



Procedure Information for Vascular Intervention

Physician _____ Fellow ID/Second Operator _____

Procedure Date _____ Start Time _____ Procedure End Date _____ End Time _____

Status of Procedure Elective Urgent Emergent **Staged Procedure** Y / N

Consultations

Cardiology Consultation Y / N
Pulmonary Consultation Y / N
Primary Care/ Internal Medicine Y / N
Hematology Consultation Y / N
Renal Consultation Y / N

Imaging Studies Within past 6 months

Right Pre-Procedure ABI	Y / N	Compressible Y / N Value _____
Left Pre-Procedure ABI	Y / N	Compressible Y / N Value _____
Right Pre-Procedure TBI	Y / N	Value _____
Left Pre-Procedure TBI	Y / N	Value _____
Right Pre Procedure Toe Pressure	Y / N	Value _____
Left Pre Procedure Toe Pressure	Y / N	Value _____
Vein Mapping	Y / N	
Duplex Ultrasound	Y / N	Normal or Abnormal
CTA	Y / N	Normal or Abnormal
MRI/MRA	Y / N	Normal or Abnormal
Contrast Cineangiography	Y / N	Normal or Abnormal
Cardiac Stress Test	Y / N	Normal or Abnormal
Electrocardiogram	Y / N	Normal or Abnormal
Chest X-Ray	Y / N	Normal or Abnormal

Labs Pre Procedure

Pre Creatinine _____ mg/dl ND
Pre Hemoglobin _____ g/dl ND
Pre BNP _____ pg/mL No
Pre Troponin Y / ND
I _____ Units _____ No
I HS _____ Units _____ No
T _____ Units _____ No
T HS _____ Units _____ No

Labs Post Procedure

Peak Creatinine _____ mg/dl ND
Nadir Hemoglobin _____ g/dl ND

Labs Other

Albumin _____ g/L ND

<u>Medication During Procedure</u>	Pre	During	Post	C/I		Pre	During	Post
Aspirin					Saline Infusion			
Clopidogrel (Plavix)						Saline <1 hr		
Prasugrel (Effient)						Saline 1-3 hrs		
Ticagrelor (Brilinta)						Saline 3-6 hrs		
IV / IA Nitroglycerin						Saline >6 hrs		
IV Heparin/Unfractionated Heparin					Lactated Ringer's Infusion			
Protamine						LR <1 hr		
Bivalirudin (Angiomax)						LR 1-3 hrs		
Thrombolytics (TPA /TNK /rPA)						LR 3-6 hrs		
Sodium Bicarbonate						LR >6 hrs		
					Other Hydration Infusion			
						Other <1 hr		
						Other 1-3 hrs		
						Other 3-6 hrs		
						Other >6 hrs		

Indications

Asymptomatic	Y / N	Complication from Prior Procedure	Y / N
Abdominal / Back Pain	Y / N	Trauma	Y / N
Rapidly Increasing Aneurysm Dia	Y / N	Mycotic aneurysm	Y / N
Unfit for Open AAA Repair	Y / N	Pre-procedure smoking cessation	Y / N
Unfit for General Anesthesia	Y / N	<input type="checkbox"/> Physician delivered advice	<input type="checkbox"/> Pt ref
Infection	Y / N	<input type="checkbox"/> NRT	<input type="checkbox"/> Pt ref
Size of Iliac Aneurysm	Y / N	<input type="checkbox"/> Referral to smoking counseling services	
Correction of Endoleak	Y / N	<input type="checkbox"/> Pt ref	
Concomitant Iliac Occlusive disease	Y / N	<input type="checkbox"/> Local counseling service	
Lower Extremity Ischemia / Emboli	Y / N	<input type="checkbox"/> MI Quitline	
Documented Patient Anxiety Levels	Y / N	<input type="checkbox"/> Other counseling service	
Penetrating Ulcer	Y / N		

