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

Open Intra-Operative

INTRA-PROCEDURE

Procedure Date: mm / dd / yy 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**	❑ **Right leg**
❑ CIA ❑ EIA ❑ IIA ❑ CFA ❑ Profunda Femoris Artery ❑ SFA	❑ CIA ❑ EIA ❑ IIA ❑ CFA ❑ Profunda Femoris Artery ❑ SFA
❑ Popliteal ❑ AT Artery ❑ Tibioperoneal Trunk Artery ❑ Peroneal	❑ Popliteal ❑ AT Artery ❑ Tibioperoneal Trunk Artery ❑ Peroneal
❑ PT Artery ❑ DP Artery	❑ 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**	❑ **Right leg**
❑ CIA ❑ EIA ❑ IIA ❑ CFA ❑ Profunda Femoris Artery ❑ SFA	❑ CIA ❑ EIA ❑ IIA ❑ CFA ❑ Profunda Femoris Artery ❑ SFA
❑ Popliteal ❑ AT Artery ❑ Tibioperoneal Trunk Artery ❑ Peroneal	❑ Popliteal ❑ AT Artery ❑ Tibioperoneal Trunk Artery ❑ Peroneal
❑ PT Artery ❑ DP Artery	❑ PT Artery ❑ DP Artery

Concomitant Proximal Ipsilateral Embolectomy/Thrombectomy: ❑ Yes ❑ No

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

PVI = Peripheral Vascular Intervention

SL2247_04 (09/17) "Surgical Surgery" Review (09/20)

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

Open Intra-Operative

Patch Angioplasty: ❑ Yes ❑ No

Concomitant Proximal Ipsilateral PT Artery: ❑ Yes ❑ No

Concomitant Ipsilateral Amputation: ❑ Yes ❑ No

Estimated Total Blood Loss: _____ ml

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

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

Name: *(print first, last)* _____ **Designation:** _____

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

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