



ENDOLUMINAL Abdominal Aortic Aneurysm Repair Discharge/30-Day Follow-up

*BLOCK LETTERS TO BE USED FOR HAND WRITTEN FORMS

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Discharge Evaluation

Identifying data

Surgeon:

1 Patient's name

Family name

Given name

2 Medical record number

3 Patient status

Alive - Go to Q6

Deceased

4 If deceased, date of death

Day Month Year

5 If deceased, cause of death

6 Creatinine

μmol/L

7 Discharge date

Day Month Year

8 Admitted to ICU

Yes

No

9 If admitted to ICU specify

a) Date and time admitted

Day Month Year

Time (24 hour Clock)

a) Date and time discharged

Day Month Year

Time (24 hour clock)

10 Transfused blood products within 48 hours of procedure

mls

Discharge Evaluation (continued)

11 Complications prior to discharge (tick all that apply)

a) Procedures and device related complications

Graft migration

Graft thrombosis

Endoleak – Type 1

Endoleak – Type 2

Endoleak – Type 3 (fabric tear / module separation)

Endoleak – Type 4 (graft porosity)

Details

b) Systemic complications (tick box then specify details)

Cardiac

Cerebral

Pulmonary

Renal

Hepatobiliary

Bowel

Sepsis

Pyrexia

Graft infection

Other

Details

c) Access site and lower limb complications

Bleeding, haematoma, false aneurysm

Arterial thrombosis

Peripheral emboli

Limb loss

Other

Specify

Discharge Evaluation (continued)

12 Were there any interventions following the procedure

Yes No

13 If Yes, specify details of procedure

a) Open procedure

Yes No

If **yes**, give date and details

Day	Month	Year

Details

b) Endovascular procedure

Yes No

If **yes**, give date and details

Day	Month	Year

Details

c) Other procedure

Yes No

If **yes**, give date and details

Day	Month	Year

Details

Aneurysm Evaluation

14 Imaging technique (tick all that apply)

Spiral CT

Other CT

MRI

Angiography

Ultrasound

Abdominal x-ray

Other

Specify

15 Result of Imaging (tick all that apply)

Normal findings

Endoleak – Type 1

Endoleak – Type 2

Endoleak – Type 3 (fabric tear / module separation)

Endoleak – Type 4 (graft porosity)

Kinking

Stenosis

Migration

Thrombosis

Graft infection

Other

Specify

16 Position of stent

Same

Migrated

Broken wires

17 Maximum aneurysm diameter

mm