

## Vascular Surgery PBA: Aorto-Bifemoral Bypass

Trainee:	Assessor:	Date:
Assessor's Position*:	Email (institutional):	GMC No:
Duration of procedure (mins):	Duration of assessment period (mins):	Hospital:
Operation more difficult than usual? Yes / No (If yes, state reason)		<input type="checkbox"/> Tick this box if this PBA was performed in a <b>Simulated setting</b> .

\* Assessors are normally consultants (senior trainees may be assessors depending upon their training level and the complexity of the procedure)

**IMPORTANT:** The trainee should explain what he/she intends to do throughout the procedure. The Assessor should provide verbal prompts if required, and intervene if patient safety is at risk.

### Rating:

**N** = Not observed or not appropriate

**D** = Development required

**S** = Satisfactory standard for CCT (no prompting or intervention required)

Competencies and Definitions		Rating N/D/S	Comments
<b>I. Consent</b>			
C1	Demonstrates sound knowledge of indications and contraindications including alternatives to surgery		
C2	Demonstrates awareness of sequelae of operative or non operative management		
C3	Demonstrates sound knowledge of complications of surgery		
C4	Explains the procedure to the patient / relatives / carers and checks understanding		
C5	Explains likely outcome and time to recovery and checks understanding		
<b>II. Pre operation planning</b>			
PL1	Demonstrates recognition of anatomical and pathological abnormalities (and relevant co-morbidities) and selects appropriate operative strategies / techniques to deal with these		
PL2	Demonstrates ability to make reasoned choice of appropriate equipment, materials or devices (if any) taking into account appropriate investigations e.g. x-rays		
PL3	Checks materials, equipment and device requirements with operating room staff		
PL4	Ensures the operation site is marked where applicable		
PL5	Checks patient records, personally reviews investigations		
<b>III. Pre operative preparation</b>			
PR1	Checks in theatre that consent has been obtained		
PR2	Gives effective briefing to theatre team		
PR3	Ensures proper and safe positioning of the patient on the operating table		
PR4	Demonstrates careful skin preparation		
PR5	Demonstrates careful draping of the patient's operative field		
PR6	Ensures general equipment and materials are deployed safely (e.g. catheter, diathermy)		
PR7	Ensures appropriate drugs administered		
PR8	Arranges for and deploys specialist equipment (e.g. image intensifiers) effectively		
<b>IV. Exposure and closure</b>			
E1	Demonstrates knowledge of optimum skin incision / portal / access		
E2	Achieves an adequate exposure through purposeful dissection in correct tissue planes and identifies all structures correctly		
E3	Completes a sound wound repair where appropriate		

E4	Protects the wound with dressings, splints and drains where appropriate		
V. Intra operative technique: global (G) and task-specific items (T)			
IT1(G)	Follows an agreed, logical sequence or protocol for the procedure		
IT2(G)	Consistently handles tissue well with minimal damage		
IT3(G)	Controls bleeding promptly by an appropriate method		
IT4(G)	Demonstrates a sound technique of knots and sutures/staples		
IT5(G)	Uses instruments appropriately and safely		
IT6(G)	Proceeds at appropriate pace with economy of movement		
IT7(G)	Anticipates and responds appropriately to variation e.g. anatomy		
IT8(G)	Deals calmly and effectively with unexpected events/complications		
IT9(G)	Uses assistant(s) to the best advantage at all times		
IT10(G)	Communicates clearly and consistently with the scrub team		
IT11(G)	Communicates clearly and consistently with the anaesthetist		
*	AORTIC ANASTOMOSIS		
IT12(T)	Ensures adequate exposure of infrarenal aorta (and iliacs if required)		
IT13(T)	Assesses infrarenal aorta for aneurysmal dilatation and calcification		
IT14(T)	Ensures appropriate decision regarding proximal anastomosis i.e. end-to-side or end-to-end		
IT15(T)	Selects appropriate levels for aortic ( $\pm$ iliac) clamps		
IT16(T)	Creates tunnels without damaging adjacent structures before administration of heparin		
IT17(T)	Applies clamps without damaging adjacent structures (e.g. veins and duodenum)		
IT18(T)	Opens or transects aorta and performs thromboendarterectomy, if required		
IT19(T)	Takes precautions to reduce the risk of renal/distal embolization (e.g. adequate flushing)		
IT20(T)	Selects appropriate graft size for aorta and femorals (may be a compromise)		
IT21(T)	Shortens graft body and shapes it appropriately for dimensions of aorta/arteriotomy		
IT22(T)	Selects appropriate monofilament suture and needle holder		
IT23(T)	Sutures graft into aorta (end-to-end or end-to-side) using appropriately placed sutures without tearing aorta		
IT24(T)	Ensures that assistant maintains tension during suturing		
IT25(T)	Completes suture line with maintained tension and adequate knot (>6 throws)		
IT26(T)	Tests anastomosis and corrects any defects (applies soft clamps to graft limbs first)		
IT27(T)	Passes graft limbs through tunnels without damage, twisting or kinking		
IT28(T)	Covers graft with aortic sac, mesentery or omentum to protect duodenum		
IT29(T)	Carries out final inspection of abdominal cavity before closure		
*	FEMORAL ANASTOMOSIS (exposure may be done before aortic anastomosis)		
IT30(T)	Displays and controls femoral vessels and confirms outflow site		
IT31(T)	Makes suitable arteriotomy at selected outflow site		
IT32(T)	Confirms good outflow and performs endarterectomy or extends arteriotomy if required		
IT33(T)	Cuts graft limbs to correct length and shape to ensure no redundancy or undue tension		
IT34(T)	Performs anastomosis with sound eversion technique using appropriate suture		
IT35(T)	Flushes graft limbs well to ensure good inflow before completing anastomoses		
IT36(T)	Ensures there is no narrowing or distortion on completion of anastomoses		
IT37(T)	Removes clamps in collaboration with anaesthetist		
IT38(T)	Checks that femoral pulses are palpable		
IT39(T)	Carries out check of graft function if indicated (e.g. duplex or arteriogram)		
IT40(T)	Completes haemostasis and recognises need to correct any associated coagulopathy		

