**New Application: Vascular Surgery (Independent)**

**Review Committee for Surgery**

**ACGME**

**Oversight**

**Participating Sites**

1. Is there a Program Letter of Agreement (PLA) for each participating site providing a required assignment? [PR 1.3.] [ ]  YES [ ]  NO

2. At each participating site, will there be one faculty member, designated by the program director, who is accountable for fellow education for that site? [PR 1.5.] [ ]  YES [ ]  NO

1. Are participating sites geographically proximate, or able to provide for teleconferencing to ensure that all fellows are able to participate in joint conferences, basic science lectures, and morbidity and mortality reviews? [PR 1.6.a.-1.6.a.1.] [ ]  YES[ ]  NO

If NO, explain how an equivalent educational program of lectures and conferences will occur. (Limit response to 400 words)

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**Resources**

1. Will the program provide the capability to perform both open and endovascular procedures of sufficient breadth and volume to support the education of fellows? [PR 1.8.e.;1.8.g.]
 [ ]  YES [ ]  NO

Explain if NO.

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1. Will the facilities that provide fellows with experience in interpretation of non-invasive vascular laboratory testing be accredited by a recognized organization that would allow fellowship graduates to fulfill the requirements of eligibility for specialty board certification?
[PR 1.8.d.] [ ]  YES [ ]  NO
2. Will the laboratory have current accreditation in extracranial cerebrovascular, peripheral arterial, and peripheral venous testing? [PR 1.8.d.1.] [ ]  YES [ ]  NO
3. Will the laboratory have substantial experience in abdominal and visceral vascular imaging?
[PR 1.8.d.1.] [ ]  YES [ ]  NO

Explain if NO.

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**Personnel**

**Program Director**

1. Will the program director be provided the required dedicated time and support specified in PR 2.3.a.-2.3.b.] for administration of the program [PR 2.3.a.] [ ]  YES [ ]  NO
2. If the program director also oversees the integrated residency at the same institution, will the dedicated time provided for administration of the program reflect the total number of approved positions across both programs? ☐ YES ☐ NO [ ]  N/A
3. Will the program director design and conduct the program in a fashion consistent with the needs of the community, the mission(s) of the Sponsoring Institution, and the mission(s) of the program? [PR 2.5.b.] [ ]  YES [ ]  NO

Explain if NO.

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1. Will the program director administer and maintain a learning environment conducive to educating the fellows in each of the ACGME Competency domains? [PR 2.5.c.] [ ]  YES [ ]  NO

Explain if NO.

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1. Will the program director have the authority to approve program faculty members for participation in the fellowship program education at all sites? [PR 2.5.d.] [ ]  YES [ ]  NO

Explain if NO.

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1. Will the program director have the authority to remove program faculty members for participation in the fellowship program education at all sites? [PR 2.5.d.] [ ]  YES [ ]  NO

Explain if NO.

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1. Will the program director provide applicants who are offered an interview with information related to the applicant’s eligibility for the relevant specialty board examination(s)? [PR 2.5.l.]

 [ ]  YES [ ]  NO

Explain if NO.

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1. Will the program director provide a learning and working environment in which fellows have the opportunity to raise concerns and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation? [PR 2.5.g.] [ ]  YES [ ]  NO

Explain if NO.

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1. Will the program director ensure the program’s compliance with the Sponsoring Institution’s policies and procedures related to grievances and due process? [PR 2.5.h.] [ ]  YES [ ]  NO

Explain if NO.

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**Faculty**

1. Will there be at least one board-certified vascular surgery core faculty member for each approved fellowship position, in addition to the program director? [PR 2.10.b.] [ ]  YES [ ]  NO

Explain if NO.

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1. Will the members of the physician faculty reflect sufficient diversity of interest to represent the many facets of vascular surgery? [PR 2.6.a.] [ ]  YES [ ]  NO

Explain if NO.

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1. Will the faculty members devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities? [PR 2.7.b.] [ ]  YES [ ]  NO

Explain if NO.

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1. Will the faculty regularly participate in organized clinical discussions, rounds, journal clubs, and conferences? [PR 2.7.d.] [ ]  YES [ ]  NO

Explain if NO.

