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 minutesYes/noType 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 pneumoperitoneumSupine, 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 mm1-7 |   |
|   | Size  |  |   |
|   | Location |  |   |
|  |

 5, 7, 10, 11, 12 mmUmbilical, 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 mmUmbilical, 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 mmUmbilical, 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  |  |

 |

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