VSQIP VASCULAR SERVICES QUALITY IMPROVEMENT PROGRAMME

National Vascular Registry

Amputation

Patient Details

Patient Consent* 0☐ No 1☐ Yes 2☐ Not Required

Date consent recorded ____ /____ /_____ (DD/MM/YYYY)

NHS number* _____

Date of birth* ____ /____ /_____ (DD/MM/YYYY)

Sex* 1☐ Male 2☐ Female

Last name _____

First name _____

Postcode* _____

If patient not consented:
Do not record NHS number, name(s) or postcode.
If consent not required:
Ignore consent date.

Admission Details

Admission date* ____ /____ /_____ (DD/MM/YYYY)

Mode of admission* 1☐ Elective 2☐ Non-elective

Hospital code* *Pre-populated drop down menu on NVR audit site*

Local ID* _____

Procedure type **Amputation**

Pre-operative: Pathway

Referring Specialty*
1☐ Primary care
2☐ Medical specialty
3☐ Emergency Department
4☐ Other surgical specialty
5☐ Vascular surgery
6☐ MDT diabetic foot clinic

Date of referral* ____ /____ /_____ (DD/MM/YYYY)

Date seen surgical team* ____ /____ /_____ (DD/MM/YYYY)

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Vascular assessment* 0☐ None *…continued from previous page*
1☐ ABPI
2☐ Duplex
3☐ CT Angiogram
4☐ MR Angiogram
5☐ Catheter Angiography

Date vascular assessment ____ /____ /_____ (DD/MM/YYYY)

Diagnostic imaging* 1☐ Yes
2☐ No – extensive tissue destruction
3☐ No – patient wishes

Anaesthetic Assessment *(for Elective Pathway only)*

Investigation after preop anaesthetic assessment*

Please select as many options as possible
1☐ No additional investigation /intervention
2☐ Referral to another specialty
4☐ Optimisation/change in drug therapy
5☐ Coronary angiogram

Indications

Side of indication* 1☐ Right 2☐ Left 3☐ Bilateral

Presenting problem* *If bilateral select most severe option*
1☐ Acute limb ischemia
2☐ Chronic limb ischemia
3☐ Neuropathy
4☐ Tissue loss
5☐ Uncontrolled infection
6☐ Trauma
7☐ Aneurysm

Fontaine score on admission*
1☐ 1 – No symptoms
2☐ 2 – Intermittent claudication
3☐ 3 – Nocturnal and/or resting pain
4☐ 4 – Necrosis and/or gangrene in the limb

If presenting problem is acute limb ischaemia, trauma or aneurysm, the Fontaine score does not need to be answered

Right

Previous right sided treatment?* 0☐ No 1☐ Yes

If yes, what treatment*
1☐ Angioplasty/Stent
2☐ Surgical revascularisation
3☐ Minor amputation
4☐ Major amputation

Left

Previous left sided treatment?* 0☐ No 1☐ Yes

If yes, what treatment*
1☐ Angioplasty/Stent
2☐ Surgical revascularisation
3☐ Minor amputation
4☐ Major amputation

Risk Scoring

Comorbidities*

Please select as many options as applicable.

- 0☐ None
- 1☐ Diabetes
- 2☐ Hypertension
- 3☐ Chronic lung disease
- 4☐ Ischaemic heart disease
- 5☐ Chronic heart failure
- 6☐ Chronic renal disease
- 7☐ Stroke
- 8☐ Active/managed cancer

Smoking status*

- 1☐ Current or stopped within 2 months
- 2☐ Ex-smoker
- 3☐ Never smoked

White cell count* _____ ($x10^9$/l)

Sodium* _____ (mmol/l)

Potassium* _____ (mmol/l)

Creatinine* _____ (µmol/l)

Albumin _____ (g/l)

Haemoglobin* _____ (g/dl)

Glucose* _____ (mmol/l)

HbA1c * _____ (mmol/mol)

If patient is diabetic then either glucose or HbA1c has to be answered

Abnormal ECG*

- 0☐ Normal
- 1☐ Abnormal

ASA Grade*

- 1☐ 1 – Normal
- 2☐ 2 – Mild disease
- 3☐ 3 – Severe, not life-threatening
- 4☐ 4 – Severe, life-threatening
- 5☐ 5 – Moribund patient

Pre-operative medication*

- 0☐ None
- 8☐ Single anti-platelet
- 9☐ Dual anti-platelet
- 2☐ Statin
- 3☐ Beta blocker
- 4☐ ACE inhibitor / ARB s
- 7☐ Oral anti-coagulant

Peri-operative medication*

- 1☐ None
- 2☐ Antibiotic prophylaxis
- 3☐ DVT prophylaxis

Has the patient had COVID-19 within the last 2 months?