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1. Will faculty members pursue faculty development designed to enhance their skills at least annually? [PR 2.7.e.] [ ]  YES [ ]  NO

Explain if NO.

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**Program Coordinator**

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| --- | --- |
| Number of Approved Fellow Positions | Minimum FTE |
| 1-6 | 0.50 |
| 7-10 | 0.70 |
| 11-15 | 0.80 |

1. Will there be a program coordinator, who at a minimum is provided the required dedicated time and support adequate for administration of the program based upon its size and configuration. [PR 2.11.-2.11.b.] ☐ YES ☐ NO

**Educational Program**

**Curriculum Components**

1. Will the curriculum contain a set of program aims consistent with the Sponsoring Institution’s mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates? [PR 4.2.a.] [ ]  YES [ ]  NO
	1. Will the program’s aims be made available to program applicants, fellows, and faculty members? [PR 4.2.a.] [ ]  YES [ ]  NO
2. Will the curriculum contain competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice in the subspecialty? Will they be distributed, reviewed, and available to fellows and faculty members? [PR 4.2.b.] .. [ ]  YES [ ]  NO
3. Will the curriculum delineate fellow responsibilities for patient care, progressive responsibility for patient management, and graded supervision in the subspecialty? [PR 4.2.c.] [ ]  YES [ ]  NO

Explain if NO.

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**ACGME Competencies**

**Professionalism**

1. Describe the learning activity(ies), other than lecture, through which fellows will demonstrate a commitment to professionalism and an adherence to ethical principles. [PR 4.3.] (Limit response to 400 words)

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**Patient Care and Procedural Skills**

1. Describe how the program will assess fellows’ manual dexterity appropriate for their educational level. [PR 4.4.a.] (Limit response to 400 words)

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1. Describe the settings and activities in which fellows will develop and execute patient care plans appropriate for their educational level. Indicate the methods used to assess competence. [PR 4.4.b.] (Limit response to 400 words)

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1. Indicate the settings and activities in which fellows will develop the ability to competently perform all medical, diagnostic, and surgical procedures considered essential. Also indicate the method(s) that will be used to assess competence. [PR 4.5.a., 4.5.d.1.]

| **Competency Area** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| Performing operative procedures in the following defined list of categories:  |
| Abdominal[PR 4.5.a.1.] | Click here to enter text. | Click here to enter text. |
| Cerebrovascular[PR 4.5.a.2.] | Click here to enter text. | Click here to enter text. |
| Peripheral[PR 4.5.a.3.] | Click here to enter text. | Click here to enter text. |
| Complex[PR 4.5.a.4.] | Click here to enter text. | Click here to enter text. |
| Endovascular diagnostic[PR 4.5.a.5.] | Click here to enter text. | Click here to enter text. |
| Endovascular therapeutic[PR 4.5.a.6.] | Click here to enter text. | Click here to enter text. |
| Endovascular aneurysm repair[PR 4.5.a.7.] | Click here to enter text. | Click here to enter text. |
| Patient management, including determining an appropriate diagnosis and operative plan, providing pre-operative care, and directing post-operative care[PR 4.5.b.] | Click here to enter text. | Click here to enter text. |
| Assessing the vascular portion of angiography, computed tomography (CT) scanning, and magnetic resonance imaging (MRI) and magnetic resonance angiogram (MRA) images[PR 4.5.c.] | Click here to enter text. | Click here to enter text. |
| The ability to accurately interpret non-invasive laboratory studies, to include the range and number of non-invasive studies that would allow residency or fellowship graduates to fulfill the requirements of eligibility for specialty board certification [PRs 4.5.d.; 4.5.d.1.] | Click here to enter text. | Click here to enter text. |

**Medical Knowledge**

1. Indicate the activities (lectures, conferences, journal clubs, clinical teaching rounds, etc.) in which fellows will demonstrate knowledge in each of the following areas. Also indicate the method(s) that will be used to assess knowledge. [PR. 4.6.]

| **Area of Knowledge** | **Settings/Activities** | **Assessment Method(s)** |
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| Fundamental sciences, including anatomy, biology, embryology, microbiology, physiology, and pathology as they relate to the pathophysiology, diagnosis, and treatment of vascular lesions[PR 4.6.a.] | Click here to enter text. | Click here to enter text. |
| Methods and techniques of angiography, CT scanning, and MRI, MRA, and other vascular imaging modalities[PR 4.6.b.] | Click here to enter text. | Click here to enter text. |

