

KEY: Validation rules and guidance notes **Should be completed only if the patient had angioplasty/stenting alone**

New! New questions since Round 1

Phase 1 [Referral to hospital discharge]

Section 1: Demographics

- 1.1 Date procedure was undertaken: _____ [DD/MM/YYYY]
[Date entered should be from 1st Dec 2005 onwards]
- 1.1a **New!** Was this procedure successfully completed? Yes Abandoned [Tick 1 option only]
[If Yes, 1.1b go to 1.2]
[If Abandoned, 1.1b must be completed]
[NB This form still needs to be completed even if the procedure was abandoned]
- 1.1b **New!** If procedure was Abandoned, give reason: _____
- 1.2 RCP surgeon code: _____ [On the web tool, this field is filled automatically] [3 digits]
- 1.2a **New!** GMC Number: _____ [On the web tool, this field is filled automatically] [7 digits]
- 1.3 Hospital name: _____ [On the web tool, this field is filled automatically] [Describes hospital where the procedure was performed]
- 1.4 RCP Hospital code: _____ [On the web tool, this field is filled automatically] [3 digits]
- 1.5 Date of birth: _____ [DD/MM/YYYY]
- 1.6a Patient code: _____ [Describes a random number (up to 3 digits) that you give to the patient for anonymity]
- 1.6b **New!** Patient hospital number: _____
[On the web tool, this field is visible to hospital staff only] [Describes the identifier that is on the patient's local hospital records]
- 1.7 Gender: Male Female [Tick 1 option only]
- 1.9 Ethnicity: [Tick 1 option only]
- | | | |
|-------------------------------|-----------------------|---|
| White | <input type="radio"/> | British, Irish, Any other white background |
| Mixed | <input type="radio"/> | White and Black Caribbean, White and Black African, White and Asian, Any other Mixed background |
| Asian or Asian British | <input type="radio"/> | Indian, Pakistani, Bangladeshi, Any other Asian background |
| Black or Black British | <input type="radio"/> | Caribbean, African, Any other Black background |
| Chinese or other ethnic group | <input type="radio"/> | Chinese, Any other |
- 1.10 **New!** Which of the following procedures was performed? [Tick 1 option only]
 Surgical carotid endarterectomy Angioplasty/stent Combined CEA and angioplasty/stent
[If Surgical carotid endarterectomy is selected, ignore 13.1 to 13.2a and 13.10 to 13.12]
[If Angioplasty/stent is selected, ignore 12.3a and 13.4 to 13.9]
[If Combined CEA & angioplasty/stent is selected, ignore 13.1]
- 1.11 Date patient was admitted to this Hospital in this episode of care: _____ [DD/MM/YYYY]
[Date entered CANNOT be after date of procedure (1.1) but can be EQUAL to date of procedure (1.1)]

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Section 2: Risk Factors

- 2.1 Diagnosed Diabetic: Yes No *[Tick 1 option only]*
- 2.2 Any current symptoms of or treatment for ischaemic heart disease or congestive heart failure?
Yes No *[Tick 1 option only]*
- 2.3 **New!** Known peripheral arterial vascular disease (symptoms or previous intervention) Yes No
- 2.4 **New!** Pre-operative blood pressure (e.g. taken on day or prior to surgery or in clinic):
Systolic BP (mmHg): [] *[Min= 20, Max=350]*
Diastolic BP (mmHg): [] *[Min= 20, Max=350]*

Section 3: Referral to surgeons

- 3.1 Date of referral to team under whose care surgery or angioplasty/stenting was undertaken: _____ *[DD/MM/YYYY]*
[Date entered can be from 1st Dec 2003 onwards but CANNOT be after date of procedure (1.1)]
- 3.1a **New!** Date patient was first seen by team under whose care surgery or angioplasty/stenting was undertaken: *[DD/MM/YYYY]*
[Date entered can be from 1st Dec 2003 onwards but CANNOT be after date of procedure (1.1)]
- 3.2 Who referred the patient to the team under whose care surgery or angioplasty/stenting was undertaken? *[Tick 1 option only]*
General Practitioner Neurologist Stroke Physician Radiologist
Care of the Elderly Consultant Vascular Surgeon Cardiologist/Cardiothoracic surgeon
Ophthalmology Self referral Other Surgeon Other
[If NOT Other, go to 3.3] [If Other, 3.2a must be completed]
- 3.2a If answered *Other* to 3.2, specify: _____
- 3.3 **New!** Was the patient referred from another Trust? Yes No *[Tick 1 option only]*

