_/\_\_\_\_ (DD/MM/YYYY)

Date seen surgical team\*

\_\_\_/\_\_\_/\_\_\_\_ (DD/MM/YYYY)

Further imaging

- <sub>0</sub> None
- <sub>2</sub> Duplex
- <sub>3</sub> CT Angiogram
- <sub>4</sub> MR Angiogram
- <sub>5</sub> Catheter Angiography
- <sub>6</sub> Other
- <sub>9</sub> Not recorded

## Indications

Side of indication\*

- <sub>1</sub> Right
- <sub>2</sub> Left
- <sub>3</sub> Bilateral

## Right / Left

Ipsilateral Stenosis\*

- <sub>1</sub> <50%
- <sub>2</sub> 50-69%
- <sub>3</sub> 70-89%
- <sub>4</sub> 90-99%
- <sub>5</sub> Occluded

Contralateral Stenosis\*

- <sub>0</sub> Not done
- <sub>1</sub> <50%
- <sub>2</sub> 50-69%
- <sub>3</sub> 70-89%
- <sub>4</sub> 90-99%
- <sub>5</sub> Occluded

Previous ipsilateral treatment\*

- <sub>0</sub> No
- <sub>1</sub> Yes

Previous contralateral treatment\*

- <sub>0</sub> No
- <sub>1</sub> Yes

## Risk Scoring

Comorbidities\*  None  
 Diabetes  Chronic heart failure  
*Please select as*  Hypertension  Chronic renal disease  
*many options*  Chronic lung disease  Active/managed cancer  
*as applicable.*  Ischaemic heart disease  Lower limb arterial disease

Smoking status\*  Current or stopped within 2 months  Ex-smoker  Never smoked

Creatinine\* \_\_\_\_\_ (μmol/l)

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

Atrial fibrillation\*  No  Yes

Rankin score\*  0 – Asymptomatic  
 1 – Non-disabling  
 2 – Minor disability some restriction in lifestyle  
 3 – Moderate disability symptoms interfere with lifestyle  
 4 – Moderately severe symptoms prevent independent existence  
 5 – Severely disabled totally dependent day and night

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)

Pre-Operative  No  Yes If yes, last date of Pre- \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Thrombolysis\* \_\_\_\_\_ Operative Thrombolysis\* (DD/MM/YYYY)

Procedure: Carotid Endarterectomy

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

Anaesthetic type\*       Local infiltration                       Superficial cervical plexus block  
 General anaesthetic                       Deep cervical plexus block

If side of indication – Bilateral

Ipsilateral type\*  
 Endarterectomy with direct closure  
 Endarterectomy with patch  
 Eversion endarterectomy  
 Carotid Bypass  
 Endovascular stent

Contralateral type\*  
 Endarterectomy with direct closure  
 Endarterectomy with patch  
 Eversion endarterectomy  
 Carotid Bypass  
 Endovascular stent

Ipsilateral shunt\*  
 No                       Yes

Contralateral shunt\*  
 No                       Yes

Ipsilateral patency check\*  
 No                       Yes

Contralateral patency check\*  
 No                       Yes

Operator

Vascular specialist 1*	_____	Anaesthetist 1*	_____
Vascular specialist 2	_____	Anaesthetist 2	_____
Vascular specialist 3	_____		
Vascular specialist 4	_____		

Post Operative

Destination after surgery\*       Ward                      *Note: If Died in theatre is selected, the remaining questions in the post-operative section will not show*  
 Level 2 (HDU/PACU)  
 Level 3 (ICU)  
 Died in theatre

Critical care stay\*      \_\_\_\_\_ (Number of days)

Return to theatre within admission\*       No                       Yes

Readmission to a higher level of care\*       No                       Yes

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Postoperative complications*	<input type="checkbox"/> None	<input type="checkbox"/> Renal failure
	<input type="checkbox"/> Cardiac	<input type="checkbox"/> Haemorrhage
<i>Please select as many options as applicable</i>	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Post-operative confusion
	<input checked="" type="checkbox"/> TIA	<input type="checkbox"/> Surgical site infection
	<input type="checkbox"/> Cerebral (stroke)	<input type="checkbox"/> Other
Type of post-op stroke*	<input type="checkbox"/> Haemorrhagic	<input type="checkbox"/> Ischaemic
Postoperative cranial nerve injury*	<input type="checkbox"/> No	<input type="checkbox"/> Yes

### Discharge

Discharge status – Alive on discharge*	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Date discharged/died*	____/____/____ (DD/MM/YYYY)	
Discharge destination*	<input type="checkbox"/> Usual place of residence	<input type="checkbox"/> Other hospital
	<input type="checkbox"/> Rehabilitation	<input type="checkbox"/> Intermediate care (e.g. nursing or care home)
If alive, Rankin score on discharge*	<input type="checkbox"/> 0 – Asymptomatic <input type="checkbox"/> 1 – Non-disabling <input type="checkbox"/> 2 – Minor disability some restriction in lifestyle <input type="checkbox"/> 3 – Moderate disability symptoms interfere with lifestyle <input type="checkbox"/> 4 – Moderately severe symptoms prevent independent existence <input type="checkbox"/> 5 – Severely disabled totally dependent day and night	

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

Cranial Nerve Injury < 30 day after procedure*	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Stroke < 30 days after procedure*	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Readmission to hospital within 30 days*	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Was the readmission for vascular reasons?*	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Did the patient die within 30 days of the procedure?*	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Reason for NO follow up	<input type="checkbox"/> Died prior to planned follow-up after discharge <input type="checkbox"/> Moved out of area <input type="checkbox"/> Did not attend <input type="checkbox"/> Other	
Date clinic appointment attended	____/____/____ (DD/MM/YYYY) <i>(Only if follow up occurred)</i>	

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