

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

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

Patient EVAR Trial ID number

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Patient name _____

Date incident was discovered on CT scan

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1. Has there been a graft/aneurysm rupture? Yes No

2. Is there an anastomotic aneurysm? Proximal Distal None

3. Is there graft kinking? Yes No

4. Has graft thrombosis occurred?

If Yes, where?

Single limb Both limbs Elsewhere

5. Is there graft stenosis?

If Yes, where?

Single limb Both limbs Elsewhere

6. Has there been distal embolisation from the graft? Yes No

7. Is graft infection suspected? Yes No

8. Please circle which of the following areas have increased in diameter by >5mm since the last visit

Aortic neck Right distal anastomosis Left distal anastomosis Aneurysmal sac None

9. 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