Section 4: Indications that triggered referral

- 4.1 Was the patient symptomatic for carotid disease? Yes No *[Tick 1 option only]*
[If 'No', ignore 4.1a to 4.1d and 7.1.]
[If 'Yes', ignore 4.1e and 4.1a or 4.1b and 4.1c must be completed]
- 4.1a **New!** If 'Yes', give the date the patient experienced the symptom that triggered referral for surgery or angioplasty/stent:
_____ *[DD/MM/YYYY]* *[If date is given, go to 4.1c]*
[Date entered can be from 1st Dec 2000 onwards but CANNOT be after date of procedure (1.1)]
Date not known *[If this option is selected 4.1b must be completed]*
- 4.1b **New!** If *Date Not known*, estimate the time between the date the patient experienced the symptom and the date that the initial referral for surgery or angioplasty/stent was made: *[Tick 1 option only]*
1-2 days 3-7 days 8-14 days 15-21 days 22-28 days >28 days
- 4.1c What was the symptom that triggered referral for surgery or angioplasty/stent? *[Tick 1 option only]*
[NB only the INDEX symptom is required even if the patient had other symptoms]
Amaurosis fugax Transient ischaemic attack Stroke Chronic cerebral hypoperfusion Other
[If Other is selected, 4.1d must be completed]
- 4.1d **New!** If answered *Other* to 4.1c, specify:

- 4.1e **New!** If 'No' to 4.1, is CEA or angioplasty/stent being undertaken prior to major surgery (e.g. CABG) or as part of randomised trial? *[Tick 1 option only]*
Major surgery (e.g. CABG) Randomised trial Neither of these

Section 5: DIAGNOSTIC carotid imaging [i.e. Imaging that identified ICA stenosis requiring treatment]

- 5.1 Date of the initial DIAGNOSTIC carotid imaging that identified ICA stenosis requiring treatment: _____
[DD/MM/YYYY]
[Date entered can be from 1st Dec 2003 onwards but CANNOT be after date of procedure (1.1)]
- 5.2 Specify imaging modalities used on date given in 5.1: [Select at least 1 option]
Duplex MR angiogram Catheter angiogram CT angiogram Other or Not documented
- 5.2a Grade of ipsilateral carotid stenosis (based on NASCET criteria): [Tick 1 option only]
[Describes measurement used to identify suitability for intervention]
<50% 50%-69% 70%-89% 90%-99% Occluded
- 5.2b Grade of contralateral carotid stenosis (based on NASCET criteria): [Tick 1 option only]
Not done <50% 50%-69% 70%-89% 90%-99% Occluded
- 5.3 **New!** Has the patient had further pre-operative carotid imaging after initial scan, to confirm diagnosis? [Tick 1 option only]
Yes No [If No, go to 6.1]
- 5.3a **New!** Date patient had further pre-operative carotid imaging after initial scan, to confirm diagnosis:

[DD/MM/YYYY]
[Date entered MUST be AFTER date of procedure (1.1)]
- 5.3b **New!** Specify imaging modalities used on date given in 5.3a: [Select at least 1 option]
Duplex MR angiogram Catheter angiogram CT angiogram Other or Not documented
- 5.3c **New!** If answered Yes to 5.3, specify grade of ipsilateral carotid stenosis (based on NASCET criteria):
<50% 50%-69% 70%-89% 90%-99% Occluded
- 5.3d **New!** If answered Yes to 5.3, did the patient have a string sign (with a collapsed ICA)? Yes No
- 5.3e **New!** If answered Yes to 5.3, specify grade of contralateral carotid stenosis (based on NASCET criteria): [Tick 1 option only]
Not done <50% 50%-69% 70%-89% 90%-99% Occluded

