PRIVATE AND CONFIDENTIAL PATIENT INFORMATION

Appendix F: Case Report Form (CRF)

Use with Appendix A (Data Dictionary) to help data collection.

REDCap Unique ID	

Pre-operative data fields

Age (years)		Gender	□ Male □ Female	Weight (kg)	_ _ _ . _ (1dp)	Height (m)	_ . _ _ (2dp)
Smoking status	□ Current (< 6 weeks) / Previous / Never			BMI (kg/m2)	□ Underweight (<18.5) □ Normal range (18.5-24.9) □ Overweight (25-30) □ Obese (>30)		
ASA grade	I / II / III / IV / V / Unknown						
Previous surgery on abdomen	□ Yes □ No	Pre-existing abdominal stoma		□ No □ Yes (colostomy) □Yes (jejunostomy or ileostomy)			
Anticoagulation	□ Yes □ No	Immunosuppression		□ HIV □ Steroids □ Other immunosuppressants □ Chemotherapy			
Medical history *(Tick all that apply)*	□ IHD (MI or angina) □ CHF □ CVA (TIA or stroke) □T1DM □ T2DM			If T1DM / T2DM, method of control	□ Insulin controlled □ Tablet controlled □ Diet controlled □ No method control		
Last pre-operative blood test (on admission)	Hb _ _ _ g/L	WBC _ _ . _ 10^9/L (1dp)	eGFR _ _ _ ml/min	CRP _ _ _ mg/L			

Operative data fields

Underlying pathology	□ Malignancy □ IBD □ Bowel ischaemia □ Diverticular disease □ SBO □ Large bowel obstruction □ Other benign	Urgency	□ Immediate □ Urgent □ Expedited □ Elective	Perforated bowel	□Yes □ No
Operation	See REDCap and Appendix B for list of operation types	Contamination	□Clean-contaminated □Contaminated □ Dirty		
Approach	□Open □Laparoscopic □Lap-assisted □Lap-converted □Robotic □Robotic converted	Duration of procedure	_ _ _ mins		
Anastomosis creation	□ Yes (intraperitoneal) □ Yes (extraperitoneal) □No	Air leak test done	□Yes (Positive) □Yes (Negative) □No	Stoma formation	□ No □ Yes (colostomy) □Yes (jejuno or ileostomy)
Intraoperative complications	□ None □ Vascular injury □ Bowel injury □ Injury to other organs or structures	Intraoperative blood transfusion	□ Yes □ No		
Intraoperative drain(s) inserted	□ Yes □ No	If yes, reason for insertion *(Tick all that apply)*	□ Not identified □ Excessive blood loss □ Excessive fluid collections □ Contaminated surgery □ Poor vascularisation of anastomosis □ Positive air leak test □ Other________________________		

Daily post-operative fields To be completed for each inserted drain (if >4 drains, make separate note)

Drain #1										
Inserted	Day ___	**Removed**	Day ___	**Removal reason(s)**	□ Output satisfactory (□ Low volume □ serous fluid □ other ____________) □ Drain-related complications / □ Inadvertent or premature drain withdrawal □ No significant ongoing collection (on imaging) □ Other _______________					
Location										
Type	Open / Close	Active / Passive								
Post-op Day	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
Output (ml)										
Fluid Type★										

Drain #2										
Inserted	Day ___	**Removed**	Day ___	**Removal reason(s)**	□ Output satisfactory (□ Low volume □ serous fluid □ other ____________) □ Drain-related complications / □ Inadvertent or premature drain withdrawal □ No significant ongoing collection (on imaging) □ Other _______________					
Location										
Type	Open / Close	Active / Passive								
Post-op Day	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
Output (ml)										
Fluid Type★										

Drain #3										
Inserted	Day ___	**Removed**	Day ___	**Removal reason(s)**	□ Output satisfactory (□ Low volume □ serous fluid □ other ____________) □ Drain-related complications / □ Inadvertent or premature drain withdrawal □ No significant ongoing collection (on imaging) □ Other _______________					
Location										
Type	Open / Close	Active / Passive								
Post-op Day	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
Output (ml)										
Fluid Type★										

Drain #4										
Inserted	Day ___	**Removed**	Day ___	**Removal reason(s)**	□ Output satisfactory (□ Low volume □ serous fluid □ other ____________) □ Drain-related complications / □ Inadvertent or premature drain withdrawal □ No significant ongoing collection (on imaging) □ Other _______________					
Location										
Type	Open / Close	Active / Passive								
Post-op Day	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
Output (ml)										
Fluid Type★										

★ S = Serous fluid (+/- blood staining), B= Frank blood, P = Purulent, F = Faecal

Drain-related data fields

Drain-related skin irritation	□ Yes / □ No □ No drain	Surgical site infection (SSI)	□ Yes – site of drain(s) □ Yes – other incision □ No	SSI Type	□ Superficial □ Deep □ Organ or space infection
Drain-related bowel perforation	□ Intraoperative □ Postoperative (at removal) □ Postoperative (not during removal) □ None	Small bowel evisceration or herniation of omentum		□ Yes – site of drain(s) □ Yes – other incision □ No	
Other drain-related complication(s)	Please specify				
Postoperative blood transfusion	□ Yes (if yes, day______) □ No	Intraabdominal collection(s) requiring treatment < 30 days	□ Yes (if yes, day diagnosed ______) □ No		
Collection(s) identification	□ Clinical Symptoms □ Change in drain output (if inserted at surgery). □ Imaging (clinical suspicion) □ Routine imaging (hospital policy) □ Incidental finding (imaging for other indication)				
Collection(s) Treatment	□ Conservative management □ Percutaneous drainage □ Surgery	Total post-operative antibiotic duration	___days		

Other 30-day outcome data fields

Anastomotic leak (AL)	□No □Yes (Surgical diagnosis) □ Yes (Radiological diagnosis)	Postoperative day AL diagnosed	Day ___	Length of stay (Hospital)	___days	30-day readmission	□ Yes □ No
Clavien–Dindo Grade	□ None □ I □ II □ III □ IV □ V (death)	Death during primary admission?	□ Yes □ No				
		Postoperative day of death	Day ___				