Procedure Details

Prior Family History of AAA Y / N	Aneurysm Location Y / N / ND	*Mental Status ND
Prior Aortic Surgery Y / N	<input type="radio"/> Infrarenal	<input type="radio"/> Normal (alert and oriented)
<input type="radio"/> Year _____	<input type="radio"/> Juxtarenal	<input type="radio"/> Disoriented to person, place or time
<input type="radio"/> AAA (Infrarenal)	<input type="radio"/> Suprarenal	<input type="radio"/> Unconscious
<input type="radio"/> SAAA (Suprarenal)	Aneurysm Anatomy Y / N / ND	*Cardiac Arrest Y / N
<input type="radio"/> Bypass	<input type="radio"/> Fusiform	*Timeframe Symptoms to Incision ND
<input type="radio"/> Other (Endart or Other)	<input type="radio"/> Saccular	_____hrs
Maximum AAA Dia _____mm ND	<input type="radio"/> Both	*Timeframe Admission to Incision ND
Iliac Aneurysm Y / N _____mm	Contained Rupture Y / N	_____hrs
<input type="radio"/> Unilateral	*Ruptured AAA Y / N	Conversion from Endo Repair Y / N
<input type="radio"/> Bilateral	*Lowest Pre-Intubation BP ND	<input type="radio"/> Immediate
	_____mmHg	<input type="radio"/> >1 day to 30 days
		<input type="radio"/> >30 days
		Skin Preparation

<p>Exposure</p> <ul style="list-style-type: none"> <input type="radio"/> Transperitoneal <input type="radio"/> Retroperitoneal <p>Distal Anastomosis</p> <ul style="list-style-type: none"> <input type="radio"/> Aorta <input type="radio"/> Common Iliac artery (CIA) <input type="radio"/> External Iliac artery (EIA) <input type="radio"/> Common Femoral Artery (CFA) <input type="radio"/> Graft Not Utilized <p>Graft Body Diameter _____mm</p> <ul style="list-style-type: none"> <input type="radio"/> ND <input type="radio"/> Graft Not Utilized <p>Graft Type</p> <ul style="list-style-type: none"> <input type="checkbox"/> Dacron <input type="checkbox"/> PTFE <input type="checkbox"/> Graft Not Utilized <input type="checkbox"/> Allograft <input type="checkbox"/> Other <p>Renal Status Y / N / ND</p> <ul style="list-style-type: none"> <input type="checkbox"/> Patent, No Intervention <input type="checkbox"/> Chronically Occluded <input type="checkbox"/> Purposely Occluded <input type="checkbox"/> De-Branch / Bypass <input type="checkbox"/> Stent <input type="checkbox"/> Chimney <input type="checkbox"/> Fenestrated / scallop <input type="checkbox"/> Side Branch from Graft <input type="checkbox"/> Accessory Renal Artery Covered <p>Anastomotic Felt Reinforcement Y / N</p> <p>Hypogastric ligated / occluded Y / N</p> <ul style="list-style-type: none"> <input type="radio"/> Single <input type="radio"/> Both <p>Proximal Clamp Position Y / N</p> <ul style="list-style-type: none"> <input type="radio"/> Infrarenal <input type="radio"/> Above 1 renal <input type="radio"/> Above