Section 6: Most recent carotid imaging prior to undergoing this surgery or angioplasty/stent

- 6.1 **New!** Has the patient had further pre-operative carotid imaging to confirm patency immediately prior to surgery or angioplasty/stent?
Yes No [If No, go to 7.1]
- 6.1a **New!** If answered Yes to 6.1, give date of pre-operative imaging to confirm patency prior to surgery or angioplasty/stent:

[DD/MM/YYYY]
[Date entered MUST be on or BEFORE date of procedure (1.1)]

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Section 7: Function prior to undergoing this surgery or angioplasty/stent

7.1 **New!** Give date of the most recent ISCHAEMIC event prior to surgery or angioplasty/stent: _____ [DD/MM/YYYY]
[Date entered can be from 1st Dec 2003]

7.2 Rankin score immediately pre-operatively or prior to angioplasty/stent: [Tick 1 option only]

- 0 Asymptomatic
- 1 Non-disabling symptoms no interference with lifestyle
- 2 Minor disability some restriction in lifestyle but does not interfere with patient's capacity to look after self
- 3 Moderate disability symptoms significantly interfere with lifestyle or prevent totally independent existence
- 4 Moderately severe symptoms prevent independent existence but patient does not need attention 24hrs
- 5 Severely disabled totally dependent day and night

Section 8: Previous carotid interventional procedures

8.1 Previous ipsilateral carotid surgery: Yes No [Tick 1 option only]

8.2 Previous ipsilateral carotid angioplasty or stent: Yes No [Tick 1 option only]

Section 9: Tests prior to undergoing this surgery or angioplasty/stent

9.1 Creatinine: [] (mmol/L) [Min=5 Max=1000]

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Section 10: Drug therapy prior to undergoing this surgery or angioplasty/stent

10.1 Was the patient on anti-platelet/thrombotic treatment prior to surgery or angioplasty/stent? Yes No

[If No, go to 10.3] [If Yes, 10.2 must be completed]

10.2 Which of the following drugs was the patient taking prior to surgery or angioplasty/stent: *[Select at least 1 option]*

Aspirin Clopidogrel Dipyridamole Warfarin Other

*[If Aspirin is NOT selected, ignore 10.2a & 10.2b]
 [If Clopidogrel is NOT selected, ignore 10.2c & 10.2d]
 [If Dipyridamole is NOT selected, ignore 10.2e & 10.2f]
 [If Warfarin is NOT selected, ignore 10.2g & 10.2h]*

10.2a Was ASPIRIN stopped prior to surgery or angioplasty/stent? Yes No *[If No, ignore 10.2b]*

10.2b If ASPIRIN was stopped, specify the number of days it was stopped prior to surgery or angioplasty/stent:

[] *[Days]*

10.2c Was CLOPIDOGREL stopped prior to surgery or angioplasty/stent? Yes No *[If No, ignore 10.2d]*

10.2d If CLOPIDOGREL was stopped, specify the number of days it was stopped prior to surgery or angioplasty/stent:

[] *[Days]*

10.2e Was DIPYRIDAMOLE stopped prior to surgery or angioplasty/stent? Yes No *[If No, ignore 10.2f]*

10.2f If DIPYRIDAMOLE was stopped, specify the number of days it was stopped prior to surgery or angioplasty/stent:

[] *[Days]*

10.2g Was WARFARIN stopped prior to s surgery/angioplasty/stent Yes No *[If No, ignore 10.2h]*

10.2h If WARFARIN was stopped, specify the number of days it was stopped prior to surgery or angioplasty/stent:

