



**THE AMERICAN
BOARD OF SURGERY**

VASCULAR SURGERY ENTRUSTABLE PROFESSIONAL ACTIVITIES CLINICAL COMPETENCY COMMITTEE GUIDE

This document is intended to be a resource for vascular surgery program Clinical Competency Committees (CCCs) to utilize when reviewing trainee performance with the aid of Entrustable Professional Activities (EPAs) data.

Each EPA phase of care has been linked to the related ACGME Surgery Milestones and can be found in the included tables.

MILESTONE KEY:

PC - Patient Care

MK - Medical Knowledge

SBP - Systems-Based Practice

PBLI - Practice-Based Learning and Improvement

PROF - Professionalism

ICS - Interpersonal and Communication Skills

For a listing of ACGME surgery milestones, please see this document.

(<https://www.acgme.org/globalassets/pdfs/milestones/vascularsurgerymilestones.pdf>)

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CCC Guide

Evaluation and Management of a Patient with Acute Limb Ischemia

Description of the Activity:

Acute ischemia of either the upper or lower extremities is a common problem managed by vascular surgeons. All vascular surgeons must have a comprehensive understanding of the etiology and management approach for acute limb ischemia, including diagnostic techniques, medical management, and open and endovascular surgical interventions. Additionally, all vascular surgeons should understand perioperative management, including recognition and treatment of complications of surgical intervention, needed follow-up, and surveillance strategies.

In Scope:

- Lower extremity acute limb ischemia secondary to embolic or thrombotic disease

Out of Scope:

- Acute limb ischemia secondary to trauma, including iatrogenic causes
- Adventitial cystic disease
- Arterial thoracic outlet
- Blue toe secondary to arterio-arterial microembolization
- Chronic critical limb ischemia
- Hemodialysis access–related ischemia
- Mycotic peripheral embolic secondary to endocarditis
- Popliteal entrapment
- Radiation arteritis
- Sciatic artery aneurysm
- Thromboangiitis obliterans (Buerger disease)

Special Population:

- Patients with:
 - Acute aortic occlusion
 - Acute lower extremity ischemia secondary to aortic dissection and malperfusion
 - Acute lower extremity ischemia secondary to intra-arterial devices (eg, extracorporeal membrane oxygenation [ECMO])
 - Thrombosed aortic and peripheral aneurysms

Level	Preoperative /Nonoperative	Intraoperative Open	Intraoperative Endovascular	Postoperative
1 Limited Participation	PC1 L1 MK1 L1 MK2 L1	PC5 L1 PC6 L1 MK5 L1	PC5 L1 PC7 L1 MK5 L1	PC2 L1 PC3 L1 SBP3 L1
2 Direct Supervision	PC1 L2 MK1 L2 MK2 L2	PC5 L2 PC6 L2 MK5 L2	PC5 L2 PC7 L2 MK5 L2	PC2 L2 PC3 L2 SBP3 L2
3 Indirect Supervision	PC1 L3 MK1 L3 MK2 L3	PC5 L3 PC6 L3 MK5 L3	PC5 L3 PC7 L3 MK5 L3	PC2 L3 PC3 L3 SBP3 L3
4 Practice Ready	PC1 L4 MK1 L4 MK2 L4	PC5 L4 PC6 L4 MK5 L4	PC5 L4 PC7 L4 MK5 L4	PC2 L4 PC3 L4 SBP3 L4



CCC Guide

Evaluation and Management of a Patient with Acute Mesenteric Ischemia

Description of the Activity:

Vascular surgeons are often called to evaluate patients with symptoms or diagnostic findings suggestive of acute mesenteric ischemia. These surgeons should have a comprehensive understanding of the presenting signs and symptoms, diagnostic techniques, and management of this disease process. This includes criteria for intervention, selection of interventional or surgical approach, urgency of intervention, and collaboration with consultants. Additionally, surgeons should understand perioperative management, including recognition and treatment of complications of surgical intervention, needed follow-up, and surveillance strategies.