- 1☐ No
- 2☐ Yes

COVID-19 Vaccine?

- 1☐ No
- 2☐ Yes, 1 dose
- 3☐ Yes, 2 doses
- 4☐ Yes, 3+ doses

Patient weight* _____ in Kg

Patient height* _____ in cm

Patient's frailty score

- 1☐ Not frail (well or managing well, routinely walking)
- 2☐ Mild frailty (evident slowing such as difficulty walking outside)
- 3☐ Moderate frailty (need help with some personal care or keeping house)
- 4☐ Severe frailty (completely dependent for personal care)

Procedure: Amputation

Date/Time start* ____ /____ /_____ (DD/MM/YYYY); ____ : ____ (HH:MM)

Anaesthetic type*

- 7☐ Local infiltration
- 8☐ Plexus/compartment block
- 9☐ Neuraxial block (spinal/epidural)
- 3☐ General anaesthetic

Left Operation*	Right Operation*
1☐ Great toe	1☐ Great toe
2☐ Toe(s)	2☐ Toe(s)
3☐ Ray (single)	3☐ Ray (single)
4☐ Forefoot	4☐ Forefoot
5☐ Trans tibial	5☐ Trans tibial
6☐ Knee disarticulation	6☐ Knee disarticulation
7☐ Trans femoral	7☐ Trans femoral
8☐ Hip disarticulation	8☐ Hip disarticulation

Left Wound Closure*	Right Wound Closure*
1☐ Primary	1☐ Primary
2☐ Skin flap	2☐ Skin flap
3☐ Skin graft	3☐ Skin graft
4☐ Left open	4☐ Left open

Was consultant present in theatre?* 0☐No 1☐ Yes

Operator

Vascular specialist 1*	_____	Anaesthetist 1*	_____
Vascular specialist 2	_____	Anaesthetist 2	_____
Vascular specialist 3	_____		
Vascular specialist 4	_____		

Post Operative

Destination after surgery*

1☐ Ward
2☐ Level 2 (HDU/PACU)
4☐ Level 3 (ICU)
5☐ Died in theatre

Note: If Died in theatre is selected, the remaining questions in the post-operative section will not show

Critical care stay* _____ (Number of days)

Readmission to a higher level of care* 0☐ No 1☐ Yes

Postoperative complications*

Please select as many options as applicable.

0☐ None
1☐ Cardiac (MI/NSTEMI/heart failure)
2☐ Respiratory
3☐ Cerebral (stroke)
4☐ Renal failure
5☐ Haemorrhage
6☐ Limb ischemia
13☐ Post-operative confusion
15☐ Surgical site infection
17☐ Other

Further unplanned lower limb procedure*

Please select as many options as applicable.

0☐ None
1☐ Angioplasty without stent
2☐ Angioplasty with stent
3☐ Lower limb bypass
7☐ Minor amputation (below ankle)
8☐ Major amputation (above ankle)
9☐ Other

Discharge

Discharge status – Alive on discharge* 0☐ No 1☐ Yes

Date discharged/died* ____ /____ /_____ (DD/MM/YYYY)

Discharge destination*

1☐ Usual place of residence
2☐ Rehabilitation
3☐ Other hospital
4☐ Intermediate care (e.g. nursing or care home)

Referred to rehabilitation / limb fitting* 0☐ No 1☐ Yes

Please also complete the COVID-19 dataset, which can be found on our website.

Was the management of this patient affected by COVID-19?* 0☐ No 1☐ Yes

Patient does not have to be COVID-19 positive for this to apply, as their planned care may have been changed due to COVID-19 without a positive diagnosis.

Follow Up

Readmission to hospital within 30 days* 0☐ No 1☐ Yes

Was the readmission for vascular reasons?* 0☐ No 1☐ Yes

Did the patient die within 30 days of the procedure?* 0☐ No 1☐ Yes

Reason for NO follow up
- 1☐ Died prior to planned follow-up after discharge
- 2☐ Moved out of area
- 3☐ Did not attend
- 4☐ Other

Date clinic appointment attended ____ /____ /_____ (DD/MM/YYYY) *(Only if follow up occurred)*

Wound healed at 30 days 0☐ No 1☐ Yes

If you have any queries please contact us on 020 7869 6621 and nvr@rcseng.ac.uk