[] *[Days]*

10.3 Was the patient on statin therapy prior to surgery or angioplasty/stent? Yes No *[Tick 1 option only]*

10.4 Was the patient on beta-blockers therapy prior to surgery or angioplasty/stent? Yes No *[Tick 1 option only]*

Section 11: Delay to surgery or angioplasty/stent

11.1 **New!** If elapsed time between the symptom that triggered referral and surgery or angioplasty/stent is greater than 2 weeks, specify reason(s):

*[Select at least 1 option]
 [If Other is NOT selected, ignore 11.1a]*

Delay in presentation	<input type="checkbox"/>	Limited availability of surgeon	<input type="checkbox"/>	Other	<input type="checkbox"/>
Delay in referral	<input type="checkbox"/>	Limited availability of anaesthetist	<input type="checkbox"/>		
Delay in carotid imaging	<input type="checkbox"/>	Limited availability of radiologist	<input type="checkbox"/>		
Patient cancellation/delay - unfit	<input type="checkbox"/>	Lack of operating time	<input type="checkbox"/>		
Patient cancellation/delay – patient choice	<input type="checkbox"/>	Other case took priority	<input type="checkbox"/>		

11.1a **New!** If answered *Other* in 11.1, specify:

Section 12: Procedure details

- 12.1 Which carotid artery was treated? Left Right [Tick 1 option only]
- 12.2 Start time: [:] [Hours:Minutes]
- 12.3 Finish time: [:] [Hours:Minutes]
- 12.3a **New!** If length of procedure is <1hour or >3hours, give reason:

- 12.4 Grade of most senior surgeon in theatre: [Tick 1 option only] [If NOT Specialist registrar, go to 12.5]
Consultant Non consultant career grade Specialist registrar
- 12.4a **New!** If most senior surgeon in theatre was *Specialist registrar*, specify year of training: [Tick 1 option only]
Year 1 Year 2 Year 3 Year 4 Year 5
- 12.5 **New!** Was this a joint consultant operation with two consultant surgeons operating together? Yes No
- 12.6 Type of surgery: Elective Unplanned/Emergency [Tick 1 option only]
- 12.7 Type of anaesthetic used during surgery? General Local/Blocks Started with LA, switched to GA
- 12.8 Grade of most senior anaesthetist in theatre: [Tick 1 option only] [If NOT Specialist registrar, go to 13.1]
Consultant Non consultant career grade Specialist registrar
- 12.8a **New!** If most senior anaesthetist in theatre was *Specialist registrar*, specify year of training: [Tick 1 option only]
Year 1 Year 2 Year 3 Year 4 Year 5

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Section 13: Specific procedure data **[Complete Q13.1 to Q13.1b and 13.10 to 13.12 ONLY if the patient had angioplasty/stent]**

13.1 If angioplasty/stent only performed was conventional was surgery an option? Yes No *[Tick 1 option only]*

13.1a Whose care was the patient under when they underwent angioplasty/stent? *[If NOT Other, go to 13.2]*

Vascular surgeon Neurosurgeon Radiologist Stroke Physician Other

13.1b If answered *Other* to 13.1a, specify: _____

13.2 Was this patient in a stenting versus surgery clinical trial? Yes No

13.2a If the patient was in a stenting versus surgery trial were they in ICSS or ACST-2? ICSS ACST-2

13.3 **New!** Pathology: *[Select at least 1 option]* *[If NOT Other, ignore 13.3a]*

Atherosclerosis Post endarterectomy restenosis Post radiotherapy Other

13.3a **New!** If answered *Other* to 13.3, specify: _____

13.4 Was a carotid shunt used? Yes No Attempted and abandoned *[Tick 1 option only]*

13.5 Type of endarterectomy: Standard Eversion *[Tick 1 option only]*

13.6 Was a carotid patch used? Yes No *[Tick 1 option only]*

13.7 Were distal tacking sutures used? Yes No *[Tick 1 option only]*

13.8 Was heart surgery undertaken synchronously? Yes No *[Tick 1 option only]*

13.9 **New!** Which of the following completion assessment techniques were used? *[Select at least 1 option]*
[If 'None', go to 14.1] [If NOT 'None', select at least 1 option]

