

Appendix X: Case Report Form (CRF)

Use with Appendix X (Data Dictionary) to aid data collection.

				REDCap Unique ID					
<b>Section 1: Pre-operative data fields</b>									
Age	___(years)	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	ASA grade	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V	BMI	___ . ___ (2dp)		
Smoking status	<input type="checkbox"/> Current (≤6 weeks) <input type="checkbox"/> Current (>6 weeks) <input type="checkbox"/> Ex-smoker <input type="checkbox"/> Never smoked			Clinical Frailty Scale	<input type="checkbox"/> 1-3 <input type="checkbox"/> 4-6 <input type="checkbox"/> 7-9	<a href="https://bit.ly/3c9ve3d">https://bit.ly/3c9ve3d</a>			
Hx of cardiovascular disease <i>(Tick all that apply)</i>	<input type="checkbox"/> None <input type="checkbox"/> MI <input type="checkbox"/> Angina <input type="checkbox"/> TIA/stroke <input type="checkbox"/> Hypertension <input type="checkbox"/> Atrial Fibrillation <input type="checkbox"/> VTE <input type="checkbox"/> Pulmonary Embolism <input type="checkbox"/> Congestive Heart Failure (CHF) (If CHF: NYHA: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV)			Hx of respiratory disease	<input type="checkbox"/> Exertional dyspnoea or CXR (mild COPD) <input type="checkbox"/> Exertional dyspnoea <1 flight or CXR (moderate COPD) <input type="checkbox"/> Dyspnoea at rest/rate >30 at rest or CXR (fibrosis or consolidation) <input type="checkbox"/> None	Hx of COPD	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Hx of chronic kidney disease	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> IIIa <input type="checkbox"/> IIIb <input type="checkbox"/> IV <input type="checkbox"/> None	Hx of liver cirrhosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hx of diabetes mellitus	<input type="checkbox"/> Type I <input type="checkbox"/> Type II (diet / tablet / insulin?) <input type="checkbox"/> None	Active cancer and/or cancer treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No		
IBD	<input type="checkbox"/> Yes <input type="checkbox"/> No			Hx of VTE	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Management of iron-deficiency anaemia (IDA) <i>(Tick all that apply)</i>	<input type="checkbox"/> None <input type="checkbox"/> Pre-operative iron supplementation <input type="checkbox"/> Tranexamic acid (TXA) <input type="checkbox"/> RBC transfusion (if RBC: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> ≥5 units)			Preop tx <i>(Tick all that apply)</i>	<input type="checkbox"/> Aspirin <input type="checkbox"/> ACEi/ARB <input type="checkbox"/> β-blocker <input type="checkbox"/> α <sub>2</sub> agonist <input type="checkbox"/> Rate controlling CCB <input type="checkbox"/> DHP CCB <input type="checkbox"/> None	If preop tx, medication stopped preop?	<input type="checkbox"/> Yes, preop <input type="checkbox"/> Yes, preop & postop <input type="checkbox"/> No		
Preoperative therapeutic anticoagulation				<input type="checkbox"/> LMWH <input type="checkbox"/> Warfarin <input type="checkbox"/> DOACs <input type="checkbox"/> None					
Pre-admission blood tests* <i>(Please complete all) *Include blood tests within the 90 days prior to operation</i>				Hb ___ g/L Albumin ___ g/L Creatinine ___ ml/min					
Admission blood tests* <i>(Please complete all) *Include the first blood test results from this admission</i>				Hb ___ g/L WCC ___ x10 <sup>9</sup> /L (1dp) Albumin ___ g/L Sodium ___ mmol/L Potassium ___ mmol/L (1dp) Urea ___ mmol/L Creatinine ___ ml/min					
Admission observations				Pulse ___ bpm Systolic BP ___ mmHg GCS ___/(15)					
Pre-operative assessment				(If elective) <input type="checkbox"/> Yes (pre-admission anaesthetic assessment clinic) <input type="checkbox"/> No If yes: Did this include pre-operative cardiopulmonary exercise testing? <input type="checkbox"/> Yes (VO <sub>2</sub> peak ___ mlmin <sup>-1</sup> kg <sup>-1</sup> / AT ___ mlmin <sup>-1</sup> kg <sup>-1</sup> ) <input type="checkbox"/> No (If emergency) <input type="checkbox"/> Yes (inpatient perioperative or elderly medicine) <input type="checkbox"/> No					
Preoperative investigations <i>(Tick all that apply)</i>				<input type="checkbox"/> ECG (normal / abnormal?) <input type="checkbox"/> ECHO (LVEF ___%) <input type="checkbox"/> Coronary angiogram <input type="checkbox"/> None					
<b>Section 2: Intra-operative data fields</b>									
