Bypass versus An Baseline Assessm		ere Ischaemia of	f the Leg (B. Case Refer	,	
		Baseline	Assessn	nent Form	
				omisation. Please bers into the boxe	complete text in BLOCK s provided.)
,		•			,
Date of Admiss	sion:			(dd/mm/yy).	
Date of Assessi	ment:			(dd/mm/yy).	
Centre Name: _			····	Centr	e Number:
Recruiting Con	sultant:				
Full Name of P	atient:				
Patient's Addre	ess:				A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
				Telephone No.:	
Patient's Full P	ost Code:				
Patient's Date of	of Birth:				
Gender:	MALE	FEMALE [			
GP Name:					
GP Address:				*	
				Telephone No.:	
	_				
Trial Leg:	RIGH	Т 🔲	LEFT [		
Risk Factors	<u>s</u>				
	NEVER SMO	OKED	N	o. of years smoked	:
	EX-SMOKE	₹ □	N N	o. of cigarettes per o. of years smoked ears since last ciga	day:
Diabetes:	NO 🗌	INSULIN DE	EPENDEN	T NON-INS	ULIN DEPENDENT
Hypercholester	rolaemia:	NO	YES - U	NTREATED	YES - TREATED
Hypertension:		NO	YES - U	NTREATED	YES - TREATED

Independent Cane/Walker Prosthesis Wheelchair Bed-bound

**Patient Mobility** 

Baseline Assessment Form Case Reference No:	
Past Medical History	
Previous MI: NO YES	
Angina: NO YES - ON EXERCISE YES - AT REST	
TIA: NO YES	
Stroke: NO YES	
Other:	
Previous intervention to trial leg: NO YES	
If YES: PTA Stent Surgery Digital/Forefoot Amputation Infra-inguinal	
Is the other leg symptomatic? NO YES	
If YES: Intermittent Claudication Severe Limb Ischaemia Category: A B C D	
Previous intervention to other leg: NO YES	
If YES: PTA Stent Surgery Amputation : Digits Forefoot Trans-tibial Trans femoral	
Clinical Status	
Patient's height (cm): Patient's weight (kg): Pulse:	
Brachial blood pressure: Right: Left: Left:	
Ankle pressures in trial leg: (insert not found [NF] if no signal insonated) for patients with compressible vessels record cuff pressure: for patients with incompressible ankle vessels record toe pressure or height (cm) above bed where Doppler signal lost (pole testing).	it)
Cuff pressure or Height (cm) above bed	
Dorsalis pedis mmHg = mmHg	
Posterior tibial mmHg = mmHg	
Perforating peroneal mmHg = mmHg	
Toe pressure mmHg	
Ankle:brachial pressure index in trial leg =	

Bypass versus Angioplasty in Se Baseline Assessment Form	vere Ischa	emia of the Leg (BASIL) Trial Case Reference No:	
Is femoral pulse detectable?		NO YES	
Pattern of tissue loss (* - circle appropriate categ	ory)	•	,
Rest/night pain	NO [	YES [	
Ulcer	NO _	YES Toes / For	refoot / Hindfoot / Ankle*
		- Size of ul	cer cm <sup>2</sup>
Gangrene	NO [	YES - Toes / For	refoot / Hindfoot / Ankle*
Medication on admissi  Drug name	<u>on</u>	Dose/unit	Frequency
27 ng numo			Troquestoy
	_		
Blood sample taken	NO _	YES Date	
Randomisation			
Did patient give consent for	randomi	sation NO	YES
If YES, was patient random	ised	NO 🗌	YES
PATIENT NUMBER			
If NO, why was patient not	randomis	ed?	

