

Adverse events follow-up form 2

To be completed by the co-ordinator whether the patient attended follow-up or not or if information was obtained elsewhere

Patient EVAR Trial ID number

Patient name _____

Please cross which adverse events have occurred?

AAA became tender Date AAA became tender / /

If AAA repair performed, please complete an operative procedure information form

Rupture of AAA Date AAA ruptured / /

If AAA repair performed, please complete an operative procedure information form

Elective conversion from EVAR to open repair

Please complete an operative procedure information form

Myocardial infarction Date of myocardial infarction / /

Enzymal proof of MI

ECG proof of MI

Please send copies of ECG or enzymal results with this form

Stroke Date of stroke / /

Has this been verified by a neurologist report? Yes No

Renal status Has the patient developed the need for chronic renal dialysis? Yes No

Amputation Type of amputation? Above knee
Below knee

For the adverse events, MI, stroke, renal status and amputation you do NOT need to complete an operative procedure information form but please answer the following questions :

1. Was the patient admitted to hospital?

If Yes, please complete following length of stay details.

Yes No

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 standard nights in addition to ITU & HDU

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Total length of stay

<input type="text"/>	<input type="text"/>	<input type="text"/>
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2. During admission, how many surgical interventions occurred?

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