both renal <input type="radio"/> Supraceliac <input type="radio"/> Clamp not utilized 	<p>IMA at Completion ND</p> <ul style="list-style-type: none"> <input type="radio"/> Occluded <input type="radio"/> Ligated <input type="radio"/> Re-implanted <input type="radio"/> Patent <input type="radio"/> Graft Not Utilized <p>Renal/Visceral Ischemic Time _____mins</p> <ul style="list-style-type: none"> <input type="radio"/> ND <input type="radio"/> Clamp not utilized <p>Intra-Operative Revision Y / N</p> <p>Cold Renal Perfusion Y / N</p> <p>Mannitol admin during proc Y / N</p> <p>Closure for Open Exposure</p> <ul style="list-style-type: none"> <input type="checkbox"/> Suture <ul style="list-style-type: none"> <input type="checkbox"/> Absorbable <input type="checkbox"/> Permanent <input type="checkbox"/> Staples <input type="checkbox"/> Delayed <input type="checkbox"/> Other <p>Anesthesia Type</p> <ul style="list-style-type: none"> <input type="radio"/> Local <input type="radio"/> Epidural <input type="radio"/> Regional <input type="radio"/> Spinal <input type="radio"/> General <input type="radio"/> Epidural & General <input type="radio"/> MAC <p>Antibiotics Pre Procedure Y / N</p> <ul style="list-style-type: none"> <input type="radio"/> Cefazolin <ul style="list-style-type: none"> <input type="radio"/> Redosed (Q4 hours) Y / N <input type="radio"/> Clindamycin <ul style="list-style-type: none"> <input type="radio"/> Redosed (Q6 hours) Y / N <input type="radio"/> On scheduled antibiotic <input type="radio"/> Other 	<ul style="list-style-type: none"> <input type="checkbox"/> Chlorhexidine <input type="checkbox"/> Alcohol <input type="checkbox"/> Iodine <input type="checkbox"/> Chlorhexidine + Iodine <input type="checkbox"/> Chlorhexidine + Alcohol <input type="checkbox"/> Iodine + Alcohol <p>Contraindicated to Chlorhexidine & Alcohol Skin Preparation Y / N</p> <p>Glucose Peak _____mg/Dl ND</p> <p>Nadir Body Temp _____Celsius ND</p> <p>Crystalloids _____mL ND</p> <p>EBL _____mL ND</p> <p>ASA Class _____ Does not apply</p> <p>Contrast Types</p> <ul style="list-style-type: none"> <input type="radio"/> Nonionic, low-osmolar <input type="radio"/> Nonionic, Iso-osmolar <input type="radio"/> Ionic, hyperosmolar <input type="radio"/> Ionic, low-osmolar <input type="radio"/> Unknown/Investigational <input type="radio"/> Gadolinium <input type="radio"/> Carbon Dioxide (CO₂) <input type="radio"/> None <p>Total IV Contrast Used _____mL ND</p> <p>Total Heparin Dosage _____units ND</p> <p>Peak Intra-Operative ACT _____Sec ND</p> <p>End of Procedure ACT _____Sec ND</p>
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Locations Choose Vessel Location from drop down menu on website.