In Scope:

- Acute in situ thrombosis of a chronically diseased visceral vessel
- Acute visceral thromboembolic event
- Mesenteric artery dissection with associated malperfusion

Out of Scope:

- Aortic dissection with associated mesenteric malperfusion
- Arteritis with associated occlusive disease
- Mesenteric venous thrombosis
- Nonocclusive mesenteric ischemia (NOMI)
- Pediatric mesenteric ischemia
- Visceral aneurysm

Level	Preoperative /Nonoperative	Intraoperative Open	Intraoperative Endovascular	Postoperative
1 Limited Participation	PC1 L1 MK1 L1 MK2 L1 ICS2 L1	PC5 L1 PC6 L1 MK3 L1 MK5 L1	PC5 L1 PC7 L1 MK4 L1 MK5 L1	PC3 L1 ICS2 L1
2 Direct Supervision	PC1 L2 MK1 L2 MK2 L2 ICS2 L2	PC5 L2 PC6 L2 MK3 L2 MK5 L2	PC5 L2 PC7 L2 MK4 L2 MK5 L2	PC3 L2 ICS2 L2
3 Indirect Supervision	PC1 L3 MK1 L3 MK2 L3 ICS2 L3	PC5 L3 PC6 L3 MK3 L3 MK5 L3	PC5 L3 PC7 L3 MK4 L3 MK5 L3	PC3 L3 ICS2 L3
4 Practice Ready	PC1 L4 MK1 L4 MK2 L4 ICS2 L4	PC5 L4 PC6 L4 MK3 L4 MK5 L4	PC5 L4 PC7 L4 MK4 L4 MK5 L4	PC3 L4 ICS2 L4



CCC Guide

Evaluation and Management of a Patient with Acute Thromboembolic Venous Disease

Description of the Activity:

Vascular surgeons evaluate and treat patients with acute venous pathologies and should have a comprehensive understanding of the different causes, clinical presentation, diagnostic techniques, and medical and surgical management of this disease process, including selection criteria for intervention and timing of intervention. Additionally, surgeons should understand perioperative management, including recognition and treatment of complications of interventions, follow-up, and surveillance strategies.

In Scope:

- Acute thrombophlebitis
- Anticoagulation, lytic therapy
- IVC filter management
- May-Thurner syndrome
- Phlegmasia
- Upper and lower extremity acute deep vein thrombosis (DVT)

Out of Scope:

- Acute PE
- Lymphedema
- Venous thoracic outlet syndrome

Special Population:

- Patients with phlegmasia
- Pediatric patients with acute DVT
- Pregnant patients with acute DVT

Level	Preoperative /Nonoperative	Intraoperative	Postoperative
1 Limited Participation	PC1 L1 PC2 L1 PC8 L1 MK1 L1 MK2 L1 PBL1 L1 ICS1 L1	PC7 L1 MK4 L1 ICS2 L1	PC4 L1 ICS2 L1
2 Direct Supervision	PC1 L2 PC2 L2 PC8 L2 MK1 L2 MK2 L2 PBL1 L2 ICS1 L2	PC7 L2 MK2 L2 MK4 L2 ICS2 L2	PC4 L2 ICS2 L2
3 Indirect Supervision	PC1 L3 PC2 L3 PC8 L3 MK1 L3 MK2 L3 PBL1 L3 ICS1 L3	PC7 L3 MK4 L3 ICS2 L3	PC4 L3 ICS2 L3
4 Practice Ready	PC1 L4 PC2 L4 PC8 L4 MK1 L4 MK2 L4 PBL1 L4 ICS1 L4	PC7 L4 MK4 L4 ICS2 L4	PC4 L4 ICS2 L4



CCC Guide

Evaluation and Management of a Patient for Amputation

Description of the Activity:

Vascular surgeons are frequently involved in the management of patients requiring lower extremity amputation in both acute and chronic settings. These patients may be established patients or present as referrals for pain or nonhealing or infected wounds, including those in extremis due to infection/sepsis or trauma. Vascular surgeons should have a comprehensive understanding of the spectrum of indications for amputation, the necessary workup to determine healing capacity, and the principles of surgical management, including selection criteria for intervention and the level and timing of amputation. Surgeons should understand perioperative management, including recognition and treatment of complications of amputation, follow-up for healing, and referral for prostheses.

