



# EURO POWER

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Postoperative Outcomes  
Within an Enhanced Recovery  
After Surgery Protocol

Colorectal Surgery

**CASE REPORT FORM  
V1  
SEPTEMBER 2019**

PATIENT ID [ ][ ][ ][ ][ ][ ][ ][ ][ ] CASTOR RECORD

1. PATIENT DEMOGRAPHICS				
1.1 Age		[ ][ ][ ] years		
1.2 Gender/Sex		Female <input type="checkbox"/>	Male <input type="checkbox"/>	
1.3 Height:	[ ][ ][ ][ ] cm	1.4 Weight:	[ ][ ][ ][ ] Kg	
1.6 ASA Physical Status Score				
Class I <input type="checkbox"/>	Class II	Class III	Class IV	Class V
1.7 Smoking Status				
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Ex smoker >1 year <input type="checkbox"/>	Ex smoker <1 year <input type="checkbox"/>	
1.8 Preoperative Systolic Arterial Pressure [ ][ ][ ][ ] mm Hg				
1.9 Preoperative Systolic Arterial Pressure [ ][ ][ ][ ] mm Hg				

**2. NUTRITIONAL STATUS**

2.1 Unplanned Weight Loss over 3-6 months			
No, or <5% weight loss <input type="checkbox"/>	5-10% weight loss <input type="checkbox"/>	>10% weight loss <input type="checkbox"/>	
2.2 The patient has been or is likely to be no nutritional intake for >5 days?			
Yes <input type="checkbox"/>		No <input type="checkbox"/>	
2.4 Did the patient receive nutritional supplements before surgery?			
Yes <input type="checkbox"/>		No <input type="checkbox"/>	
If YES, please answer the following questions. If NO, please skip to next section 3 "FRAILITY".			
2.4.1 Route of administration of pre-operative nutritional supplements	Oral <input type="checkbox"/>	Enteral <input type="checkbox"/>	Parenteral <input type="checkbox"/>
2.4.2 Duration of preoperative nutritional therapy	[ ][ ] Weeks		

### 3. FRAILITY

3.1 FRAILITY SCORE (ROCKWOOD SCORE)	Tick one
Very fit	<input type="checkbox"/>
Well	<input type="checkbox"/>
Well, with treated comorbid disease	<input type="checkbox"/>
Apparently vulnerable	<input type="checkbox"/>
Mildly frail	<input type="checkbox"/>
Moderately frail	<input type="checkbox"/>
Severely frail	<input type="checkbox"/>
Very severely frail	<input type="checkbox"/>
Terminally ill	<input type="checkbox"/>

**Clinical Frailty Scale**

 **1 Very Fit** – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.

 **2 Well** – People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally, e.g. seasonally.

 **3 Managing Well** – People whose medical problems are well controlled, but are not regularly active beyond routine walking.

 **4 Vulnerable** – While not dependent on others for daily help, often symptoms limit activities. A common complaint is being “slowed up”; and/or being tired during the day.

 **5 Mildly Frail** – These people often have more evident slowing, and need help in high order IADLs (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

 **6 Moderately Frail** – People need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing.

 **7 Severely Frail** – Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).

 **8 Very Severely Frail** – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.

 **9 Terminally Ill** – Approaching the end of life. This category applies to people with a life expectancy <6 months, who are not otherwise evidently frail.

**Scoring frailty in people with dementia**

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

#### 4. COMORBIDITIES

	YES	NO
4.1 Does the patient have any other disease besides the indication for surgery?	<input type="checkbox"/>	<input type="checkbox"/>
If YES, please answer the following questions. If NO, please skip to section 5 "Preoperative blood test results"		

