VSQIP VASCULAR SERVICES QUALITY IMPROVEMENT PROGRAMME

National Vascular Registry

Revision AAA Repair

Patient Details

Patient Consent* 0☐ No 1☐ Yes 2☐ Not Required

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

NHS number* _____

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

Sex* 1☐ Male 2☐ 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* 1☐ Elective 2☐ Non-elective

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

Local ID* _____

Procedure type **Abdominal Aortic Aneurysm Repair (Revision)**

Pre-operative: Pathway and Indications

AAA/Aortic Diameter* _____ in mm

Previous Aortic op*
0☐ No
1☐ Open repair
2☐ Endovascular repair
3☐ AAA repair – type unknown
4☐ Both open and endovascular repair

Indication for re-intervention*
Please select as many options as possible
1☐ AAA sac expansion
2☐ Graft migration
3☐ Graft stenosis or occlusion
4☐ Graft infection
5☐ New arterial disease (proximal or distal to original arterial graft)
6☐ Pseudo-aneurysm
7☐ Other

Pre-operative endoleak*

0☐ No endoleak
1☐ Type 1
2☐ Type 2
3☐ Type 3
4☐ Type 4
5☐ Type 5

Assessments *(for Elective Pathway only)*

CT/MR angio assessment date ____ /____ /_____ (DD/MM/YYYY)

MDT discussion date ____ /____ /_____ (DD/MM/YYYY)

Date of Anaesthetic review ____ /____ /_____ (DD/MM/YYYY)

Consultant vasc anaesthetist review

0☐ No 1☐ Yes

Fitness measurement used*

Please select as many options as applicable

0☐ None
1☐ CPET
6☐ Incremental shuttle walk test/6 minute walk test
4☐ Non-invasive cardiac stress test
5☐ Transthoracic echocardiogram

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

For both Elective and Non-elective pathways

Patient weight* _____ in Kg

Patient height* _____ in cm

Risk Scoring

Comorbidities* Please select as many options as applicable.

- 0☐ None
- 1☐ Diabetes
- 2☐ Hypertension
- 3☐ Chronic lung disease
- 4☐ Ischaemic heart disease
- 5☐ Chronic heart failure
- 6☐ Chronic renal disease
- 7☐ Stroke
- 8☐ Active/managed cancer
- 9☐ Lower limb arterial disease

Smoking status*

- 1☐ Current or stopped within 2 months
- 2☐ Ex-smoker
- 3☐ Never smoked

White cell count* _____ ($x10^9$/l)

Haemoglobin* _____ (dg/l)

Sodium* _____ (mmol/l)

Potassium* _____ (mmol/l)

Creatinine* _____ (µmol/l)

Albumin _____ (g/l)

Non Elective Admission – *Additional items*

Highest pulse pre-op _____

Lowest systolic BP pre-op _____

Abnormal ECG*

- 0☐ Normal
- 1☐ Abnormal

ASA Grade*

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

Pre-operative medication*

- 0☐ None
- 8☐ Single anti-platelet
- 9☐ Dual anti-platelet
- 2☐ Statin
- 3☐ Beta blocker
- 4☐ ACE inhibitor / ARB s
- 7☐ Oral anti-coagulant

Peri-operative medication*

- 1☐ None
- 2☐ Antibiotic prophylaxis
- 3☐ DVT prophylaxis

Has the patient had COVID-19 within the last 2 months?

- 1☐ No
- 2☐ Yes

COVID-19 Vaccine?

- 1☐ No
- 2☐ Yes, 1 dose
- 3☐ Yes, 2 doses
- 4☐ Yes, 3+ doses

Patient's frailty score

- 1☐ Not frail (well or managing well, routinely walking)
- 2☐ Mild frailty (evident slowing such as difficulty walking outside)
- 3☐ Moderate frailty (need help with some personal care or keeping house)
- 4☐ Severe frailty (completely dependent for personal care)

Procedure: AAA Repair

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

Aortic status*
- 1☐ Asymptomatic
- 2☐ Symptomatic unruptured
- 3☐ Ruptured
- 4☐ Aortic transection
- 5☐ Acute dissection
- 6☐ Chronic dissection

Type of repair 4☐ Revision Open 5☐ Revision EVAR 3☐ Complex EVAR

OPCS code of procedure 1* _____

OPCS code of procedure 2 _____

OPCS code of procedure 3 _____

All options will be available on NVR audit site via drop down menus.

