

PRE-OPERATIVE FORM-1

(Please Print)

Surgeon (primary):		Hospital:		Hospital medical number: (URL)	
Patient's last name:		First:	Middle:		

Instructions:

Surgeons are responsible for ensuring all the required information on this form is as complete and accurate as possible. The completed form should be forwarded to the State Coordinator, who must check for any omissions prior to sending the form to the EVAR Project Data Manager:

Data Manager, EVAR Project
Basil Hetzel Institute
28 Woodville Road
DX465702
Woodville South, SA 5011
T: 61 8 8133 4015
F. 61 8 8222 7872
E: evartrial@adelaide.edu.au

- On receipt of the forms in Adelaide, the Data Manager will allocate a de-identifying code for each patient, and this code will be recorded on each page of the form (top right hand corner). The code must be the same for all subsequent (peri-operative, follow-up) forms for a patient.
- This page, where patient name and address are provided, will be physically separated from the rest of the form and stored separately to the EVAR data.
- For the duration of the research project only the Data Manager and Principal Investigator are permitted to re-identify patient forms, and only where this is necessary for obtaining follow-up information or for quality assurance purposes.

PRE-OPERATIVE FORM

(Please print) *Blood/biomarker at pre-op, 6 months post-op, 3 years post-op and at reintervention

GENERAL												
Birth date: / /			Weight (kg):			Height (cm):			Gender <input type="checkbox"/> M <input type="checkbox"/> F			
Physical condition: (tick one)		ASA I <input type="checkbox"/>		ASA II <input type="checkbox"/>		ASA III <input type="checkbox"/>		ASA IV <input type="checkbox"/>				
Smoking status: (tick one)		Never <input type="checkbox"/>		Ceased > 12 months ago <input type="checkbox"/>		Ceased within last 12 months <input type="checkbox"/>		Current <input type="checkbox"/>				
*Amount smoked (pack years):												
*Exercise tolerance: Can patient walk up two flights of stairs (40 steps)? Yes <input type="checkbox"/> No <input type="checkbox"/>												
How far can patient walk briskly? (5km/hr) metres												
*Ankle brachial index:		Left				Right						
Foot pulse palpable:		Right Yes <input type="checkbox"/> No <input type="checkbox"/>		Left Yes <input type="checkbox"/> No <input type="checkbox"/>								
First degree relative with AAA (i.e. parent, sibling, child):										Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>		
BLOOD RESULTS												
White cell count - total: (x10 ⁹ /L)			Creatinine: (µmol/L)			Urea: (mmol/L)						
Sodium: (mmol/L)			Potassium: (mmol/L)									
CARDIAC ASSESSMENT (tick one)												
a) Asymptomatic with normal ECG										<input type="checkbox"/>		
b) Asymptomatic, but with MI >6months ago, occult MI on ECG, fixed deficit on stress test (tetrafosmin (TF) / dobutamine stress echo (DSE)										<input type="checkbox"/>		
c) Any one of: stable angina; no angina but reversible perfusion defect on TF or DSE; significant silent ischaemia (1% of time) on Holter monitoring; ejection fraction (EF) 25-45%; controlled ectopy or asymptomatic arrhythmia; history of congestive heart failure (CHF) which is now controlled										<input type="checkbox"/>		
d) Any one of: unstable angina; symptomatic or poorly controlled arrhythmia; poorly controlled or recurrent CHF; EF<25%; MI within 6 months										<input type="checkbox"/>		
RESPIRATORY ASSESSMENT (tick one)												
a) Asymptomatic, normal CXR, pulmonary function tests (PFTs) within 20% predicted										<input type="checkbox"/>		
b) Asymptomatic or mild exertional dyspnoea, mild parenchymal changes on CXR, PFTs 65-80% predicted										<input type="checkbox"/>		
c) Between b and d										<input type="checkbox"/>		
d) Any of the following: vital capacity less than 1.85 litres; FEV1<1.2litres or <35% of predicted maximal; voluntary ventilation <50% predicted; pCO ₂ >45mmHg; supplemental O ₂ use necessary; pulmonary hypertension										<input type="checkbox"/>		
OTHER COMORBIDITIES (tick any that apply)												
Hypertension		Yes <input type="checkbox"/> No <input type="checkbox"/>		Diabetes		Yes <input type="checkbox"/> No <input type="checkbox"/>		Stroke / TIA		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Hepatic disease		Yes <input type="checkbox"/> No <input type="checkbox"/>		PVD		Yes <input type="checkbox"/> No <input type="checkbox"/>		Dialysis		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Haematological disease Yes <input type="checkbox"/> No <input type="checkbox"/>												
MEDICATION (tick one)												
B blocker			Yes <input type="checkbox"/> No <input type="checkbox"/>		Statin use			Yes <input type="checkbox"/> No <input type="checkbox"/>		Warfarin		Yes <input type="checkbox"/> No <input type="checkbox"/>
FEATURES OF ANEURYSM, AORTIC NECK, ETC												
Maximum diameter of aneurysm (mm):												
Infrarenal neck length (mm):						Infrarenal neck diameter (mm):						
Infrarenal neck:		Parallel Yes <input type="checkbox"/>		Funnelled Yes <input type="checkbox"/>		Other Yes <input type="checkbox"/>		Describe:				