CO-MORBID DISEASE		YES	NO
4.1.1	Hypertension	<input type="checkbox"/>	<input type="checkbox"/>
4.1.2	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
4.1.2.1	If yes – Diabetes with end organ damage?	<input type="checkbox"/>	<input type="checkbox"/>
4.1.3	Coronary artery disease	<input type="checkbox"/>	<input type="checkbox"/>
4.1.4	Heart Failure	<input type="checkbox"/>	<input type="checkbox"/>
4.1.4.1	If yes – Ejection fraction	40 or lower <input type="checkbox"/>	41-49 <input type="checkbox"/>
			50 or greater <input type="checkbox"/>
4.1.5	Liver cirrhosis	<input type="checkbox"/>	<input type="checkbox"/>
4.1.5.1	If yes – Portal hypertension +/- variceal bleeding?	<input type="checkbox"/>	<input type="checkbox"/>
4.1.6	Stroke or Transient Ischaemic Attack	<input type="checkbox"/>	<input type="checkbox"/>
4.1.7	COPD/Asthma	<input type="checkbox"/>	<input type="checkbox"/>
4.1.8	Chronic kidney disease	<input type="checkbox"/>	<input type="checkbox"/>
4.1.9	Dementia	<input type="checkbox"/>	<input type="checkbox"/>
4.1.10	Metastatic solid tumour	<input type="checkbox"/>	<input type="checkbox"/>

#### 5. PREOPERATIVE BLOOD TEST RESULTS

LABORATORY TESTS	
5.1 Haemoglobin at the time surgery is indicated	_ _ _  g/dl
5.2 Preoperative Haemoglobin (the most recent before surgery). This value can be the same as Hb at the time surgery is indicated	_ _ _  g/dl
5.3 Preoperative Creatinine	_ _ _  mg/dl
5.4 Preoperative Albumin (if performed)	_ _ _  mg/dl
5.5 Glycosylated haemoglobin (if performed)	_ _ _ %

## 6. PREHABILITATION

<b>6.1 Prehabilitation. Prehabilitation, is an exercise program designed to prepare a person physically and mentally for surgery to optimize the chance for a successful outcome and a quick recovery. Please mark YES only if it is regularly performed at your center</b>		
Yes <input type="checkbox"/>		No <input type="checkbox"/>
If YES, please answer the following questions. If NO, please skip to section 7 "Surgery"		
<b>6.1.1 Was Cardiopulmonary exercise testing (CPET) performed?</b>		
Yes <input type="checkbox"/>		No <input type="checkbox"/>
6.1.1.1 If yes – VO2 Peak    _ _ _ _  ml/min		
6.1.1.2 If yes – Anaerobic threshold    _ _ _ _		
<b>6.1.2 Were Functional Walking Tests Performed?</b>		
Yes <input type="checkbox"/>		No <input type="checkbox"/>
6.1.3 Frequency of exercise programs for surgery    _ _ _ _  times/week		
<b>6.1.4 Intensity of exercise programs for surgery</b>		
Moderate <input type="checkbox"/>	Vigorous <input type="checkbox"/>	High <input type="checkbox"/>
6.1.5 Time of exercise programs for surgery  _ _  hours/session		
<b>6.1.6 Type of exercise programs for surgery</b>		
Aerobic activity (walking/biking) <input type="checkbox"/>	Anaerobic activity (resistance) <input type="checkbox"/>	Both <input type="checkbox"/>
<b>6.1.7 Anxiety Reduction (patients scheduled for a visit with a trained psychologist focusing on providing anxiety-reduction techniques such as relaxation exercises and breathing exercises)</b>		
Yes <input type="checkbox"/>		No <input type="checkbox"/>

## 7. SURGERY

<b>7.1 Is this surgery for cancer?</b>	<b>YES <input type="checkbox"/> NO <input type="checkbox"/></b>
<b>7.3 Surgical procedure performed (single most appropriate)</b>	<b>Tick one</b>
Right hemicolectomy	<input type="checkbox"/>
Left hemicolectomy	<input type="checkbox"/>
Transverse colectomy	<input type="checkbox"/>
Low anterior resection	<input type="checkbox"/>
High anterior resection	<input type="checkbox"/>
Extended right hemicolectomy	<input type="checkbox"/>
Sigmoid colectomy	<input type="checkbox"/>
Abdomino-perineal resection	<input type="checkbox"/>
Subtotal colectomy	<input type="checkbox"/>
Total colectomy	<input type="checkbox"/>
Total proctocolectomy	<input type="checkbox"/>
<b>7.4 Surgical approach (single most appropriate)</b>	<b>Tick one</b>
Open	<input type="checkbox"/>
Laparoscopic	<input type="checkbox"/>
Laparoscopy assisted	<input type="checkbox"/>
7.4.1 Laparoscopic converted to open	<input type="checkbox"/>
<b>7.5 DRAINS</b>	
YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>7.6 STOMA</b>	
YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes <b>7.6.1 Type of stoma</b> Colostomy <input type="checkbox"/> Ileostomy <input type="checkbox"/>	
7.6 Duration of surgery:	min

