

Primary endovascular repair of thoracic aortic pathology, including aneurysm, dissection, aneurysm from dissection, blunt and penetrating traumatic injury, non-infected pseudoaneurysms, penetrating aortic ulcer (PAU), intramural hematoma (IMH), PAU with IMH, or aortic thrombus. Complete inclusion/exclusion criteria available upon request by emailing: pathwayssupport@fivoshealth.com.

OVERVIEW OF TEVAR COMPONENTS

BASIC INFO

PHI (Date of Birth, Birth Sex, Race, etc.)/Insurance/Zip code/Procedure date/ Surgeon/ Assistant(s)

DEMOGRAPHICS

Smoking Hx/ Co-morbidities /Stress testing/Functional status/ASA class/Hgb and Creat/ Transfer from other center / Focused for variables involving TEVAR: Prior CAS & Cardiac History/Prior Vascular History/ Pre-procedure medications including but not limited to : Antiplatelet/ Statin/ Beta Blocker/ACE Inhibitor/ ARB/ Chronic Anticoagulation

HISTORY

Genetic History/Family History/Prior Arch repair/Ejection fraction/Aortic pathology/Risk for open repair/Urgency status/Clinical status at time of repair/Admit time to repair/If injury, type and grade including Glasgow coma score and Injury Severity Score/Associated trauma surgery if any / Max TAAA Diameter/Disease extent including Zones/Date of CT scan/Branch vessel, Iliac patency/Dissection repair timing/Proximal entry tear/Ischemia-malperfusion sites.

PROCEDURE

COVID status/Anesthesia/ Contrast volume /Radiation exposure/Intra-op Image guides/ EBL/Transfusion volume/Access, Sheath, Closure specifics/Ultrasound, IVUS or TEE use/ TEVAR device details, adjuncts/Landing zones/Surgical bypass adjuncts for device delivery or Reconstruction/Endo anchor and Coil use/ Complications and Endoleak type/Renal artery patency/False lumen and Septal status/Conversion to open /Stage treatment if any with date, device type and zone of treatment.

POST-OP

ICU Length of Stay and Intubation time/Spinal drain use/Transfusion /Labs/Complications including RTOR; physiologic complications/Re-treatment type if necessary prior to discharge/ Imaging prior to discharge/ Discharge meds/Cause of death if applicable

30-DAY FOLLOW-UP (optional)

Captured within 30 days from discharge/ Admission status since discharge/Reason for readmission if applicable /Reintervention related to primary procedure if applicable.

LTFU

Captured between 9-21 Months: smoking status/Living status/Functional status/Re-admit if any/Mortality/ Creatinine level, Dialysis need (if any)/Post-op complications/Surgical site infection and Access complication treatment/ Imaging findings including endoleak and device integrity, maximum Thoracic Aortic and-or False lumen dissection diameter/Branch vessel patency/Re-treatment/Any re-operation/Medications.

REGIONAL REPORTS (BI-ANNUAL) Link to sample report

What is reported (including but not limited to):

Center level comparisons to Regional and National data/Excludes claudication

Major complications %- Defined as in-hospital death, unplanned major Above Knee or Below Knee amputation, graft occlusion.

Link to sample report: <https://www.vqi.org/wp-content/uploads/Sample-Regional-Report-Fall-2023.html>

BENCHMARK REPORTS (QUARTERLY)

What is reported (including but not limited to):

Center level comparisons to Regional and National data

Separate reports for Claudication and CLTI:

Case Volume/Length of Stay/Smoking/Pre-op ABI/Per cent of Post-op events listed as Complications above including graft patency and Ipsi Amputation/Per cent on Anti-Plt and Statin/Disposition status

Link to sample report: <https://www.vqi.org/wp-content/uploads/Sample-Dashboard-Fall-2023.html>