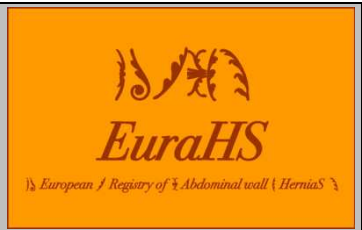


EuraHS II CRF 2

Incisional Ventral Hernia Route



Date: ____/____/____

Name of Patient (not in EuraHS): _____ **EuraHS Case –ID:** _____

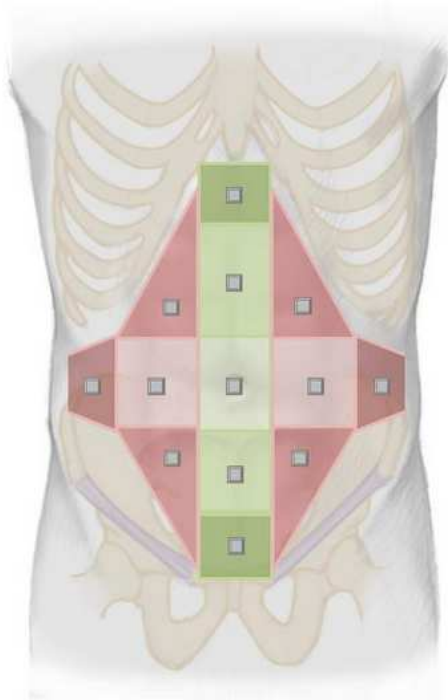
5 Indication data and preoperative assessment

Indication for incisional ventral hernia surgery Elective Emergency

Hernia width ____ cm **Hernia length** ____ cm

Reducibility of hernia Completely reducible Partially reducible Non reducible

Areas of incisional hernia



- M1
- M2
- M3
- M4
- M5
- L1:L
- L1:R
- L2:L
- L2:R
- L3:L
- L3:R
- L4:L
- L4:R

Date of operation that caused the incisional hernia ____/____/____

Recurrent hernia after previous repair? Yes No

Number of previous hernia repairs: _____

Was the previous hernia repair recorded in EuraHS? Yes No

Former EuraHS Identification number - previous hernia repair? _____

Has there been a previous mesh repair? Yes No

Date of last repair ____/____/____

7 Check QoL (Quality of Life) preoperatively? Yes No

Please use the EuraHS QoL score as free download from the website)

 Transferred to EuraHS: ____/____/____**11 Operative data**

Date of operation ____/____/____

Duration of the operation in minutes ____ min

Anaesthesia General Regional Local unknownAntibiotic prophylaxis None Single dose More than 1 dose prophylactic Prolonged (therapeutic) Already antibiotic treatment for infectionType of access open surgery Laparoscopic surgery Number of ports ? ____ Laparoscopic with conversion to open

Reason(s) for conversion to open

 Bleeding Adhesion Bowel injury Bladder injury Technical problems Other; please specify _____

Intraoperative wound contamination

 Class I Class II Class III Class IV

Class of operation and wound contamination:

I = Clean; II = Clean-Contaminated; III Contaminated; IV = Dirty

Contents of the hernia sac None Small bowel Colon Stomach Greater omentum Preperitoneal Fat Other? Please comment _____

Bowel repair or resection required

 No Yes, small bowel Yes, colon

11 Operative data	Surgical technique
--------------------------	---------------------------

- Non mesh repair Suture repair
- Component separation technique without mesh augmentation
- Mesh repair
- Component separation + mesh

11 Operative data	Suture Repair
--------------------------	----------------------

Type of suture repair Interrupted suture Running suture

Production company of the suture material _____

Name of the suture material _____

11 Operative data	Mesh augmentation
--------------------------	--------------------------

Type of mesh repair Use of synthetical mesh Use of biological mesh

Production company of the mesh _____

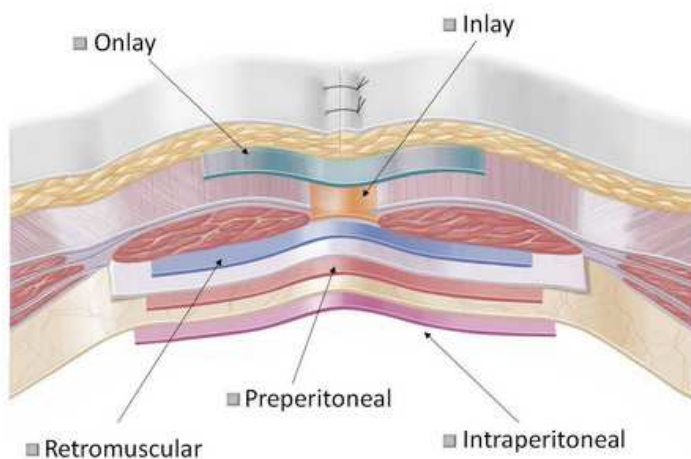
Name of the mesh _____

Lot number of the implanted mesh _____

Width of the implanted mesh _____ cm

Length of the implanted mesh _____ cm

Mesh position(s)



- Onlay
- Inlay
- Retromuscular
- Preperitoneal
- Intraperitoneal
- Unknown
- Plug
- Not-classifiable

Was the hernia defect closed? Yes No

Estimated minimal overlap of the mesh beyond the hernia defect _____ cm

Was the complete scar repaired by the mesh? Yes No

11 Operative data	Mesh fixation
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No fixation

Suture Transfascial (transabdominal)? Yes No

Production company of the suture material _____

Name of the suture material _____

Fixation device Production company of the fixation device _____

Name of the fixation device _____

Glue Production company of the glue _____

Name of the glue _____

11 Operative data	Intraoperative complications	<input type="checkbox"/> NONE
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Severe Bleeding Origin of bleeding Abdominal wall

Mesentery

Liver

Spleen

Large retroperitoneal vessels

Bowel lesion Type of lesion Stomach

Small bowel

Colon

Severity of lesion Sero-muscular tear Full thickness injury

Management of intestinal lesion Suture repair

Bowel resection with anastomosis

Ostomy

Bladder injury

General complication (e.g. cardiac)

Other; please specify _____

Surgeon: _____

Transferred to EuraHS: ____/____/____