## 8. ANAESTHESIA

<b>8.1 Was regional anaesthesia performed?</b>		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If YES, please answer the following question. If NO, please skip to 8.2		
<b>8.1.1 Type of regional anaesthesia</b>		
Spinal <input type="checkbox"/>	Epidural <input type="checkbox"/>	Abdominal wall blocks <input type="checkbox"/>
<b>8.2 Sedative drugs. Check YES if medium or long-acting sedatives were NOT administered.</b> This does not include the administration of short- acting or ultra-short-acting sedatives to perform loco- regional anaesthesia or spinal or epidural anaesthesia . <b>The following are considered as short-acting or ultrashort- acting sedatives: Lorazepam, Midazolam, Methohexital, Dexmedetomidine, Ketamine</b>		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>8.3 General anesthesia was based in</b>		
Propofol <input type="checkbox"/>	Inhalational <input type="checkbox"/>	
<b>8.4 Was nasogastric intubation used?</b> Check yes if nasogastric intubation was used ,either intraoperatively or postoperatively		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>8.5 Amount of crystalloids administered during surgery</b>	_ _ _ _  ml	
<b>8.6 Red blood cell transfusion</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>8.6.1 Amount of red blood cells transfused</b>	_ _ _ _  ml	
<b>8.7 Intraoperative diuresis</b>	_ _ _ _  ml	
<b>8.8 Was cardiac output monitored?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>8.11 Cerebral monitoring / BIS</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>8.12 Neuromuscular monitoring</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>8.13 Temperature monitoring</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

## 9. PERIOPERATIVE VARIABLES

<b>9.1 If haemoglobin at the time of indication of surgery was &lt; or equal to 13g/dL, did the patient receive iron treatment for anaemia?</b>		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If YES, please answer the following question. If NO, please skip to 9.2		
<b>9.1.1 Iron administration route</b>		
Oral <input type="checkbox"/>	Endovenous <input type="checkbox"/>	Both <input type="checkbox"/>
If endovenous or both, please answer the following question. If NO, please skip to 9.1.2		

9.1.1.1 Type of endovenous iron administered		
Sucrose <input type="checkbox"/>	Carboximaltose <input type="checkbox"/>	Isomaltoside <input type="checkbox"/>
9.1.2 Total dose of preoperative iron administered  _ _ _ _  g		

**9.2 Preadmission information, education and counselling**

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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**9.3 Preoperative optimization** (check yes if the smoker patient stops smoking 4 weeks before surgery; and/or the alcohol abuser patient ceases alcohol consumption 4 weeks before surgery. In those cases in which patients do not smoke or drink alcohol, check not applicable)

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input type="checkbox"/>
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**9.4 Preoperative mechanical bowel preparation**

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If YES, please answer the following question. If NO, please skip to 9.5

**9.4.1** Were oral antibiotics administered along with the mechanical bowel preparation?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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**9.5 Preoperative fasting.** Check YES **ONLY** if preoperative fasting was limited to two hours for clear liquids (water, coffee, juice without pulp); and 6 hours for solids

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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**9.6 Preoperative Administration of carbohydrate drinks.** Check "YES" if a carbohydrate drink was administered preoperatively (400 cc of 12.5% maltrodextrinae carbohydrate drink 2-3 hours before surgery)

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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**9.7 Thromboprophylaxis.** Check "YES" if patients receive compression stockings OR intermittent pneumatic compression stockings, AND receive antithrombotic prophylaxis with low molecular weight heparin in the postoperative period

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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**9.8 Antibiotic prophylaxis.** Check yes if routine prophylaxis with intravenous antibiotics was given 30 to 60 minutes before starting surgery

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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**9.9 Prevention of postoperative nausea and vomiting (PONV).** Check "YES" if patients received PONV prophylaxis according to their risk based on a multimodal approach

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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**9.10 Laparoscopy or minimal incisions.** Check "YES" if laparoscopy was performed and also in cases where despite open approach, small incisions were used.

