

Vascular Surgery PBA: Carotid Endarterectomy (standard ± patch/shunt)

Trainee:	Assessor:	Date:
Assessor's Position*:	Email (institutional):	GMC No:
Duration of procedure (mins):	Duration of assessment period (mins):	Hospital:
Operation more difficult than usual? Yes / No (If yes, state reason)		<input type="checkbox"/> Tick this box if this PBA was performed in a Simulated setting .

* Assessors are normally consultants (senior trainees may be assessors depending upon their training level and the complexity of the procedure)

IMPORTANT: The trainee should explain what he/she intends to do throughout the procedure. The Assessor should provide verbal prompts if required, and intervene if patient safety is at risk.

Rating:

N = Not observed or not appropriate

D = Development required

S = Satisfactory standard for CCT (no prompting or intervention required)

Competencies and Definitions		Rating N/D/S	Comments
I. Consent			
C1	Demonstrates sound knowledge of indications and contraindications including alternatives to standard CEA e.g. medical therapy, stenting or eversion endarterectomy		
C2	Demonstrates awareness of sequelae of operative or non operative management		
C3	Demonstrates sound knowledge of complications of CEA		
C4	Explains the procedure to the patient / relatives / carers and checks understanding		
C5	Explains likely outcome and time to recovery and checks understanding		
II. Pre operation planning			
PL1	Demonstrates recognition of anatomical and pathological abnormalities (and relevant co-morbidities) and selects appropriate operative strategies / techniques to deal with these		
PL2	Demonstrates ability to make reasoned choice of appropriate equipment, materials or devices (if any) taking into account appropriate investigations (e.g. angiograms)		
PL3	Checks materials, equipment and device requirements with operating room staff		
PL4	Ensures the operation site is marked where applicable		
PL5	Checks patient records, personally reviews investigations		
III. Pre operative preparation			
PR1	Checks in theatre that consent has been obtained		
PR2	Gives effective briefing to theatre team		
PR3	Ensures proper and safe positioning of the patient on the operating table		
PR4	Demonstrates careful preparation of skin of neck		
PR5	Demonstrates careful draping of the patient's operative field, ensuring comfort of patient if awake		
PR6	Ensures general equipment and materials are deployed safely (e.g. catheter, diathermy)		
PR7	Ensures appropriate drugs administered (e.g. cervical block)		
PR8	Arranges for and deploys specialist equipment (e.g. TCD) effectively		
IV. Exposure and closure			
E1	Demonstrates knowledge of optimum skin incision anterior to sternomastoid, and approach to carotid artery (ante or retrojugular)		

E2	Achieves an adequate exposure through purposeful dissection in correct tissue planes, identifies all structures correctly and supplements LA as required, if patient awake		
E3	Completes a sound wound repair, with good skin apposition, after careful haemostasis		
E4	Protects the wound with dressings, splints and drains where appropriate		
V. Intra operative technique: global (G) and task-specific items (T)			
IT1(G)	Follows an agreed, logical sequence or protocol for the procedure		
IT2(G)	Consistently handles tissue well with minimal damage		
IT3(G)	Controls bleeding promptly by an appropriate method		
IT4(G)	Demonstrates a sound technique of knots and sutures/staples		
IT5(G)	Uses instruments appropriately and safely		
IT6(G)	Proceeds at appropriate pace with economy of movement		
IT7(G)	Anticipates and responds appropriately to variation e.g. anatomy		
IT8(G)	Deals calmly and effectively with unexpected events/complications		
IT9(G)	Uses assistant(s) to the best advantage at all times and asks for help when required		
IT10(G)	Communicates clearly and consistently with the scrub nurse		
IT11(G)	Communicates clearly and consistently with the anaesthetist		
IT12(T)	Exposes internal jugular vein, ligates and divides facial veins (antejugular approach) or slings jugular vein (retrojugular approach)		
IT13(T)	Retracts internal jugular vein to expose common carotid artery and positions retractors to obtain good exposure without damaging veins		
IT14(T)	Continues dissection superiorly to expose both ICA and ECA branches		
IT15(T)	Extends dissection up internal carotid artery to healthy artery (blue sign) and deals safely with any small vessels limiting access at this level		
IT16(T)	Identifies and preserves X and XII nerves		
IT17(T)	Slings arteries without distortion or undue manipulation of bifurcation		
IT18(T)	Asks anaesthetist to administer appropriate dose of IV heparin		
IT19(T)	Clamps arteries in correct sequence (internal carotid first) and observes patient's conscious level or other monitoring (e.g. TCD) to decide whether shunt required		
IT20(T)	Clean arteriotomy, extending beyond level of disease proximally and distally, if possible		
IT21(T)	Inserts shunt safely without delay, if required, and checks that it is functioning		
IT22(T)	Develops endarterectomy plane in CCA, and transects plaque cleanly in proximal CCA		
IT23(T)	Extends plane distally, performing complete endarterectomy of ECA origin		
IT24(T)	Avoids flaps or dissection in distal ICA by feathering plaque, or uses tacking sutures, or extends dissection and arteriotomy more distally		
IT25(T)	Corrects excessive tortuosity of ICA by plication or excision, if required		
IT26(T)	Checks for loose debris and removes any with pledget or forceps		
IT27(T)	Closes arteriotomy with sound eversion technique by direct closure or patch as appropriate (knows when to use patch)		
IT28(T)	Removes shunt safely (if used), backbleeds arteries and flushes well with hepsal.		
IT29(T)	Declamps arteries in correct sequence (ICA backbled first and released last)		
IT30(T)	Ensures no excessive bleeding, narrowing or kinking of arteriotomy		
IT31(T)	Checks patient's neurological status and takes appropriate action if any concern		
VI. Post operative management			
PM1	Ensures the patient is transferred safely from the operating table to bed		
PM2	Constructs a clear operation note		
PM3	Records clear and appropriate post operative instructions		
PM4	Deals with specimens. Labels and orientates specimens appropriately - NOT APPLICABLE TO THIS PROCEDURE		