None Angiography Duplex scan Angioscopy Hand-held Doppler

13.10 Site of angioplasty/stenting: *[Select at least 1 option]*

Carotid bifurcation (including proximal ICA) Distal ICA (below base of skull)

Common Carotid artery External Carotid artery

13.11 Procedure details: *[Select at least 1 option]*

Angioplasty alone Stent Cerebral protection device
[If Stent is NOT selected, ignore 13.11a & 13.11b] [If Cerebral protection device is NOT selected, ignore 13.11c & 13.11d]

13.11a If answered *Stent* to 13.11, specify type: *[Select at least 1 option]* *[If NOT Other, ignore 13.11b]*

Abbott XAct Abbott Acculink Bard Vivax Boston Scientific Wallstent
Boston Scientific NEX stent Cordis Precise Invatec Cristallo Medtronic Exponent Other

13.11b If answered *Other* to 13.11a, specify: _____

13.11c If answered *Cerebral protection device* to 13.11, specify type: *[Tick 1 option only]* *[If NO Other, ignore 13.11d]*

Filter Flow reversal Proximal occlusion (MoMa) Distal occlusion (PercuSurge) Other

13.11d If answered *Other* to 13.11c, specify: _____

13.12 Grade of most senior radiologist performing intervention: *[Tick 1 option only]*
Consultant Non consultant career grade Specialist registrar

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Section 14: Destination post-operatively or post angioplasty/stent

14.1 **New!** Time spent in the area the patient went to immediately after surgery (recovery area/post anaesthetic care unit):

None <4 hours >4 ≤ 12 hours >12 hours [Tick 1 option only]

14.2 Where was the patient admitted post-operatively or post angioplasty/stent (after any period in recovery)?

Intensive care unit High dependency unit Ward PACU [Tick 1 option only]

Section 15: Complications during inpatient stay

15.1 Did the patient suffer any complications during inpatient stay? Yes No [If No, go to 15.6]

15.1a **New!** If answered 'Yes to 15.1', which of the following complications did the patient experience? [Select at least 1 option]

Myocardial Infarct	<input type="checkbox"/>	Cranial nerve injury (includes neuropraxia)	<input type="checkbox"/>	Occlusion of treated carotid artery	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	Heart Failure (includes cardiac arrhythmia)	<input type="checkbox"/>	Respiratory	<input type="checkbox"/>
TIA	<input type="checkbox"/>	Urinary	<input type="checkbox"/>	Thromboembolism related to the treated carotid artery	<input type="checkbox"/>
Amaurosis fugax	<input type="checkbox"/>	Cardiac arrest	<input type="checkbox"/>	Post-intervention hypertension	<input type="checkbox"/>
Bleeding	<input type="checkbox"/>	Fit	<input type="checkbox"/>	Other	<input type="checkbox"/>

[If Myocardial infarct is NOT selected, ignore 15.2]

[If Stroke is NOT selected, ignore 15.3 & 15.3a]

[If TIA is NOT selected, ignore 15.4]

[If Cranial nerve injury is NOT selected, ignore 15.5 & 15.5a]

[If Other is NOT selected, ignore 15.1b]

15.1b If answered 'Other' to 15.1a, specify: _____

15.2 **New!** If the patient experienced a myocardial infarct, specify timing: [Tick 1 option only]

≤24hrs of undergoing procedure
>24hrs after undergoing procedure and prior to discharge

15.3 If the patient experienced a stroke, specify timing: [Tick 1 option only]

During procedure (woke up with a stroke)
≤24hrs of undergoing procedure
>24hrs after undergoing procedure and prior to discharge

[If During procedure (woke up with stroke) OR ≤24hrs of undergoing procedure ignore 15.3a]

[If >24hrs of undergoing procedure and prior to discharge 15.3a must be completed]

15.3a If patient experienced a stroke >24hrs after undergoing procedure and prior to discharge, give date of stroke:

