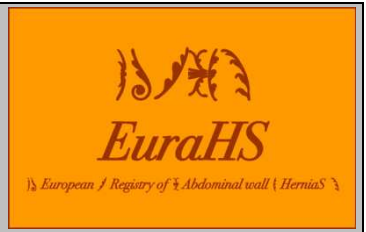


# EuraHS II CRF 2

## Groin Hernia Route

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



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

### 4 Indication data and preoperative assessment

**Indication for ventral hernia surgery**       Elective       Emergency

#### Symptoms of the groin hernia

- Asymptomatic
- Esthetical discomfort      Preoperative graduation of esthetical discomfort (VAS): \_\_\_\_\_
- Pain      Preoperative graduation of pain (VAS): \_\_\_\_\_
- Obstruction      Graduation of obstruction symptoms. \_\_\_\_\_
- Daily activity impairment      Preoperative graduation of DAI (VAS): \_\_\_\_\_
- Sportsman's hernia      Preoperative clinical relevance (VAS): \_\_\_\_\_

**Reducibility of hernia**       Completely reducible       Partially reducible       Non reducible

**Awareness of hernia since?**       < 1 month       1 - 6 months       6 - 12 months  
 1 - 2 years       2 - 5 years       > 5 years

**Side of groin hernia - preoperative assessment**       right       left

**Type of groin hernia (left or right)**       primary       recurrent

Number of previous repairs (**left or right**): \_\_\_\_\_

Technique of previous repair (**left or right**)       Open approach with suture technique  
 Open approach with mesh technique  
 Laparoscopic approach with mesh technique

**EuraHS identification number of previous groin hernia repair (left or right):** \_\_\_\_\_

### 5 Check QoL (Quality of Life) preoperatively?      Yes      No

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

Transferred to EuraHS: \_\_\_\_/\_\_\_\_/\_\_\_\_

## 9 Operative data

Date of operation \_\_\_\_/\_\_\_\_/\_\_\_\_

Duration of the operation in minutes \_\_\_\_\_ min

Anaesthesia  General  Regional  Local

Antibiotic prophylaxis  None  Single dose  More than 1 dose prophylactic  
 Prolonged (therapeutic)  Already antibiotic treatment for infection

9 Operative data Side of groin hernia – intraoperative assessment  right  left

**Type of groin hernia (left or right)** EHS Groin Hernia Classification: Miserez M, et al (2007) The European hernia society groin hernia classification. Hernia 11:113-116.

Lateral (indirect)  Medial (direct)  Femoral  Obturator

**Size of the hernia orifice (left or right)**  0 = no hernia detectable  L1 = < 1,5 cm (1 finger)  
 L2 = < 3 cm (2 fingers)  L3 = > 3 cm (3 fingers)  
 x = not investigated

**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

## 9 Operative data Surgical technique

**Type of access**  1 Open approach with suture technique  
 2 Open approach with mesh technique  
 3 Laparoscopic approach with mesh technique

### 1 Type of open approach with suture technique?

Shouldice  Bassini  McVay  Desarda

Other; please specify \_\_\_\_\_

### 2 Type of open approach with mesh technique?

Lichtenstein  Was the femoral orifice explored?  No  Yes

OnStep  Plug  Plug and patch  PHS / UHS  TIPP (transinguinal preperitoneal)

TREPP (trans rectus sheath extra-peritoneal procedure)  Stoppa (bilateral, by midline incision)

Other; please specify \_\_\_\_\_

### 3 Type of laparoscopic approach with mesh technique

TAPP       TEP       IPOM       Other; please specify \_\_\_\_\_

**Number of ports:** \_\_\_\_\_

**Conversion to open?**       Yes                       No

Reason(s) for conversion to open? \_\_\_\_\_

#### Type of open approach after conversion?

Open approach with suture technique

Type of open approach with suture technique after conversion?

Shouldice               Bassini               McVay               Desarda

Other; please specify \_\_\_\_\_

Open approach with mesh technique

Type of open approach with mesh technique?

Lichtenstein       Was the femoral orifice explored?       No       Yes

OnStep               Plug               Plug and patch               PHS / UHS

TIPP (transinguinal preperitoneal)       TREPP (trans rectus sheath extra-peritoneal procedure)               Stoppa (bilateral, by midline incision)

Other; please specify \_\_\_\_\_

**Use of a drain?**                                       Yes       No

Infiltration of surgical site with local anaesthetics for pain management       Yes       No

**Following nerves were identified and preserved**               right side               left side

No nerve was identified

Ilio-inguinal nerve               Iliohypogastric nerve               Genital branch of the genitofemoral nerve

**Following neurectomy was/were performed**               right side               left side

No neurectomy was performed

Ilio-inguinal nerve               Iliohypogastric nerve               Genital branch of the genitofemoral nerve

### 9 Operative data

#### Suture Repair

**Production company of the suture material** \_\_\_\_\_

**Name of the suture material** \_\_\_\_\_

**9 Operative data**                      **Mesh augmentation**

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

**Number of mesh(s)**                       one                       two

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

Production company of the second mesh \_\_\_\_\_

Name of the second mesh \_\_\_\_\_

Lot number of the second implanted mesh \_\_\_\_\_

**Width of the second implanted mesh** \_\_\_\_\_ cm                      **Length of the second implanted mesh** \_\_\_\_\_ cm

**9 Operative data**                      **Mesh fixation**                       **No fixation**

**Suture**                      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 \_\_\_\_\_

**9 Operative data**                      **Intraoperative complications**                       **NONE**

Parietal bleeding (epigastric vessels)                       Lesion of ductus deferens

Lesion of testicular vessels                       Lesion of large vessels (iliac vessels)

Lesion of urinary bladder                       Lesion of bowel

Other; please specify \_\_\_\_\_

**Surgeon:** \_\_\_\_\_

**Transferred to EuraHS:** \_\_\_\_/\_\_\_\_/\_\_\_\_