1. Describe how fellows will demonstrate knowledge of the roles of different specialists and other health care professionals in overall patient management. [PR 4.6.c.] (Limit response to 400 words)

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**Practice-based Learning and Improvement**

1. Describe one learning activity in which residents demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. [PR 4.7.] (Limit response to 400 words)

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**Interpersonal and Communication Skills**

1. Describe one learning activity in which fellows demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals, and how this will be assessed by the program. [PR 4.8.] (Limit response to 400 words)

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**Systems-based Practice**

1. Describe the learning activity(ies) through which fellows will learn and demonstrate an awareness of, and responsiveness to, the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources in the system to provide optimal health care. [PR 4.9.] (Limit response to 400 words)

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**Curriculum Organization Fellow Experiences**

1. Will the following conferences exist? [PR 4.11.a.1.-4.11.a.4.]

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| A review, held at least biweekly, of all current complications and deaths, including radiological and pathological correlation of surgical specimens and autopsies when relevant? | [ ]  YES [ ]  NO |
| A course or a structured series of conferences to ensure coverage of the basic and clinical sciences fundamental to vascular surgery, as well as in the technological advances that relate to vascular surgery and the care of patients with vascular diseases? | [ ]  YES [ ]  NO |
| Regular organized clinical teaching? | [ ]  YES [ ]  NO |
| A regular review of recent literature in a journal club format? | [ ]  YES [ ]  NO |

Explain any NO responses.

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1. Will the program ensure that fellows actively participate in the planning and presentation of required conferences? [PR 4.11.b.] [ ]  YES [ ]  NO
	1. Will each fellow participate in at least 75 percent of all required conferences?

[PR 4.11.b.1.] [ ]  YES [ ]  NO

* 1. Will core faculty members participate in at least 50% (in aggregate) of program conferences ? [PR 4.11.b.2.] [ ]  YES [ ]  NO

Explain any NO responses.

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1. Will the program ensure that fellows perform a minimum of 250 major vascular reconstructive procedures? [PR 4.11.c.] [ ]  YES [ ]  NO
2. Will the curriculum for fellowsinclude a final year with chief responsibility on the vascular surgery service at the primary clinical site or at a participating site? [PR 4.11.d.] [ ]  YES [ ]  NO
3. Describe how the program will ensure that, although a vascular surgery fellow may function with a chief resident in general surgery on the same service with the same junior residents, the fellow will not have primary responsibility for the same patients? [PR 4.11.d.1.] (Limit response to 400 words)

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1. Describe how fellow experiences will include:
2. primary responsibility for continuity of patient care, including ambulatory care, inpatient care, referral and consultation, and use of community resources [PR 4.11.e.] (Limit response to 400 words)

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1. progressive senior surgical responsibilities in the total care of vascular surgery patients, including pre-operative evaluation, therapeutic decision making, operative experience, and post-operative management [PR 4.11.f.] (Limit response to 400 words)

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1. participation in providing consultation with faculty member supervision [PR 4.11.g.] (Limit response to 400 words)

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1. Will fellows have clearly defined educational responsibilities for other fellows, medical students, and professional personnel? [PR 4.11.g.1.] [ ]  YES [ ]  NO

Explain if NO.

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1. Will these teaching experiences correlate basic biomedical knowledge with the clinical aspects of vascular surgery? [PR 4.11.g.1.a.] [ ]  YES [ ]  NO

Explain if NO.

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1. experience in the application, assessment, and limitations of non-invasive vascular diagnostic techniques, including didactic and clinical training regarding non-invasive vascular diagnostic testing and interpretation [PR 4.11.h. and 4.11.h.1.] (Limit response to 400 words)

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1. experience with outpatient activities [PR 4.11.i.] (Limit response to 400 words)

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1. Will the fellows spend, on average, one half-day per week in the outpatient setting?
[PR 4.11.i.1.] [ ]  YES [ ]  NO

Explain if NO.

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1. Will fellows’ experiences include experience as teaching assistants when operative experience justifies a teaching role? [PR 4.11.j.] [ ]  YES [ ]  NO

Explain if NO.

