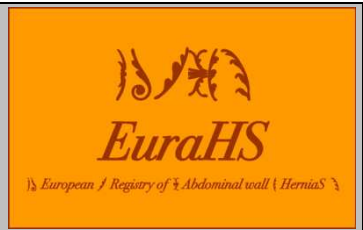


EuraHS II CRF 4

Follow Up data

Date: ____/____/____



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

7 Additional visit before Follow-up 1month NONE

Date of additional visit, before follow up 1 month ____/____/____

Describe symptoms and complaints: _____

New recurrence diagnosed? **Date of recurrence before Follow up 1** ____/____/____

8 Follow-up 1 month **YES, NOT** Lost to Follow Up

Was a Follow up visit 1 month done? Unable to contact patient
 Patient refuses further follow up
 Patient deceased **Date of death** ____/____/____
Recurrence at death? Yes No

Date of Follow Up 1 month ____/____/____

Type of Follow-Up 1month Questionnaire
 Clinical Clinical with medical imaging
 Telephone contact with the patient
 Telephone contact with the family doctor

Upper-GI complaints at Follow up (1 month)? Yes No

Specify upper-GI complaints:

Dysphagia Specify severity of dysphagia
 1 No complaints 2 Mild disorders
 3 Moderate disorders 4 Severe disorders
Specify frequency of dysphagia
 1 No disorder 2 Sporadic dysphagia
 3 Frequent dysphagia 4 Permanent dysphagia

Reflux/heartburn

Specify severity of reflux/heartburn

1 No complaints 2 Mild disorders

3 Moderate disorders 4 Severe disorders

Specify frequency of reflux/heartburn

1 No reflux/heartburn 2 Sporadic reflux/heartburn

3 Frequent reflux/heartburn 4 Permanent reflux/heartburn

Postoperative pain

Specify severity of pain

1 No complaints 2 Mild pain

3 Moderate pain 4 Severe pain

Specify frequency of reflux/heartburn

1 No pain 2 Sporadic pain

3 Frequent pain 4 Permanent pain

Other, please specify: _____

Late infections and/or mesh complications?

Yes

No

Specify late infections and/or mesh complications:

Wound infection

Intra-abdominal infection

Oesophageal mesh-erosion

Mesh migration

Mesh infection

Other, please specify: _____

Was the patient reoperated at Follow up 1 month?

Yes

No

Reason for reoperation in the follow up period of 1 month:

Recurrence due to telescopic phenomenon (shortening of the oesophagus)

Dehiscence of the former hiatus sutures

Problems at the edge of the mesh

Erosion of the oesophagus by the mesh

Mesh migration

Other, please specify: _____

Was the mesh removed at follow up 1 months?

Yes

No

Recurrence at Follow up 1 month?

Yes

No

Location of the recurrence?

Dorsal

Left-anterolateral

Other, please specify: _____

Did a medical imaging take place at follow up 1 month? Yes No

Did an endoscopic control take place at follow up 1 month? Yes No

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

9 Check GIQLI Score (Gastrointestinal Quality Of Life Index) for Follow up 1 month Yes No

Transferred to EuraHS: ____/____/____

10 Additional visit before Follow-up 12months NONE

Date of additional visit, before follow up 12 months ____/____/____

Describe symptoms and complaints: _____

New recurrence diagnosed? Date of recurrence ____/____/____

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

11 Follow-up 12 months **YES, NOT** Lost to Follow Up**Was a Follow up visit 12 months done?** Unable to contact patient Patient refuses further follow up Patient deceased **Date of death** ____/____/____**Date of Follow Up 12 months** ____/____/____**Type of Follow-Up 12 months** Questionnaire Clinical Clinical with medical imaging Telephone contact with the patient Telephone contact with the family doctor**Upper-GI complaints at Follow up (12 months)?** Yes No**Specify upper-GI complaints:** **Dysphagia**

Specify severity of dysphagia

 1 No complaints 2 Mild disorders 3 Moderate disorders 4 Severe disorders

Specify frequency of dysphagia

 1 No disorder 2 Sporadic dysphagia 3 Frequent dysphagia 4 Permanent dysphagia **Reflux/heartburn**

Specify severity of reflux/heartburn

 1 No complaints 2 Mild disorders 3 Moderate disorders 4 Severe disorders

Specify frequency of reflux/heartburn

 1 No reflux/heartburn 2 Sporadic reflux/heartburn 3 Frequent reflux/heartburn 4 Permanent reflux/heartburn **Postoperative pain**

