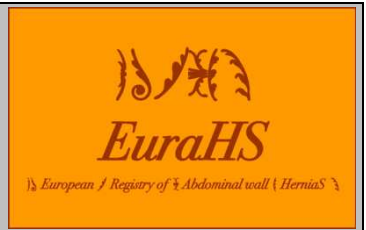


# EuraHS II CRF 4

## Follow Up data

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



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

**13 Additional visit before Follow-up 1 month**  NONE

**Date of unplanned visit 1, before follow up 1 month** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Reason for additional visit 1, before Follow up 1 month**  Seroma  Hematoma

Wound infection Specify wound infection before Follow up 1 month

Mesh infection

Infection not related to the mesh

Pain Specify pain management

Pain medication for 1-2 days after operation

Pain medication for up to 1 week after operation

Sporadic use of pain medication

Currently under daily pain medication

Recurrence Date of new recurrence before Follow up 1 \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**Date of unplanned visit 2, before follow up 1 month** \_\_\_\_/\_\_\_\_/\_\_\_\_

Specify reason for additional visit 2 \_\_\_\_\_

New recurrence diagnosed?  No  Yes Date of new recurrence \_\_\_\_/\_\_\_\_/\_\_\_\_

**Date of unplanned visit 3, before follow up 1 month** \_\_\_\_/\_\_\_\_/\_\_\_\_

Specify reason for additional visit 3 \_\_\_\_\_

New recurrence diagnosed?  No  Yes Date of new recurrence \_\_\_\_/\_\_\_\_/\_\_\_\_

**14 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** \_\_\_\_/\_\_\_\_/\_\_\_\_

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

<b>14 Follow-up 1 month</b>	<b>Late Complications</b>	<input type="checkbox"/> NONE
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**Late surgical site infection**

- Superficial
- Deep
  - Wound infection, including subcutaneous abscess
  - Mesh infection
  - Enterocutaneous fistula
- Intra-abdominal
  - Mesh infection
  - Intra-abdominal abscess
  - Bowel perforation

**Small bowel obstruction**

**Treatment of bowel obstruction**

- Conservative treatment without hospitalisation
- Conservative treatment with hospitalisation
- Operative treatment with adhesiolysis
- Operative treatment with need for small bowel resection
- Bowel perforation

**Clinical seroma**

**Type of clinical seroma?** Type \_\_\_\_\_

Classifications (Morales-Conde, 2012): (Type 0) No clinical seroma; (Type I) Clinical seroma lasting less than 1 month; (Type II) Clinical seroma lasting more than 1 month; (Type III) Minor seroma-related complication, (Type IV) Major seroma-related complication

**Persisting abdominal wall pain**

**Treatment of abdominal wall pain**

- Need for pain medication related to hernia repair
- Non-surgical pain intervention (eg. local anesthetic infiltration)
- Surgical intervention because of pain, e.g. removal of fixation suture/tack under local anaesthesia
- Surgical intervention because of pain, e.g. laparoscopic exploration, removal of fixation suture/tack or mesh under general anaesthesia

**Postoperative bulging**  
(recurrence excluded by imaging)

**Type of bulging**

- Asymptomatic
- Symptomatic but accepted as it is
- Symptomatic and reason for reoperation

**Recurrent abdominal wall hernia**

**Date of diagnosis of recurrent hernia** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Site of recurrence**

- At the original hernia site
- At the margin of the repair or the mesh
- At a distance from the original hernia repair

**Symptoms of the recurrence**

- None (asymptomatic)
- Pain
- Obstructive symptoms
- Incarceration
- Other; please specify \_\_\_\_\_

**Treatment needed?**

- Yes       No

**New repair done?**

- Yes       No, patient refused repair
- No, patient on waiting list for repair

**Postulated cause of recurrence**

- Mesh had to be removed
- Hernia was induced by the repair itself
  - Tack induced       Suture induced       Trocar induced
- Missed during repair (recurrent hernia in a part of the incision that was not repaired)
- Mesh shrinkage
- Inadequate mesh fixation
- Inadequate mesh overlap
- Central mesh failure (recurrence through the mesh)
- Increased patient risk
- Other, please specify \_\_\_\_\_

