

Vascular Surgery PBA: Open Infrarenal AAA Repair

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 .
Complexity (tick which applies, if any)		<input type="checkbox"/> Basic (unruptured, infrarenal clamp, tube graft or bifurcated to proximal CIAs) <input type="checkbox"/> Intermediate (unruptured, infrarenal clamp, bifurcated graft to distal CIAs or EIAs) <input type="checkbox"/> Advanced (ruptured, inflammatory, suprarenal clamp, large IIA aneurysms)

* 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 staff. In particular checks that patient is moved rapidly to operating theatre and prepared for surgery (if ruptured)		
PL4	Ensures the operation site and foot pulses are marked, where applicable		
PL5	Checks patient records, and ensures that all investigations including images are available		
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 with regard to condition of patient		
PR5	Demonstrates careful draping of the patient's operative field, including groins		
PR6	Ensures general equipment and materials are deployed safely (e.g. catheter, diathermy)		
PR7	Ensures appropriate drugs administered (e.g. prophylactic antibiotics)		
PR8	Arranges for and deploys specialist equipment (e.g. cell saver) effectively		

IV. Exposure and closure			
E1	Demonstrates knowledge of optimum skin incision (position and length)		
E2	Achieves an adequate exposure of aortic neck and left renal vein (without delay if ruptured)		
E3	Completes a sound abdominal wound repair		
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. left renal vein)		
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 (e.g. clamping, heparin)		
*	Vascular Control		
IT12(T)	Selects appropriate level to clamp aorta		
IT13(T)	Exposes iliac arteries and identifies appropriate level for clamping		
IT14(T)	Clamps iliac arteries without damaging adjacent structures (veins and ureters)		
IT15(T)	Clamps aortic neck without damaging adjacent structures (veins and duodenum)		
IT16(T)	Opens sac, removes thrombus and controls lumbar/IMA back-bleeding without delay		
*	Proximal Anastomosis		
IT17(T)	Prepares neck of aneurysm to receive graft (e.g. T cut) and displays with retractor		
IT18(T)	Selects appropriate graft (size and configuration)		
IT19(T)	Selects appropriate suture and needle holder		
IT20(T)	Shortens body of graft if using a bifurcation graft		
IT21(T)	Sutures graft into aorta using appropriately placed sutures without tearing aorta		
IT22(T)	Avoids distortion of aorta at "corners"		
IT23(T)	Ensures that assistant maintains tension during suturing		
IT24(T)	Completes suture line with maintained tension and adequate knot (>6 throws)		
IT25(T)	Tests anastomosis, identifies and corrects any defects with sutures/pledgets/ glue		
*	Distal Anastomosis		
IT26(T)	Prepares aortic bifurcation or iliac arteries to receive graft		
IT27(T)	Cuts graft to correct length to ensure no graft redundancy or suture line tension		
IT28(T)	Selects appropriate suture and needle holder		
IT29(T)	Performs distal anastomosis(es) without narrowing or intimal dissection		
IT30(T)	Checks for back-bleeding and flushes well with heparinised saline		
IT31(T)	Ensures that assistant maintains tension during suturing		
IT32(T)	Completes suture line with maintained tension and adequate knot (>6 throws)		
IT33(T)	Tests anastomosis, identifies and corrects any defects		
*	Declamping		
IT34(T)	Removes clamps slowly and in collaboration with anaesthetist		
IT35(T)	Checks that femoral pulses are palpable		
IT36(T)	Completes haemostasis and recognises need to correct any associated coagulopathy		