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**Scholarship**

**Program Responsibilities**

1. Will the program in partnership with its Sponsoring Institution, ensure adequate resources to facilitate fellow and faculty involvement in scholarly activity? [PR 4.13.a.] [ ]  YES [ ]  NO

Explain if NO.

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**Faculty Scholarly Activity**

1. Will the program demonstrate accomplishments in at least three of the domains of scholarly activity as delineated in [PR 4.14.]? [ ]  YES [ ]  NO

**Fellow Scholarly Activity**

1. Describe how fellows will be provided instruction in critical thinking, design of experiments, and evaluation of data. [PR 4.15.a.] (Limit response to 400 words)

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1. Will fellows participate in clinical and/or laboratory research? [PR 4.15.b.]
 [ ]  YES [ ]  NO

Explain if NO.

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**Evaluation**

**Fellow Evaluation**

1. Describe how the program will ensure that faculty members directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment. [PR 5.1.] (Limit response to 400 words)

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1. Will fellows’ semiannual assessment include a review of their individual operative experience to ensure breadth and balance of experience in the surgical care of vascular diseases?

[PR 5.1.h.] [ ]  YES [ ]  NO

1. Describe how the program director will ensure that the operative experience of individual fellows in the same program is comparable. [PR 5.1.i.] (Limit response to 400 words)

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1. Will the program use multiple evaluators as a component of an objective performance evaluation? [PR 5.1.b.1.] [ ]  YES [ ]  NO

Explain if NO.

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1. Will the program director or designee, with input from the Clinical Competency Committee, meet with and review with each fellow their documented semi-annual evaluation of performance, including progress along the subspecialty-specific Milestones? [PR 5.1.c.] [ ]  YES [ ]  NO

Explain if NO.

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**The Learning and Working Environment**

**Patient Safety**

1. Will the program ensure that fellows participate as team members in real and/or simulated interprofessional clinical patient safety activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions? [PR 6.3.] ………. [ ]  YES [ ]  NO

Explain if NO.

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**Quality Improvement**

* 1. Will the program ensure that fellows and faculty members receive data on quality metrics and benchmarks related to their patient populations? [PR 6.4.] [ ]  YES [ ]  NO

Explain if NO.

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**Supervision**

* 1. Describe how the program will ensure that the appropriate level of supervision is in place for all fellows based on each fellow’s level of training and ability, as well as patient complexity and acuity. [PR 6.6.] (Limit response to 400 words)

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* 1. Will the program set guidelines for circumstances and events in which fellows must communicate with the supervising faculty member(s)? [PR 6.10.] [ ]  YES [ ]  NO

Explain if NO.

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**Professionalism**

* + 1. Will the program ensure that the learning objectives of the program be accomplished without excessive reliance on fellows to fulfill non-physician obligations? [PR 6.12.a.] [ ]  YES [ ]  NO

Explain if NO.

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**Clinical Responsibilities**

1. Indicate whether surgical teams will include the following: [PR 6.17.b.]

Attending surgeons [ ]  YES [ ]  NO

Fellows and residents at various PG levels (when appropriate) [ ]  YES [ ]  NO

Medical students (when appropriate) [ ]  YES [ ]  NO

Other health care providers [ ]  YES [ ]  NO

Explain any NO responses. (Limit response to 400 words)

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1. Describe how the work of the caregiver team will be assigned to team members. [PR 6.17.c.]

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1. Will the program ensure that as fellows progress through levels of increasing competence and responsibility, work assignments will keep pace with their advancement? [PR 6.17.d.]
 [ ]  YES [ ]  NO

**Teamwork**

1. Describe how the program director will ensure fellows collaborate with other surgical residents and fellows, and especially with faculty members, other physicians outside of their specialty, and non-traditional health care providers, to best formulate treatment plans for an increasingly diverse patient population. [PR 6.18.b.] (Limit response to 400 words)

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1. Describe the planned role of faculty members from all disciplines other than vascular surgery in the education of the program’s fellows. (Limit response to 400 words)