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

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

**15 Check QoL (Quality of Life) for Follow up 1 month**       **Yes**       **No**

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

**19 Additional visit before Follow-up 12months** NONE

Date of unplanned visit 1, before follow up 12 months \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for additional visit 1, before Follow up 12 months

 Seroma Hematoma Wound infection Specify wound infection before Follow up 12 months Mesh infection Infection not related to the mesh Pain Specify pain management Pain medication for 1-2 days after operation Pain medication for up to 1 week after operation Sporadic use of pain medication Currently under daily pain medication Recurrence Date of new recurrence before Follow up 12months \_\_\_\_/\_\_\_\_/\_\_\_\_ Other; please specify \_\_\_\_\_

Date of unplanned visit 2, before follow up 12 months \_\_\_\_/\_\_\_\_/\_\_\_\_

Specify reason for additional visit 2 \_\_\_\_\_

New recurrence diagnosed?  No  Yes Date of new recurrence \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of unplanned visit 3, before follow up 12 months \_\_\_\_/\_\_\_\_/\_\_\_\_

Specify reason for additional visit 3 \_\_\_\_\_

New recurrence diagnosed?  No  Yes Date of new recurrence \_\_\_\_/\_\_\_\_/\_\_\_\_**20 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 12months  Questionnaire Clinical Clinical with medical imaging Telephone contact with the patient Telephone contact with the family doctor

**Late surgical site infection**

Superficial

Deep

Intra-abdominal

Wound infection, including subcutaneous abscess

Mesh infection

Enterocutaneous fistula

Mesh infection

Intra-abdominal abscess

Bowel perforation

**Small bowel obstruction**

**Treatment of bowel obstruction**

Conservative treatment without hospitalisation

Conservative treatment with hospitalisation

Operative treatment with adhesiolysis

Operative treatment with need for small bowel resection

Bowel perforation

**Clinical seroma**

**Type of clinical seroma?** Type \_\_\_\_\_

Classifications (Morales-Conde, 2012): (Type 0) No clinical seroma; (Type I) Clinical seroma lasting less than 1 month; (Type II) Clinical seroma lasting more than 1 month; (Type III) Minor seroma-related complication, (Type IV) Major seroma-related complication

**Persisting abdominal wall pain**

**Treatment of abdominal wall pain**

Need for pain medication related to hernia repair

Non-surgical pain intervention (eg. local anesthetic infiltration)

Surgical intervention because of pain, e.g. removal of fixation suture/tack under local anaesthesia

Surgical intervention because of pain, e.g. laparoscopic exploration, removal of fixation suture/tack or mesh under general anaesthesia

**Postoperative bulging**

**Type of bulging**

(recurrence excluded by imaging)

Asymptomatic

Symptomatic but accepted as it is

Symptomatic and reason for reoperation

**Recurrent abdominal wall hernia**      **Date of diagnosis of recurrent hernia** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Site of recurrence**

- At the original hernia site
- At the margin of the repair or the mesh
- At a distance from the original hernia repair

**Symptoms of the recurrence**

- None (asymptomatic)
- Pain
- Obstructive symptoms
- Incarceration
- Other; please specify \_\_\_\_\_

**Treatment needed?**

- Yes       No

- New repair done?**       Yes       No, patient refused repair  
 No, patient on waiting list for repair

**Postulated cause of recurrence**

- Mesh had to be removed
- Hernia was induced by the repair itself
  - Tack induced       Suture induced       Trocar induced
- Missed during repair (recurrent hernia in a part of the incision that was not repaired)
- Mesh shrinkage
- Inadequate mesh fixation
- Inadequate mesh overlap
- Central mesh failure (recurrence through the mesh)
- Increased patient risk
- Other, please specify \_\_\_\_\_

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

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

<b>21 Check QoL (Quality of Life) for Follow up 12 months</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Transferred to EuraHS:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**24 Additional visit before Follow-up 24 months** NONE

Date of unplanned visit 1, before follow up 24 months \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for additional visit 1, before Follow up 24 months

 Seroma Hematoma Wound infection Specify wound infection before Follow up 24 months Mesh infection Infection not related to the mesh Pain Specify pain management Pain medication for 1-2 days after operation Pain medication for up to 1 week after operation Sporadic use of pain medication Currently under daily pain medication Recurrence Date of new recurrence before Follow up 24 months \_\_\_\_/\_\_\_\_/\_\_\_\_ Other; please specify \_\_\_\_\_