In Scope:

- AKA
- BKA
- Digital/ray amputation
- Guillotine
- TMA

Included Diagnoses:

- Diabetic foot infection
- End-stage peripheral vascular disease
- Mangled extremity/trauma
- Wet/dry gangrene

Out of Scope:

- Cancer-related (eg, sarcoma)
- Hip disarticulation
- Upper extremity/hand

Special Population:

- Patients with:
 - Nonhealing prior amputation
 - Orthopedic hardware
 - Prior prosthetic graft
 - Sepsis secondary to lower extremity infection

Level	Preoperative /Nonoperative	Intraoperative	Postoperative
1 Limited Participation	MK1 L1 SBP4 L1 ICS1 L1	PC6 L1 MK3 L1	PC3 L1 SBP3 L1 SBP5 L1 ICS1 L1
2 Direct Supervision	MK1 L2 SBP4 L2 ICS1 L2	PC6 L2 MK3 L2	PC3 L2 SBP3 L2 SBP5 L2 ICS1 L2
3 Indirect Supervision	MK1 L3 SBP4 L3 ICS1 L3	PC6 L3 MK3 L3	PC3 L3 SBP3 L3 SBP5 L3 ICS1 L3
4 Practice Ready	MK1 L4 SBP4 L4 ICS1 L4	PC6 L4 MK3 L4	PC3 L4 SBP3 L4 SBP5 L4 ICS1 L4



CCC Guide

Evaluation and Management of a Patient with an Asymptomatic Aortoiliac Aneurysm

Description of the Activity:

Vascular surgeons evaluate and treat patients with asymptomatic aortoiliac aneurysms. These surgeons should have a comprehensive understanding of the screening recommendations, diagnostic techniques, and medical and surgical management of this disease process, including selection criteria for intervention, type of intervention, and timing of intervention. Additionally, surgeons should understand perioperative management, including recognition and treatment of complications of surgical intervention, needed follow-up, and surveillance strategies.

In Scope:

- Endoleak type II
- Iliac artery aneurysm (including hypogastric)
- Infrarenal AAA
- Para-anastomotic aneurysm
- Penetrating atherosclerotic ulcer
- Pseudoaneurysm

Out of Scope:

- Aortoenteric fistula
- Dissection resulting in aneurysmal degeneration
- Endoleak with sac expansion or endoleaks type I/III
- Mycotic aneurysm
- Pararenal AAA
- Pediatric patients
- Symptomatic or ruptured aneurysm

Level	Preoperative /Nonoperative	Intraoperative Open	Intraoperative Endovascular	Postoperative
1 Limited Participation	PC1 L1 PC4 L1 PC8 L1 MK1 L1 MK2 L1	PC6 L1 MK3 L1	PC7 L1 MK4 L1 SBP6 L1	PC3 L1 ICS1 L1 ICS2 L1
2 Direct Supervision	PC1 L2 PC4 L2 PC8 L2 MK1 L2 MK2 L2	PC6 L2 MK3 L2	PC7 L2 MK4 L2 SBP6 L2	PC3 L2 ICS1 L2 ICS2 L2
3 Indirect Supervision	PC1 L3 PC4 L3 PC8 L3 MK1 L3 MK2 L3	PC6 L3 MK3 L3	PC7 L3 MK4 L3 SBP6 L3	PC3 L3 ICS1 L3 ICS2 L3
4 Practice Ready	PC1 L4 PC4 L4 PC8 L4 MK1 L4 MK2 L4	PC6 L4 MK3 L4	PC7 L4 MK4 L4 SBP6 L4	PC3 L4 ICS1 L4 ICS2 L4



CCC Guide

Evaluation and Management of a Patient with Cerebrovascular Disease

Description of the Activity:

Vascular surgeons evaluate and treat both asymptomatic and symptomatic cerebrovascular disease. These surgeons should have a comprehensive understanding of screening recommendations, diagnostic techniques, and medical and surgical management of this disease process, including selection criteria for intervention and timing of intervention. Additionally, surgeons should understand perioperative management, including recognition and treatment of complications of surgical intervention, needed follow-up, and surveillance strategies.

