PVI New Data Managers
MAVSG Regional Meeting 4/10/2017
Things that make you go hmmm?
Tamara Thomas RN, BSN, Quality Outcomes Coordinator, Organizational Improvement
Agenda

- Intros
- Frequently make you go hmmm?
- Rocket Science
Welcome to TUKH

- 792 Bed facility
- Teaching hospital
- 28 VQI Surgeon Participants
- Cath Lab, IR, CVOR
Summary Bed Count

- Indian Creek 16
- Heart Center - ICU 44
- Heart Center - Med/Surg 123
- Medicine/Surgery 281
- Obstetrics 29
- Pediatrics 19
- Psychiatry 90
- Rehab Med 29
- Medicine ICU 42
- Surgery ICU 36
- Pediatric ICU 6
- Neonatal ICU 32

Sub Total - 747

- Fullterm NB 24

Total Staffed Hospital Beds - 771
Total Licensed Beds – 792

Cambridge North will open this fall with the following:

- 28 Critical Care
- 64 Acute/Tele

Indian Creek will open in the Spring 2018 with 18 new inpatient beds
Previous Lower Extremity

Demographics | History | Procedure | Post-Procedure

History Information

Prior CABG | None
Prior Aneurysm Repair | None
Inflow Treatment | No
Leg Treatment | None
Amputation | No
Femoral Endarterectomy | Select
Prior PVI | None
Prior PCI | None
Prior CENCAV | Neither
Prior Amputation (Leg, Foot, Toe) | No

Leg Arterial Bypass, Endarterectomy, or PVI

Bypass - any non-coronary surgical bypass for occlusive disease; endarterectomy includes any arterial endarterectomy with or without patch angioplasty, such as femoral endarterectomy; PVI - any non-coronary peripheral vascular intervention to native arteries in the lower extremities such as Angioplasty, Atherectomy or Stent

Other Anticoag: Warfarin (Coumadin)

35 of 2000
## History Information

### Previous:
- Prior CABG: None
- Prior Aneurysm Repair: None
- Leg Arterial Bypass, Endarterectomy, or PVI: Select
- Prior PCI: None
- Prior CE/VCAS: Neither
- Prior Amputation (Leg, Foot, Toe): No

### Inflow Treatment Right:
- Select

### Leg Treatment Right:
- Select
- Select

### Amputation Right:
- No
- No

### Femoral Endarterectomy Right:
- Select

### Current Status:
- Pathology: Select

### Leg Symptoms Right:
- Select
- Select

### Pre-Rx ABI:
- Not Measured

### Toe Pressure or TcPO2 Right:
- mm Hg
- Not Measured

### Comments:

- Other Anticoag: Warfarin (Coumadin)

- 35 or 2000

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**Previous bypass procedure on an artery with a proximal anastomosis above the common femoral artery (aorto-femoral, axillo-femoral, fem-fem cross over), Previous PVI = PTA - Percutaneous Transluminal Angioplasty or stent.

Previous Angioplasty, stent or artherosctomy procedure on an artery at or above the common femoral artery (aorta, iliac, femoral).
Ipsilateral Iliac artery

### History Information

#### Previous
- **Prior CA/BA:** None
- **Prior Anurysm Repair:** None
- **Inflow Treatment:** No
- **Leg Treatment:** No
- **Ampuliation:** No
- **Femoral Endarterectomy:** No

#### Treatment of Native Artery to Maintain Bypass Patency?

<table>
<thead>
<tr>
<th>Right</th>
<th>Left</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asymptomatic</td>
<td>Severe Claudication</td>
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</table>

#### Comments

- **Other Anticoag:** Warfarin (Coumadin)

