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

Open Intra-Operative

INTRA-PROCEDURE

Procedure Date: mm/dd/yyyy     Day Procedure: ❑ Yes ❑ No
Initial Treating Healthcare Professional (Physician name):
Additional Treating Healthcare Professional (Physician name):
Priority Level (Urgency): ❑ Elective ❑ Urgent ❑ Emergent

PROCEDURE DETAILS – LOWER EXTREMITY REVASCULARIZATION (OPEN)

American Society of Anesthesiologists (ASA) Class:
❑ Normal/Healthy    ❑ With Mild Systemic Disease    ❑ With Severe Systemic Disease
❑ Systemic Dysfunction that is a Constant Threat to Life    ❑ Moribund/Not Expected to Survive without Operation

Antibiotic: ❑ Yes ❑ No
Target Revascularization Side: ❑ Left Leg ❑ Right Leg

Procedure Type: ❑ Bypass ❑ Embolectomy/Thrombectomy ❑ Endarterectomy

INTRA OP ANTICOAGULATION: ❑ Heparin ❑ Other – Total IV Heparin dosage: ________________

Current Bypass Proximal (Inflow) Attachment Site(s):
❑ Aorta

Left: ❑ Axillary Artery ❑ CIA ❑ EIA ❑ CFA ❑ Profunda Femoris Artery ❑ SFA ❑ Popliteal
Right: ❑ Axillary Artery ❑ CIA ❑ EIA ❑ CFA ❑ Profunda Femoris Artery ❑ SFA ❑ Popliteal

Current Bypass Distal (Outflow) Attachment Site(s):
❑ Left leg
❑ CIA ❑ EIA ❑ IIA ❑ CFA ❑ Profunda Femoris Artery ❑ SFA
❑ Popliteal ❑ AT Artery ❑ Tibioperoneal Trunk Artery ❑ Peroneal
❑ PT Artery ❑ DP Artery
❑ Right leg
❑ CIA ❑ EIA ❑ IIA ❑ CFA ❑ Profunda Femoris Artery ❑ SFA
❑ Popliteal ❑ AT Artery ❑ Tibioperoneal Trunk Artery ❑ Peroneal
❑ PT Artery ❑ DP Artery

Conduit Type:
❑ Cryopreserved Vein ❑ Dacron ❑ Synthetic PTFE with Heparin Bonding
❑ Synthetic PTFE without Heparin Bonding ❑ Vein Composite ❑ Vein in Situ ❑ Vein Reversed

Concomitant Proximal Ipsilateral Endarterectomy: ❑ Yes ❑ No

Endarterectomy - Vessels Treated:
❑ Left leg
❑ CIA ❑ EIA ❑ IIA ❑ CFA ❑ Profunda Femoris Artery ❑ SFA
❑ Popliteal ❑ AT Artery ❑ Tibioperoneal Trunk Artery ❑ Peroneal
❑ PT Artery ❑ DP Artery
❑ Right leg
❑ CIA ❑ EIA ❑ IIA ❑ CFA ❑ Profunda Femoris Artery ❑ SFA
❑ Popliteal ❑ AT Artery ❑ Tibioperoneal Trunk Artery ❑ Peroneal
❑ PT Artery ❑ DP Artery

Concomitant Proximal Ipsilateral Embolectomy/Thrombectomy:
❑ Yes ❑ No

Embolectomy/Thrombectomy – Vessels Treated:
❑ Left leg
❑ CIA ❑ EIA ❑ IIA ❑ CFA ❑ Profunda Femoris Artery ❑ SFA
❑ Popliteal ❑ AT Artery ❑ Tibioperoneal Trunk Artery ❑ Peroneal
❑ PT Artery ❑ DP Artery
❑ Right leg
❑ CIA ❑ EIA ❑ IIA ❑ CFA ❑ Profunda Femoris Artery ❑ SFA
❑ Popliteal ❑ AT Artery ❑ Tibioperoneal Trunk Artery ❑ Peroneal
❑ PT Artery ❑ DP Artery

PVI = Peripheral Vascular Intervention
**Lower Extremity Occlusive Disease (LEOD) Vascular Registry Data Collection Form**

*Open Intra-Operative*

<table>
<thead>
<tr>
<th>Patch Angioplasty:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concomitant Proximal Ipsilateral PT Artery:</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Concomitant Ipsilateral Amputation:</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Estimated Total Blood Loss: _____________ ml

<table>
<thead>
<tr>
<th>Major Complication*:</th>
<th>None</th>
<th>Arterial perforation/rupture</th>
<th>Distal embolization injury</th>
<th>Thrombosis</th>
<th>Compartment syndrome/reperfusion</th>
<th>Other</th>
</tr>
</thead>
</table>

If Major Complication*, indicate outcome:  

- Admission  
- Extended hospital stay  
- Transfusion  
- Death  
- Limb loss  
- Unplanned endovascular procedure  
- Unplanned surgical procedure

**Name:** (print first, last) ____________________________________________________________  
**Designation:** __________________________

**Signature:** ______________________________________________________________________  
**Date:** mm / dd / yy

PVI = Peripheral Vascular Intervention