<p>Vessel Location _____</p> <p>Lesion Segment Area</p> <ul style="list-style-type: none"> <input type="radio"/> Proximal <input type="radio"/> Diffuse <input type="radio"/> Mid <input type="radio"/> ND <input type="radio"/> Distal <div style="border: 1px solid black; padding: 5px;"> <p>PVI Procedure Performed</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Asp-Ather</td> <td><input type="checkbox"/> Lys</td> </tr> <tr> <td><input type="checkbox"/> M-Throm</td> <td><input type="checkbox"/> ND</td> </tr> <tr> <td><input type="checkbox"/> BA</td> <td><input type="checkbox"/> NW</td> </tr> <tr> <td><input type="checkbox"/> Cryo-B</td> <td><input type="checkbox"/> Oth-Ather</td> </tr> <tr> <td><input type="checkbox"/> CTO Device</td> <td><input type="checkbox"/> Open Endart</td> </tr> <tr> <td><input type="checkbox"/> CB</td> <td><input type="checkbox"/> Open Thromb</td> </tr> <tr> <td><input type="checkbox"/> D-Ather</td> <td><input type="checkbox"/> R-Ather</td> </tr> <tr> <td><input type="checkbox"/> DPD-B</td> <td><input type="checkbox"/> Re-Ent-Cath</td> </tr> <tr> <td><input type="checkbox"/> DPD-F</td> <td><input type="checkbox"/> Research</td> </tr> <tr> <td><input type="checkbox"/> DCB</td> <td><input type="checkbox"/> S-BA</td> </tr> <tr> <td><input type="checkbox"/> FW</td> <td><input type="checkbox"/> Stent</td> </tr> <tr> <td><input type="checkbox"/> Inf-Cath</td> <td><input type="checkbox"/> Thromb-Asp</td> </tr> <tr> <td><input type="checkbox"/> IVUS</td> <td><input type="checkbox"/> Vasc Emb</td> </tr> <tr> <td><input type="checkbox"/> L-Ather</td> <td></td> </tr> </table> </div>	<input type="checkbox"/> Asp-Ather	<input type="checkbox"/> Lys	<input type="checkbox"/> M-Throm	<input type="checkbox"/> ND	<input type="checkbox"/> BA	<input type="checkbox"/> NW	<input type="checkbox"/> Cryo-B	<input type="checkbox"/> Oth-Ather	<input type="checkbox"/> CTO Device	<input type="checkbox"/> Open Endart	<input type="checkbox"/> CB	<input type="checkbox"/> Open Thromb	<input type="checkbox"/> D-Ather	<input type="checkbox"/> R-Ather	<input type="checkbox"/> DPD-B	<input type="checkbox"/> Re-Ent-Cath	<input type="checkbox"/> DPD-F	<input type="checkbox"/> Research	<input type="checkbox"/> DCB	<input type="checkbox"/> S-BA	<input type="checkbox"/> FW	<input type="checkbox"/> Stent	<input type="checkbox"/> Inf-Cath	<input type="checkbox"/> Thromb-Asp	<input type="checkbox"/> IVUS	<input type="checkbox"/> Vasc Emb	<input type="checkbox"/> L-Ather		<p>Vessel Location _____</p> <p>Lesion Segment Area</p> <ul style="list-style-type: none"> <input type="radio"/> Proximal <input type="radio"/> Diffuse <input type="radio"/> Mid <input type="radio"/> ND <input type="radio"/> Distal <div style="border: 1px solid black; 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<p>Bypass Graft Y / N Type Syn/Vein/ND</p> <p>Graft Origin _____</p> <p>Graft Insertion _____</p> <p>Lesion Length _____ mm</p> <p>Heavy Calcium Y / N</p> <p>In-stent restenosis Y / N</p> <p>Thrombus Y / N</p> <p>Pre/Post stenosis _____/_____%</p> <p>Final balloon dia _____mm</p> <p><u>Stents</u></p> <p>Stent Name _____</p> <p>Stent Dia _____mm</p> <p>Stent Length _____mm</p>	<p>Bypass Graft Y / N Type Syn/Vein/ND</p> <p>Graft Origin _____</p> <p>Graft Insertion _____</p> <p>Lesion Length _____ mm</p> <p>Heavy Calcium Y / N</p> <p>In-stent restenosis Y / N</p> <p>Thrombus Y / N</p> <p>Pre/Post stenosis _____/_____%</p> <p>Final balloon dia _____mm</p> <p>Stent Name _____</p> <p>Stent Dia _____mm</p> <p>Stent Length _____mm</p>	<p>Bypass Graft Y / N Type Syn/Vein/ND</p> <p>Graft Origin _____</p> <p>Graft Insertion _____</p> <p>Lesion Length _____ mm</p> <p>Heavy Calcium Y / N</p> <p>In-stent restenosis Y / N</p> <p>Thrombus Y / N</p> <p>Pre/Post stenosis _____/_____%</p> <p>Final balloon dia _____mm</p> <p>Stent Name _____</p> <p>Stent Dia _____mm</p> <p>Stent Length _____mm</p>
