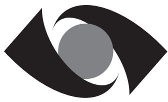


SOUTHLAKE
REGIONAL HEALTH CENTRE

596 Davis Drive
Newmarket, ON L3Y 2P9

Surgical Services

Health Record #: ____________ Complete or place barcoded patient label here
Patient Name: (Print first, last) ____________
DOB: mm / dd / yy Age: ______ ❑ Female ❑ Male
OHIP #: ____________ Version Code: ____________
Account #: ____________ Date of Admission: mm / dd / yy

Aortic Aneurysm (AA) Repair Vascular Registry Data Collection Form

Pre-Procedure

OFFICE PATIENT LABEL

PRE-PROCEDURE

Race: ❑ Caucasian ❑ Aboriginal ❑ South Asian ❑ Asian ❑ Black ❑ Middle Eastern ❑ Unknown ❑ Other ____________

Height (cm): ____________ Weight (kg): ____________

History of smoking: ❑ Never ❑ Former ❑ Current ❑ Unknown

Hypertension: ❑ Yes ❑ No ❑ Unknown

Diabetes: ❑ Yes* ❑ No ❑ Unknown
(If Yes* ➡) Diabetes-Control: ❑ Diet only ❑ Oral ❑ Insulin ❑ Unknown ❑ No Treatment

Hyperlipidemia: ❑ Yes ❑ No ❑ Unknown

COPD: ❑ Yes ❑ No ❑ Unknown

Cerebral Vascular Disease: ❑ Yes ❑ No ❑ Unknown

Previous Myocardial Infarction: ❑ No ❑ Yes, Within last 30 days ❑ Yes, Greater than 30 days ago ❑ Unknown

Previous PCI: ❑ Yes* ❑ No ❑ Unknown (If Yes* ➡) Date: mm / dd / yy (most recent)

Previous CABG Procedure: ❑ Yes* ❑ No ❑ Unknown (If Yes* ➡) Date: mm / dd / yy (most recent)

History of Heart Failure: ❑ Yes ❑ No ❑ Unknown

Dialysis: ❑ Yes ❑ No ❑ Unknown

Dye Allergy: ❑ Yes ❑ No ❑ Unknown

Previous Vascular Intervention:
❑ None ❑ Aorta ❑ Carotid ❑ Lower Extremity ❑ Mesenteric
❑ Amputation PAD ❑ Iliac ❑ Upper Extremity ❑ Renal

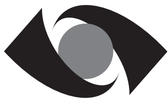
Medication:
ACE-Inhibitor/ARB: ❑ Yes ❑ No ❑ Unknown
Beta Blocker: ❑ Yes ❑ No ❑ Unknown
P2Y12 Antagonist: ❑ Yes ❑ No ❑ Unknown
Statin: ❑ Yes ❑ No ❑ Unknown
Anticoagulant(s): ❑ Yes* ❑ No ❑ Unknown
(If Yes* ➡) Indicate the type
Acetylsalicylic Acid (ASA/aspirin): ❑ Yes ❑ No
Apixaban: ❑ Yes ❑ No
Clopidogrel: ❑ Yes ❑ No Heparin: ❑ Yes ❑ No Rivaroxaban: ❑ Yes ❑ No
Coumadin: ❑ Yes ❑ No Other: ____________ ❑ Yes ❑ No

ASA (aspirin) Within 36 Hours of Surgery: ❑ Yes ❑ No ❑ Unknown

LVEF Assessment Method: ❑ MUGA (Nuclear) ❑ Echocardiogram ❑ Ventriculogram (Coronary Angiogram)

LVEF Value: ❑ Unknown ❑ ≥ 50% ❑ 35-49% ❑ 20-34% ❑ <20%

PVI = Peripheral Vascular Intervention



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Patient Name: (Print first, last) ______________________

DOB: mm / dd / yy Age: ______ ❑ Female ❑ Male

OHIP #: __________________ Version Code: __________________

Account #: ________________ Date of Admission: mm / dd / yy

Aortic Aneurysm (AA) Repair Vascular Registry Data Collection Form

Pre-Procedure

Date of LVEF Assessment: mm / dd / yy ❑ Unknown

Creatinine: ❑ Done ❑ Not Done ❑ Unknown

Creatinine: ________________ µmol/L Hemoglobin: ______________ g/L

eGFR (local lab value): _______________ ml/min/1.73m^2 ❑ Not Available

Peripheral Artery Disease: ❑ Yes ❑ No ❑ Not Documented

Family History of Aortic Aneurysm: ❑ Yes ❑ No

OFFICE PATIENT LABEL

Indication for Procedure:

❑ Aortic Aneurysm ❑ Tramatic Aortic Injry ❑ Disscetion ❑ Penetrating Ulcer ❑ Aortic Intramural Hematoma

Indication for Procedure – Aortic Aneurysm:

❑ Symptomatic ❑ Rapid Expansion ❑ Non-Fusiform Shape ❑ Ruptured ❑ Size of Aneurysm (Diameter)

PVI = Peripheral Vascular Intervention

SL2244_03 (09/17) "Surgical Surgery" Review (09/20)