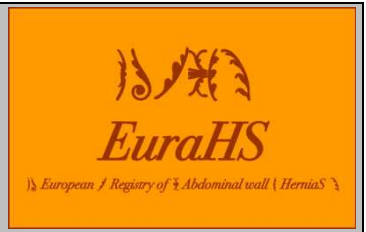


# EuraHS II CRF 2

## Primary Ventral 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

**Hernia width** \_\_\_\_\_ cm       **Hernia length** \_\_\_\_\_ cm

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

**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

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

**Type 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 IV

Class of operation and wound contamination:  
I =Clean; II = Clean-Contaminated; III Contaminated; IV = Dirty

- Contents 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**

- Non mesh repair**  Suture repair
- Component separation technique without mesh augmentation
- Mesh repair**
- Component separation + mesh**

**11 Operative data      Suture Repair**

- Type of suture repair**  Interrupted suture  Running suture

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

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

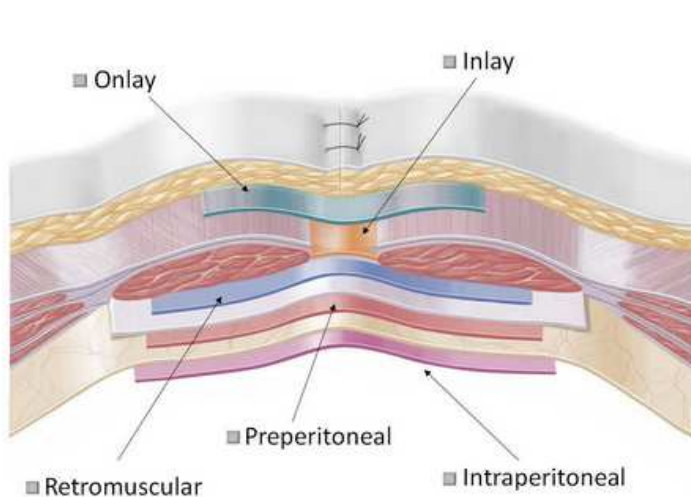
**11 Operative data      Mesh augmentation**

- 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** \_\_\_\_\_



**Mesh position(s)**

- Onlay
- Inlay
- Retromuscular
- Preperitoneal
- Intraperitoneal
- Unknown
- Plug
- Not-classifiable

Width of the implanted mesh \_\_\_\_\_ cm

Length of the implanted mesh \_\_\_\_\_ cm

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

**11 Operative data**

**Mesh fixation**

**No fixation**

**Suture** Transfascial (transabdominal)?  Yes  No

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 \_\_\_\_\_

**11 Operative data**

**Intraoperative complications**

NONE

**Severe Bleeding** Origin of bleeding  Abdominal wall  
 Mesentery  
 Liver  
 Spleen  
 Large retroperitoneal vessels

**Bowel lesion** Type of lesion  Stomach  
 Small bowel  
 Colon  
Severity of lesion  Sero-muscular tear  Full thickness injury  
Management of intestinal lesion  Suture repair  
 Bowel resection with anastomosis  
 Ostomy

**Bladder injury**

**General complication** (e.g. cardiac)

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

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

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