Vascular Access Study Group – Lebanon Vascular Access Creation or Repair

Facility	y Name:			
Patient Name:				
Kidney	Registry Number:			
Proced	ure Date:	/ /		
Physic	ian Completing Diagra	m:		
Referri	ing Nephrologist:			
Surger	• * ₹7			
	New Access			
	Thrombectomy			
	Revision			
	Other (Specify)			
	other (speeny)			
_				
	of Access			
	AV Fistula			
	AV Graft			
	Port Device			
	Central V. Catheter			
	Priming Volume:			
	Cuffed	Non-Cuffed		
Location: Check all that apply				
Locati	on: Check all that app	ly		
Locati		ly Forearm		
<u>Locati</u> 	on: Check all that app Right Left	Forearm		
	Right	Forearm Upper Arm		
	Right	Forearm Upper Arm Leg / Thigh		
	Right Left Subclavian	Forearm Upper Arm		
	Right Left	Forearm Upper Arm Leg / Thigh Other (Specify)		
	Right Left Subclavian Internal Jugular Femoral	Forearm Upper Arm Leg / Thigh Other (Specify)		
	Right Left Subclavian Internal Jugular	Forearm Upper Arm Leg / Thigh Other (Specify)		
	Right Left Subclavian Internal Jugular Femoral Other (Specify) ention	Forearm Upper Arm Leg / Thigh Other (Specify)		
	Right Left Subclavian Internal Jugular Femoral Other (Specify) ention Thrombolysis / Throm	Forearm Upper Arm Leg / Thigh Other (Specify)		
	Right Left Subclavian Internal Jugular Femoral Other (Specify) ention	Forearm Upper Arm Leg / Thigh Other (Specify)		
	Right Left Subclavian Internal Jugular Femoral Other (Specify) ention Thrombolysis / Throm PTA Stent	Forearm Upper Arm Leg / Thigh Other (Specify) mbectomy		
	Right Left Subclavian Internal Jugular Femoral Other (Specify) ention Thrombolysis / Throm PTA Stent Catheter Insertion or	Forearm Upper Arm Leg / Thigh Other (Specify) mbectomy Revision		
	Right Left Subclavian Internal Jugular Femoral Other (Specify) ention Thrombolysis / Throm PTA Stent Catheter Insertion or Diagnostic Fistulogra	Forearm Upper Arm Leg / Thigh Other (Specify) mbectomy Revision		
	Right Left Subclavian Internal Jugular Femoral Other (Specify) ention Thrombolysis / Throm PTA Stent Catheter Insertion or	Forearm Upper Arm Leg / Thigh Other (Specify) mbectomy Revision		
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Constructed Fistula

 Radiocephalic
 Brachiocephalic
 Transposed / Type:
 Other (Specify):

If Graft was created

Material

- -- Autologous Vein
- -- Bovine
- --- PTFE (GoreTex)

Configuration

- --- Loop
- -- Straight
- --- Curved

If new access, answer all questions below:

Is patient diabetic (Y or N) --Patient dominant arm (R or L): --Does patient has a pacemaker (Y or N) --Number of times you saw the patient

- Prior to surgery
- After surgery ---

Did the arm have previous (Y or N)?

- PIC line
- Central Venous Catheter
- Fistula or Graft

Did you perform Allen Test (Y or N)

If yes, result (+ve or -ve)

Was duplex evaluation done (Y or N)

The anastomosis was done:

--- End to side --- Side to side

After surgery, did you observe (Y or N):

- A thrill
- A pulse in access
- Weaker pulse in distal vessels ---
- Kink in vein below anastomosis ---
- A buckle in the anastomosis

VASCULAR ACCESS DIAGRAM

Copy of the labeled diagram should be placed in the patient's medical record as well as in the study folder.

Draw on the diagram next page a schema of the surgery performed to create or repair the vascular access. Use of different colors to indicate venous or arterial vessels and their connections is optional. Make sure to label the main structures involved in the surgery. Notes and labels can be made in English, French or Arabic.

Was procedure successful (Y or N) --

If "N" and access was not done ... Reason(s):

VEIN	ARTERY
Severe spasm	Severe spasm
Thick sclerotic wall	Calcified
Has a bad segment	Has weak pulse
Far from artery	
Describe Observations:	

