

CT findings for anatomical suitability for patients who are suitable for an EVAR device

To be completed by trial co-ordinator with the consultant radiologist

EVAR study number

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Patient name _____

Date of CT scan

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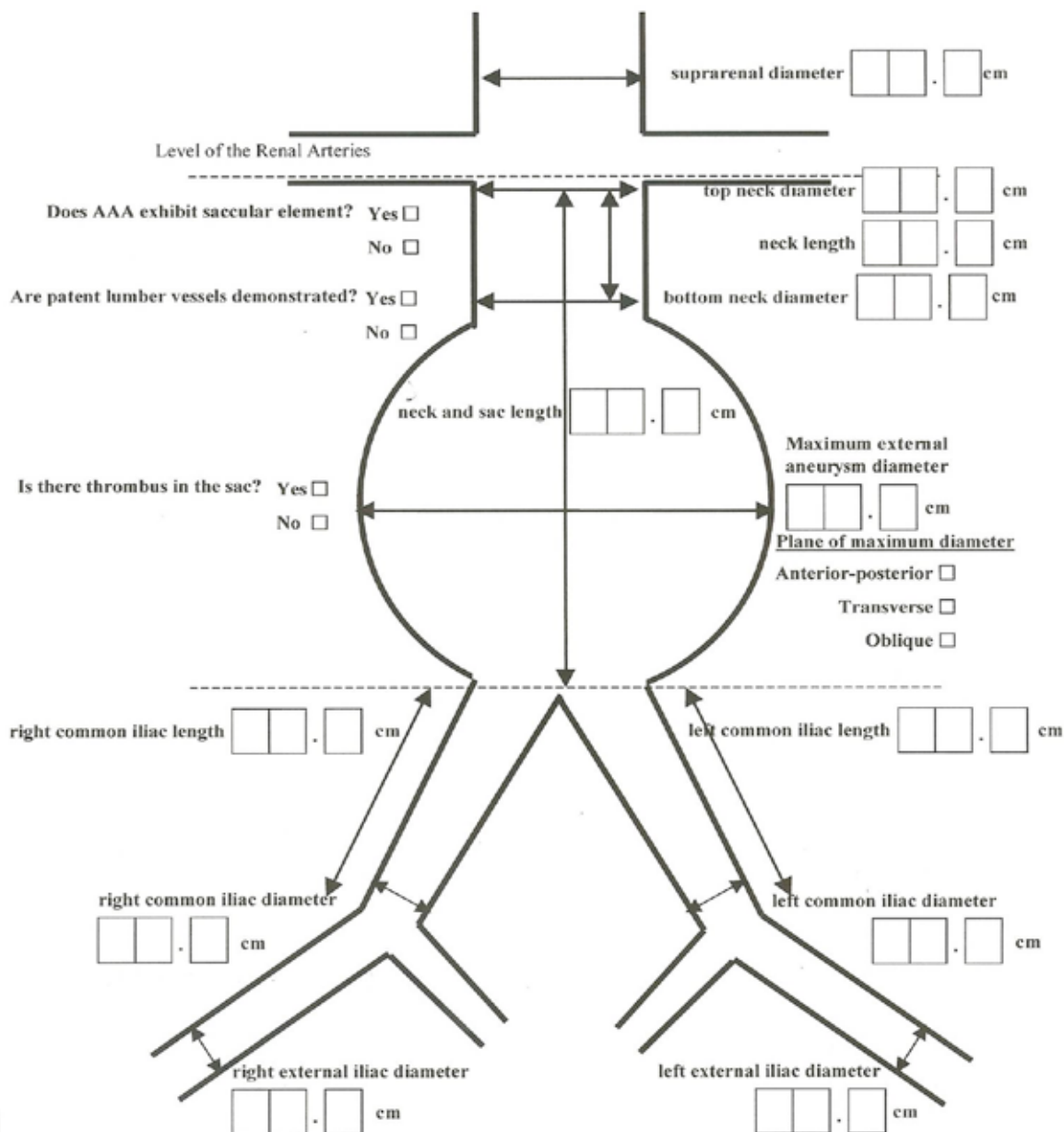
Measurement source

CT scan alone

3D CTscan

marked catheter

mixture



Summary of CT scan results for anatomical suitability for an EVAR device

EVAR study number

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Where was CT scan performed?

Regional centre Supporting hospital

Type of CT scan?

Helical CT scan Non-helical CT scan

Does the radiologist see contained rupture on CT?

Yes No Neck suitability

Are the neck dimensions suitable for EVAR?

Length Yes No Diameter Yes No

Is the neck sufficiently free of thrombus?

Yes No

Is the neck sufficiently straight for EVAR?

Yes No Landing zone suitability

Are the iliac artery dimensions suitable for EVAR?

Length Yes No Diameter Yes No

Are the iliac arteries sufficiently free of thrombus?

Yes No

Are the iliac arteries sufficiently straight for EVAR?

Yes No

Are the internal iliac arteries patent?

Right Yes No Left Yes No

Which EVAR graft has been considered for the patient?

Please cross one device onlyAneurX Bard device Ancure (EVT) Talent Cook/Zenith Vanguard Gore excluder Gianturco-Dacron/Nottingham Gianturco-Dacron/Leicester Palmaz/PTFE Other Shape of graft?straight uni-iliac bi-iliac/bi-fem

If other, please specify

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Is the patient suitable for this EVAR device?

Yes No

Does the surgeon regard the AAA as tender?

Yes No