Specify severity of pain

 1 No complaints 2 Mild pain 3 Moderate pain 4 Severe pain

Specify frequency of reflux/heartburn

 1 No pain 2 Sporadic pain 3 Frequent pain 4 Permanent pain **Other**, please specify: _____

Late infections and/or mesh complications? Yes No

Specify late infections and/or mesh complications:

- Wound infection Intra-abdominal infection Oesophageal mesh-erosion
 Mesh migration Mesh infection

Other, please specify: _____

Was the patient reoperated at Follow up 12 months? Yes No

Reason for reoperation in the follow up period of 12 months:

- Recurrence due to telescopic phenomenon (shortening of the oesophagus)
 Dehiscence of the former hiatus sutures
 Problems at the edge of the mesh
 Erosion of the oesophagus by the mesh
 Mesh migration

Other, please specify: _____

Was the mesh removed at follow up 12 months? Yes No

Recurrence at Follow up 12 months? Yes No

Location of the recurrence?

- Dorsal Left-anterolateral Other, please specify: _____

Did a medical imaging take place at follow up 12 months? Yes No

Did an endoscopic control take place at follow up 12 months? Yes No

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

12 Check GIQLI Score (Gastrointestinal Quality Of Life Index) for Follow up 12 months Yes No

Transferred to EuraHS: ____/____/____

13 Additional visit before Follow-up 24 months

NONE

Date of additional visit, before follow up 24 months ____/____/____

Describe symptoms and complaints: _____

New recurrence diagnosed?

Date of recurrence ____/____/____

Surgeon: _____

Transferred to EuraHS: ____/____/____

14 Follow-up 24 months

YES, NOT Lost to Follow Up

Was a Follow up visit 24 months done?

Unable to contact patient

Patient refuses further follow up

Patient deceased Date of death ____/____/____

Date of Follow Up 24 months ____/____/____

Type of Follow-Up 24 months Questionnaire

Clinical

Clinical with medical imaging

Telephone contact with the patient

Telephone contact with the family doctor

Upper-GI complaints at Follow up (24 months)? Yes No

Specify upper-GI complaints:

Dysphagia

Specify severity of dysphagia

1 No complaints

2 Mild disorders

3 Moderate disorders

4 Severe disorders

Specify frequency of dysphagia

1 No disorder

2 Sporadic dysphagia

3 Frequent dysphagia

4 Permanent dysphagia

Reflux/heartburn

Specify severity of reflux/heartburn

1 No complaints 2 Mild disorders

3 Moderate disorders 4 Severe disorders

Specify frequency of reflux/heartburn

1 No reflux/heartburn 2 Sporadic reflux/heartburn

3 Frequent reflux/heartburn 4 Permanent reflux/heartburn

Postoperative pain

Specify severity of pain

1 No complaints 2 Mild pain

3 Moderate pain 4 Severe pain

Specify frequency of reflux/heartburn

1 No pain 2 Sporadic pain

3 Frequent pain 4 Permanent pain

Other, please specify: _____

Late infections and/or mesh complications?

Yes

No

Specify late infections and/or mesh complications:

Wound infection

Intra-abdominal infection

Oesophageal mesh-erosion

Mesh migration

Mesh infection

Other, please specify: _____

Was the patient reoperated at Follow up 24 months?

Yes

No

Reason for reoperation in the follow up period of 24 months:

Recurrence due to telescopic phenomenon (shortening of the oesophagus)

Dehiscence of the former hiatus sutures

Problems at the edge of the mesh

Erosion of the oesophagus by the mesh

Mesh migration

Other, please specify: _____

Was the mesh removed at follow up 24 months?

Yes

No

Recurrence at Follow up 24 months?

Yes

No

Location of the recurrence?

Dorsal

Left-anterolateral

Other, please specify: _____

Did a medical imaging take place at follow up 24 months?

Yes

No

Did an endoscopic control take place at follow up 24 months?

Yes

No

Surgeon: _____

Transferred to EuraHS: ____/____/____

12 Check GIQLI Score (Gastrointestinal Quality Of Life Index) for Follow up 24 months Yes No

Transferred to EuraHS: ____/____/____

13 Additional visit after Follow-up 24 months NONE

Date of additional visit, after follow up 24 months ____/____/____

Describe symptoms and complaints: _____

New recurrence diagnosed?

Date of recurrence ____/____/____

Surgeon: _____

Transferred to EuraHS: ____/____/____