

NeVa™ VS Case Feedback Form

Site

Sbjct ID

Patient Information:

Gender:

Male

Female

Relevant History:

Smoker

Drug use

Aneurysm location:

How was the aneurysm treated?

Clipping

Flow diversion

Coiling

Intra-saccular flow diversion

Stent-assisted coiling

Other:

Age:

pre-aneurysm mRS:

pre-NeVa VS procedure mRS:

Has the patient been treated for Vasospasm prior to NeVa VS?

Yes No

If YES, days between aSAH / aneurysm treatment and the initial vasospasm treatment procedure:

If YES, which of the following techniques/ devices were used? Please check all that apply :

Vasodilator

Balloon

NeVa VS

Other Stent

Other

Please provide details of previous treatment/ treatments:

During NeVa VS use:

Anesthesia used during the procedure:

General anesthesia

Local anesthesia

Conscious Sedation

Other

Access devices employed for NeVa VS use:

Sheath

Guide Catheter

Intermediate/ DAC

Micro Catheter

Concomitant pharmacological treatment provided to the patient:

Heparin:

Yes No

Before

During

After (NeVa VS deployment)

Dose:

Other pharmacological agent:

Yes No

Before

During

After (NeVa VS deployment)

Name of drug:

Dose:

NeVa VS Procedure:

	ICA	MCA-M1	MCA-M2	ACA	BA	PCA-P1	Other
Segments deployed in (check all that apply):	<input type="checkbox"/>						
Angiographic assessment of vasospasm at procedure start:	<input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe						
Smallest measured vessel diameter prior to NeVa VS use:	<input type="text"/>						
Smallest measured vessel diameter at procedure end:	<input type="text"/>						
Angiographic improvement (%):	<input type="text"/>						

	ICA	MCA-M1	MCA-M2	ACA	BA	PCA-P1	Other
Angiographic assessment of vasospasm at procedure end:	<input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe						
Need for retreatment in this segment post-NeVa VS intervention	<input type="radio"/> Yes <input type="radio"/> No						

Procedure Time (Minutes):

Total Device insertion to withdrawal:

How did NeVa VS impact the outcome in this case? (please check all that apply)

Resolved the vasospasm
 Prevented need for further surgery
 Other (please elaborate):

How satisfied are you with the performance of NeVa VS? (Please rate from 0-10 with 0: not satisfied at all, 10: extremely satisfied, and please feel free to add any remarks to explain.)

NeVa™ VS 30 day Follow Up Form

Hospital

Physician

Subject ID:

mRS at Day 30:

Need for additional
pharmacologic or device
interventions post-NeVa VS
procedure

Yes

No

If yes, specify:

Hospital Stay:

Length of ICU Stay (Days)

Index Procedure to Discharge (Days)

Total Length of Stay (Days)

Disposition:

Home

Rehab

SNF

Deceased

Other (Specify)