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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**9.11 Prevention of intraoperative hypothermia.** Check "YES" if fluid heaters and / or thermal blanket during surgery were used

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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<b>9.12 Perioperative management of fluids.</b> Check “YES” if restrictive fluid therapy (defined as maintenance fluid therapy <2 ml / kg / h) along with goal- directed hemodynamic therapy that includes stroke volume, stroke volume variation or cardiac output as a goal were used			
Yes <input type="checkbox"/>	No <input type="checkbox"/>		
<b>9.13 If preoperative “Unplanned weight loss” is &gt;5%. Postoperative nutrition</b> Check “YES” if the patient received nutritional supplementation (pre or postoperative)			
Yes <input type="checkbox"/>	No <input type="checkbox"/>		
<b>9.14 If BMI &lt; or equal 18. Postoperative nutrition.</b> Check YES if the patient received nutritional supplementation (pre or postoperatively)			
Yes <input type="checkbox"/>	No <input type="checkbox"/>		
<b>9.15 If Preoperative Albumin is &lt; 3 mg/dl. Postoperative nutrition:</b> check if the patient received nutritional supplementation (pre or postoperatively)			
Yes <input type="checkbox"/>	No <input type="checkbox"/>		
<b>9.16 Strategies to spare opioid consumption.</b> Check yes if multimodal analgesia in combination with spinal/epidural analgesia or TAP blocks when indicated. (Thoracic epidural analgesia for open colorectal surgery; Spinal anaesthesia with low-dose opioids for laparoscopic surgery; Lidocaine infusions ; TAP blocks )			
Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If YES, please answer the following question. If NO, please skip to 9.20			
9.16.1 Total Opioid free anaesthesia was performed?			
Yes <input type="checkbox"/>	No <input type="checkbox"/>		
<b>9.17 Postoperative analgesia</b>			
Spinal Anaesthesia (as an adjunct of general anesthesia) <input type="checkbox"/>	Epidural anesthesia <input type="checkbox"/>	Abdominal Wall Blocks <input type="checkbox"/>	IV Lidocaine infusion <input type="checkbox"/>
NO <input type="checkbox"/>			
<b>9.18 Postoperative glycemic control.</b> Check yes if the patient received glycemic control within 24h from the end of surgery, with a blood glucose target <180mg/dl			
Yes <input type="checkbox"/>	No <input type="checkbox"/>		

**10. POSTOPERATIVE VARIABLES**

<b>POSTOPERATIVE BLOOD TEST RESULTS</b>	
10.1 Postoperative Haemoglobin  __ __ __  g/dl	
If Postoperative Haemoglobin is smaller or equal than 13 please answer the following questions. If Not please skip to question 10.2	
10.1.1 Did the patient receive iron treatment for anaemia after surgery during hospital stay?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
If “Yes”: 10.1.1.1 Iron administration route: Oral <input type="checkbox"/> Endovenous <input type="checkbox"/> Both <input type="checkbox"/>	
If “Endovenous” or “both”: 10.1.1.1.1 Type of endovenous iron administered: Sucrose <input type="checkbox"/> Carboximaltose <input type="checkbox"/> Isomaltose <input type="checkbox"/>	
10.1.1.2 Total dose of postoperative iron administered  __ __ __  g	
10.1.1.3 Post iron therapy Haemoglobin  __ __ __  g/dl	
10.2 Postoperative creatinine  __ __ __  mg/dl	
10.3 Postoperative albumin  __ __ __  mg/dl	

## 11. POSTOPERATIVE COMPLICATIONS

POSTOPERATIVE COMPLICATIONS	YES	NO
<b>11.1 Did the patient have any of the predefined complications?</b>	<input type="checkbox"/>	<input type="checkbox"/>
If YES, please answer the following questions. If NO, please skip to section 12 "Postoperative journey"		

Please refer to appendix 1 of the protocol appendix for specific definitions of complications.