In Scope:

- Acute stroke, amaurosis fugax, transient ischemic attack
- Carotid artery aneurysm or pseudoaneurysm
- Carotid artery stenosis or occlusion
- Carotid artery thrombus
- Vertebral artery stenosis or occlusion
- Vertebrobasilar insufficiency

Special Population:

- Patients with:
 - Concomitant coronary artery disease requiring coronary artery bypass grafting and carotid artery stenosis
 - Radiation-induced carotid disease
 - Reoperative fields
 - Tandem carotid lesions

Out of Scope:

- Acute cardioembolic stroke
- Carotid body tumor
- Intracranial occlusive disease
- Trauma

Level	Preoperative /Nonoperative	Intraoperative Open	Intraoperative Endovascular	Postoperative
1 Limited Participation	PC1 L1 PC2 L1 PC8 L1 MK1 L1 MK2 L1 PBL1 L1	PC6 L1 PC8 L1 MK3 L1 MK5 L1	PC7 L1 MK4 L1 MK5 L1	PC3 L1 PC4 L1
2 Direct Supervision	PC1 L2 PC2 L2 PC8 L2 MK1 L2 MK2 L2 PBL1 L2	PC6 L2 PC8 L2 MK3 L2 MK5 L2	PC7 L2 MK4 L2 MK5 L2	PC3 L2 PC4 L2
3 Indirect Supervision	PC1 L3 PC2 L3 PC8 L3 MK1 L3 MK2 L3 PBL1 L3	PC6 L3 PC8 L3 MK3 L3 MK5 L3	PC7 L3 MK4 L3 MK5 L3	PC3 L3 PC4 L3
4 Practice Ready	PC1 L4 PC2 L4 PC8 L4 MK1 L4 MK2 L4 PBL1 L4	PC6 L4 PC8 L4 MK3 L4 MK5 L4	PC7 L4 MK4 L4 MK5 L4	PC3 L4 PC4 L4



CCC Guide

Evaluation and Management of a Patient with Chronic Mesenteric Ischemia

Description of the Activity:

Vascular surgeons are often called to evaluate patients with symptoms or diagnostic findings suggestive of chronic mesenteric ischemia. These surgeons should have a comprehensive understanding of the presenting signs and symptoms, diagnostic techniques, and management of this disease process. This includes medical management, criteria for intervention, and selection of an interventional or surgical approach. Additionally, surgeons should understand perioperative management, including recognition and treatment of complications of surgical intervention, needed follow-up, and surveillance strategies.

In Scope:

- All adult patients

Out of Scope:

- Median arcuate ligament syndrome
- Nonocclusive mesenteric ischemia
- Pediatric patients
- Portal vein thrombosis
- SMA syndrome
- Visceral aneurysmal disease
- Visceral debranching for aortic aneurysmal disease

Level	Preoperative /Nonoperative	Intraoperative Open	Intraoperative Endovascular	Postoperative
1 Limited Participation	PC1 L1 PC8 L1 ICS2 L1	PC6 L1 MK3 L1 MK5 L1	PC7 L1 MK4 L1 MK5 L1 SBP6 L1	PC3 L1 PC4 L1
2 Direct Supervision	PC1 L2 PC8 L2 ICS2 L2	PC6 L2 MK3 L2 MK5 L2	PC7 L2 MK4 L2 MK5 L2 SBP6 L2	PC3 L2 PC4 L2
3 Indirect Supervision	PC1 L3 PC8 L3 ICS2 L3	PC6 L3 MK3 L3 MK5 L3	PC7 L3 MK4 L3 MK5 L3 SBP6 L3	PC3 L3 PC4 L3
4 Practice Ready	PC1 L4 PC8 L4 ICS2 L4	PC6 L4 MK3 L4 MK5 L4	PC7 L4 MK4 L4 MK5 L4 SBP6 L4	PC3 L4 PC4 L4



CCC Guide

Evaluation and Management of a Patient with Chronic Venous Disease

Description of the Activity:

Vascular surgeons evaluate and treat patients with chronic venous disease in the outpatient setting. Surgeons should have a comprehensive understanding of the different etiologies, clinical presentation, diagnostic techniques, and medical and surgical management of this disease process, including selection criteria for intervention and timing of intervention. Additionally, surgeons should understand perioperative management, including recognition and treatment of complications of interventions, needed follow-up, and surveillance strategies.

