



DT9420

## ADULT CONSULTATION FOR VASCULAR OR ENDOVASCULAR SURGERY

**Note:**

- 1- Refer to the clinical alerts on the back of the form.
- 2- Favor, if available, the protocols of the Accueil Clinique before filling it out
- 3- If previously known to a vascular surgeon, direct referral is preferred.

Patient's first and last name			
Health insurance number	Year	Month	Expiry
Parent's first and last name			
Area code	Phone number	Area code	Phone number (alt.)
Address			
Postal code			

Reason for consultation		Clinical priority scale: B : ≤ 10 days C : ≤ 28 days D : ≤ 3 months E : ≤ 12 months For priority A consultations (≤ 3 days), do not send them to the CRDS; use the following corridors: specialist on call, accueil clinique, etc.		
Arterial Insufficiency	<input type="checkbox"/> PVD with critical ischemia (gangrene, ischemic rest pain, or new foot wound of < 2 weeks)	<b>B</b>	<b>Aneurysm:</b> consider only anteroposterior (AP) and transverse (T) diameter measurements. The presence of thrombus within the aneurysm does not influence level of urgency ( <i>Prerequisite: imaging report</i> )	
	<input type="checkbox"/> PVD with critical ischemia with dry gangrene or chronic wound (> 2 weeks)	<b>C</b>		
	Intermittent claudication	<input type="checkbox"/> Severe and incapacitating <input type="checkbox"/> Stable		<b>D</b> <b>E</b>
Carotid Stenosis	<b>Refer to the clinical alerts</b> ( <i>Prerequisite: imaging report</i> )		<b>Asymptomatic Aneurysm</b>	
	<input type="checkbox"/> TIA, CVA or amaurosis fugax with >50% carotid stenosis, with the most recent symptoms <b>more than 14 days ago and less than 4 months</b>	<b>B</b>		
	<input type="checkbox"/> Severe asymptomatic >70% stenosis	<b>D</b>		
Venous Insufficiency	Refer preferentially to wound care clinic when possible rather than CRDS			<b>D</b>
	<input type="checkbox"/> Venous stasis ulcer with failure of medical management or recurrent ulcer (CEAP ≥ 4/6) <sup>3</sup>	<b>D</b>		
	<input type="checkbox"/> Varicose veins with severe reflux of the great, small or accessory saphenous vein <sup>4</sup> ( <i>Prerequisite: doppler report must be included</i> )	<b>E</b>		
<input type="checkbox"/> <b>Other reason for consultation or clinical priority modification</b> (MANDATORY justification in the next section):				Clinical priority
<b>Suspected diagnosis and clinical information (mandatory)</b>				<b>If prerequisite is needed :</b> <input type="checkbox"/> Available in the QHR <input type="checkbox"/> Attached to this form
<b>Special needs:</b>				
<b>Referring physician identification and point of service</b>				<b>Stamp</b>
Referring physician's name		Licence no.		
Area code	Phone no.	Extension		
Area code	Fax no.			
Name of point of service				
<b>Signature</b>	Date (year, month, day)			
<b>Family physician:</b> <input type="checkbox"/> Same as referring physician <input type="checkbox"/> Patient with no family physician			<b>Registered referral (if required)</b> If you would like a referral for a particular physician or point of service	
Family physician's name				
Name of point of service				

## Legend

<sup>1</sup> Primary care physician should follow patients with annual ultrasound exams if AAA < 45mm diameter  
(Refer to guidelines: [www.choosingwiselycanada.org/recommendations/vascular-surgery/](http://www.choosingwiselycanada.org/recommendations/vascular-surgery/))

<sup>2</sup> Aneurysm of **descending** thoracic aorta: use this form to refer to vascular surgery  
Aneurysm of **ascending** thoracic aorta: refer directly to cardiac surgery and not to CRDS

<sup>3</sup> Clinical classification of venous insufficiency (CEAP)

CEAP	Clinical Classification	CEAP	Clinical Classification
C1	Telangiectasias or reticular veins	C4	Stasis dermatitis or hyperpigmentation
C2	Varicose veins	C5	Healed stasis ulcers with scarring
C3	Edema	C6	Active venous stasis ulcer

<sup>4</sup> There is no surgical indication, with few exceptions, if there is no documented reflux of the great, small or accessory saphenous vein

**For more information about vascular and endovascular surgery, refer to the association site: [www.acvq.quebec](http://www.acvq.quebec)**

### Clinical alerts (non-exhaustive list)

#### Refer the patient to the Emergency-department

- Suspicion of acute ischemia **with motor or sensory deficit** of upper or lower extremity
- Acute mesenteric ischemia
- All aneurysms associated with pain or suspicion of rupture (aortic, visceral or limbs)
- Suspicion of vascular infection (native artery or prosthetic graft)
- Acute hemorrhage or risk of hemorrhage, external or internal (vascular trauma, hemorrhage from vascular access for hemodialysis, acute aortic dissection, expanding hematoma, etc.)
- Wet gangrene or suspicion of necrotizing infection of the foot
- Plantar abscess with sepsis in a patient with suspected or known arterial insufficiency
- Suspicion of TIA or CVA with motor or sensory deficit or trouble with speech, fluctuating or transient during < 48 h or  
Use the Accueil clinique for (if available) and, depending on the patient's condition

### Communicate with the vascular surgeon on call

For all situations that requires a priority A, including these following reasons, communicate with the vascular surgeon on call in your area :

- Suspicion of recent ischemia (< 14 days) **no residual motor or sensory deficit**
- **Documented** carotid stenosis ≥ 50% with TIA, amaurosis fugax or recent CVA < 14 days
- Abdominal aorta > 70 mm