Bypass versus Angioplasty in Severe Isch Baseline Assessment Form	caemia of the Leg (BASIL) Trial  Case Reference No:	
Blood test results on admission (* delete as necessary. Please enter h		
	Test Result (Please include units)	Date of Tests
Haemoglobin:		
White cell count:		
Platelet count:		
Creatinine:		
Fasting/Random* glucose:	<del></del>	
Fasting/Random* triglyceride:		
Total cholesterol:		

Other Tests (please specify):

	PATI	ENT NU	MBER	]/	
(To be completed by R appropriate box or ent		ase com	plete text in B		TALS, tick the
Date of Assessment:		]/	- ()	mm/yy)	
Recruiting Consultant: _					
Patient's Date of Birth:	/		Gender:	MALE	FEMALE
Trial Leg: L	EFI KIGH	11 <u> </u>			
Date of Primary Interven	ntion:		_/ (dd/1	mm/yy)	
Type of Primary Interve	ntion: PTA[		SURG	ERY	
Further Interventions:	NONE PT	A 🗌	SURGERY	AMPUTA	TION
Dates of Further Interve	ntions:				
Clinical status  Pulse: Brachial blood pressure:  Ankle pressures in trial for patients with comprankle vessels record toe	leg: (insert not found essible vessels recor	d cuff p	essure: for pa	tients with inc	
	Cuff pressure	<u>or</u>	Height (cm) a	bove bed	
Dorsalis pedis	mmHg		=		mmHg
Posterior tibial	mmHg		=		mmHg
Perforating peroneal	mmHg		=		mmHg
Toe pressure	mmHg				
Ankle:brachial pressure/	40	ssure)			

Patient Mol	<u>bility</u>					
Independent	Cane/Walk	ter	Prosthesis	W	neelchair Bed	-bound
			PATIENT NU	MBER		
Pattern of t	issue loss					
Rest Pain:	ABSENT WORSE		IMPROVED NA	The State of	UNCHANGED AMPUTATION	
Ulceration:	HEALED WORSE		IMPROVED NA		NO CHANGE AMPUTATION	
Gangrene:	ABSENT WORSE		IMPROVED NA		NO CHANGE AMPUTATION	
(NA = Not Ap	plicable)					_
	ons ce discharge fr lication	om hosp	pital)			
New onset or	worsening of a	ngina		NO [	YES _	
Myocardial in	farction			NO	YES	
TIA / amauros	sis fugax			NO	YES [	
Stroke				NO	YES	
Haematoma (r	no surgical drai	nage rec	quired)	NO	YES _	
Haematoma (s	surgical drainag	ge requir	red)	NO	YES _	
Wound infecti	ion (requiring a	ntibiotic	es)	NO	YES	
Chest infection	n (requiring ant	ibiotics	)	NO [	YES _	
Urine infection	n (requiring ant	ibiotics	)	NO	YES [	
False aneurysi	m (not requiring	g surgic	al repair)	NO [	YES	
False aneurysi	m (requiring su	rgical re	epair)	NO	YES	
Surgical interv	vention for othe	er compl	lication	NO [	YES _	

Other (please specify):
PATIENT NUMBER///
Patient Health
Since the last visit has the patient had:
Any in-patient hospital admissions? NO YES NUMBER
Episode 1
Date of admission: (dd/mm/yy)
Date of discharge: (dd/mm/yy)
Principal/main diagnosis:
Secondary/other diagnosis:
Surgical operations/procedures:
Enicada 2
Episode 2
Date of admission: / / (dd/mm/yy)  Date of discharge: / (dd/mm/yy)
Principal/main diagnosis:
Secondary/other diagnosis:
Surgical operations/procedures:
Episode 3
Date of admission: / / (dd/mm/yy)  Date of discharge: / (dd/mm/yy)
Date of disentage. [ ] [ (definitelyy)

Principal/main diagnosis:			
Secondary/other diagnosis:		·	 _
Surgical operations/procedures:	·		

Bypass versus Angioplasty in Severe Isch One-MonthClinical Follow-up Form	aemia of the Leg (	BASIL) Trial		
	PATIENT NU	JMBER		
Any day case admissions?	NO 🗌	YES	NUMBER	
Any outpatient attendances?	NO	YES	NUMBER	
Any GP consultations?	NO 🗌	YES	NUMBER	
Any practice nurse consultations?	NO	YES	NUMBER	
Any community nurse visits?	NO	YES	NUMBER	
Analgosia Pogniroment				
Analgesia Requirement  Please record the patients analgesia i	requirements ov	er the previous	s 48 hours:	
Drug	1		otal Dose	
	-			
Additional information:				
_				