_____ [DD/MM/YYYY] [Date entered MUST be AFTER date of procedure (1.1)]

15.3b **New!** Side of stroke: Side on which this procedure was done Contralateral side [Tick 1 option only]

15.3c Severity of stroke: [Tick 1 option only]

- 0 Asymptomatic
- 1 Non-disabling symptoms no interference with lifestyle
- 2 Minor disability some restriction in lifestyle but does not interfere with patient's capacity to look after self
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15.3d **New!** Give date the assessment in 15.3c was made: _____ [DD/MM/YYYY]
[Date entered must be on or after date procedure was undertaken (1.1)]

15.4 **New!** If patient experienced TIA, specify timing:
≤24hrs of undergoing procedure >24hrs after undergoing procedure and prior to discharge

15.5 **New!** If patient experienced *cranial nerve injury*, specify date injury was found: _____ [DD/MM/YYYY]
[Date entered must be on or after date procedure was undertaken (1.1)]

15.5a **New!** Affected cranial nerve (or branch): [Select at least 1 option]
Hypoglossal Facial Glossopharyngeal Vagus Recurrent laryngeal

15.6 **New!** Did the patient return to theatre for ANY reason during hospital stay? Yes No [If 'No', go to 15.7]

15.6a **New!** If answered Yes to 15.6, specify reason patient returned to theatre: [Select at least 1 option] [If NOT Other, go to 15.7]
Bleeding Stroke Thromboembolism related to the treated carotid artery Other

15.6b If answered *Other* to 15.6a, specify: _____

15.7 Did the patient die during inpatient stay? Yes No [Tick 1 option only]
[If No, go to 16.1]

15.7a If answered Yes to 15.7, give the date that the patient died: _____ [DD/MM/YYYY]
[Date entered must be equal to or greater than 1.1 (date of procedure)]

15.7b Specify PRIMARY cause of death: Myocardial Infarct Bleeding Stroke Other
[If NOT Other, complete 17.1. Then 18.1 to 21.1a DO NOT need to be completed] [If Other, 15.7b must be completed]

15.7c If answered *Other* to 15.7b, specify: _____

Section 16: Discharge data

- 16.1 Date patient was discharged by team under whose care surgery or angioplasty/stent was performed: _____ [DD/MM/YYYY] [MUST be on or after date of procedure (1.1)]
- 16.2 Date patient was discharged from hospital: _____ [DD/MM/YYYY]
[MUST be on or after date of procedure (1.1)]
- 16.3 Discharge Destination: Home Care Home Other Hospital Other [If NOT 'Other' go to 16.4]
- 16.3a If answered *Other* to 16.3, specify: _____
- 16.4 What was the Rankin score at hospital discharge? [Tick 1 option only]
- 0 Asymptomatic
 - 1 Non-disabling symptoms no interference with lifestyle
 - 2 Minor disability some restriction in lifestyle but does not interfere with patient's capacity to look after self
 - 3 Moderate disability symptoms significantly interfere with lifestyle or prevent totally independent existence
 - 4 Moderately severe symptoms prevent independent existence but patient does not need attention 24hrs
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Section 17: Phase 1 Data entry

- 17.1 **New!** Who completed Phase 1? [Tick 1 option only]
- Surgeon Specialist Registrar (Surgical) Basic surgical trainee Nurse
- Audit personnel Radiologist Specialist Registrar (Radiological) Other
- [If *Other*, 17.1a must be completed]
[If NOT *Other*, go to 18.1]
- 17.1a If answered *Other* to 17.1, specify: _____

Phase 2 [30-day survival/Follow-up assessment]

Section 18: Patient status at 30days after undergoing procedure

- 18.1 Did the patient die following discharge (up to 30 days after undergoing this procedure)? Yes No
[If No, go to 19.1]
- 18.1a If answered Yes to 18.1, give date patient died: _____ *[DD/MM/YYYY]*
[Date entered must be equal to or greater than 16.2 (date patient was discharged from hospital)]
- 18.1b Cause of death: Myocardial infarct Bleeding Stroke Other Unknown *[Tick 1 option only]*
[If NOT Other, go to 21.1]
- 18.1c If answered *Other* to 18.1b, specify: _____ *[Go to 21.1]*