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1. Describe how the program director will ensure fellows assume personal responsibility to complete all tasks to which they are assigned (or which they voluntarily assume) in a timely fashion. Describe how these tasks are completed in the hours assigned, or, if that is not possible, how fellows learn and utilize the established methods for handing off remaining tasks to another member of the team so that patient care is not compromised. [PR 6.18.c.] (Limit response to 400 words)

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1. Will lines of authority be defined by the program and ensure that all fellows have a working knowledge of expected reporting relationships to maximize quality care and patient safety? [PR 6.18.d.] [ ]  YES [ ]  NO

**Transitions of Care**

* 1. Describe how the program in partnership with their Sponsoring Institution, will ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety and how the program will ensure that fellows are competent in communicating with team members in the hand-over process [PR 6.19.a.-6.19.b.] (Limit response to 400 words)

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**Maximum Frequency of In-House Night Float**

* + 1. Describe fellow night float rotations, including: (a) the number of consecutive nights of night float; (b) the maximum number of consecutive weeks of night float per year; (c) the maximum number of months of night float per year; and (d) the frequency of night float rotations. [PR 6.26.a.-6.26.d.] (Limit response to 400 words)

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**Institutional Data**

For the most recent complete academic year, provide the data requested below for each site that participates in the program. Provide the data requested in the column labeled “Currently Done by VS Fellows or Residents” only if the institution already sponsors an ACGME-accredited vascular surgery program in a different format. [PR 1.8.e.; 1.8.g.]

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| **INCLUSIVE DATES:** | Click here to enter a date. to Click here to enter a date. |