<p><u>Vascular Access</u></p> <p>Vascular Access Site _____</p> <p>Vascular Access Type</p> <ul style="list-style-type: none"> <input type="radio"/> Percutaneous <input type="radio"/> Surgical Cut down <p>Vessel Accessed</p> <ul style="list-style-type: none"> <input type="radio"/> Native Artery <input type="radio"/> Bypass Graft <p>Access Guidance Y / N</p> <ul style="list-style-type: none"> <input type="radio"/> Fluoroscopy <input type="radio"/> Ultrasound <p>Access Approach</p> <ul style="list-style-type: none"> <input type="radio"/> Antegrade <input type="radio"/> Both <input type="radio"/> Retrograde <p>Sheath Size _____French</p>	<p>Vascular Access Site _____</p> <p>Vascular Access Type</p> <ul style="list-style-type: none"> <input type="radio"/> Percutaneous <input type="radio"/> Surgical Cut down <p>Vessel Accessed</p> <ul style="list-style-type: none"> <input type="radio"/> Native Artery <input type="radio"/> Bypass Graft <p>Access Guidance Y / N</p> <ul style="list-style-type: none"> <input type="radio"/> Fluoroscopy <input type="radio"/> Ultrasound <p>Access Approach</p> <ul style="list-style-type: none"> <input type="radio"/> Antegrade <input type="radio"/> Both <input type="radio"/> Retrograde <p>Sheath Size _____French</p>	<p>Vascular Access Site _____</p> <p>Vascular Access Type</p> <ul style="list-style-type: none"> <input type="radio"/> Percutaneous <input type="radio"/> Surgical Cut down <p>Vessel Accessed</p> <ul style="list-style-type: none"> <input type="radio"/> Native Artery <input type="radio"/> Bypass Graft <p>Access Guidance Y / N</p> <ul style="list-style-type: none"> <input type="radio"/> Fluoroscopy <input type="radio"/> Ultrasound <p>Access Approach</p> <ul style="list-style-type: none"> <input type="radio"/> Antegrade <input type="radio"/> Both <input type="radio"/> Retrograde <p>Sheath Size _____French</p>
<p><u>Vascular Access (cont.)</u></p> <p>Sheath Removed Y / N</p> <ul style="list-style-type: none"> <input type="checkbox"/> Manual (No device) <input type="checkbox"/> Perclose <input type="checkbox"/> Angioseal <input type="checkbox"/> Mynx <input type="checkbox"/> Starclose <input type="checkbox"/> Surgical <input type="checkbox"/> Exoseal <input type="checkbox"/> Boomerang <input type="checkbox"/> Compression Device <input type="checkbox"/> Hemostatic Patch <input type="checkbox"/> FISH <input type="checkbox"/> Vascade <p>Sheath removal</p> <ul style="list-style-type: none"> <input type="radio"/> 0-3 hours <input type="radio"/> 3-24 hours <input type="radio"/> >24 hours 	<p>Sheath Removed Y / N</p> <ul style="list-style-type: none"> <input type="checkbox"/> Manual (No device) <input type="checkbox"/> Perclose <input type="checkbox"/> Angioseal <input type="checkbox"/> Mynx <input type="checkbox"/> Starclose <input type="checkbox"/> Surgical <input type="checkbox"/> Exoseal <input type="checkbox"/> Boomerang <input type="checkbox"/> Compression Device <input type="checkbox"/> Hemostatic Patch <input type="checkbox"/> FISH <input type="checkbox"/> Vascade <p>Sheath removal</p> <ul style="list-style-type: none"> <input type="radio"/> 0-3 hours <input type="radio"/> 3-24 hours <input type="radio"/> >24 hours 	<p>Sheath Removed Y / N</p> <ul style="list-style-type: none"> <input type="checkbox"/> Manual (No device) <input type="checkbox"/> Perclose <input type="checkbox"/> Angioseal <input type="checkbox"/> Mynx <input type="checkbox"/> Starclose <input type="checkbox"/> Surgical <input type="checkbox"/> Exoseal <input type="checkbox"/> Boomerang <input type="checkbox"/> Compression Device <input type="checkbox"/> Hemostatic Patch <input type="checkbox"/> FISH <input type="checkbox"/> Vascade <p>Sheath removal</p> <ul style="list-style-type: none"> <input type="radio"/> 0-3 hours <input type="radio"/> 3-24 hours <input type="radio"/> >24 hours
<p><u>Outcomes During Procedure</u></p>	<p><input type="checkbox"/> No Outcomes During Procedure</p>	<p>Vascular Access Complications Y / N</p> <ul style="list-style-type: none"> <input type="checkbox"/> Retroperitoneal hematoma

