

EuraHS II CRF 2

Parastomal Hernia Route

Date: ____/____/____



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

6 Indication data and preoperative assessment

Indication for incisional ventral hernia surgery Elective Emergency

Years with parastomal hernia _____

Type of stoma Colostomy Ileostomy Ileal conduit

Symptoms of the parastomal hernia None Pain Incarceration Obstruction
 Cosmetic Difficulty with bag appliance

Previous parastomal hernia repairs? Yes No

Number of previous parastomal hernia repairs: _____

Was the previous hernia repair recorded in EuraHS? Yes No

Former EuraHS Identification number - previous hernia repair? _____

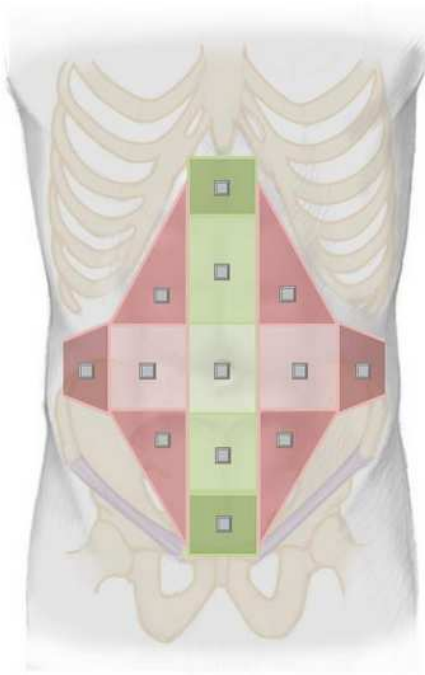
Has there been a previous parastomal mesh repair? Yes No

Date of last repair ____/____/____

Reducibility previous parastomal hernia Completely Partially Non reducible

Width of the parastomal hernia _____ cm **Length of the parastomal hernia** _____ cm

Is there a concomitant incisional hernia present Yes No



Localisation of the concomitant incisional hernia

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

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 IVClass of operation and wound contamination:
I = Clean; II = Clean-Contaminated; III Contaminated; IV = DirtyContents 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
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- Non mesh repair Suture repair
 Component separation technique without mesh augmentation
 Mesh repair
 Component separation + mesh

11 Operative data	Suture Repair
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Type of suture repair Interrupted suture Running suture

Production company of the suture material _____

Name of the suture material _____

11 Operative data	Mesh augmentation
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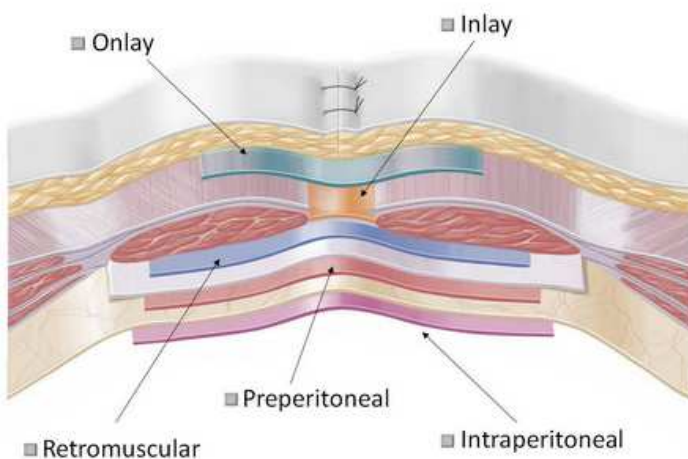
Type of mesh repair Use of synthetical mesh Use of biological mesh

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