35 of 2000

**4/20/2017**
Say What?

JUST SAY YES AND WE'LL MOVE ON
Outflow Vessels Documentation

Procedure Information

Access
Number Access Sites: 2

Site 1: Femoral Retrograde, Left, US
Site 2: Femoral Retrograde, Right, US

Closure Device Type: Perclose
Closure Successful: Yes

Procedure Details
Fluoro Time: 12.4 minutes
DAP: 2629 Gy/sec
Contrast Volume: 100 ml
gas: CO2

Anticoagulant: Heparin, No
Protamine: No

Treatment Details
Number of Arteries Treated: 2

Artery 1
Indication: Occlusive Disease
Artery Treated: Common Iliac
Side: Left
Completion Assessment: Right

Artery 2
Indication: Occlusive Disease
Artery Treated: Common Iliac
Side: Right
Completion Assessment: Left

Outflow (SFA, Prof, Pop)

Other Anticoag: Verfarin (Coumadin), TASC and total occlusion length not documented

83 or 2000
3 Vessel Run-off

Final angiogram showed excellent result with less than 10 percent residual narrowing and good outflow via the tibial vessels. There was no evidence of distal embolization.
**Artery 1**

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site of Prior Treatment</td>
<td>Yes, Stent</td>
</tr>
<tr>
<td>TASC Grade</td>
<td>Be stent</td>
</tr>
<tr>
<td>Total Treated Length</td>
<td>8.4 cm</td>
</tr>
<tr>
<td>Total Occlusion Length</td>
<td>cm</td>
</tr>
<tr>
<td>Calcification</td>
<td>None</td>
</tr>
<tr>
<td>Number Treatment Types</td>
<td>2</td>
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</tbody>
</table>

**Device 1**

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment Type</td>
<td>Stent</td>
</tr>
<tr>
<td>Product Number or ID</td>
<td>PKB35-08-57-080 DICO0821684036525</td>
</tr>
<tr>
<td>Manufacturer</td>
<td>Covidien LP</td>
</tr>
<tr>
<td>Type</td>
<td>Visi-Pro</td>
</tr>
<tr>
<td>GUIDID Diameter</td>
<td>8 Millimeter</td>
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<tr>
<td>GUIDID Length</td>
<td>57 Millimeter</td>
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**Artery 2**

<table>
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<tr>
<th>Parameter</th>
<th>Value</th>
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</thead>
<tbody>
<tr>
<td>Site of Prior Treatment</td>
<td>No</td>
</tr>
<tr>
<td>TASC Grade</td>
<td>Be stent</td>
</tr>
<tr>
<td>Total Treated Length</td>
<td>3.7 cm</td>
</tr>
<tr>
<td>Total Occlusion Length</td>
<td>cm</td>
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<tr>
<td>Calcification</td>
<td>None</td>
</tr>
<tr>
<td>Number Treatment Types</td>
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**Device 2**

<table>
<thead>
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<th>Value</th>
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</thead>
<tbody>
<tr>
<td>Treatment Type</td>
<td>Stent</td>
</tr>
<tr>
<td>Product Number or ID</td>
<td>PKB35-08-37-135 DICO0821684036518</td>
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<tr>
<td>Manufacturer</td>
<td>Covidien LP</td>
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<tr>
<td>Type</td>
<td>Visi-Pro</td>
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<tr>
<td>GUIDID Diameter</td>
<td>8 Millimeter</td>
</tr>
<tr>
<td>GUIDID Length</td>
<td>37 Millimeter</td>
</tr>
</tbody>
</table>

**TASC Grade**

TASC - Trans-Atlantic Society Consensus

Please go to the resource tab for the diagram for TASC. Note that if femoral and iliac arteries are treated separately, or common and external iliac, report the TASC classification based on the TASC definition for the combined segments for each of the 2 lesions treated separately.

