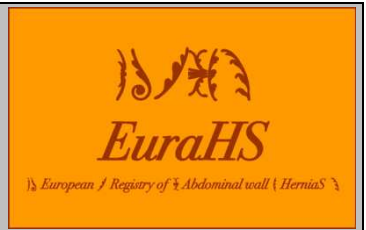


EuraHS II CRF 4

Follow Up data

Date: ____/____/____



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

11 Additional visit before Follow-up 1month NONE

Date of additional 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 recurrence before Follow up 1 ____/____/____

Other; please specify _____

Date of additional visit 2, before follow up 1 month ____/____/____

Specify reason for additional visit 2 _____

New recurrence diagnosed? No Yes Date of new recurrence ____/____/____

Date of additional visit 3, before follow up 1 month ____/____/____

Specify reason for additional visit 3 _____

New recurrence diagnosed? No Yes Date of new recurrence ____/____/____

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

12 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**Infections and/or mesh complications?** Yes No

Specify infections and/or mesh complications

 Wound infection Mesh migration Mesh infection Other, please specify: _____**Clinical seroma?** Yes No**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

Hematoma? Yes No**Specify pain and pain management** Pain medication for a maximum of 1-2 days after operation Pain medication for up to 1 week after operation Sporadic use of pain medication Currently under daily pain medication**Postoperative graduation of pain (VAS):** _____**Reoperation at Follow up 1?** Yes No

Specify type of reoperation: _____

Recurrence at Follow up 1? Yes No**Postoperative graduation of cosmetic satisfaction (VAS):** _____**Postoperative graduation of foreign body sensation (VAS):** _____**Postoperative graduation of daily impairment (VAS):** _____**Surgeon:** _____ **Transferred to EuraHS:** ____/____/____

13 Check QoL (Quality of Life) for Follow up 1 month

Yes

No

Transferred to EuraHS: ____/____/____

17 Additional visit before Follow-up 12months

NONE

Date of additional 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

No pain anamnesis at all

Former pain anamnesis resolved within 6 months after operation

Current need for pain medication

New groin pain that manifested after an initial postoperative pain free interval of several months.

Recurrence Date of new recurrence before Follow up 12months ____/____/____

Other; please specify _____

Date of additional visit 2, before follow up 12 months ____/____/____

Specify reason for additional visit 2 _____

New recurrence diagnosed? No Yes Date of new recurrence ____/____/____

Date of additional visit 3, before follow up 12 months ____/____/____

Specify reason for additional visit 3 _____

New recurrence diagnosed? No Yes Date of new recurrence ____/____/____

Surgeon: _____

Transferred to EuraHS: ____/____/____

18 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**Persistent wound infection?** Yes No

Specify persistent wound infection?

 Mesh infection No mesh infection**Clinical seroma?** Yes No**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

Hematoma? Yes No**Specify pain history** No pain anamnesis at all Former pain anamnesis resolved within 6 months after operation Current need for pain medication New groin pain that manifested after an initial postoperative pain free interval of several months**Postoperative graduation of pain (VAS):** _____**Reoperation at Follow up 12months?** Yes No

Specify type of reoperation: _____

Recurrence at Follow up 12months? Yes No**Postoperative graduation of cosmetic satisfaction (VAS):** _____**Postoperative graduation of foreign body sensation (VAS):** _____**Postoperative graduation of daily impairment (VAS):** _____

Surgeon: _____

 Transferred to EuraHS: ____/____/____

19 Check QoL (Quality of Life) for Follow up 12 months

Yes

No

Transferred to EuraHS: ____/____/____

23 Additional visit before Follow-up 24 months

NONE

Date of additional 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

No pain anamnesis at all

Former pain anamnesis resolved within 12 months after operation

Current need for pain medication

New groin pain that manifested after being postoperative pain free for 12 months.

Recurrence Date of new recurrence before Follow up 24 months ____/____/____

Other; please specify _____

Date of additional visit 2, before follow up 24 months ____/____/____

Specify reason for additional visit 2 _____

New recurrence diagnosed? No Yes Date of new recurrence ____/____/____

Date of additional visit 3, before follow up 24 months ____/____/____

Specify reason for additional visit 3 _____

New recurrence diagnosed? No Yes Date of new recurrence ____/____/____

Surgeon: _____

Transferred to EuraHS: ____/____/____

24 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**Persistent wound infection?** Yes No

Specify persistent wound infection

 Mesh infection No mesh infection**Clinical seroma?** Yes No**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

Hematoma? Yes No**Specify pain history** No pain anamnesis at all Former pain anamnesis resolved within 12 months after operation Current need for pain medication New groin pain that manifested after being postoperative pain free for 12 months**Postoperative graduation of pain (VAS):** _____**Reoperation at Follow up 24 months?** Yes No

Specify type of reoperation: _____

Recurrence at Follow up 24 months? Yes No**Postoperative graduation of cosmetic satisfaction (VAS):** _____**Postoperative graduation of foreign body sensation (VAS):** _____**Postoperative graduation of daily impairment (VAS):** _____**Surgeon:** _____ **Transferred to EuraHS:** ____/____/____

25 Check QoL (Quality of Life) for Follow up 24 months

Yes

No

Transferred to EuraHS: ____/____/____

29 Additional visit after Follow-up 24 months

NONE

Date of additional 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

No pain anamnesis at all

Former pain anamnesis resolved within 24 months after operation

Current need for pain medication

New groin pain that manifested after being postoperative pain free for 12 months.

Recurrence

Date of new recurrence after Follow up 24 months ____/____/____

Other; please specify _____

Date of additional visit 2, after follow up 24 months ____/____/____

Specify reason for additional visit 2 _____

New recurrence diagnosed?

No

Yes

Date of new recurrence ____/____/____

Date of additional 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: ____/____/____