	PA	ATIENT NUI	MBER [	
	Clinic	al Follow	-up Form	
(To be completed by Reappropriate box or enter				OCK CAPITALS, tick the
Date of Assessment:			]/[ (dd/n	nm/yy)
Time of Assessment:	3/	12	6/12	12/12
Recruiting Consultant: _				
Patient's Date of Birth:	// (d)	d/mm/yy)	Gender:	MALE FEMALE
Trial Leg:		IGHT 📋		
Date of Primary Interven	ntion:		]/[ (dd/r	nm/yy)
Type of Primary Interven	ntion: Pi	ΓΑ	SURG	ERY
Further Interventions:	NONE	PTA	SURGERY	AMPUTATION
Dates of Further Interven	ntions:			
Clinical status				
Pulse: Brachial blood pressure:	Right:		Left:	
	essible vessels re	ecord cuff pr	essure: for pat	nated) ients with incompressible Doppler signal lost (pole test)
	Cuff pressure	<u>or</u>	Height (cm) al	bove bed
Dorsalis pedis	mn	nHg	=	mmHg
Posterior tibial	mn	nНg	$\boxed{} \equiv$	mmHg
Perforating peroneal	mn	nНg	≡	mmHg
Toe pressure	mn	nHg		
Ankle:brachial pressure (highest ankle pressure/h				

Patient Mo	<u>bility</u>			
Independent	Cane/Walker	Prosthesis W	heelchair Bed-bo	ound
		PATIENT NUMBER		_//
Pattern of t	tissue loss			
Rest Pain:	ABSENT WORSE	IMPROVED NA	UNCHANGED AMPUTATION	
Ulceration:	HEALED WORSE	IMPROVED NA	NO CHANGE AMPUTATION	7
Gangrene: (NA = Not Ap	ABSENT WORSE	IMPROVED NA	NO CHANGE AMPUTATION	
(m) month	priouote)			
Patient Hea	alth			
Since the last	visit has the patient h	ad:		
Any in-patien	t hospital admissions	NO 🗌	YES NUM	BER
Episode 1	~			
Date of admis		/ (dd/mm/yy		
Principal/mai	n diagnosis:			
Secondary/oth	her diagnosis:			
Surgical opera	ations/procedures:			
Episode 2				
Date of admis	ssion:	/ (dd/mm/yy	)	
Date of discha	arge:	/ (dd/mm/yy	)	
Principal/mai	n diagnosis:			
Secondary/otl	her diagnosis:			

Bypass versus Angioplasty in Severe Isch Clinical Follow-up Form	or the Deg	, (~,, ,	
Surgical operations/procedures:			
	PATIENT N	UMBER	
Episode 3			
Date of admission: / [[ Date of discharge: / [[	===	l/mm/yy) l/mm/yy)	
Principal/main diagnosis:			
Secondary/other diagnosis:			
Surgical operations/procedures:			
Any day case admissions?	NO	YES	NUMBER
Any outpatient attendances?	NO	YES	NUMBER
Any GP consultations?	NO	YES	NUMBER
Any practice nurse consultations?	NO 🗌	YES	NUMBER
Any community nurse visits?	NO 🗌	YES	NUMBER
-			
Analgesia Requirement			
Please record the patients analgesia	requirements o	ver the previou	s 48 hours:
Drug		Te	otal Dose
		+	
Additional information:	•.		
Additional intolliation.			

Bypass versus Angioplasty in Severe Ischaemia of the Leg (BASIL) Trial In-patient Information Form

PATIENT NUMBER///
In-patient Information Form
(To be completed by Research Nurse. Please complete text in BLOCK CAPITALS, tick the appropriate box or enter numbers into the boxes provided.)
Date of Admission: (dd/mm/yy)
Recruiting Consultant:
Patient's Date of Birth://
Trial Leg: LEFT RIGHT
SECTION 1: Admission and Discharge Details
Date of hospital admission:
Date of Baseline Assessment:
Date of angiogram:
Date of randomisation:
Date of primary intervention:
Date of further interventions-
Date discharged from hospital:
Date of death:
Total number of days* in hospital:
Total number of days* in ITU:
Total number of days* in HDU:  (* - to nearest half day)
Status on discharge: Alive Dead Dead
Patient discharged to: Own home
Other acute hospital
Convalescent hospital
Nursing home Other (specify)

