

## **STRUCTURAL GUIDELINES FOR CIRSE QUALITY ASSURANCE DOCUMENTS AND STANDARDS**

Please note: all CIRSE Quality Assurance Documents and Standards released after **1<sup>st</sup> April, 2011** must adhere to the following structural guidelines.

### **Introduction**

This section should include a historical evolution of IR treatment/methods over the past years.

### **Definitions**

This section should include relevant definitions regarding anatomy, clinical symptoms and signs, treatment methods, etc.

### **Pre-treatment Imaging**

### **Indications for Treatment** (if applicable also divided into *absolute* and *relative*) **and Contraindications**

### **Patient Preparation**

### **Equipment Specifications**

Recommendations for specific companies/products should be avoided.

### **Procedural Features** (it is important to describe the technique with most accumulated evidence) **and Variations of the Technique(s)**

The level of evidence for each variation should be reported.

### **Medication and Peri-procedural Care**

### **Post-procedural Follow-up Care** (Including Imaging)

## Outcome

Recommended thresholds for technical success, clinical success, and complications should be provided.

- a. **Effectiveness** (include clinical as well as technical success)

Randomised clinical comparisons with competing surgical or conservative treatment should be included. If randomised study is not available, at least controlled trials should be mentioned.

- b. **Complications** (immediate and long-term) **and their Management**

## Conclusions

## References

### APPENDIX (Classification of complications by outcome)

#### Minor Complications

- a. No therapy, no consequence.
- b. Nominal therapy, no consequence; includes overnight admission for observation only.

#### Major Complications

- c. Require therapy, minor hospitalisation (<48 hours).
- d. Require major therapy, unplanned increase in level of care, prolonged hospitalisation(>48 hours).
- e. Permanent adverse.
- f. Death.