In Scope:

- Chronic venous insufficiency
- May-Thurner syndrome
- Post-thrombotic syndrome
- Varicose veins
- Venous stasis ulcers

Out of Scope:

- Arteriovenous malformation
- Lymphedema
- Nutcracker syndrome
- Pelvic congestion syndrome

Special Population:

- Patients with:
 - Concomitant peripheral artery disease and chronic venous disease
 - Congenital heart disease and chronic venous disease
- Pediatric patients with venous disease

Level	Preoperative /Nonoperative		Intraoperative Open	Intraoperative Endovascular	Postoperative
1 Limited Participation	PC1 L1 PC8 L1 PBLI1 L1 ICS1 L1	PC2 L1 MK2 L1 SBP5 L1 ICS3 L1	PC6 L1 MK3 L1	PC7 L1 MK4 L1	PC4 L1 ICS1 L1
2 Direct Supervision	PC1 L2 PC8 L2 PBLI1 L2 ICS1 L2	PC2 L2 MK2 L2 SBP5 L2 ICS3 L2	PC6 L2 MK3 L2	PC7 L2 MK4 L2	PC4 L2 ICS1 L2
3 Indirect Supervision	PC1 L3 PC8 L3 PBLI1 L3 ICS1 L3	PC2 L3 MK2 L3 SBP5 L3 ICS3 L3	PC6 L3 MK3 L3	PC7 L3 MK4 L3	PC4 L3 ICS1 L3
4 Practice Ready	PC1 L4 PC8 L4 PBLI1 L4 ICS1 L4	PC2 L4 MK2 L4 SBP5 L4 ICS3 L4	PC6 L4 MK3 L4	PC7 L4 MK4 L4	PC4 L4 ICS1 L4



CCC Guide

Evaluation and Management of a Patient with Claudication

Description of the Activity:

Vascular surgeons evaluate and treat patients with claudication in the outpatient setting. These surgeons should have a comprehensive understanding of the evaluation and management of peripheral arterial disease as manifested by claudication, including diagnostic techniques, risk factor modification, medical management, and open and endovascular surgical interventions and indications. Additionally, vascular surgeons should understand perioperative management, including recognition of complications of intervention, needed follow-up, and surveillance strategies.

In Scope:

- Aortoiliac stenosis or occlusion
- Infrainguinal arterial stenosis or occlusion
- Recurrent stenosis or failed endoscopic or prior open procedures

Out of Scope:

- Chronic critical limb ischemia
- Acute limb ischemia
- Upper extremity
- Venous

Special Population:

- Patients with:
 - Diabetes
 - End-stage renal disease
 - Entrapment syndrome

Level	Preoperative /Nonoperative	Intraoperative Open	Intraoperative Endovascular	Postoperative
1 Limited Participation	PC1 L1 PC2 L1 PC5 L1 PC8 L1 MK1 L1 MK2 L1 PBL1 L1 ICS1 L1	PC6 L1 MK3 L1 MK5 L1	PC7 L1 MK4 L1 MK5 L1 SBP6 L1	PC2 L1 PC3 L1 PC4 L1 ICS1 L1
2 Direct Supervision	PC1 L2 PC2 L2 PC5 L5 PC8 L2 MK1 L2 MK2 L2 PBL1 L2 ICS1 L2	PC6 L2 MK3 L2 MK5 L2	PC7 L2 MK4 L2 MK5 L2 SBP6 L2	PC2 L2 PC3 L2 PC4 L2 ICS1 L2
3 Indirect Supervision	PC1 L3 PC2 L2 PC5 L3 MK1 L3 MK2 L3 PBL1 L3 ICS1 L3	PC6 L3 MK3 L3 MK5 L3	PC7 L3 MK4 L3 MK5 L3 SBP6 L3	PC2 L3 PC3 L3 PC4 L3 ICS1 L3
4 Practice Ready	PC1 L4 PC2 L4 PC5 L4 PC8 L4 MK1 L4 MK2 L4 PBL1 L4 ICS1 L4	PC6 L4 MK3 L4 MK5 L4	PC7 L4 MK4 L4 MK5 L4 SBP6 L4	PC2 L4 PC3 L4 PC4 L4 ICS1 L4



CCC Guide

Evaluation And Management of a Patient with Chronic Limb-Threatening Ischemia (CLTI)

Description of the Activity:

Vascular surgeons evaluate and treat patients with CLTI in outpatient and urgent/inpatient settings. These surgeons should have a comprehensive understanding of the evaluation and management of CLTI, including diagnostic techniques, medical management, and open and endovascular surgical interventions. Additionally, vascular surgeons should understand perioperative management, including recognition and treatment of complications of surgical intervention, needed follow-up, and surveillance strategies.

