

CT scan incidents follow-up form 4 for patients who have had an EVAR

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

Patient EVAR Trial ID number

Patient name _____

Date incident was discovered on CT scan / /

Please give details of any endoleaks according to the *White & May* classification system

		Resolved without intervention	Resolved with intervention	Not resolved
Perigraft leak, perigraft channel or graft-related endoleak	Type I <input type="checkbox"/> <input type="checkbox"/> Proximal <input type="checkbox"/> Distal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retrograde endoleak, collateral flow, retroleak or non-grade-related endoleak. Leak from patent lumbar, inferior mesenteric, intercostal arteries.	Type II <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fabric tear, modular disconnection or poor seal	Type III <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endoleak of undefined source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Has there been a graft/aneurysm rupture? Yes No
2. Is there an anastomotic aneurysm? Proximal Distal None
3. Is graft migration seen? Proximal Distal None
4. Has the graft integrity been compromised? Tick as many as necessary. Kinking
Severe dilatation
Fabric tear/holes
Stent frame fracture
Stent row separation
Attachment system fracture
5. Has graft thrombosis occurred?
If Yes, where? Single limb Both limbs Elsewhere
6. Is there graft stenosis?
If Yes, where? Single limb Both limbs Elsewhere
7. Has there been distal embolisation from the endograft? Yes No
8. Is graft infection suspected? Yes No
9. Please circle which of the following areas have increased in diameter by >5mm since the last visit
Aortic neck Right iliac landing zone Left iliac landing zone Aneurysmal sac None
10. Please circle to indicate whether either of the following have occurred
Aortic dissection/perforation Renal infarction

If there have been any operative interventions with patient admission,
please complete an operative procedure information form