

National Vascular Registry: A National Prospective Audit

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Extra guidance on publication of NVR data in 2015

Consultant level results in 2015

In 2015, the only procedures we will analyse and publish at consultant level are elective infra-renal AAA repairs and carotid endarterectomies. The annual report to be published in November will give information on all five procedures covered by the NVR.

Primary operator/vascular specialist 1

Currently, when performing our consultant level analysis, we are attributing the record to the surgeon named as vascular specialist 1.

As the mandate to publish consultant level outcomes from NHS England only relates to surgeons, we are not currently publishing individual results for interventional radiologists. Cases where the vascular specialist 1 is a radiologist will only count towards the case ascertainment rates and results for the NHS trust.

Complex aneurysm repairs

All complex aneurysm repairs should be added to the NVR. These include FEVARs, BEVARs, thoracic, thoraco-abdominal, iliac branched grafts, composite grafts, chimney/periscope/snorkel grafts.

For extra information on how to record these procedures, please refer to the [guidance document](#) that is on our website.

Lower limb amputations

Amputations related to orthopaedics, plastic surgery and those for cancer do not need to be entered into the NVR - the focus of the registry is on amputations carried out for vascular disease. Any vascular surgeon carrying out an amputation for trauma may enter it onto the NVR if they wish, but the cases won't be included in the analysis and results published by the NVR.

If you have a large backlog of amputations to add from January 2014, we advise that you start from December 2014 and work backwards, focussing mainly on the major amputations - below knee, through knee and above knee.

Lower limb angioplasties

All lower limb angioplasties/stents for vascular disease should be entered into the NVR. As before, if you have a large backlog to enter, we advise you to start from December 2014 and work backwards. Please enter all the records you can.

We realise that the case ascertainment rate for angioplasties in the NVR is likely to be lower than the other procedures as they were only added to the NVR in December 2013.

Lower limb procedures

Although the NVR doesn't use OPCS codes for lower limb procedures, we have produced a [list of codes](#) that can be used to cross reference cases in the NVR with hospital information systems to ensure that the correct cases have been added to the registry.

Patient consent for the NVR

Patients undergoing elective procedures should be asked for their consent for the NVR to hold their personal identifiable information. The NVR has approval to collect identifiable data for those patients presenting as an emergency, where it would not be possible to ask for consent. More information about this is available on [our website](#).

How to enter lower limb records where more than one procedure has been performed within a hospital admission

The NVR has been designed to capture the index vascular procedure within a hospital admission. If a patient undergoes more than one procedure within an admission, you should indicate this in the post-op section of the original record, rather than adding a new record with the same admission and discharge dates.

We will take into account these subsequent procedures when calculating the numbers of cases for each NHS trust.

We are in the process of updating the lower limb angioplasty and bypass datasets, so that if a major amputation is subsequently performed within the same admission, additional information can be entered about the amputation procedure.