Bypass versus Angio In-patient Informat	oplasty in Severe Iscl ion Form	haemia of the	e Leg (BASII	.) Trial		
	PATIENT NUMBER /////					
SECTION 2:	Medication	<u>n</u> .				
a) Analgesia req	uirement 48 hour	s prior to	interventio	<u>n</u>	•	
	Analgesia			Total Do	se	
	uirement 48 hour Analgesia	rs prior to	discharge	Total Do	150	
	Maigesia			Total Do		
					,	
c) Medication or	discharge (only	changes fr	om admiss	ion drugs	)	
	name		Dose/unit		Freque	ency
		1				
		1				
SECTION 3:	Other Test	<u>ts</u>				
Date of Test	Type of Te	st	No. of Tests		Comment	s
1		1		I		

Bypass versus Angioplasty in Severe Ischaemia of the Leg (BASIL) Trial In-patient Information Form  $\,$ 

PATIENT NUMBER///				
SECTION 3: Complications (occurring during hospitalisation)				
Complication				
New onset or worsening of angina	NO	YES		
Myocardial infarction	NO 🗌	YES		
TIA / amaurosis fugax	NO 🗌	YES		
Stroke	NO 🗌	YES		
Haematoma (no surgical drainage required)	NO 🗌	YES		
Haematoma (surgical drainage required)	NO	YES		
Wound infection (requiring antibiotics)	NO 🗌	YES		
Chest infection (requiring antibiotics)	NO	YES		
Urine infection (requiring antibiotics)	NO 🗌	YES		
False aneurysm (not requiring surgical repair)	NO 🗌	YES		
False aneurysm (requiring surgical repair)	NO 🗌	YES		
Surgical intervention for other complication	NO 🗌	YES		
Other (please specify):				
•.				
Additional information:				
•.				

Bypass versus A In-patient Inform	ngioplasty in Severe Ischaemia of the Leg (BASIL) Trial mation Form
	PATIENT NUMBER///
SECTION 4	4: Post-procedure clinical status
(to be complete	ed at discharge or <u>prior to</u> secondary intervention, which ever is sooner).
Date of Assess	sment: (dd/mm/yy)
Brachial blood	pressure: Right: Left: Left:
for patients w	es in trial leg: (insert not found [NF] if no signal insonated) ith compressible vessels record cuff pressure: for patients with incompressible record toe pressure or height (cm) above bed where Doppler signal lost (pole test)
Dorsalis pedis	Cuff pressure       or       Height (cm) above bed         mmHg       mmHg
Posterior tibia	$1 \qquad \boxed{\qquad} mmHg \qquad \boxed{\qquad} \equiv \boxed{\qquad} mmHg$
Perforating pe	roneal mmHg mmHg
Toe pressure	mmHg
	l pressure index in trial leg =
Rest Pain:	ABSENT IMPROVED UNCHANGED WORSE NA AMPUTATION
Ulceration:	HEALED IMPROVED NO CHANGE WORSE NA AMPUTATION
Gangrene:	ABSENT IMPROVED NO CHANGE WORSE NA AMPUTATION
(NA = Not Ap	oplicable)
Further int	<u>ervention</u>
Was there furt	ther intervention during this hospital admission NO YES
If YES:	
Date of Furthe	er Intervention: (dd/mm/yy)
Type:	PTA SURGERY AMPUTATION
Reason:	COMPLICATION OF INTERVENTION

	Angioplasty in Severe Isc ormation Form	haemia of the Leg (BASIL) T	rial	
	FAILURE OF INTE	ERVENTION	OTHER	
Timing:	ELECTIVE	EMERGENCY		
Please comp	olete relevant Further	Intervention Form		

