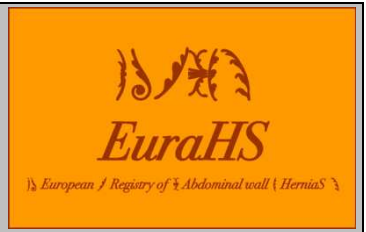


EuraHS II CRF 4

Follow Up data

Date: ____/____/____



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

9 Follow-up 3 months **YES, Patient was successfully followed up**

Was a Follow up visit 3 months done? No contact with patient
 Patient declined participation.
 Patient died **Cause of death?** _____

Date of Follow Up 3 months ____/____/____

Type of Follow-Up 3 months Questionnaire (sent by mail)
 Clinical Clinical with medical imaging
 Follow-up by telephone with patient
 Follow-up by telephone with general practitioner

Wound healing by secondary intention (Follow-up at 3 months)? Yes No

Bowel fistula present (Follow-up at 3 months)? Yes No

Persistent seroma present (Follow-up at 3 months)? Yes No

Type of clinical seroma? Clinical seroma lasting less than 1 month (Type I)
Classifications (Morales-Conde, 2012) Clinical seroma lasting more than 1 month (Type II)
 Minor seroma-related complication (Type III)
 Major seroma-related complication (Type IV)

Is a persistent haematoma present (Follow-up at 3 months)? Yes No

Has an incisional hernia developed (Follow-up at 3 months)? Yes No

Date of known presence of an incisional hernia (Follow-up at 3 months)? ____/____/____

Abdominal wall pain present (Follow-up at 3 months) (VAS)?: _____

Does the condition of the abdominal wall interfere with activities of daily living (Follow-up at 3 months) (VAS)?: _____

Is the patient satisfied with the cosmetic outcome (Follow-up at 3 months) (VAS)?: _____

Did the patient undergo further abdominal wall surgery after discharge from hospital? (Follow-up at 3 months)? Yes No

Type of surgery (Follow-up at 3 months)? Abdominal wall debridement
 Secondary suture of skin
 Incisional hernia repair
 Other, please specify: _____

EuraHS registration number (follow-up at 3 months): _____

Is the patient able to work (Follow-up at 3 months)? Yes No

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

10 Follow-up 1 year **YES, Patient was successfully followed up****Was a Follow-up visit 1 year done?** No contact with patient Patient declined participation. Patient died **Cause of death?** _____**Date of Follow-up 1 year** ____/____/____**Type of Follow-up 1 year** Questionnaire (sent by mail) Clinical Clinical with medical imaging Follow-up by telephone with patient Follow-up by telephone with general practitioner**Wound healing by secondary intention (Follow-up at 1 year)?** Yes No**Bowel fistula present (Follow-up at 1 year)?** Yes No**Persistent seroma present (Follow-up at 1 year)?** Yes No**Type of clinical seroma?** Clinical seroma lasting more than 1 month (Type II)

Classifications (Morales-Conde, 2012)

 Minor seroma-related complication (Type III) Major seroma-related complication (Type IV)**Is a persistent haematoma present (Follow-up at 1 year)?** Yes No**Has an incisional hernia developed (Follow-up at 1 year)?** Yes No**Date of known presence of an incisional hernia (Follow-up at 1 year)?** ____/____/____**Abdominal wall pain present (Follow-up at 1 year) (VAS)?:** _____**Does the condition of the abdominal wall interfere****with activities of daily living (Follow-up at 1 year) (VAS)?:** _____**Is the patient satisfied with the cosmetic outcome (Follow-up at 1 year) (VAS)?:** _____**Did the patient undergo further abdominal wall surgery after discharge from hospital?****(Follow-up at 1 year)?** Yes No**Type of surgery (Follow-up at 1 year)?** Abdominal wall debridement Secondary suture of skin Incisional hernia repair Other, please specify: _____**EuraHS registration number (follow-up at 1 year):** _____**Is the patient able to work (Follow-up at 1 year)?** Yes No**Surgeon:** _____ **Transferred to EuraHS:** ____/____/____

10 Follow-up 2 years **YES, Patient was successfully followed up****Was a Follow-up visit 2 years done?** No contact with patient Patient declined participation. Patient died**Cause of death?** _____**Date of Follow-up 2 years** ____/____/____**Type of Follow-up 2 years** Questionnaire (sent by mail) Clinical Clinical with medical imaging Follow-up by telephone with patient Follow-up by telephone with general practitioner**Wound healing by secondary intention (Follow-up at 2 years)?** Yes No**Bowel fistula present (Follow-up at 2 years)?** Yes No**Has an incisional hernia developed (Follow-up at 2 years)?** Yes No**Date of known presence of an incisional hernia (Follow-up at 2 years)?** ____/____/____**Has any other chronic condition developed (Follow-up at 2 years)?** Yes No**Specify other chronic condition (follow-up at 2 years):** _____**Abdominal wall pain present (Follow-up at 2 years) (VAS)?:** _____**Does the condition of the abdominal wall interfere****with activities of daily living (Follow-up at 2 years) (VAS)?:** _____**Is the patient satisfied with the cosmetic outcome (Follow-up at 2 years) (VAS)?:** _____**Did the patient undergo further abdominal wall surgery after discharge from hospital?****(Follow-up at 2 years)?** Yes No**Type of surgery (Follow-up at 2 years)?** Abdominal wall debridement Secondary suture of skin Incisional hernia repair Other, please specify: _____**EuraHS registration number (follow-up at 2 years):** _____**Is the patient able to work (Follow-up at 2 years)?** Yes No**Surgeon:** _____ **Transferred to EuraHS:** ____/____/____