Aortic neck angle (degrees):		Aneurysm angle (degrees):			
Thrombus in neck: Yes <input type="checkbox"/> No <input type="checkbox"/>		Percent of cross-sectional area occupied by thrombus (%):			
Distal common iliac diameter: Right: (mm)		Left: (mm)			
External iliac artery diameter: Right: (mm)		Left: (mm)			
Saccular aneurysm: Yes <input type="checkbox"/> No <input type="checkbox"/>					
Occlusive aorto-iliac disease: Yes <input type="checkbox"/> No <input type="checkbox"/>					
Artery affected by aneurysm:					
Aorta: <input type="checkbox"/>					
Aorto-iliac: <input type="checkbox"/>					
Common iliac - isolated: Right <input type="checkbox"/>		Left <input type="checkbox"/>	Both <input type="checkbox"/>	Other <input type="checkbox"/>	Describe:
Patency of IMA:	Patent <input type="checkbox"/>	Occluded <input type="checkbox"/>	Unknown <input type="checkbox"/>		
Common iliac tortuosity – Left:	None <input type="checkbox"/>	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>	
Common iliac tortuosity – Right:	None <input type="checkbox"/>	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>	
Common iliac calcification – Left:	None <input type="checkbox"/>	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>	
Common iliac calcification – Right:	None <input type="checkbox"/>	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>	
External iliac tortuosity – Left:	None <input type="checkbox"/>	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>	
External iliac tortuosity – Right:	None <input type="checkbox"/>	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>	
External iliac calcification – Left:	None <input type="checkbox"/>	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>	
External iliac calcification – Right:	None <input type="checkbox"/>	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>	
Imaging technique:	Spiral CT Yes <input type="checkbox"/> No <input type="checkbox"/>		MRI Yes <input type="checkbox"/> No <input type="checkbox"/>		Ultrasound Yes <input type="checkbox"/> No <input type="checkbox"/>
	Abdominal x-ray Yes <input type="checkbox"/> No <input type="checkbox"/>		Other Yes <input type="checkbox"/> No <input type="checkbox"/>		Type:
Have DICOM copies of preoperative CT scans been made? Yes <input type="checkbox"/> No <input type="checkbox"/>					
ADDITIONAL INFORMATION *take pre-op, 6 months and 3 years post-op and at reintervention					
BIOMARKERS COLLECTED: Yes <input type="checkbox"/> No <input type="checkbox"/>		<p>If yes – please provide results for the following tests performed at your local pathology laboratories.</p> <p>If yes – please ensure you also collect the following samples for additional biomarker processing in Townsville: serum (10ml), plasma (10ml) and genotyping (4ml). Samples should be stored at -70C prior to transporting in batches.</p>			
GENOTYPING COLLECTED: Yes <input type="checkbox"/> No <input type="checkbox"/>		Please collect genotyping sample <u>once</u> only during trial			
Lipids:	Total serum cholesterol: (mmol/L)		Triglycerides: (mmol/L)		
	HDL: (mmol/L)		LDL: (mmol/L)		
CRP (high resolution): (mg/l)		Plasma fibrinogen: (g/l)		Homocysteine: (µmol/L)	