

Abdominal Aortic Aneurysm Health Economic Profoma

VGNW ID _____

Note -If the patient has indicated they do not wish to participate in the VGNW database, please do not record the data.

Pre-Operative

Was the patient seen pre-operatively relating to the abdominal aortic aneurysm repair to be done? (No=1, Yes=2, Unknown=9) *If the answer is yes, please complete the table below.*

	Visit 1	Visit 2	Visit 3	Visit 4	Visit 5
Location (hospital, GP surgery, etc.)					
Seen By (surgeon, nurse, etc.)					
Tests / Procedure					
Admission/Visit Date	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Admitted (yes/no)					
Mode of admission*					
Discharge Date	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__

AAA Operation

What surgical treatment did the patient receive for AAA? (Open Repair =1, EVAR = 2, Other = 3, Don't know = 9) *If the answer is 1 or 2, please complete the table below.*

Admission date (dd/mm/yyyy)	__/__/__
Discharge/Death Date (dd/mm/yyyy)	__/__/__
If no discharge date, is hospital stay ongoing? (yes/no)	
Hospital	
Mode of Admission *	
Admission through A & E? (No=1, Yes=2, Don't know=9)	
In Hospital Post-Operative Care (ward, HTU, etc.)	
Location	Admission
Discharge	Location
Admission	Discharge
	__/__/__
	__/__/__
	__/__/__
	__/__/__
	__/__/__

Completed By _____ Date __/__/__

Page 1

Abdominal Aortic Aneurysm Health Economic Profoma

VGNW ID _____

Post-Operative

Was the patient seen for Abdominal Aortic Aneurysm (AAA) related follow-up? (No=1, Yes=2, Don't know=9) *If the answer to is yes, please complete the table below.*

	Visit 1	Visit 2	Visit 3	Visit 4	Visit 5
Location (hospital, GP surgery, etc.)					
Seen By (surgeon, nurse, etc.)					
Tests / Procedure					
Admission/Visit Date	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Admitted (yes / no)					
Mode of admission*					
Discharge Date	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__

*Mode of admission: Elective, Urgent, Emergency

Completed By _____ Date __/__/__

Page 2