**Surgical Services**

**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:** ______/_____/_____* Day Procedure: ☐ Yes ☐ No*

**Initial Treating Healthcare Professional (Physician name):**

________________________________________________________________________________

**Additional Treating Healthcare Professional (Physician name):**

________________________________________________________________________________

**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

<table>
<thead>
<tr>
<th>Lesion(s) Treated # 1</th>
<th>Lesion(s) Treated # 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Occlusion Length:</strong></td>
<td><strong>Occlusion Length:</strong></td>
</tr>
<tr>
<td>☐ No occlusion</td>
<td>☐ No occlusion</td>
</tr>
<tr>
<td>☐ &lt;5 cm</td>
<td>☐ &lt;5 cm</td>
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<tr>
<td>☐ 5-15 cm</td>
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<tr>
<td>☐ &gt; 15 cm</td>
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<tr>
<td><strong>Lesion Count:</strong></td>
<td><strong>Lesion Count:</strong></td>
</tr>
<tr>
<td>☐ Single</td>
<td>☐ Single</td>
</tr>
<tr>
<td>☐ Multiple</td>
<td>☐ Multiple</td>
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</tbody>
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<tr>
<th>Lesion(s) Treated # 3</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Occlusion Length:</strong></td>
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</tr>
<tr>
<td>☐ Multiple</td>
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**Treatment Used:**
- ☐ Balloon only
- ☐ Balloon Expandable Stent:
  - ☐ Bare metal (uncovered)
  - ☐ Drug-eluting stent
  - ☐ Covered stent
- ☐ Other: __________________________ __________ (name other)

**Technical outcome:** ☐ Success ☐ Residual stenosis ☐ Occlusion ☐ Procedure cancelled/aborted intra-op

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PVI = Peripheral Vascular Intervention
## Lower Extremity Occlusive Disease (LEOD) Vascular Registry Data Collection Form
### Intra-Operative DI ONLY Interventional Radiology

#### 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: _______________________________________________________

#### Interventionist Signature: ___________________________________________________________________________

#### Date: mm / dd / yy

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PVI = Peripheral Vascular Intervention