In Scope:

- Aortoiliac occlusive disease
- Infrainguinal occlusive disease

Out of Scope:

- Amputation
- Patients with:
 - Acute limb ischemia
 - Claudication
 - Upper extremity CLTI

Level	Preoperative /Nonoperative	Intraoperative Open	Intraoperative Endovascular	Postoperative
1 Limited Participation	PC1 L1 PC3 L1 PC8 L1 MK2 L1 MK1 L1 PBL1 L1 ICS1 L1	PC6 L1 MK3 L1 MK5 L1	PC7 L1 MK4 L1 MK5 L1	PC3 L1 ICS1 L1 ICS2 L1
2 Direct Supervision	PC1 L2 PC3 L2 PC8 L2 MK2 L2 MK1 L2 PBL1 L2 ICS1 L2	PC6 L2 MK3 L2 MK5 L2	PC7 L2 MK4 L2 MK5 L2	PC3 L2 ICS1 L2 ICS2 L2
3 Indirect Supervision	PC1 L3 PC3 L3 PC8 L3 MK2 L3 MK1 L3 PBL1 L3 ICS1 L3	PC6 L3 MK3 L3 MK5 L3	PC7 L3 MK4 L3 MK5 L3	PC3 L3 ICS1 L3 ICS2 L3
4 Practice Ready	PC1 L4 PC3 L4 PC8 L4 MK2 L4 MK1 L4 PBL1 L4 ICS1 L4	PC6 L4 MK3 L4 MK5 L4	PC7 L4 MK4 L4 MK5 L4	PC3 L4 ICS1 L4 ICS2 L4



CCC Guide

Evaluation And Management of a Patient in Need of Dialysis Access

Description of the Activity:

Vascular surgeons evaluate and manage patients with end-stage renal disease for dialysis access creation and maintenance in elective and emergency care settings. Surgeons should have a comprehensive understanding of dialysis access clinical practice guidelines, preoperative evaluation, and surgical creation and maintenance of hemodialysis access, including selection criteria for various types of hemodialysis access options. Additionally, surgeons should understand perioperative management, including recognition and treatment of surgical complications, treatment of failing or thrombosed dialysis access, and surveillance strategies.

In Scope:

- Brachio basilic, brachiocephalic, and radiocephalic AVF
- Endovascular AVF creation
- Fistulogram and endovascular intervention
- Hero Graft
- Management of steal
- Tunneled dialysis catheter placement
- Upper extremity AVG

- Pediatric hemodialysis access
- Peritoneal dialysis

Special Population:

- Obese patients
- Older adult patients
- Patients with:
 - Arterial inflow stenosis or occlusion
 - Central venous occlusion
 - High-output cardiac failure
 - Lower extremity AVF/AVG

Out of Scope:

Level	Preoperative /Nonoperative	Intraoperative	Postoperative
1 Limited Participation	PC1 L1 PC8 L1 MK1 L1 SBP4 L1 SBP5 L1 PBLI1 L1	PC5 L1 PC6 L1 PC8 L1	SBP3 L1 ICS2 L1
2 Direct Supervision	PC1 L2 PC8 L2 MK1 L2 SBP4 L2 SBP5 L2 PBLI1 L2	PC5 L2 PC6 L2 PC8 L2	SBP3 L2 ICS2 L2
3 Indirect Supervision	PC1 L3 PC8 L3 MK1 L3 SBP4 L3 SBP5 L3 PBLI1 L3	PC5 L3 PC6 L3 PC8 L3	SBP3 L3 ICS2 L3
4 Practice Ready	PC1 L4 PC8 L4 MK1 L4 SBP4 L4 SBP5 L4 PBLI1 L4	PC5 L4 PC6 L4 PC8 L4	ICS2 L4 SBP3 L4



CCC Guide

Evaluation And Management of a Patient with A Peripheral Artery Aneurysm

Description of the Activity:

Vascular surgeons evaluate and treat patients with a wide variety of peripheral artery aneurysms, in terms of both anatomic location and acuity, and should have a comprehensive understanding of the different causes, clinical presentations, and diagnostic techniques of this disease process. Surgeons should also understand medical and surgical management, including selection criteria for intervention and timing of intervention. Additionally, surgeons should be able to perform perioperative management, including recognition and treatment of complications of interventions, needed follow-up, and surveillance strategies.

