

Operative procedure information formTo be completed if there is any AAA operative intervention for the patient

Patient EVAR Trial ID number

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Patient name _____

Has there been any pre-op embolisation? Yes No What is the shape of the graft? straight uni-iliac bi-iliac/bi-fem Type of operation?EVAR Open repair EVAR modification Conversion from EVAR to OR Other AAA intervention

If EVAR, which device?

AneurX Bard device Ancure (EVT) Talent Commercial Cook/Zenith Vanguard Gore excluder Gianturco-Dacron/Nottingham Gianturco-Dacron/Leicester Palmaz/PTFE Other, please specify below

1. Is there transrenal fixation?

Yes No

2. Have additional graft parts been used?

Please enter numbers of additional parts used :

Extender limbs

Cuffs

Stents

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3. Has the patient had a more recent CT because of delay of operation?

Yes No

If Yes,

Maximum CT diameter (cm)

Date of CT scan

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4. What is the status of the aneurysm at the time of operation?

Non-tender Tender Contained rupture Emergency rupture **Theatre data**

5. Site of operation

Theatre Radiological suite Both

6. Type of anaesthetic

General Epidural Both

7. Name of operating surgeon

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8. Name of operating radiologist

Rank Consultant Registrar Other

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Rank Consultant Registrar Other

9. Time of anaesthetists first action in the anaesthetic room to time of patient leaving the operating table => Total theatre occupation time

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 mins

10. Blood replaced

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 mls

11. Amount of contrast agent administered

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 mls

12. Radiation exposure or screening time

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 mSv

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 mins

13. Did any of the following occur in theatre? Cross as many as necessary.

None Conversion to open repair Procedure abandoned Patient died in theatre

Patient EVAR Trial ID number

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Length of stay

Date of admission

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of operation

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of discharge from hospital

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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OR Date of death

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Number of pre-operative nights

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Number of nights in ITU

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Number of nights in HDU

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Number of post operative standard nights
in addition to ITU & HDU

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Total length of stay should be sum of above nights

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Post-operative interventionsWere there any other **post-operative** interventions **during admission?**Yes No

If Yes, what type of procedure? Cross as many as necessary.

Total length of additional time
patient spent in theatre?

<input type="text"/>	<input type="text"/>	<input type="text"/>	mins
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- Conversion to open repair
 Re-exploration of open repair
 Correction of EVAR endoleak
 Other abdominal surgery
 Cardiac surgery
 Other vascular surgery
 Other
 Unknown

Was post-operative acute renal dialysis required?

Yes No **Post-operative mortality**

Did the patient die in hospital before discharge?

Yes No

If Yes,

Date of death

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Patient status 30 days following the operation?

Alive Dead

If dead,

Date of death

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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