Bypass versus Angioplasty in Sever Intervention Form (Surgery)	e Ischaemia of the Leg (BASIL) Trial
(ourgon)	PATIENT NUMBER//
I	ntervention Form (Surgery)
(Please complete text in BLO the boxes provided. * - delete	CK CAPITALS, tick the appropriate box or enter numbers into as necessary)
Date of Intervention:	/(dd/mm/yy)
Primary Intervention	Further Intervention
If Further Intervention: date of	Primary Intervention (dd/mm/yy)
Recruiting Consultant Surgeon	:
Patient's Date of Birth:	Gender: MALE FEMALE (dd/mm/yy)
Trial Leg: LEFT	RIGHT
Time of start of operation:	oom: (hh:mm)
Type of graft:	
Vein:	LEG ARM COMPOSITE N SITU REVERSED
	Externally reinforced: NO YES YES Vein cuff / collar / boot* NO YES
Other (please specify):	
Graft diameter:	mm
Was systemic heparin administ	tered?: NO YES
Proximal anastomosis:	Distal anastomosis:
Common femoral artery	Above knee popliteal artery
Deep femoral artery	Below knee popliteal artery
Superficial femoral artery	Posterior tibial artery (upper / middle / lower* third)
Above knee popliteal artery [	Anterior tibial artery (upper / middle / lower* third)
Below knee popliteal artery [	Peroneal artery (upper / middle / lower* third)
	Dorsalis pedis

Bypass versus Angioplasty in Severe Ischaemia o Intervention Form (Surgery)  PATI	f the Leg (BASIL) Trial  ENT NUMBER/
Immediate outcome (in the opinion of the The graft was running satisfactorily at the e Was the operation combined with amputation NO DIGITS FOREFOOT  Time of departure from theatre:  Time of departure from recovery room:	e senior surgeon present):  nd of the procedure: NO YES
Human Resources (please enter numbers of each grade of stage)	f present)
Surgeons:	Anaesthetist:
Consultant	Consultant
Registrar Senior House Officer	Senior Registrar Registrar
House Officer	Senior House Officer
Nursing Staff:	
Grade A	Grade B
Grade C	Grade D
Grade E	Grade F
Grade G	
Technicians:	
ODA/ODP	
Additional information:	

Bypass versus Angioplasty in Severe Ischaemia of the Leg Intervention Form (Surgery)  PATIENT NU	
SECTION 2: <u>Surgical Materials</u> (to be completed by theatre staff nurse; please enterprocedure)	er the numbers of each item used during the
Sutures:	Trays:
Prolene 6/0 W8597  Prolene 6/0  Vicryl 3/0 9717  Vicryl 2/0 9150  Vicryl 2/0 tie 9044  CV6  CV5	Medium Basic Trays  Arterial Limbaneck  Diathermy Tongs  Diathermy Pad  Diathermy Lead  Vessel Retractor x2  Embolectomy Catheter  Needle holder  Tunneling Tool
Swabs and Gowns:	Miscellaneous:
Gowns (disp) x 1  Gowns (disp) x 3  Gowns (linen) x 1  Gowns (linen) x 3  Swabs x 5 (Taped)  Mepore Dressings	Suction Tubing Suction Catheters Opsite (Large) Irrigation Jet Discard-a-pad Masks Caps Sterile Gloves
Additional Information / Equipment (excluding	Scalpel Blades/Needles/Syringes and other items
of nominal cost):	

Bypass versus Angioplasty in Seve Intervention Form (Surgery)	re Ischaemia of the Leg	(BASIL) T	rial		
	PATIENT N	JMBER [			
SECTION 3: Medic (to be completed by the anaes)	ations in Theatre thetist please)	2			
Regional Block:					
Drug Name	Dose / % per ampoule	No of an			
Bupivacaine	0.25%/10ml				
	0.50%/10ml				
	0.75%/10ml				
Other:					
Anaesthetic Drugs:					
Drug Name	Dose / % per a	mpoule	No of	f amps used	
Propofol	200 mg				
Propofol pre-filled syringes	500 mg				
Thiopentone	250 – 500				
Fentanyl	100 μg				
Alfentanyl	1 mg		1		
Morphine	10 mg		ļ		_
Diamorphine	10 mg				
Vecuronium	10 mg				_
Atracurium	50 mg				
Methoxamine	20 mg		<u> </u>		_
Ephedrine	30 mg	4_	ļ .		
Heparin Ondasetron	5000 uni	LS	-		-
Neostigmine	2.5 mg				_
Glycopyrrolate					
Atropine	600 μg 0.6 mg		ļ		
Midazolam	10 mg				
Water	10 mg		1	***	-
Saline	10 ml				-
Other Drugs:	101111		1		
Temazepam (pre-med)	10 mg		T		
Cefuroxime	750 mg				
Other:					
Maintenance Anaesthetic:			1	•	_
Isoflurane	$O_2$				
Sevoflurane	N <sub>2</sub> 0	<u> </u>			
Propofol		-			-
Other:					

Bypass versus Angioplas Intervention Form (Surg	ety in Severe Ischaemia of the Leg (BASIL) Trial pery)  PATIENT NUMBER
SECTION 3:	Medications in Theatre (cont.)

