

Use with Data Dictionary to aid data collection.

REDCap Unique ID										
Section 1: Pre-operative data fields										
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 <input type="checkbox"/> Ex-smoker (<6 weeks) <input type="checkbox"/> Ex-smoker (6 weeks -1 year) <input type="checkbox"/> Ex-smoker (>1 year) <input type="checkbox"/> Never smoked (if smoker/ex-smoker: <input type="checkbox"/> Tobacco cigarettes <input type="checkbox"/> E-cigarettes or vapes)				Clinical Frailty Scale	<input type="checkbox"/> 1-3 <input type="checkbox"/> 4-6 <input type="checkbox"/> 7-9 (https://bit.ly/3c9ve3d)				
History (Hx) of cardiovascular disease (Tick all that apply)	<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"/> Deep vein thrombosis <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 (best describing respiratory signs and chest x-ray appearance)	<input type="checkbox"/> Exertional dyspnoea or chest x-ray (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"/> V <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	Hx IBD	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Management of iron-deficiency anaemia (IDA) (Tick all that apply)	<input type="checkbox"/> None <input type="checkbox"/> Iron (Oral / IV ?) <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)			Pre-admission treatment (Tick all that apply)	<input type="checkbox"/> Aspirin (<input type="checkbox"/> stopped preop <input type="checkbox"/> stopped preop and postop <input type="checkbox"/> not stopped) <input type="checkbox"/> ACEi/ARB (<input type="checkbox"/> stopped preop <input type="checkbox"/> stopped preop and postop <input type="checkbox"/> not stopped) <input type="checkbox"/> β-blocker (<input type="checkbox"/> stopped preop <input type="checkbox"/> stopped preop and postop <input type="checkbox"/> not stopped) <input type="checkbox"/> α ₂ agonist (<input type="checkbox"/> stopped preop <input type="checkbox"/> stopped preop and postop <input type="checkbox"/> not stopped) <input type="checkbox"/> Rate controlling CCB (<input type="checkbox"/> stopped preop <input type="checkbox"/> stopped preop and postop <input type="checkbox"/> not stopped) <input type="checkbox"/> DHP CCB (<input type="checkbox"/> stopped preop <input type="checkbox"/> stopped preop and postop <input type="checkbox"/> not stopped) <input type="checkbox"/> None					
Pre-admission therapeutic anticoagulation					<input type="checkbox"/> LMWH <input type="checkbox"/> Warfarin <input type="checkbox"/> Direct oral anticoagulant (DOACs) <input type="checkbox"/> None					
Pre-admission blood tests* (Please complete all) <i>*Include most recent blood tests within the 90 days prior to operation</i>					Hb ___ g/L Albumin ___ g/L Creatinine ___ umol/L					
Admission blood tests* (Please complete all) <i>*Include the first blood test results from this admission</i>					Hb ___ g/L WCC ___ x10 ⁹ /L (1dp) Albumin ___ g/L Sodium ___ mmol/L Potassium ___ mmol/L (1dp) Urea ___ mmol/L (1dp) Creatinine ___ umol/L					
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 ₂ peak ___ mlmin ⁻¹ kg ⁻¹ / AT ___ mlmin ⁻¹ kg ⁻¹) <input type="checkbox"/> No (If emergency) <input type="checkbox"/> Yes (inpatient perioperative or elderly medicine) <input type="checkbox"/> No					
Preoperative investigations (Tick all that apply)					<input type="checkbox"/> ECG (normal/AF rate 60-90/AF rate >90 or any other abnormal rhythm?) <input type="checkbox"/> ECHO (LVEF ___ %) <input type="checkbox"/> Coronary angiogram <input type="checkbox"/> None					
Section 2: Intra-operative data fields										
Prior abdo 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	
Section 3: Post-operative data fields										
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 (lowest)	<input type="checkbox"/> ___ g/L (day 0-1) <input type="checkbox"/> ___ g/L (day 2-3) <input type="checkbox"/> ___ g/L (day 4-6) <input type="checkbox"/> ___ g/L (prior discharge) <input type="checkbox"/> Not available	IDA mx (Tick all that apply)	<input type="checkbox"/> None <input type="checkbox"/> Iron (Oral / IV ?) <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)	
30-day Follow-up										
Cardiovascular complications within 30 days* (Tick all that apply) <i>*Please enter postop day (POD) event occurred)</i>	<input type="checkbox"/> None <input type="checkbox"/> Myocardial infarction (POD ___) <input type="checkbox"/> Myocardial injury (POD ___) <input type="checkbox"/> Non-fatal cardiac arrest (POD ___) <input type="checkbox"/> Coronary revascularisation (POD ___) <input type="checkbox"/> PE (symptomatic / asymptomatic?) (POD ___) <input type="checkbox"/> DVT (proximal / distal?; symptomatic / asymptomatic?) (POD ___) <input type="checkbox"/> New onset AF (POD ___) <input type="checkbox"/> Stroke (POD ___)			Bleeding complication within 30 days (Tick all that apply)			<input type="checkbox"/> Non-major bleeding (POD ___) <input type="checkbox"/> Major bleeding (POD ___) <input type="checkbox"/> None			
				Post-operative length of stay			___ days			
				Highest 30-day complication grade			<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> IIIa <input type="checkbox"/> IIIb <input type="checkbox"/> IVa <input type="checkbox"/> IVb <input type="checkbox"/> V (if V: Cardiac / PE / noncardiac?) (if V: postop day occurred: ___)			
				30-day Reoperation			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			30-day readmission			<input type="checkbox"/> No <input type="checkbox"/> Yes (planned/unplanned?)				
30-day postoperative COVID status* (Swab PCR or rapid antigen test)	<input type="checkbox"/> None <input type="checkbox"/> Yes, preop (≤7 days prior op) <input type="checkbox"/> Yes, preop (8-42 days prior op) <input type="checkbox"/> Yes, postop (POD ___) If preop: Symptomatic? <input type="checkbox"/> Yes <input type="checkbox"/> No If preop or postop: Vaccinated? <input type="checkbox"/> Partial <input type="checkbox"/> Full <input type="checkbox"/> No			If readmission, what was Hb (Include the first blood test results on readmission)	___ days	<input type="checkbox"/> ___ g/L <input type="checkbox"/> Not available	If readmission, anaemia intervention	<input type="checkbox"/> None <input type="checkbox"/> Iron (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 <input type="checkbox"/> Discharged home on therapeutic anticoagulation (e.g. inpatient diagnosis of PE and/or DVT, or restarted on the therapeutic anticoagulation the patient was on prior to admission) (if DOAC: <input type="checkbox"/> dabigatran <input type="checkbox"/> rivaroxaban <input type="checkbox"/> apixaban <input type="checkbox"/> edoxaban <input type="checkbox"/> betrixaban)							