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

Lower Extremity Occlusive Disease (LEOD) Vascular Registry Data Collection Form

Intra-Operative DI ONLY Interventional Radiology

INTRA-PROCEDURE

Priority Level (Urgency): ❑ Elective ❑ Urgent (*required early treatment but no immediate threat to life/limb*) ❑ Emergent (*prevent loss of life/limb*)

Procedure Date: mm / dd / yy Day Procedure: ❑ Yes ❑ No

Initial Treating Healthcare Professional *(Physician name):*

_____

Additional Treating Healthcare Professional *(Physician name):*

_____

OFFICE PATIENT LABEL

PROCEDURE DETAILS – LOWER EXTREMITY REVASCULARIZATION (ENDOVASCULAR)

Target Revascularization Side: ❑ Left Leg ❑ Right Leg

Indication for Current Procedure:

Lesion (s) Treated: ❑ Aorta ❑ **Left**: ❑ CIA ❑ EIA ❑ IIA ❑ CFA ❑ Profunda Femoris Artery ❑ SFA ❑ Popliteal ❑ AT Artery ❑ PT Artery ❑ Tibioperoneal Trunk Artery ❑ Peroneal ❑ DP Artery ❑ Plantar Arch	❑ Aorta ❑ **Right**: ❑ CIA ❑ EIA ❑ IIA ❑ CFA ❑ Profunda Femoris Artery ❑ SFA ❑ Popliteal ❑ AT Artery ❑ PT Artery ❑ Tibioperoneal Trunk Artery ❑ Peroneal ❑ DP Artery ❑ Plantar Arch
Lesion(s) Treated # 1 Occlusion Length: ❑ No occlusion ❑ <5 cm ❑ 5-15 cm ❑ > 15 cm Lesion Length: ❑ <5 cm ❑ 5-15 cm ❑ > 15 cm Lesion Count: ❑ Single ❑ Multiple	**Lesion(s) Treated # 2** Occlusion Length: ❑ No occlusion ❑ <5 cm ❑ 5-15 cm ❑ > 15 cm Lesion Length: ❑ <5 cm ❑ 5-15 cm ❑ > 15 cm Lesion Count: ❑ Single ❑ Multiple
Lesion(s) Treated # 3 Occlusion Length: ❑ No occlusion ❑ <5 cm ❑ 5-15 cm ❑ > 15 cm Lesion Length: ❑ <5 cm ❑ 5-15 cm ❑ > 15 cm Lesion Count: ❑ Single ❑ Multiple	**Lesion(s) Treated # 4** Occlusion Length: ❑ No occlusion ❑ <5 cm ❑ 5-15 cm ❑ > 15 cm Lesion Length: ❑ <5 cm ❑ 5-15 cm ❑ > 15 cm Lesion Count: ❑ Single ❑ Multiple
Treatment Used: ❑ Balloon only ❑ Balloon Expandable Stent: ❑ Bare metal (uncovered) ❑ Drug-eluting stent ❑ Covered stent ❑ Other:_____ *(name other)*	❑ Self-Expanding Stent: ❑ Bare metal ❑ Drug-eluting stent ❑ Covered stent ❑ Atherectomy: ❑ Laser ❑ Orbital ❑ Mechanical ❑ Excisional
Technical outcome: ❑ Success ❑ Residual stenosis	❑ Occlusion ❑ Procedure cancelled/aborted intra-op

PVI = Peripheral Vascular Intervention

SL2246_01 (05/16) "Surgical Surgery" Review (05/19)

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Major Complication*: ❑ None ❑ Arterial perforation/rupture
❑ Compartment syndrome/reperfusion injury
❑ Thrombosis ❑ Distal embolization ❑ Other

If Major Complication*, indicate outcome: ❑ Admission ❑ Transfusion
❑ Extended hospital stay
❑ Unplanned endovascular procedure
❑ Unplanned surgical procedure
❑ Limb loss ❑ Death

OFFICE PATIENT LABEL

Access Site:

❑ **Left Leg**

Location:
❑ Femoral ❑ Brachial ❑ Popliteal ❑ Radial
❑ Tibial ❑ Lower Extremity Prosthetic or Vein Graft
❑ Other:_____

❑ **Right Leg**

Location:
❑ Femoral ❑ Brachial ❑ Popliteal ❑ Radial
❑ Tibial ❑ Lower Extremity Prosthetic or Vein Graft
❑ Other:_____

Adjunct During Procedure:
❑ None ❑ Anticoagulant ❑ Thrombolytic ❑ Re-Entry Device ❑ Embolic Protection Device
❑ Intravascular Ultrasound ❑ Other

Total Contrast Volume Used: _____ mL | Radiation Dose: _____ mGy

Interventionist Name: _____ Date: mm / dd / yy

Interventionist Signature: _____

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