### **Intravenous Fluids:**

Туре	Volume of Units	Number Given
Hartmanns Solution	500 ml	
Normal Saline	500 ml	
Gelofusine	500 ml	
Other:		

Туре	Volume of Units	Number Given
PPS	400 ml	
Dextran 70	500 ml	
Blood		
	1 1	

Equipment and Disposables Used by Anaesthetist:

Item	Number
IV Giving Sets	
IV Cannula: Venflon	
Arterial Cannula:	
Vygon Ledercath	
Arrow	
Vasocan	
Quickcath	
Arterial Pressure Kit	
Tegaderm Dressing	
Lectrocath	
CVP Catheter Set	
Regional Block Pack -	
Regional Block Needle	
Stimuplex Needle	
3-way Tap	
Other:	

Item	Number
Endotracheal Tube	
Guedel Airway	
Post-op Oxygen Mask	
Nasal Cannulae	
Epidural Pack	
Spinal Needle: 22G	
Spinal Needle: 24G Sprottie	
Laryngeal Mask Airway	
"Bair Hugger" Warmine	
Blanket	
Syringes: 50 ml; 20 ml	
Syringes: 10 ml; 5 ml; 2 ml	
Needles	
ECG Electrodes	
Sterile Gloves	

Bypass versus Angioplasty in Severe Ischaemia of the Leg Intervention Form (PTA)	g (BASIL) Trial
PATIENT N	UMBER/
Intervention	Form (PTA)
(Please complete text in BLOCK CAPITALS, ti the boxes provided.)	
Date of Intervention:	[ (dd/mm/yy)
Primary Intervention Further Inter	vention
If Further Intervention: date of Primary Intervention	on (dd/mm/yy)
Recruiting Consultant Radiologist:	
Patient's Date of Birth: (dd/mm/yy)	Gender: MALE FEMALE
Trial Leg: LEFT RIGHT	
SECTION 1: <u>PTA Details</u> (to be completed by the Consultant Radiologist pl	lease)
Time of arrival in angio-room: Time of start of procedure:	[ ]: [ ] (hh:mm) [ ]: [ ] (hh:mm)
PTA 1	
Intention to treat: INTIMAL	SUB-INTIMAL
Treatment: INTIMAL	SUB-INTIMAL
Arterial segment treated:	
Superficial femoral artery	Posterior tibial artery
Above knee popliteal artery	Anterior tibial artery
Below knee popliteal artery	Peroneal artery
Type of disease treated:	
Non-occlusive	Occlusive
Focal stenosis	Length of occlusion: cm
Diffuse disease (<50% segment length)	
Diffuse disease (>50% segment length)	
Immediate outcome (in the opinion of the senio	r interventionalist):
Complete technical success	
Technical failure	
Failure to cross lesion	Distal embolism
Residual stenosis	Other

Bypass versus Angioplasty in Sev Intervention Form (PTA)	vere Ischaemia of the Leg	eg (BASIL) Trial
Residual disse	ection	
	PATIENT N	NUMBER////
PTA 2	, , , <del>, , ,</del>	
Intention to treat:	INTIMAL	SUB-INTIMAL []
Treatment:	INTIMAL	SUB-INTIMAL
Arterial segment treated:  Superficial femoral at Above knee popliteal Below knee popliteal	artery	Posterior tibial artery  Anterior tibial artery  Peroneal artery
Type of disease treated:  Non-occlusive Focal stenosis Diffuse disease (<509 Diffuse disease (>509		Occlusive Length of occlusion: cm
Immediate outcome (in the	opinion of the senio	or interventionalist):
Complete technical so Technical failure Failure to cros Residual stendard Residual disso	ss lesion osis	Distal embolism Other
PTA 3		
Intention to treat:	INTIMAL	SUB-INTIMAL
Treatment:	INTIMAL	SUB-INTIMAL
Arterial segment treated:  Superficial femoral a  Above knee popliteal  Below knee popliteal	l artery	Posterior tibial artery  Anterior tibial artery  Peroneal artery
Type of disease treated:		
Non-occlusive Focal stenosis Diffuse disease (<50) Diffuse disease (>50)		Occlusive Length of occlusion: cm Segment occluded:
Immediate outcome (in the	opinion of the senio	or interventionalist):
Complete technical s	uccess	
Technical failure		-
Failure to cro	ss lesion	Distal embolism