Prior operations	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> >2	Urgency (NCEPOD)	<input type="checkbox"/> Elective <input type="checkbox"/> Urgent <input type="checkbox"/> Expedited <input type="checkbox"/> Immediate	Primary indication	<input type="checkbox"/> Benign <input type="checkbox"/> Primary Malignancy only <input type="checkbox"/> Nodal Metastases <input type="checkbox"/> Distant Metastases				
Operation	See REDCap and Appendix C for list of operation types (select all that apply)								
Approach	<input type="checkbox"/> Open <input type="checkbox"/> Laparoscopic <input type="checkbox"/> Laparoscopic-assisted <input type="checkbox"/> Laparoscopic → open <input type="checkbox"/> Robotic <input type="checkbox"/> Robotic → open		Operative Contamination	<input type="checkbox"/> Clean <input type="checkbox"/> Clean-contaminated <input type="checkbox"/> Contaminated <input type="checkbox"/> Dirty	Peritoneal soiling	<input type="checkbox"/> Serous fluid <input type="checkbox"/> Localised pus <input type="checkbox"/> Free content <input type="checkbox"/> None	WHO checklist	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Duration of operation	___ mins	Estimated blood loss	___ ml	Intra-operative interventions	<input type="checkbox"/> TXA <input type="checkbox"/> RBC <input type="checkbox"/> None	If RBC, how many units?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> ≥5	If RBC, Hb at transfusion	<input type="checkbox"/> ___ g/L <input type="checkbox"/> Not available
<b>Section 3: Post-operative data fields</b>									
Critical care admission	<input type="checkbox"/> No <input type="checkbox"/> Yes, planned from theatre <input type="checkbox"/> Yes, unplanned from theatre <input type="checkbox"/> Yes, unplanned from ward If yes, cvc inserted? <input type="checkbox"/> Yes <input type="checkbox"/> No		Critical care bed days	___ days	Postop Hb	<input type="checkbox"/> ___ g/L (day 0-1) <input type="checkbox"/> ___ g/L (day 1-3) <input type="checkbox"/> ___ g/L (day 4-6) <input type="checkbox"/> ___ g/L (prior discharge) <input type="checkbox"/> Not available	IDA mx <i>(Tick all that apply)</i>	<input type="checkbox"/> None <input type="checkbox"/> Iron supplementation <input type="checkbox"/> TXA <input type="checkbox"/> RBC transfusion (if RBC: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> ≥5 units)	
<b>30-day Follow-up</b>									
Cardiovascular complications within 30 days <i>(Tick all that apply)</i>	<input type="checkbox"/> None <input type="checkbox"/> Myocardial infarction <input type="checkbox"/> Myocardial injury <input type="checkbox"/> Non-fatal cardiac arrest <input type="checkbox"/> Coronary revascularisation <input type="checkbox"/> PE (symptomatic non-fatal / asymptomatic) <input type="checkbox"/> DVT (proximal / distal; if either symptomatic / asymptomatic) <input type="checkbox"/> New onset AF <input type="checkbox"/> Stroke			Bleeding complication within 30 days		<input type="checkbox"/> Clinical non-major bleeding <input type="checkbox"/> Major bleeding <input type="checkbox"/> None			
				Post-operative length of stay		___ days			
				Highest 30-day complication grade		<input type="checkbox"/> None <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V (if V: Cardiac / PE / noncardiac?)			
				30-day Reoperation		<input type="checkbox"/> Yes <input type="checkbox"/> No			
				30-day readmission		<input type="checkbox"/> No <input type="checkbox"/> Yes (planned/unplanned?) If yes: what was grade of complication: <input type="checkbox"/> None <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V			
30-day postoperative COVID status	<input type="checkbox"/> None <input type="checkbox"/> Yes, preop <input type="checkbox"/> Yes, postop If preop: Symptomatic? <input type="checkbox"/> Yes <input type="checkbox"/> No If preop: Vaccinated? <input type="checkbox"/> Partial <input type="checkbox"/> Full <input type="checkbox"/> No			If readmission, what was Hb	<input type="checkbox"/> ___ g/L <input type="checkbox"/> Not available	If readmission, anaemia intervention	<input type="checkbox"/> None <input type="checkbox"/> Iron supplement (Oral / IV ?) <input type="checkbox"/> RBC transfusion (if RBC: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> ≥5 units)		
Postoperative outpatient VTE prophylaxis duration	___ days			Postoperative outpatient VTE prophylaxis		<input type="checkbox"/> None <input type="checkbox"/> LMWH <input type="checkbox"/> Warfarin <input type="checkbox"/> DOACs (if DOAC: <input type="checkbox"/> dabigatran <input type="checkbox"/> rivaroxaban <input type="checkbox"/> apixaban <input type="checkbox"/> edoxaban <input type="checkbox"/> betrixaban)			