SoVONet Regional Data Manager’s Monthly Meeting
August 8, 2017
TEVAR MODULE

Demographics Information
Similar to all other registries – no questions

History
- Pathology – How is pathology selected? Pathways suggested choosing the most applicable for why the surgery is being performed.
  - Trauma – Discussed various scenarios
  - Aneurysm Type – Look at CT
  - Dissection or Aneurysm from Dissection - Rapid expansion refer to chart for size
    - Dissection Type is defined as acute or chronic
    - Refractory Hypertension – If they cannot get their hypertension under control
    - Rapid expansion- See size
  - Trauma – Might want to consider a worksheet since there are many questions that need physician clarification
- Zones – The distal zone is not always documented, some suggestions are to provider paper copies of the chart, or a laminated copy can be placed in the OR. Nadine also suggested referring to the CT scan as an option.
  - Staged procedures are done at different OR visits in regards to TEVAR cases
- Aortic Diameter – Good idea to have this on the paper document the physicians complete in the OR. If there is a discrepancy how is it handled? Rosha’s group goes by what the surgeon document. If it is not documented use the CT scan.
- Presentation – Be sure to look at the chart
- Urgency - If you have records from prior facility you can use that to determine the urgency.
- Leg Motor Function – this can also be obtained from the medical records from the transfer facility. The same hold true for other fields where a transfer has occurred such as lowest B/P.

Procedure
- Skin Prep - Chlorhexidine plus Iodine does not qualify for the chlorhexidine studies.
- Crystalloid – Get from op report and anesthesia record. If you are not familiar with them look them up.
- PRBC- Capture in OR and all pre-op. Include all products from transfer facility as well. (Question Below)
- Total Procedure time – (Question below)
- Side- (Question below)
- Access – Oblique is transverse
- Deployment – Capture deployment technical success as opposed to other registries where they ask if they were a failure
- Anchor- treat endoleak or seal around chimney
- Conversion to open (Question below)
Aortic Devices
  o Staged Aortic treatments- Only report the most recent if there is multiple staging. Staged aortic treatment is rare but branch staging is not. (Question below)

Post Procedure - to be continued

**Questions:**

1. When there are multiple procedures performed under the same anesthesia the following questions are asked:
   a. Are all PRBCs captured or just those given during the TEVAR? All of the PBRC’s because we know through research that blood transfusion units contribute to the surgical site infection rate
   b. Per Pathways for staged branch procedures that occur at different hospitalizations you should capture the total for all, is this correct or is this just for staged procedures during this hospitalization? All staged procedures that’s why we ask for the date
   c. In regards to the procedure time, do we capture the total of all procedures including the TEVAR or just the TEVAR time itself? The total time someone is under anesthesia affects many outcomes so we want total time and record any adjunct procedures
   d. Regarding sheath size, the larger the number the smaller the sheath. This appears to be an inverse measure capture and < 12F should be captured and >12F should not, is that correct? We haven’t done any analysis on sheath size but the definition would be taken into account if we did
   e. If you convert from a TEVAR to open how much data needs to be completed in the TEVAR module? Are we required to complete post op data? We always ask for as much as we can get
   f. Staged Aortic Treatment, when there are multiple staging’s is it correct to only report the most recent staging event? Can you explain the rationale for this data to help us better understand what is being sought? Staged procedures are sometimes done for the health of the patient, they don’t want too much anesthesia time or contrast during one procedure . . you should capture all staged procedures related to the primary case.