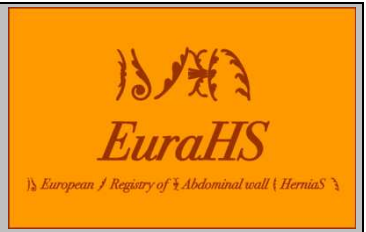


EuraHS II CRF 3

Discharge data

Date: ____/____/____



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

Date of discharge ____/____/____

6 Discharge data **Intrahospital complications** NONE

Oesophagus-related complication Specify oesophageal complication
 Dysphagia Stenosis Perforation
 Other, please specify _____

Stomach injury

Secondary bleeding

Surgical site infection (SSI) **Type of SSI** Superficial Deep Intra-abdominal
Mesh Infection? Yes No
Mesh removal? Yes Partial No

Bowel obstruction

General complication; please specify general postoperative complications:

- Hypertensive crisis Myocardial infarction Coronary heart disease
- Cardiac insufficiency Renal insufficiency Pleural effusion
- Deep vein thrombosis Pulmonary embolism Pneumonia COPD / asthma
- Acute gastritis or peptic ulcera Diarrhoea Urinary tract infection
- Other, please specify _____

Did the patient die postoperatively? Yes No

Specify the cause of death: _____

Date of (postoperative) death ____/____/____

Classification of surgical complications: Grade I Grade II Grade III Grade IV
by Clavien Dindo D. et.al. 2004

Define suffix 'd' according to Dindo and Clavien Yes No

Type of data collection Prospective Retrospective

Surgeon: _____ **Transferred to EuraHS:** ____/____/____