

Intraoperative



Redcap ID	_____
Date of Operation:	_____
Patient Hospital Number	_____
Date and Time	_____
Operation Urgency	<input type="radio"/> Immediate <input type="radio"/> Urgent <input type="radio"/> Expedited <input type="radio"/> Elective (NCEPOD Classification)
Operative Procedure	<input type="radio"/> Upper GI Surgery <input type="radio"/> Colorectal Surgery <input type="radio"/> Hepato-pancreato-biliary (HPB) surgery <input type="radio"/> Vascular Surgery <input type="radio"/> Urology <input type="radio"/> Gynaecological surgery <input type="radio"/> Transplant Surgery (Select main procedure)
Upper GI Surgery	<input type="radio"/> Desophagotomy (Any) <input type="radio"/> Total/Partial gastrectomy +/- excision of surrounding tissue <input type="radio"/> Other operations on small bowel including formation/reversal of ileostomy <input type="radio"/> Anti-reflux surgery <input type="radio"/> Heller's Cardiomyotomy <input type="radio"/> Bariatric Surgery

General Surgery Operation	<input type="radio"/> Caecectomy <input type="radio"/> Right hemicolectomy <input type="radio"/> Extended excision of right hemicolon/Extended right hemicolectomy <input type="radio"/> Excision of transverse colon <input type="radio"/> Excision of left hemicolon <input type="radio"/> Extended excision of left hemicolon/Extended left hemicolectomy <input type="radio"/> Excision of sigmoid colon <input type="radio"/> Anterior resection <input type="radio"/> Hartmann's procedure <input type="radio"/> Other operation on Colon (bypass, colostomy) <input type="radio"/> Ileoanal anastomosis and creation of pouch <input type="radio"/> Total excision of colon and ileorectal anastomosis <input type="radio"/> Panproctocolectomy and ileostomy <input type="radio"/> Abdominoperineal resection <input type="radio"/> Abdominoperineal pull through resection with colo-anal anastomosis +/- colonic pouch and associated stoma <input type="radio"/> Reversal of Hartmann's procedure / colostomy <input type="radio"/> Pelvic Exenteration <input type="radio"/> Incisional hernia > 1 hr <input type="radio"/> Multivisceral resections (defined as resections involving >= 2 distinct parts of GIT or Genitourinary or Gynaec (excluding ovaries only) or HPB)
Gynaecological Operation	<input type="radio"/> Radical hysterectomy and lymphadenectomy (Wertheim's) <input type="radio"/> Hysterectomy with excision/biopsy and or removal of omentum and uterine adnexa for ovarian malignancy <input type="radio"/> Total/Subtotal abdominal hysterectomy (+/- oophorectomy) <input type="radio"/> Ovarian cystectomy +/- omental biopsy (as sole procedure and including bilateral) <input type="radio"/> Block dissection of pelvic lymph nodes (as sole procedure) <input type="radio"/> Myomectomy <input type="radio"/> Multivisceral resections (defined as resections involving >= 2 distinct parts of GIT or Genitourinary or Gynaec (excluding ovaries only) or HPB)
Urology Operation	<input type="radio"/> Nephrectomy <input type="radio"/> Nephroureterectomy <input type="radio"/> Construction of ileal conduit including ureteric implantation <input type="radio"/> Ileal or colonic replacement of ureter <input type="radio"/> Partial / Total cystectomy + with construction of intestinal conduit or bladder <input type="radio"/> Enterocystoplasty / Enlargement of bladder / Bladder aummentation <input type="radio"/> Diverticulectomy of bladder <input type="radio"/> Repair of vesicocolic fistula <input type="radio"/> Radical prostatectomy, reconstruction of bladder neck including bilateral pelvic lymphadenectomy <input type="radio"/> laparoscopic/open pyeloplasty
Vascular Operation	<input type="radio"/> Open AAA repair <input type="radio"/> Aorto-bifemoral bypass <input type="radio"/> Neo-aortic reconstruction

HPB Operation	<input type="radio"/> Lap/Lap converted to open/Open cholecystectomy +/- exploration of CBD +/- cholangiogram <input type="radio"/> Pancreatectomy/Pancreatoduodenectomy (Whipple's procedure) <input type="radio"/> Hepatojejunostomy <input type="radio"/> Liver resection <input type="radio"/> Splenectomy
Transplant Surgery	<input type="radio"/> Liver Transplant <input type="radio"/> Pancreatic Transplant <input type="radio"/> Intestinal Transplant <input type="radio"/> Kidney <input type="radio"/> Abdominal Multi-Viscera
Operative Contamination Classification	<input type="radio"/> Clean <input type="radio"/> Clean-Contaminated <input type="radio"/> Contaminated <input type="radio"/> Dirty
Intraoperative Cell Salvage	<input type="radio"/> No <input type="radio"/> Yes
Intraoperative Tranexamic Acid Use	<input type="radio"/> No <input type="radio"/> Yes
Intraoperative blood transfusion (units of RBC) (excludes cell saver units transfused)	<input type="radio"/> No intraoperative blood transfusion <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> More than 4 units (Any part of a unit transfused = a whole unit)
Haemoglobin at Blood Transfusion	(g/L) _____
Procedure Duration (minutes)	(Minutes from skin to knife to closure) _____