In Scope:

- Brachial artery aneurysms, pseudoaneurysms
- Femoral artery aneurysms, pseudoaneurysms
- Popliteal artery aneurysms, pseudoaneurysms
- Radial artery aneurysms, pseudoaneurysms
- Subclavian artery aneurysms, pseudoaneurysms

Out of Scope:

- Mycotic aneurysms
- Tibial artery aneurysms
- Ulnar aneurysms, hypothenar hammer syndrome

Special Population:

- Intraoperative consults
- Patients with:
 - Arterial thoracic outlet syndrome and subclavian aneurysms
 - Collagen vascular disease
 - Iatrogenic peripheral aneurysms
- Pediatric patients with peripheral aneurysms

Level	Preoperative /Nonoperative	Intraoperative Open	Intraoperative Endovascular	Postoperative
1 Limited Participation	PC1 L1 PC4 L1 PC8 L1 MK1 L1 MK2 L1	PC6 L1 MK5 L1	PC7 L1 SBP6 L1	PC3 L1 PC4 L1 ICS1 L1
2 Direct Supervision	PC1 L2 PC4 L2 PC8 L2 MK1 L2 MK2 L2	PC6 L2 MK5 L2	PC7 L2 SBP6 L2	PC3 L2 PC4 L2 ICS1 L2
3 Indirect Supervision	PC1 L3 PC4 L3 PC8 L3 MK1 L3 MK2 L3	PC6 L3 MK5 L3	PC7 L3 SBP6 L3	PC3 L3 PC4 L3 ICS1 L3
4 Practice Ready	PC1 L4 PC4 L4 PC8 L4 MK1 L4 MK2 L4	PC6 L4 MK5 L4	PC7 L4 SBP6 L4	PC3 L4 PC4 L4 ICS1 L4



CCC Guide

Evaluation and Management of a Patient with A Symptomatic or Ruptured Aortoiliac Aneurysm

Description of the Activity:

Vascular surgeons evaluate and treat patients with rapidly expanding or ruptured aortoiliac aneurysms. These surgeons should have a comprehensive understanding of the presentation, diagnostic techniques, and surgical management of this disease process, including selection criteria for intervention (or palliative care/hospice), type of intervention, and timing of intervention. Additionally, surgeons should understand perioperative management, including recognition and treatment of complications of surgical intervention, follow-up, and surveillance strategies.

In Scope:

- Inflammatory AAA
- Ruptured iliac artery aneurysm (including hypogastric)
- Ruptured infrarenal AAA
- Symptomatic (pain, rapidly expanding) aneurysm

Out of Scope:

- Aortoenteric fistula (AEF)
- Mycotic aneurysm
- Patients with connective tissue disorders
- Pediatric patients
- Ruptured/symptomatic aneurysm related to prior aortic dissection
- Supra- or pararenal aneurysm

Level	Preoperative /Nonoperative	Intraoperative Open	Intraoperative Endovascular	Postoperative
1 Limited Participation	PC1 L1 PC5 L1 PC8 L1	PC6 L1 MK3 L1 MK5 L1	PC7 L1 MK4 L1 MK5 L1	PC3 L1 ICS1 L1 ICS2 L1
2 Direct Supervision	PC1 L2 PC5 L2 PC8 L3	PC6 L2 MK3 L2 MK5 L2	PC7 L2 MK4 L2 MK5 L2	PC3 L2 ICS1 L2 ICS2 L2
3 Indirect Supervision	PC1 L3 PC5 L3 PC8 L3	PC6 L3 MK3 L3 MK5 L3	PC7 L3 MK4 L3 MK5 L3	PC3 L3 ICS1 L3 ICS2 L3
4 Practice Ready	PC1 L4 PC5 L4 PC8 L4	PC6 L4 MK3 L4 MK5 L4	PC7 L4 MK4 L4 MK5 L4	PC3 L4 ICS1 L4 ICS2 L4



CCC Guide

Evaluation and Management of a Patient with Type B Aortic Dissection

Description of the Activity:

Vascular surgeons evaluate and treat patients with acute and chronic TBAD and should have a comprehensive understanding of the presentation, diagnostic techniques, and medical and surgical management of this disease process. This includes selection criteria and indications for intervention (or palliative care/hospice), type of intervention, and timing of intervention. Additionally, vascular surgeons should understand perioperative management, including recognition and treatment of complications of surgical intervention, needed follow-up, and surveillance strategies.