|  | Primary Site Name | Site Name | Site Name | **Total** | **Currently Done by GS****Residents** | **Currently Done by Other VS Fellows/ Residents** | **Available for This VS Program** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Aneurysm Repair** |
| Open repair infrarenal aorto-iliac ruptured | # | # | # | # | # | # | # |
| Open repair infrarenal aorto-iliac elective | # | # | # | # | # | # | # |
| Endovascular repair abdominal aorto-iliac | # | # | # | # | # | # | # |
| Endovascular repair of Iliac artery | # | # | # | # | # | # | # |
| Repair suprarenal aortic aneurysm | # | # | # | # | # | # | # |
| Repair thoracic aortic aneurysm | # | # | # | # | # | # | # |
| Endovascular repair thoracic aortic aneurysm | # | # | # | # | # | # | # |
| Repair thoracoabdominal aortic aneurysm | # | # | # | # | # | # | # |
| Repair femoral aneurysm | # | # | # | # | # | # | # |
| Repair popliteal aneurysm | # | # | # | # | # | # | # |
| Repair other major aneurysms | # | # | # | # | # | # | # |
| **Subtotal - Aneurysm Repair**  | # | # | # | # | # | # | # |
| **Cerebrovascular** |
| Carotid endarterectomy | # | # | # | # | # | # | # |
| Reoperative carotid surgery (secondary procedure only) | # | # | # | # | # | # | # |
| Transcatheter placement carotid artery stent | # | # | # | # | # | # | # |
| Excise carotid body tumor | # | # | # | # | # | # | # |
| Vertebral bypass or reimplantation/transposition | # | # | # | # | # | # | # |
| Direct repair aortic arch branches | # | # | # | # | # | # | # |
| Transluminal balloon angioplasty–brachiocephalic | # | # | # | # | # | # | # |
| Transcatheter place of intravascular stent, non-coronary | # | # | # | # | # | # | # |
| Cervical bypass aortic arch branches | # | # | # | # | # | # | # |
| Other major cerebrovascular | # | # | # | # | # | # | # |
| **Subtotal - Cerebrovascular** | # | # | # | # | # | # | # |
| **Peripheral Obstructive** |
| Aorto-ilio/femoral endarterectomy | # | # | # | # | # | # | # |
| Aorto-ilio/femoral bypass, prosthetic | # | # | # | # | # | # | # |
| Aorto-ilio/femoral bypass, vein | # | # | # | # | # | # | # |
| Transluminal balloon angioplasty aorta or iliac | # | # | # | # | # | # | # |
| Transluminal atherectomy aorta or iliac | # | # | # | # | # | # | # |
| Transcatheter placement of intravascular stentaorta | # | # | # | # | # | # | # |
| Ilio-iliac/femoral endarterectomy | # | # | # | # | # | # | # |
| Excise infected graft, abdomen or chest | # | # | # | # | # | # | # |
| Repair graft-enteric/ aorto-enteric fistula | # | # | # | # | # | # | # |
| Femoral, profunda endarterectomy | # | # | # | # | # | # | # |
| Femoral-popliteal bypass, vein | # | # | # | # | # | # | # |
| Femoral-popliteal bypass, prosthetic | # | # | # | # | # | # | # |
| Transluminal balloon angioplasty femoral-popliteal | # | # | # | # | # | # | # |
| Transluminal atherectomy femoral-popliteal | # | # | # | # | # | # | # |
| Endarterectomy, superficial femoral–popliteal | # | # | # | # | # | # | # |
| Infrapopliteal bypass, vein | # | # | # | # | # | # | # |
| Infrapopliteal bypass, prosthetic | # | # | # | # | # | # | # |
| Transluminal balloon angioplasty, tibioperoneal | # | # | # | # | # | # | # |
| Transluminal atherectomy, tibioperoneal | # | # | # | # | # | # | # |
| Transcatheter place of intravascular stent, non-coronary | # | # | # | # | # | # | # |
| Excise infected graft, peripheral | # | # | # | # | # | # | # |
| Revise arterial bypass | # | # | # | # | # | # | # |
| Arterial embolectomy/thrombectomy by leg incision | # | # | # | # | # | # | # |
| Graft thrombectomy | # | # | # | # | # | # | # |
| Adjunct vein cuff or AVF (secondary only) | # | # | # | # | # | # | # |
| Harvest arm vein (secondary procedure only) | # | # | # | # | # | # | # |
| Composite leg bypass graft (secondary procedure only) | # | # | # | # | # | # | # |
| Re-do lower extremity bypass (secondary procedure only) | # | # | # | # | # | # | # |
| Other major peripheral- defined category credit | # | # | # | # | # | # | # |
| **Subtotal - Peripheral Obstructive** | # | # | # | # | # | # | # |
| **Abdominal Obstructive** |
| Celiac/Superior mesenteric artery endarterectomy, bypass | # | # | # | # | # | # | # |
| Renal endarterectomy, bypass | # | # | # | # | # | # | # |
| Embolectomy/thrombectomy, renal | # | # | # | # | # | # | # |
| Transluminal balloon angioplasty, renal | # | # | # | # | # | # | # |
| Transluminal atherectomy, renal | # | # | # | # | # | # | # |
| Transcatheter place of stent, renal artery | # | # | # | # | # | # | # |
| **Subtotal - Abdominal Obstruct** | # | # | # | # | # | # | # |
| **Upper Extremity** |
| Open brachial artery exposure | # | # | # | # | # | # | # |