Section 19: Follow-up attendance

- 19.1 Was the patient offered a post-discharge follow-up appointment? Yes No *[If No, go to 21.1]*
- 19.2 If answered Yes to 19.1, did the patient attend post-operative follow-up appointment? Yes No *[Tick 1 option only]*
[If No, go to 21.1]
- 19.2a If answered Yes to 19.2, give date of post-discharge follow-up assessment: _____ *[DD/MM/YYYY]*
[Date entered MUST be on or after date of procedure (1.1)]
- 19.2b **New!** Form of follow-up: *[Tick 1 option only]*
Patient seen in OPD (own Trust) Patient seen in OPD (other Trust) Telephone follow-up Postal follow-up
- 19.3 Specify specialty of professional that assessed the patient: *[Select at least 1 option]*
Surgeon Neurologist Stroke Physician Care of the Elderly Consultant
Cardiologist/Cardiothoracic surgeon Other *[If NOT Other, go to 20.1]*
- 19.3a If answered *Other* to 19.3, specify specialty: *[e.g. Vascular SpR]* _____

Section 20: Post-operative follow-up data

20.1 **New!** Was the patient re-admitted for a complication <30days after operation and after hospital discharge?

Yes No *[If No, go to 20.2]*

20.1a **New!** If answered Yes to 20.1, give date patient was re-admitted: _____ *[DD/MM/YYYY]*
[Date entered must be equal to or greater than 16.2 (date patient was discharged from hospital)]

20.1b **New!** Specify reason for re-admission: Stroke Cardiac Respiratory Other *[Select at least 1 option]*
[If 'No', go to 20.2]

20.1c If answered *Other* to 20.1b, specify: _____

20.2 Was evidence of cranial nerve injury found at follow-up (that was NOT identified prior to discharge)? Yes No
[If 'No', go to 20.3]

20.2a If answered Yes to 20.2, which nerve (or branch) was affected? *[Select at least 1 option]*

Hypoglossal Facial Glossal pharyngeal Vagus Recurrent laryngeal

20.3 Has the patient had a stroke since discharge? Yes No *[If No, go to 20.4]*

20.3a If answered Yes to 20.3 give date patient experienced stroke (if exact date is not known, give best estimate):
[Date entered must be equal to or greater than 16.2 (date patient was discharged from hospital)]

20.4 Rankin score at this visit (follow-up): *[Tick 1 option only]*

- 0 Asymptomatic
- 1 Non-disabling symptoms no interference with lifestyle
- 2 Minor disability some restriction in lifestyle but does not interfere with patient's capacity to look after self
- 3 Moderate disability symptoms significantly interfere with lifestyle or prevent totally independent existence
- 4 Moderately severe symptoms prevent independent existence but patient does not need attention 24hrs
- 5 Severely disabled totally dependent day and night

20.5 What drug therapy is the patient on post-operatively? *[Select at least 1 option]*

Anti-platelet/thrombotic Statin Beta-blockers *[If NOT Anti-platelet/thrombotic, go to 21.1]*

20.5a If answered *Anti-platelet/thrombotic* to 20.5, specify drug(s): *[Select at least 1 option]* *[If NOT Other, go to 21.1]*

Aspirin Clopidogrel Dipyridamole Warfarin Other

20.5b If answered *Other* to 20.5a, specify: _____

Section 21: Phase 2 Data entry

21.1 Who completed Phase 2? *[Tick 1 option only]*

Surgeon Specialist Registrar (surgical) Basic surgical trainee Nurse

Audit personnel Radiologist Specialist Registrar (radiological) Other

[If NOT Other, ignore 21.1a]

21.1a If answered *Other* to 21.1, please specify: _____

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NOTES

*The table below is for your own notes ONLY i.e. the notes will not be analysed by the audit statistician.
On the web tool, limited space is provided at the end of each section for your note.*

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