In Scope:

- Intramural hematoma
- Penetrating aortic ulcer
- TBAD, complicated
- TBAD, uncomplicated

Out of Scope:

- Patients with connective tissue disorders
- Type A dissection

Special Population:

- Iatrogenic dissection
- Traumatic aortic dissection/injury

Level	Preoperative /Nonoperative	Intraoperative Open	Postoperative
1 Limited Participation	PC1 L1 PC3 L1 PC8 L1 MK2 L1 PBL1 L1	PC7 L1 PC8 L1 MK4 L1 SBP6 L1	PC3 L1 PC4 L1 ICS2 L1
2 Direct Supervision	PC1 L2 PC3 L2 PC8 L2 MK2 L2 PBL1 L2	PC7 L2 PC8 L2 MK4 L2 SBP6 L2	PC3 L2 PC4 L2 ICS2 L2
3 Indirect Supervision	PC1 L3 PC3 L3 PC8 L3 MK2 L3 PBL1 L3	PC7 L3 PC8 L3 MK4 L3 SBP6 L3	PC3 L3 PC4 L3 ICS2 L3
4 Practice Ready	PC1 L4 PC3 L4 PC8 L4 MK2 L4 PBL1 L4	PC7 L4 PC8 L4 MK4 L4 SBP6 L4	PC3 L4 PC4 L4 ICS2 L4



CCC Guide

Evaluation And Management of a Patient with Traumatic/Iatrogenic Vascular Injury

Description of the Activity:

Vascular trauma and iatrogenic vascular injuries are encountered by all vascular surgeons, typically in the emergency setting. All vascular surgeons should be able to stabilize and treat a spectrum of vascular injuries and recognize the impact of other traumatic injuries on the timing and repair of vascular trauma. Vascular surgeons should also know the limitations of their scope of practice, depending on available resources, and understand when transfer to a higher level of care may be required.

In Scope:

- Intraoperative consultations for iatrogenic vascular injuries
- Penetrating and blunt injury to the abdomen, including the aorta, celiac artery, inferior vena cava, and superior mesenteric artery
- Penetrating and blunt injury to the pelvis, including the iliac arteries and veins
- Penetrating and blunt trauma to the chest, including the aorta and great vessels
- Penetrating and blunt trauma to the neck, including vertebral injuries
- Penetrating or blunt injury to the extremities, such as traumatic pseudoaneurysm, dissection, and transection, including the mangled or nonsalvageable extremity
- Periprocedural consultations for iatrogenic vascular injuries (eg, following vascular access for endovascular interventions)

Out of Scope:

- Cardiac injuries
- Intracranial vascular injuries
- Retrohepatic inferior vena cava injuries

Special Population:

- Older adult patients
- Pediatric patients

Level	Preoperative /Nonoperative	Intraoperative Open	Intraoperative Endovascular	Postoperative
1 Limited Participation	PC1 L1 ICS2 L1 ICS3 L1 SBP3 L1	PC6 L1 MK3 L1 MK5 L1	PC7 L1 MK4 L1 MK5 L1	ICS2 L1 ICS3 L1 SBP3 L1
2 Direct Supervision	PC1 L2 ICS2 L2 ICS3 L2 SBP3 L2	PC6 L2 MK3 L2 MK5 L2	PC7 L2 MK4 L2 MK5 L2	ICS2 L2 ICS3 L2 SBP3 L2
3 Indirect Supervision	PC1 L3 ICS2 L3 ICS3 L3 SBP3 L3	PC6 L3 MK3 L3 MK5 L3	PC7 L3 MK4 L3 MK5 L3	ICS2 L3 ICS3 L3 SBP3 L3
4 Practice Ready	PC1 L4 ICS2 L4 ICS3 L4 SBP3 L4	PC6 L4 MK3 L4 MK5 L4	PC7 L4 MK4 L4 MK5 L4	ICS2 L4 ICS3 L4 SBP3 L4