Re-intervention / Procedure(s)*
- 1☐ Explant (partial or total)
- 2☐ Extra-anatomical bypass
- 3☐ Relining
- 4☐ Endoanchors / Bare metal stent / Banding
- 5☐ Distal extension
- 6☐ Ligation of aortic branches
- 7☐ Embolisation
- 8☐ Proximal extension cuff / Fenestrated cuff
- 9☐ Other

Neck angle
- 1☐ 0 to 60 degrees
- 2☐ 60 to 75 degrees
- 3☐ 75 to 90 degrees
- 4☐ More than 90 degrees

Neck diameter _____ in mm

Neck length _____ in mm

Open

AAA Clamp site
- 1☐ Infra-renal
- 2☐ Supra-renal
- 3☐ Supra-mesenteric
- 4☐ Supra-coeliac
- 5☐ Thoracic aorta

AAA Graft
- 1☐ Tube
- 5☐ Bifurcated
- 6☐ Any groin incision

EVAR

EVAR exclusion*
- 0☐ No
- 1☐ Yes primarily
- 2☐ Yes after adjunctive procedures

Extended External Iliac Artery (EIA)
- 0☐ No
- 1☐ Right
- 2☐ Left
- 3☐ Bilateral

Common Iliac Artery (CIA) diameter (larger one)_____ in mm

Complex EVAR – *Additional items*

Type of complex EVAR
- 1☐ FEVAR
- 2☐ BEVAR
- 3☐ TEVAR
- 4☐ Iliac branched graft
- 5☐ Composite graft
- 6☐ Chimney/periscope/snorkel

Note: If complex EVAR is 3=TEVAR, then the following questions won't appear on the screen: iliac branch, neck angle, neck length, extended into external iliac artery, common iliac artery diameter

Iliac branch

0☐ No 1☐ Right 2☐ Left 3☐ Bilateral

Perioperative Endoleak* 0☐ No endoleak
1☐ Type 1
2☐ Type 2
3☐ Type 3
4☐ Type 4
5☐ Unclassified

If NO perioperative endoleak ignore the next 2 items.

Endoleak intervention 0☐ No 1☐ Yes

Success 0☐ No 1☐ Yes

Devices

Device section (please add each device component). The device barcode can also be scanned directly into the NVR IT system.

Manufacturer _____ Batch/Lot Number _____

Product Number _____ Was this device used on IFU? 0☐ No 1☐ Yes

GTIN _____

Manufacturer _____ Batch/Lot Number _____

Product Number _____ Was this device used on IFU? 0☐ No 1☐ Yes

GTIN _____

Operator

Vascular specialist 1* _____ Anaesthetist 1* _____

Vascular specialist 2 _____ Anaesthetist 2 _____

Vascular specialist 3 _____

Vascular specialist 4 _____

Peri-operative Anaesthetic Details

Anaesthetic type* *Please select as many options as applicable*

- 7☐ Local infiltration
- 8☐ Plexus/compartment block
- 9☐ Neuraxial block (spinal/epidural)
- 3☐ General anaesthetic

Direct arterial monitoring	0☐ No	1☐ Yes
Intraoperative cardiac output monitoring	0☐ No	1☐ Yes
Postoperative coagulopathy	0☐ No	1☐ Yes
Core temperature ≥ 36 °C at end of procedure	0☐ No	1☐ Yes
Patient reported severe pain within 1 hour of surgery	0☐ No	1☐ Yes

Post Operative

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)

Return to theatre within admission*	0☐ No	1☐ Yes
Readmission to a higher level of care*	0☐ No	1☐ Yes

Postoperative complications* *Please select as many options as applicable.*

- 0☐ None
- 1☐ Cardiac (MI / NSTEMI / heart failure)
- 2☐ Respiratory
- 3☐ Cerebral (stroke)
- 4☐ Renal failure
- 5☐ Haemorrhage
- 6☐ Limb ischaemia
- 7☐ Paraplegia
- 8☐ Ischaemic bowel
- 13☐ Post-operative confusion
- 14☐ Major GI complication
- 15☐ Surgical site infection
- 17☐ Other

Discharge

Discharge status – Alive on discharge* $_0$☐ No $_1$☐ Yes

Date discharged/died* ____ /____ /_____ (DD/MM/YYYY)

Discharge destination*

$_1$☐ Usual place of residence

$_2$☐ Rehabilitation

$_3$☐ Other hospital

$_4$☐ Intermediate care (e.g. nursing or care home)

Please also complete the COVID-19 dataset, which can be found on our website.

Follow Up

Readmission to hospital within 30 days* $_0$☐ No $_1$☐ Yes

Was the readmission for vascular reasons? * $_0$☐ No $_1$☐ Yes

Did the patient die within 30 days of the procedure? * $_0$☐ No $_1$☐ Yes

Reason for NO follow up

$_1$☐ Died prior to planned follow-up after discharge

$_2$☐ Moved out of area

$_3$☐ Did not attend

$_4$☐ 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