<p>Death Y / N</p> <ul style="list-style-type: none"> <input type="radio"/> Cardiovascular <input type="radio"/> Hemorrhage <input type="radio"/> Multi System Organ Failure <input type="radio"/> Other <input type="radio"/> Unknown Cause of Death <p>Dissection (Not Repaired) Y / N</p> <p>Myocardial Infarction Y / N</p> <p>Cardiac Arrest Y / N</p> <p>Embolus Y / N</p> <ul style="list-style-type: none"> <input type="radio"/> Successful <input type="radio"/> Unsuccessful <p>Thrombus Y / N</p> <p>Stent/Graft Thrombosis Y / N</p> <ul style="list-style-type: none"> <input type="radio"/> Successful <input type="radio"/> Unsuccessful 	<p>Vessel Perforation Y / N</p> <ul style="list-style-type: none"> <input type="radio"/> Successful <ul style="list-style-type: none"> <input type="checkbox"/> Balloon <input type="checkbox"/> Covered Stent <input type="checkbox"/> Bare Metal Stent <input type="checkbox"/> External Compression <input type="checkbox"/> Reversal of Anticoagulation <input type="checkbox"/> No Treatment <input type="radio"/> Unsuccessful <p>TIA/Stroke Y / N</p> <p>Transfusion Y / N</p> <ul style="list-style-type: none"> <input type="checkbox"/> PRBC #Units _____ <input type="checkbox"/> Platelets <input type="checkbox"/> Fresh Frozen Plasma <input type="checkbox"/> Other 	<ul style="list-style-type: none"> <input type="checkbox"/> Pseudo-aneurysm <input type="checkbox"/> Hematoma at access site <input type="checkbox"/> Bleeding at access site <input type="checkbox"/> AV fistula <input type="checkbox"/> Acute Thrombosis <input type="checkbox"/> Surgical repair of the vascular access site <input type="checkbox"/> Other <p>Amputation Y / N</p> <p>RT LT</p> <p>AKA BKA Foot Metatarsal Digit</p> <p>Hip disarticulation</p> <p>Compartment Syndrome Y / N</p>
<p><u>Outcomes Post Procedure</u></p> <p>Death Y / N</p> <ul style="list-style-type: none"> <input type="radio"/> Cardiovascular <input type="radio"/> Hemorrhage <input type="radio"/> Multi System Organ Failure <input type="radio"/> Other (neuro, renal, liver, GI, CA) <input type="radio"/> Unknown of death <p>Comfort Care Implemented Y / N</p> <p>Date _____</p> <p>Stay in ICU Y / N _____ #days</p> <p>Vasopressors Post-Op Y / N</p> <p>Respiratory</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ventilator (cont. after leaving OR) <input type="checkbox"/> Reintubation (after initial intub) <input type="checkbox"/> None <p>Myocardial Injury Y / N</p> <p>Date _____</p> <ul style="list-style-type: none"> <input type="radio"/> Troponin leak <input type="radio"/> Demand ischemia <input type="radio"/> NSTEMI <input type="radio"/> STEMI <input type="radio"/> ND <p>Peak post-operative troponin value</p> <p>Y / ND</p> <p>I _____ Units _____ No</p> <p>I HS _____ Units _____ No</p> <p>T _____ Units _____ No</p> <p>T HS _____ Units _____ No</p> <p>Dysrhythmia Y / N Date _____</p> <p>CHF Y / N Date _____</p> <p>TIA/Stroke Y / N Date _____</p>	<ul style="list-style-type: none"> <input type="checkbox"/> No Outcomes Post Procedure <p>Infection/Sepsis Y / N Date _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> Access site <input type="checkbox"/> Central line/IV <input type="checkbox"/> Blood <input type="checkbox"/> Graft infection <input type="checkbox"/> Pulmonary <input type="checkbox"/> UTI <input type="checkbox"/> Wound site <input type="checkbox"/> Unknown <p>New Requirement for Dialysis Y / N</p> <p>Transfusion Y / N Date _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> PRBC #Units _____ <input type="radio"/> Hgb prior to txf Y / N / ND <input type="radio"/> Hgb value _____ mg/dL <input type="radio"/> Symptomatic before transfuse Y/N <ul style="list-style-type: none"> <input type="checkbox"/> Angina <input type="checkbox"/> Hypotension <input type="checkbox"/> Tachycardia <input type="checkbox"/> EKG Changes <input type="checkbox"/> Shortness of Air <input type="checkbox"/> Bleeding <input type="checkbox"/> Cancer/Chronic Anemia <input type="checkbox"/> Platelets <input type="checkbox"/> FFP <input type="checkbox"/> Other <p>Vascular Access Complications Y / N</p> <ul style="list-style-type: none"> <input type="checkbox"/> Retroperitoneal hematoma <input type="checkbox"/> Pseudo-aneurysm <input type="checkbox"/> Hematoma at access site <input type="checkbox"/> Bleeding at access site <input type="checkbox"/> AV fistula <input type="checkbox"/> Acute thrombosis <input type="checkbox"/> Surgical repair of the vascular access site <input type="checkbox"/> Other 	<p>Compartment Syndrome Y / N</p> <p>Date _____</p> <p>Embolus Y / N Date _____</p> <ul style="list-style-type: none"> <input type="radio"/> Successful <input type="radio"/> Unsuccessful <p>Thrombus Y / N Date _____</p> <p>Stent / Graft Thrombosis Y / N Date _____</p> <ul style="list-style-type: none"> <input type="radio"/> Successful <input type="radio"/> Unsuccessful <p>Amputation Y / N</p> <p>RT LT</p> <p>AKA BKA Foot Metatarsal Digit</p> <p>Hip disarticulation</p> <p>Return to OR Y / N Date _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bleeding <input type="checkbox"/> Renal Ischemia <input type="checkbox"/> Endoleak <input type="checkbox"/> Infection <input type="checkbox"/> Graft Revision <input type="checkbox"/> Other <p>Bowel Ischemia Y / N Date _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> Medical Treatment <input type="checkbox"/> Surgical Treatment