Protect adjacent artery is recorded when a balloon or stent was placed in an artery with no significant lesion in order to prevent compression by treatment in an adjacent branch, which is commonly done in the proximal common iliac arteries with "kissing" stents. In this case, sometimes only one side is stenosed but both sides are treated, so use "Protect adjacent artery" to indicate the non-diseased side that was also treated.
TRANS ATLANTIC SOCIETY CONSENSUS (TASC)
PERIPHERAL VASCULAR INSUFFICIENCY CLASSIFICATION WORKSHEET

Physician Name: ___________________________ Date of Procedure: ____________

Please check location and length of lesion according to TASC Classification

Aorto-Iliac TASC Classification

☐ Type A Lesions (Unilateral CIA occlusion; Bilateral CIA occlusion)
☐ Type B Lesions (Lesion extending into the CFA; Unilateral CIA occlusion not involving origins of internal iliac or CFA)
☐ Type C Lesions (Bilateral CFA occlusion; Bilateral CIA occlusion not extending into the CFA; Unilateral CIA occlusion involving origins of internal iliac and/or CFA)
☐ Type D Lesions (Infra-renal aortoiliac occlusion; Diffuse disease of aorta and both iliac; Diffuse multiple stenoses involving the iliac, CIA, EIA, and CFA, Unilateral occlusion of both CIA and EIA, Bilateral occlusions at EIA, Iliac stenosis of pt with AAA requiring treatment and not amenable to EVAR or other lesions requiring open surgery.)

Please note lesion type (A, B, C, D) from above and length
Lesion type ___________ mm
Lesion type ___________ mm
Lesion type ___________ mm

Femoral-Popliteal TASC Classification

☐ Type A Lesion (Single stenosis <10 cm or Occlusion <5 cm each)
☐ Type B Lesion (Multiple stenoses or occlusions each <5 cm; Single stenosis or occlusion <10 cm involving one infrapopliteal segment; Single or multiple lesions in the absence of continuous tibial vessels to improve flow for distal bypass; Calcified occlusion <5 cm; Single popliteal stenosis)
☐ Type C Lesion (Multiple stenoses or occlusions totaling 15 cm or more total; Recurrent stenosis or occlusions that need treatment after an endovascular intervention)
☐ Type D Lesion (Chronic total occlusion of CFA or SFA >20 cm involving the popliteal artery; Chronic total occlusion of popliteal artery and proximal infrapopliteal vessels)

Please note lesion type (A, B, C, D) from above and length
Lesion type ___________ mm
Lesion type ___________ mm
Lesion type ___________ mm

Intrapopliteal TASC Classification

☐ Type A Lesion (Single stenosis shorter than 1 cm in the tibial or peroneal vessels)
☐ Type B Lesion (Multiple focal stenoses of the tibial or peroneal vessels each less than 1 cm; 1 or 2 focal stenoses less than 1 cm long each at the tibial trifurcation; Short tibial or peroneal stenosis in conjunction with femoropopliteal PTA)
☐ Type C Lesion (Stenosis 1-4 cm; Occlusions 1-2 cm in length of the tibial or peroneal; Extensive stenoses of the tibial trifurcation)
☐ Type D Lesion (Tibial or Peroneal occlusions longer than 2 cm; Diffusely diseased tibial or peroneal)

Please note lesion type (A, B, C, D) from above and length
Lesion type ___________ mm
Lesion type ___________ mm
Lesion type ___________ mm

Physician Signature

Date ___________ Time ___________
Total Occlusion Length Documentation

Occlusive Disease Information

Artery 1

- Site of Prior Treatment: Yes, Stent
- TASC Grade: Select
- Total Treated Length: 9.4 cm
- Total Occlusion Length: cm
- Calcification: None
- Number of Treatment Types: 2

Device 1

- Treatment Type: Stent
- Product Number or ID: PN035-08-37-135 CN00821684036525
- Manufacturer: Covidien LP
- Type: Visi-Pro
- GUIDID Diameter: 8 Millimeter
- GUIDID Length: 57 Millimeter

Artery 2

- Site of Prior Treatment: No
- TASC Grade: Select
- Total Treated Length: 3.7 cm
- Total Occlusion Length: cm
- Calcification: None
- Number of Treatment Types: 1

Device 2

- Treatment Type: Stent
- Product Number or ID: PN035-08-37-135 CN00821684036518
- Manufacturer: Covidien LP
- Type: Visi-Pro
- GUIDID Diameter: 8 Millimeter
- GUIDID Length: 37 Millimeter

Total Occlusion Length

If more than one segment of occlusion, add total of all segments within treated artery. Occlusion length should be measured with a marker catheter or overlying ruler.