ACUTE KIDNEY INJURY	YES	NO				
11.1.1 Did the patient develop acute kidney injury	<input type="checkbox"/>	<input type="checkbox"/>				
If YES, please answer the following questions. If NO, please skip to next question 11.1.2						
11.1.1.1 Acute Kidney injury EPCO severity grading	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>			
11.1.1.2 Acute kidney injury Clavien-Dindo Scale	I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>	V <input type="checkbox"/>	NONE <input type="checkbox"/>

ACUTE RESPIRATORY DISTRESS SYNDROME	YES	NO				
11.1.2 Did the patient develop Acute Respiratory Distress Syndrome (ARDS)?	<input type="checkbox"/>	<input type="checkbox"/>				
If YES, please answer the following questions. If NO, please skip to next question 11.1.3						
11.1.2.1 ARDS EPCO severity grading	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>			
11.1.2.2 ARDS Clavien-Dindo Scale	I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>	V <input type="checkbox"/>	NONE <input type="checkbox"/>

ANASTOMOTIC LEAK	YES	NO				
11.1.3 Did the patient develop an anastomotic leak?	<input type="checkbox"/>	<input type="checkbox"/>				
If YES, please answer the following questions. If NO, please skip to next question 11.1.4						
11.1.3.1 Anastomotic leak EPCO severity grading	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>			
11.1.3.2 Anastomotic leak Clavien-Dindo Scale	I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>	V <input type="checkbox"/>	NONE <input type="checkbox"/>

ARRHYTHMIA	YES	NO				
11.1.4 Did the patient develop arrhythmia?	<input type="checkbox"/>	<input type="checkbox"/>				
If YES, please answer the following questions. If NO, please skip to next question 11.1.5						
11.1.4.1 Arrhythmia EPCO severity grading	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>			
11.1.4.2 Arrhythmia Clavien-Dindo Scale	I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>	V <input type="checkbox"/>	NONE <input type="checkbox"/>

<b>CARDIAC ARREST</b>						<b>YES</b>	<b>NO</b>
11.1.5 Did the patient develop cardiac arrest?						<input type="checkbox"/>	<input type="checkbox"/>
If YES, please answer the following questions. If NO, please skip to next question 11.1.6							
11.1.5.1 Cardiac arrest Clavien-Dindo Scale		<b>I</b> <input type="checkbox"/>	<b>II</b> <input type="checkbox"/>	<b>III</b> <input type="checkbox"/>	<b>IV</b> <input type="checkbox"/>	<b>V</b> <input type="checkbox"/>	<b>NONE</b> <input type="checkbox"/>

<b>PULMONARY OEDEMA</b>						<b>YES</b>	<b>NO</b>
11.1.6 Did the patient develop pulmonay oedema?						<input type="checkbox"/>	<input type="checkbox"/>
If YES, please answer the following questions. If NO, please skip to next question 11.1.7							
11.1.6.1 Pulmonary oedema EPCO severity grading		Mild <input type="checkbox"/>		Moderate <input type="checkbox"/>		Severe <input type="checkbox"/>	
11.1.6.2 Pulmonary oedema Clavien-Dindo Scale		<b>I</b> <input type="checkbox"/>	<b>II</b> <input type="checkbox"/>	<b>III</b> <input type="checkbox"/>	<b>IV</b> <input type="checkbox"/>	<b>V</b> <input type="checkbox"/>	<b>NONE</b> <input type="checkbox"/>

<b>GASTROINTESTINAL BLEEDING</b>						<b>YES</b>	<b>NO</b>
11.1.7 Did the patient develop gastrointestinal bleeding?						<input type="checkbox"/>	<input type="checkbox"/>
If YES, please answer the following questions. If NO, please skip to next question 11.1.8							
11.1.7.1 Gastrointestinal bleeding EPCO severity grading		Mild <input type="checkbox"/>		Moderate <input type="checkbox"/>		Severe <input type="checkbox"/>	
11.1.7.2 Gastrointestinal bleeding Clavien-Dindo Scale		<b>I</b> <input type="checkbox"/>	<b>II</b> <input type="checkbox"/>	<b>III</b> <input type="checkbox"/>	<b>IV</b> <input type="checkbox"/>	<b>V</b> <input type="checkbox"/>	<b>NONE</b> <input type="checkbox"/>
11.1.7.2.1 Unit of red blood cells administered if applicable  _ _  units							