Bypass versus Angioplasty in Severe Ischa Intervention Form (PTA)	aemia of the Leg (BASIL	a) Trial	
Residual stenosis		Other	
Residual dissection			_
	PATIENT NUMBER	₹	
Time of departure from angio-room:			(hh:mm)
			1
Time of departure from recovery roo	m:		(hh:mm)
Human Resources			
(please enter numbers of each grade	of staff present)		
Radiologists:	Radiographo	ers:	
Consultant	Superintende	nt	
Registrar	Senior 1		
	Senior 2		
	Basic		
Nursing Staff:			
	C 1- D		
Grade A Grade C	Grade B Grade D		
Grade E	Grade F		
Grade G	Grade 1		L
State 5			
Additional information:			
Additional information.			
	*.		

Bypass versus Angioplasty in Severe Iso Intervention Form (PTA)		1 t
	PATIENT NUMBER	
SECTION 2: Materials (to be completed by staff nurse ple	ase)	
Equipment:	No.	NI
Disposable pack Intensifier cover	Number Needles	Number
	Syringes – 2, 5	
Lead Screen cover	Syringes – 20,	
One-way taps	Luer lock syrin	igej
Puncture needles	Other (-1	
Guidewires	Other (please	specify):
Catheter		
Inflation device		
Balloon catheter – small vessel		
Balloon catheter – large vessel		
Sheath		
Perclose		
Angioseal		
Vasoseal		
Medications and Fluids		
Drug Name	Dose/ % per ampoule or Volume of Units	No of amps or units used
Heparin	1000 U/ml	
Lignocaine Betadine		
Contrast (please specify):		
NaCl	500 ml	
Hypnovel Other (please specify):	<u> </u>	
Convi (proude specify)		
	•.	
	استنا	
Was a post-PTA angiogram perfor	med? NO	YES

Bypass versus Angioplasty in Severe Ischaemia of the Leg (BASIL) Trial Intervention Form (Amputation)

	PATIENT NUMBER	//</th
	tervention Form (A	
(Please complete text in BLC the boxes provided.)	OCK CAPITALS, tick the a	appropriate box or enter numbers into
Date of Amputation:		(dd/mm/yy)
Date of Previous Intervention		(dd/mm/yy)
Recruiting Consultant:		
Patient's Date of Birth:	]//	er: MALE FEMALE
Trial Leg: LEFT	RIGHT	
Time of Last Follow-up:	None 1/12 [	3/12 6/12
Date of Readmission:		(dd/mm/yy)
SECTION 1: Ampu  (to be completed by the Const		(hh:mm)
~		
Time of start of anaesthetic pr	ocedures:	(hh:mm)
Time of start of operation:		:(hh:mm)
Type of anaesthetic:	GENERAL	REGIONAL
Leg amputated:	LEFT RIGHT	
Level of amputation:	DIGITS	FOREFOOT
	TRANS-TIBIAL	TRANS-FEMORAL
Time of departure from theatr	e:	
Time of departure from recov	ery room:	[]:[] (hh:mm)

Amputation at the trans-tibial or trans-femoral level constitute a primary end-point of the trial and further follow-up is no longer required.

## Bypass versus Angioplasty in Severe Ischaemia of the Leg (BASIL) Trial Intervention Form (Amputation)

Patients undergoing amputation of the digits or forefoot remain as trial participants and continue being followed-up.