Must be between 0 and 99 (round to the nearest integer). Enter zero if no occlusion.
Residual Stenosis % Documentation

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th>Covidien LP</th>
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<tbody>
<tr>
<td>Type</td>
<td>Visa-Pro</td>
</tr>
<tr>
<td>GUDID Diameter</td>
<td>6 Millimeter</td>
</tr>
<tr>
<td>GUDID Length</td>
<td>37 Millimeter</td>
</tr>
</tbody>
</table>

- **Final Technical Result**: Successful (stenosis <= 30%)

- **Concomitant**: None
- **Final Technical Result**: Successful (stenosis <= 30%)

**Comments**

- Other Anticoag: Warfarin (Coumadin), TASC and total occlusion length not documented
Percent Residual Stenosis

Final angiogram showed excellent result with less than 10 percent residual narrowing and good outflow via the tibial vessels. There was no evidence of distal embolization.
Space Case
Inclusion Criteria Anastamotic Site

Case study:

Cutting balloon angioplasty was performed of the distal anastomosis of the femoral popliteal bypass graft using a 3-mm AngioSculpt balloon. This was followed using a 4 mm x 40 mm impact admiral drug alluding balloon. Final angiogram showed excellent result with less than 10 percent residual narrowing and good outflow via the tibial vessels. There was no evidence of distal embolization.

- Include if not prosthetic graft
- Include if a native vessel
- Include if above or below anastomotic site
Kissing Stents - Close to the bifurcation
Kissing Stents—Close to the bifurcation

PREOPERATIVE DIAGNOSIS:

1. Severe left leg claudication with left iliac artery occlusion.
2. Tobaccoism.

POSTOPERATIVE DIAGNOSIS:
Same.

OPERATIVE PROCEDURE:

1. Remote left iliac artery endarterectomy.
2. Aortic iliac arteriogram.
3. Bilateral common iliac artery stent placement extending into the distal aorta as kissing stents.
4. Left common and proximal superficial femoral artery endarterectomy with bovine pericardial patch closure.
5. Right femoral Perclose placement.

Chief Complaint: PVD with occlusion of L common, external, and internal iliac arteries

History of Present Illness: Richard M Giles is a 48 y.o. male with severe claudication of L leg and b/l buttocks getting worse for over a year, as well as intermittent burning and numbness of L foot, as well as increased weakness of L leg when bending down or squatting. Denies any sores or open wounds on either feet or legs. Varicose veins stable.

Past Medical History

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atherosclerosis of native artery of both lower extremities (HCC)</td>
<td></td>
</tr>
<tr>
<td>Claudication, intermittent (HCC)</td>
<td></td>
</tr>
<tr>
<td><strong>BILATERAL LOWER EXTREMITIES</strong></td>
<td></td>
</tr>
<tr>
<td>Leg pain, left</td>
<td></td>
</tr>
</tbody>
</table>
Kissing Balloon technique
Contralateral Approach

Arterial access on the opposite side of the body as the lesion

Guide catheter guide "up-and-over" the bifurcation. Wire cross lesion

PTA balloon inserted and inflated

Stent inserted and deployed
Antegrade with / Retrograde against
It’s Not Rocket Science

IT'S A SIMPLE QUESTION!
References


“It’s a Simple Question,” “Just Say Yes and We’ll Move on,” [Will Ferrel Harry Caray Photo] Retrieved From https://memegenerator.net/
