Patient key number:  . . . .

|  |
| --- |
| https://aleaclinical.com/SQA/iprender/ImgHandler.ashx?id=e3904cf9-ca8c-483c-bb5c-879ff085850c&src=A8BBCD13.png |
| **Surgical details** |
|  |
|  |
| **2. Details surgical procedure** |

Yes (physical); Yes (remote/online); No

|  |  |
| --- | --- |
| ASA classification (1-3) |  |
|  | * *1 = Fit & Healthy* * *2 = Some illness, normal activity* * *3 = Illness, minimal restriction* |
| Date of surgery |  |
| Last name(s) of (all) operating surgeon(s) (in training) (";" between them) |  |
| Presence trained Right surgeon(s) (joined phase 3: the training sessions in September/October) | Yes (1 of them); Yes (2, both); No |
| Proctoring |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Location of the colon tumour (see figure 1) | | |  |
| *Figure 1:*    https://aleaclinical.com/SQA/iprender/ImgHandler.ashx?id=e3904cf9-ca8c-483c-bb5c-879ff085850c&src=3C5711FC.png | | |  |
| Location of transection colon (see figure 2) | | |  |
| |  | | --- | | *Figure 2:*  https://aleaclinical.com/SQA/iprender/ImgHandler.ashx?id=e3904cf9-ca8c-483c-bb5c-879ff085850c&src=4E90AF8C.png | | |  | |
| Laparoscopic or robot-assisted? | | |  |
| Conversion to open abdominal surgery? | | |  |
| Timing  Within 30 minutes/after 30 minutes  Yes/no  Type of conversion | | | |
| Reactive/preemptive | | | |
|  | | | |
| Total blood loss (cc)  Yes/no | | | cc |
| Intra-operative blood transfusion | | |  |
| Total surgical procedure time in minutes (defined as from incision to last stitch) | | | min |
| |  |  | | --- | --- | | Yes/no | | | ICG applied? |  | | | |  |  |  | | --- | --- | --- | |  | Change of management due to ICG? |  | | | |   Yes/no   |  |  | | --- | --- | | Additional resection performed?  Yes/no |  | | |  |  |  | | --- | --- | --- | |  | Please specify what additional resection was performed |  | | | | | | |
|  | | |  |
| **3. Way of working** | | | |
| Pressure pneumoperitoneum  Supine, French, Lithotomy using stirrups, other |  | | mmHg |
| Patient position | | |  |
| *Supine = patient is laying on the back with legs parallel.*  If other, please specify:  *French = supine split-leg position.* | | | |
|  | | | |
|  |  | |  |
|  | | |  |
| How many trocars? | | |  |
| |  |  |  |  | | --- | --- | --- | --- | | Trocar | | 5, 7, 10, 11, 12 mm  1-7 |  | |  | Size |  |  | |  | Location |  |  | |  | | | |     5, 7, 10, 11, 12 mm  Umbilical, midline supraumbilical, right lower quadrant, left lower quadrant, right upper quadrant, left upper quadrant, suprapubic, level of umbilicus left, level of umbilicus right, other *If other, please specify:*  Umbilical, midline supraumbilical, right lower quadrant, left lower quadrant, right upper quadrant, left upper quadrant, suprapubic, level of umbilicus left, level of umbilicus right, other *If other, please specify:*   |  |  |  |  | | --- | --- | --- | --- | | Trocar | |  |  | |  | Size |  |  | |  | Location |  |  | |  | | | |     Umbilical, midline supraumbilical, right lower quadrant, left lower quadrant, right upper quadrant, left upper quadrant, suprapubic, level of umbilicus left, level of umbilicus right, other *If other, please specify:*  5, 7, 10, 11, 12 mm   |  |  |  |  | | --- | --- | --- | --- | | Trocar | |  |  | |  | Size |  |  | |  | Location |  |  | |  | | | |     5, 7, 10, 11, 12 mm  Umbilical, midline supraumbilical, right lower quadrant, left lower quadrant, right upper quadrant, left upper quadrant, suprapubic, level of umbilicus left, level of umbilicus right, other *If other, please specify:*   |  |  |  |  | | --- | --- | --- | --- | | Trocar | |  |  | |  | Size |  |  | |  | Location |  |  | |  | | | |   Umbilical, midline supraumbilical, right lower quadrant, left lower quadrant, right upper quadrant, left upper quadrant, suprapubic, level of umbilicus left, level of umbilicus right, other *If other, please specify:*  5, 7, 10, 11, 12 mm   |  |  |  |  | | --- | --- | --- | --- | | Trocar | |  |  | |  | Size |  |  | |  | Location |  |  | |  | | | |   5, 7, 10, 11, 12 mm  Umbilical, midline supraumbilical, right lower quadrant, left lower quadrant, right upper quadrant, left upper quadrant, suprapubic, level of umbilicus left, level of umbilicus right, other *If other, please specify:*   |  |  |  |  | | --- | --- | --- | --- | | Trocar | |  |  | |  | Size |  |  | |  | Location |  |  | |  | | | |   Umbilical, midline supraumbilical, right lower quadrant, left lower quadrant, right upper quadrant, left upper quadrant, suprapubic, level of umbilicus left, level of umbilicus right, other *If other, please specify:*   |  |  |  |  | | --- | --- | --- | --- | | Trocar | |  |  | |  | Size | 5, 7, 10, 11, 12 mm |  | |  | Location |  |  | | Medial to lateral (through the ileal mesentery), lateral to medial, caudal to cranial (subileal), cranial to caudal | | | | | | | |
| Surgical approach | | |  |
| Is visualization and dissection of the anterior aspect of the superior mesenteric vein (SMV) both proximal and distal to the origin of the ileocolic vessels performed before ligation? | Yes/no | |
| |  |  | | --- | --- | | Please explain why this was not performed |  | | | |
| Is Henle identified and dissected?  Yes/no |  | |
| |  |  | | --- | --- | | Please explain why this was not performed |  | | | |
| Intracorporeal, extracorporeal  Anastomosis  Isoperistaltic, antiperistaltic |  | | |
|  |  | | |
| Stapled, handsewn |  | | |
| Left lower quadrant, Transverse, Pfannenstiel, Right lower quadrant, Umbilical (midline), other  *If other, please specify:*  Extraction site |  | | |
|  | | | |
| |  |  | | --- | --- | |  |  |   Stitches, hemostatic agent, reconstruction with vascular surgery   |  |  | | --- | --- | |  | | | **4. Intraoperative complications** | | | Bleeding | Ileocolic vessels, Superior mesenteric vein, Superior mesenteric artery, Middle colic vessels, Henles trunk, (Superior) right colic vein, other *If other, please specify:* | | Yes/no   |  |  |  | | --- | --- | --- | |  | *If bleeding*, Location of the bleeding |  | |  | | | |  | *If bleeding*, How was the bleeding controlled?  Yes/no |  | | | | Injury to the duodenum |  | | |  |  |  | | --- | --- | --- | |  | Please specify cause |  | |  | Please specify management  Yes/no |  | | | | Injury to the pancreas |  | | |  |  |  | | --- | --- | --- | |  | Please specify cause |  | |  | Please specify management  Yes/no |  | | | | Injury to the ureter |  | | |  |  |  | | --- | --- | --- | |  | Please specify cause |  | |  | Please specify management  Yes/no |  | | | | Unintended bowel injury/perforation |  | | |  |  |  | | --- | --- | --- | |  | Please specify cause |  | |  | Please specify management |  | | | | | | |
| |  | | --- | |  | | | | |
|  | | | |