**Registration form for procedure of open repair AAA**

**The following variables should be mentioned in the procedure report**

Approach: Trans-peritoneal Retroperitoneal

Heparin protocol: ACT 5.000 IU

Protamine: Yes No

Clamp proximal: Infra-renal

Supra-renal above R renal artery

above L renal artery

above R and L renal arteries

Supra-visceral

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Clamp distal: | R: | CIA | EIA | IIA | CFA | SFA | FPA |
|  | L: | CIA | EIA | IIA | CFA | SFA | FPA |

Tube graft: Yes No

Bifurcated graft Yes No

If bifurcated: Distal anastomosis R: CIA EIA IIA CFA SFA FPA

L: CIA EIA IIA CFA SFA FPA

Additional procedures: Yes No

Specify: Bypass

Thrombo-embolectomy

Re-do anastomosis

Anastomosis side-branch Yes No

If yes: R renal L renal SMA

Other: Yes No

If yes specify:

Estimated blood loss: ml

Cell-saver used: Yes No

|  |  |  |
| --- | --- | --- |
| Cell saver volume returned in patient:  Blood transfusion peri-operatively: | Yes | ml  No |
| Amount (1 pc 280 ml): |  | ml |
| Other blood products | Yes | No |
| Specify: |  |  |
| Amount of other blood products: |  | ml |

Use of locally applied hemostatic agents: Yes No

Peri-operative complications: Yes No

If yes specify:

Venous bleeding of more than 200 ml (iliac, renal, cava)

Accidental arterial bleeding of more than 200 ml

Occlusion graft or side-branch

Ureter injury

Bowel injury

Other, specify: