

Autogenous or prosthetic bypass in the leg that originates at or distal to the distal external iliac artery and terminates distal to the ipsilateral common femoris artery that is performed for arterial atherosclerotic occlusive or true degenerative aneurysm disease. Complete inclusion/exclusion criteria available upon request by emailing: <a href="mailto:pathwayssupport@fivoshealth.com">pathwayssupport@fivoshealth.com</a>.

# **OVERVIEW OF INFRAINGUINAL BYPASS COMPONENTS**

## **BASIC INFO**

PHI (Date of Birth, Birth Sex, Race, etc.)/Insurance/Zip code/Procedure date/ Surgeon/Assistant(s)

## **DEMOGRAPHICS**

Smoking Hx/ Co-morbidities/Stress testing/ Ambulatory status / Functional Status / Hgb, HbA1c, Creatinine /Transfer from other center / Pre-procedure medications including but not limited to: Antiplatelet/ Statin/ Beta Blocker/ACE Inhibitor / ARB/ Chronic Anticoagulation

## **HISTORY**

Indication- Rutherford status (acute or chronic )/Aneurysm vs Occlusive Disease /Prior Inflow Lower Extremity intervention or surgery/Amputation history / WIfI status/GLASS classification Pre-op ABI and-or TBI/Non-invasive, Invasive imaging findings/Vein mapping/Exercise program

### **PROCEDURE**

COVID status/Urgency status/Anesthesia/ Graft type, location and orientation/Groin incision orientation/Wound vac use /EBL/Transfusion volume/ Concomitant PVI/Inflow endarterectomy or bypass need/Completion imaging details

#### POST-OP

Wound or Graft infection/Complications/Ipsilateral Amputation/Discharge graft patency / Unplanned return to OR/Discharge meds /Discharge ambulation status/Substance use history including Opioids

# **30-DAY FOLLOW-UP (optional)**

Captured within 30 days from discharge/ Admission status since discharge/Reason for readmission if applicable /Reintervention related to primary procedure if applicable.

#### LTFU

Captured between 9-21 Months: smoking status/Mortality/ Current Medications/Current Ambulation/Ipsilateral symptoms, bypass patency/Ipsilateral ABI and-or TBI/Surgical site or graft infection/ Bypass graft revision/Amputation since discharge/ Opioid usage

# **REGIONAL REPORTS (BI-ANNUAL)** Link to sample report

What is reported (including but not limited to):

Center level comparisons to Regional and National data/Excludes claudication / Major complications %- Defined as in-hospital death, unplanned major Above Knee or Below Knee amputation, graft occlusion

Link to sample report: <a href="https://www.vqi.org/wp-content/uploads/Sample-Regional-Report-Fall-2023">https://www.vqi.org/wp-content/uploads/Sample-Regional-Report-Fall-2023</a>.html

# **BENCHMARK REPORTS (QUARTERLY)**

Center level comparisons to Regional and National data

Separate reports for Claudication and CLTI:

Case Volume/Length of Stay/Smoking/Pre-op ABI/Per cent of Post-op events listed as Complications above including graft patency/Per cent on Antiplatelet and Statin medications/Disposition status

Link to sample report: <a href="https://www.vqi.org/wp-content/uploads/Sample-Dashboard-Fall-2023">https://www.vqi.org/wp-content/uploads/Sample-Dashboard-Fall-2023</a>.

<a href="https://www.vqi.org/wp-content/uploads/Sample-Dashboard-Fall-2023">httml</a>