| Arm bypass, endarterectomy, repair | # | # | # | # | # | # | # |
| Transcatheter place of intravascular stent, non-coronary | # | # | # | # | # | # | # |
| Thoracic outlet decompression | # | # | # | # | # | # | # |
| Embolectomy/thrombectomy, by arm incision | # | # | # | # | # | # | # |
| **Subtotal - Upper Extremity**  | # | # | # | # | # | # | # |
| **Extra-Anatomic** |
| Axillofemoral bypass | # | # | # | # | # | # | # |
| Axillopopliteal-tibial bypass | # | # | # | # | # | # | # |
| Femoral-femoral bypass | # | # | # | # | # | # | # |
| **Subtotal - Extra-Anatomic** | # | # | # | # | # | # | # |
| **Thrombolysis/Mechanical Thrombectomy** |
| Transluminal mechanical thrombectomy | # | # | # | # | # | # | # |
| Thrombolysis, transarterial, transcatheter | # | # | # | # | # | # | # |
| Exchange of thrombolysis catheter | # | # | # | # | # | # | # |
| **Subtotal - Thrombolysis/Mechanical Thrombectomy** | # | # | # | # | # | # | # |
| **Miscellaneous Endovascular Therapeutic** |
| Endovascular place of iliac artery occlusion device (secondary procedure only) | # | # | # | # | # | # | # |
| Transcatheter arterial occlusion or embolization | # | # | # | # | # | # | # |
| Transcatheter place of wireless sensor | # | # | # | # | # | # | # |
| Pressure measurements from wireless sensor | # | # | # | # | # | # | # |
| **Subtotal - Miscellaneous Endovascular Therapeutic** | # | # | # | # | # | # | # |
| **Trauma** |
| Repair thoracic vessels | # | # | # | # | # | # | # |
| Repair neck vessels | # | # | # | # | # | # | # |
| Repair abdominal vessels | # | # | # | # | # | # | # |
| Repair peripheral vessels | # | # | # | # | # | # | # |
| Fasciotomy | # | # | # | # | # | # | # |
| **Subtotal - Trauma** | # | # | # | # | # | # | # |
| **Total Major** | # | # | # | # | # | # | # |
| **Venous** |
| Portal-systemic shunt | # | # | # | # | # | # | # |
| Operation for varicose veins | # | # | # | # | # | # | # |
| Sclerotherapy, peripheral vein | # | # | # | # | # | # | # |
| Embolectomy/thrombectomy, venous | # | # | # | # | # | # | # |
| Endoluminal ablation | # | # | # | # | # | # | # |
| Operations for venous ulceration | # | # | # | # | # | # | # |
| Venous reconstruction | # | # | # | # | # | # | # |
| Transluminal balloon angioplasty, venous | # | # | # | # | # | # | # |
| Transluminal mechanical thrombectomy, venous | # | # | # | # | # | # | # |
| Thrombolysis, transvenous, transcatheter | # | # | # | # | # | # | # |
| Interruption of IVC | # | # | # | # | # | # | # |
| Repair arteriovenous malformation | # | # | # | # | # | # | # |
| **Subtotal - Venous** | # | # | # | # | # | # | # |
| **Endovascular-Diagnostic** |
| Arteriography | # | # | # | # | # | # | # |
| Venography | # | # | # | # | # | # | # |
| Angioscopy | # | # | # | # | # | # | # |
| **Subtotal - Endovascular Diagnostic** | # | # | # | # | # | # | # |
| **Miscellaneous Vascular** |
| Exploration of artery | # | # | # | # | # | # | # |
| Post-operative exploration for hemorrhage, thrombosis, infection | # | # | # | # | # | # | # |
| Major vascular ligation | # | # | # | # | # | # | # |
| Inject pseudoaneurysm | # | # | # | # | # | # | # |
| Spine exposure | # | # | # | # | # | # | # |
| Sympathectomy | # | # | # | # | # | # | # |
| Lymphatic procedure | # | # | # | # | # | # | # |
| Other miscellaneous vascular procedure | # | # | # | # | # | # | # |
| **Subtotal - Miscellaneous Vascular** | # | # | # | # | # | # | # |
| **Vascular Access** |
| A-V fistula | # | # | # | # | # | # | # |
| A-V graft | # | # | # | # | # | # | # |
| Percutaneous-other access | # | # | # | # | # | # | # |
| Revision, arteriovenous access | # | # | # | # | # | # | # |
| **Subtotal - Vascular Access** | # | # | # | # | # | # | # |
| **Amputations** |
| Amputation, digit | # | # | # | # | # | # | # |
| Amputation, transmetatarsal | # | # | # | # | # | # | # |
| Amputation, below knee | # | # | # | # | # | # | # |
| Amputation, above knee | # | # | # | # | # | # | # |
| Amputation, upper extremity | # | # | # | # | # | # | # |
| Amputation closure, revision | # | # | # | # | # | # | # |
| **Subtotal - Amputations** | # | # | # | # | # | # | # |
| **Imaging/Diagnostic** | # | # | # | # | # | # | # |
| Carotid duplex ultrasound | # | # | # | # | # | # | # |
| Peripheral arterial duplex ultrasound | # | # | # | # | # | # | # |
| Peripheral arterial physiologic testing | # | # | # | # | # | # | # |
| Transcranial Doppler | # | # | # | # | # | # | # |
| Venous duplex ultrasound | # | # | # | # | # | # | # |
| Visceral vascular ultrasound | # | # | # | # | # | # | # |
| **Subtotal - Imaging/Diagnostic** | # | # | # | # | # | # | # |
| **Total Minor**  | # | # | # | # | # | # | # |
| **Total Operations** | # | # | # | # | # | # | # |