Date of unplanned visit 2, before follow up 24 months \_\_\_\_/\_\_\_\_/\_\_\_\_

Specify reason for additional visit 2 \_\_\_\_\_

New recurrence diagnosed?  No  Yes Date of new recurrence \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of unplanned visit 3, before follow up 24 months \_\_\_\_/\_\_\_\_/\_\_\_\_

Specify reason for additional visit 3 \_\_\_\_\_

New recurrence diagnosed?  No  Yes Date of new recurrence \_\_\_\_/\_\_\_\_/\_\_\_\_**26 Follow-up 24 month** 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 24months  Questionnaire Clinical Clinical with medical imaging Telephone contact with the patient Telephone contact with the family doctor

**Late surgical site infection** Superficial Deep Intra-abdominal Wound infection, including subcutaneous abscess Mesh infection Enterocutaneous fistula Mesh infection Intra-abdominal abscess Bowel perforation **Small bowel obstruction****Treatment of bowel obstruction** Conservative treatment without hospitalisation Conservative treatment with hospitalisation Operative treatment with adhesiolysis Operative treatment with need for small bowel resection Bowel perforation **Clinical seroma****Type of clinical seroma?** Type \_\_\_\_\_

Classifications (Morales-Conde, 2012): (Type 0) No clinical seroma; (Type I) Clinical seroma lasting less than 1 month; (Type II) Clinical seroma lasting more than 1 month; (Type III) Minor seroma-related complication, (Type IV) Major seroma-related complication

 **Persisting abdominal wall pain****Treatment of abdominal wall pain** Need for pain medication related to hernia repair Non-surgical pain intervention (eg. local anesthetic infiltration) Surgical intervention because of pain, e.g. removal of fixation suture/tack under local anaesthesia Surgical intervention because of pain, e.g. laparoscopic exploration, removal of fixation suture/tack or mesh under general anaesthesia **Postoperative bulging****Type of bulging**

(recurrence excluded by imaging)

 Asymptomatic Symptomatic but accepted as it is Symptomatic and reason for reoperation



**Recurrent abdominal wall hernia**      **Date of diagnosis of recurrent hernia** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Site of recurrence**

- At the original hernia site
- At the margin of the repair or the mesh
- At a distance from the original hernia repair

**Symptoms of the recurrence**

- None (asymptomatic)
- Pain
- Obstructive symptoms
- Incarceration
- Other; please specify \_\_\_\_\_

**Treatment needed?**

- Yes       No

**New repair done?**       Yes       No, patient refused repair  
 No, patient on waiting list for repair

**Postulated cause of recurrence**

- Mesh had to be removed
- Hernia was induced by the repair itself
  - Tack induced       Suture induced       Trocar induced
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- Mesh shrinkage
- Inadequate mesh fixation
- Inadequate mesh overlap
- Central mesh failure (recurrence through the mesh)
- Increased patient risk
- Other, please specify \_\_\_\_\_

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

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

<b>27 Check QoL (Quality of Life) for Follow up 24 months</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Transferred to EuraHS:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**28 Additional visit after Follow-up 24 months**

NONE

**Date of unplanned visit 1, after follow up 24 months** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Reason for additional visit 1, after Follow up 24 months**

Seroma

Hematoma

Wound infection      Specify wound infection before Follow up 24 months

Mesh infection

Infection not related to the mesh

Pain      Specify pain management

Pain medication for 1-2 days after operation

Pain medication for up to 1 week after operation

Sporadic use of pain medication

Currently under daily pain medication

Recurrence      Date of new recurrence after Follow up 24 months \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**Date of unplanned visit 2, after follow up 24 months** \_\_\_\_/\_\_\_\_/\_\_\_\_

Specify reason for additional visit 2 \_\_\_\_\_

New recurrence diagnosed?     No       Yes      Date of new recurrence \_\_\_\_/\_\_\_\_/\_\_\_\_

**Date of unplanned visit 3, after follow up 24 months** \_\_\_\_/\_\_\_\_/\_\_\_\_

Specify reason for additional visit 3 \_\_\_\_\_

New recurrence diagnosed?     No       Yes      Date of new recurrence \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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