

Vascular Surgery PBA: Endovascular - EVAR

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| 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 Simulated setting . |

* 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 |
|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------|
| I. Consent | | | |
| 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 | | |
| II. Pre operation planning | | | |
| 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/ angio staff | | |
| PL4 | Ensures the operation site is marked where applicable | | |
| PL5 | Checks patient records and investigations (e.g. up-to-date imaging, creatinine etc) and also ensures nephrotoxic drugs, anticoagulants etc have been stopped | | |
| PL6 | Verifies relevant peripheral pulse status | | |
| PL7 | Ensures the access site(s) and foot pulses are marked, where applicable | | |
| III. Pre operative preparation | | | |
| 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 | | |
| IV. Exposure and closure | | | |

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|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| 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 (open access only) | | |
| E3 | Completes a sound arteriotomy and wound repair where appropriate (open access only) | | |
| E4 | Protects the wound with dressings, splints and drains where appropriate (open access only) | | |
| E5 | Ensures clean anterior wall puncture of undiseased portion of CFA under ultrasound guidance (percutaneous access) | | |
| E6 | Ensures satisfactory placement of percutaneous closure device(s) (percutaneous access) | | |
| E7 | Demonstrates satisfactory haemostasis by deployment of percutaneous closure device(s) (percutaneous access) | | |
| E8 | Sutures appropriate conduit to access artery (if required for open access) | | |
| 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 (open access) | | |
| 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 nurses and / or radiographers | | |
| IT11(G) | Communicates clearly and consistently with the anaesthetist | | |
| IT12(T) | Communicates clearly and consistently with the patient if awake | | |
| IT13(T) | Ensures adequate radiation protection (including minimising duration and dose of radiation by appropriate position and coning) | | |
| IT14(T) | Administers or asks anaesthetist to administer Heparin IV | | |
| IT15(T) | Passes guidewires up iliac arteries without injury | | |
| IT16(T) | Selects appropriate side and screens diagnostic catheter up into suprarenal aorta | | |
| IT17(T) | Exchanges guidewire for stiff wire on side for main body | | |
| IT18(T) | Flushes all sheaths and devices with Hepsal, keeps wires clean and ensures there are no bubbles or blood in contrast syringe when performing angio | | |
| IT19(T) | Screens up main body of device to correct level and orientation | | |
| IT20(T) | Considers best angle of C-arm to open out angulated neck | | |
| IT21(T) | Checks angio to ensure position in relation to renal arteries | | |
| IT22(T) | Deploys device carefully according to manufacturer's instructions whilst screening | | |
| IT23(T) | Delivers system withdrawn without affecting position of device | | |
| IT24(T) | Checks angio to identify position of ipsilateral internal iliac artery | | |
| IT25(T) | Delivers and deploys ipsilateral extension if required | | |
| IT26(T) | Passes contralateral guidewire and catheter into short limb of main body and verifies intraluminal position | | |
| IT27(T) | Exchanges guidewire for stiff wire on contralateral side | | |
| IT28(T) | Checks angio to identify position of contralateral internal iliac artery | | |
| IT29(T) | Delivers and deploys contralateral device carefully whilst screening | | |
| IT30(T) | Delivers and deploys contralateral extension if required | | |
| IT31(T) | Checks angio with extended run and large field of view, to check position of stent graft and to identify any endoleaks | | |
| IT32(T) | Solves primary endoleaks with appropriate techniques (uses moulding balloon if appropriate) | | |
| VI. Post operative management | | | |