	PATIENT NUMBER	
Human Resources (please enter numbers of each grade	e of staff present)	
Surgeons:	Anaesthetist:	
Consultant  Registrar  Senior House Officer  House Officer	Consultant Senior Registrar Registrar Senior House Officer	
Nursing Staff:		
Grade A Grade C Grade E Grade G	Grade B Grade D Grade F	
Technicians:		
ODA/ODP		
Additional information:		
	•	

Bypass versus Angioplasty in Severe Ischaemia of the Leg (BASIL) Trial Intervention Form (Amputation) PATIENT NUMBER **SECTION 2: Surgical Materials** (to be completed by theatre staff nurse; please enter the numbers of each item used during the procedure) Sutures: Trays: Prolene 3/0 Medium Basic Trays Prolene 2/0 Amputation Vicryl 1/0 ties Diathermy Tongs Vicryl 2/0 tie 9044 Diathermy Pad Silk 2/0 Diathermy Lead Other Diathermy Tip Swabs and Gowns: Miscellaneous: Redivac Drain Gowns (disp) x 1 Gowns (disp) x 3 Discard-a-pad Gowns (linen) x 1 Masks Gowns (linen) x 3 Caps Swabs x 5 (Taped) Sterile Gloves Swabs x 5 (10 x 10) Dressing (please specify type): Additional Information / Equipment (excluding Scalpel Blades and other items of nominal cost):

Bypass versus Angioplasty in Seve	re Ischaemia of the Le	g (BASIL) T	rial
Intervention Form (Amputation)	PATIENT N	UMBER [	
SECTION 3: Medic (to be completed by the anaes	ations in Theatr	<u>e</u> .	
(to be completed by the andes			
D. M.	Regiona		
Drug Name	Dose / % per ampoule	No of an	^ I
Bupivacaine	0.25%/10ml	uscu	
Dapivacano	0.50%/10ml		
	0.75%/10ml		
Other:			
	Anaesthet	tic Drugs:	
Drug Name	Dose / % per a		No of amps used
Propofol	200 mg		
Propofol pre-filled syringes	500 mg		
Thiopentone	250 - 500	mg	
Fentanyl	100 με		
Alfentanyl	1 mg		
Morphine	10 mg		
Diamorphine	10 mg		
Vecuronium	10 mg		
Atracurium	50 mg		
Methoxamine	20 mg		
Ephedrine	30 mg		
Heparin	5000 un	its	
Ondasetron	4 mg		
Neostigmine	2.5 mg		
Glycopyrrolate	600 με		
Atropine	0.6 mg		
Midazolam Water	10 mg		
	10 ml		
Saline Other Drugs:	10 ml		
Temazepam (pre-med)	10 mg		
Cefuroxime	750 m	<u> </u>	
Other:	750 113		
Ouler.			
Maintenance Anaesthetic:			
Isoflurane	$O_2$		
Sevoflurane	$\frac{O_2}{N_2}$		
Propofol	IN <sub>2</sub>		
Other:			
Outer.			

Bypass versus Angioplasty in Severe Isch	aemia of the Leg (BASIL) Trial
Intervention Form (Amputation)	PATIENT NUMBER /////

### **SECTION 3:** Medications in Theatre (cont.)

#### **Intravenous Fluids:**

Туре	Volume of Units	Number Given
Hartmanns Solution	500 ml	
Normal Saline	500 ml	
Gelofusine	500 mi	
Other:		

Туре	Volume of Units	Number Given
PPS	400 ml	,
Dextran 70	500 ml	
Blood		

**Equipment and Disposables Used by Anaesthetist:** 

Item	Number
IV Giving Sets	
IV Cannula: Venflon	
Arterial Cannula:	
Vygon Ledercath	
Arrow	
Vasocan	
Quickeath	
Arterial Pressure Kit	
Tegaderm Dressing	
Lectrocath	
CVP Catheter Set	
Regional Block Pack	-
Regional Block Needle	
Stimuplex Needle	
3-way Tap	
Other:	
-	

Item	Number
Endotracheal Tube	
Guedel Airway	
Post-op Oxygen Mask	
Nasal Cannulae	
Epidural Pack	
Spinal Needle: 22G	
Spinal Needle: 24G Sprottie	
Laryngeal Mask Airway	
"Bair Hugger" Warmine	
Blanket	
Syringes: 50 ml; 20 ml	
Syringes: 10 ml; 5 ml; 2 ml	
Needles	
ECG Electrodes	
Sterile Gloves	
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