<b>BLOODSTREAM INFECTION</b>						<b>YES</b>	<b>NO</b>
11.1.8 Did the patient develop bloodstream infection?						<input type="checkbox"/>	<input type="checkbox"/>
If YES, please answer the following questions. If NO, please skip to next question 11.1.9							
11.1.8.1 Bloodstream infection EPCO severity grading		Mild <input type="checkbox"/>		Moderate <input type="checkbox"/>		Severe <input type="checkbox"/>	
11.1.8.2 Bloodstream infection Clavien-Dindo Scale		<b>I</b> <input type="checkbox"/>	<b>II</b> <input type="checkbox"/>	<b>III</b> <input type="checkbox"/>	<b>IV</b> <input type="checkbox"/>	<b>V</b> <input type="checkbox"/>	<b>NONE</b> <input type="checkbox"/>

<b>MYOCARDIAL INFARCTION</b>						<b>YES</b>	<b>NO</b>
11.1.9 Did the patient develop myocardial infarction?						<input type="checkbox"/>	<input type="checkbox"/>
If YES, please answer the following questions. If NO, please skip to next question 11.1.10							
11.1.9.1 Myocardial infarction EPCO severity grading		Mild <input type="checkbox"/>		Moderate <input type="checkbox"/>		Severe <input type="checkbox"/>	
11.1.8.2 Myocardial infarction Clavien-Dindo Scale		<b>I</b> <input type="checkbox"/>	<b>II</b> <input type="checkbox"/>	<b>III</b> <input type="checkbox"/>	<b>IV</b> <input type="checkbox"/>	<b>V</b> <input type="checkbox"/>	<b>NONE</b> <input type="checkbox"/>

<b>PNEUMONIA</b>		<b>YES</b>	<b>NO</b>			
11.1.10 Did the patient develop pneumonia?		<input type="checkbox"/>	<input type="checkbox"/>			
If YES, please answer the following questions. If NO, please skip to next question 11.1.10						
11.1.10.1 Pneumonia EPCO severity grading	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>			
11.1.10.2 Pneumonia Clavien-Dindo Scale	I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>	V <input type="checkbox"/>	NONE <input type="checkbox"/>

<b>POST-OPERATIVE HAEMORRHAGE</b>		<b>YES</b>	<b>NO</b>			
11.1.11 Did the patient develop postoperative haemorrhage?		<input type="checkbox"/>	<input type="checkbox"/>			
If YES, please answer the following questions. If NO, please skip to next question 11.1.12						
11.1.11.1 Post-operative haemorrhage EPCO severity grading	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>			
11.1.11.2 Post-operative haemorrhage Clavien-Dindo Scale	I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>	V <input type="checkbox"/>	NONE <input type="checkbox"/>

<b>PULMONARY EMBOLISM</b>		<b>YES</b>	<b>NO</b>			
11.1.12 Did the patient develop pulmonary embolism?		<input type="checkbox"/>	<input type="checkbox"/>			
If YES, please answer the following questions. If NO, please skip to next question 11.1.13						
11.1.12.1 Pulmonary embolism EPCO severity grading	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>			
11.1.12.2 Pulmonary embolism Clavien-Dindo Scale	I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>	V <input type="checkbox"/>	NONE <input type="checkbox"/>

<b>STROKE</b>		<b>YES</b>	<b>NO</b>			
11.1.13 Did the patient develop stroke?		<input type="checkbox"/>	<input type="checkbox"/>			
If YES, please answer the following questions. If NO, please skip to next question 11.1.14						
11.1.13.1 Stroke EPCO severity grading	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>			
11.1.13.2 Stroke Clavien-Dindo Scale	I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>	V <input type="checkbox"/>	NONE <input type="checkbox"/>

<b>SURGICAL SITE INFECTION (SUPERFICIAL)</b>		<b>YES</b>	<b>NO</b>			
11.1.14 Did the patient develop surgical site infection (superficial)?		<input type="checkbox"/>	<input type="checkbox"/>			
If YES, please answer the following questions. If NO, please skip to next question 11.1.15						
11.1.14.1 Surgical site infection (superficial) EPCO severity grading	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>			
11.1.14.2 Surgical site infection (superficial) Clavien-Dindo Scale	I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>	V <input type="checkbox"/>	NONE <input type="checkbox"/>

<b>SURGICAL SITE INFECTION (DEEP)</b>		<b>YES</b>	<b>NO</b>			
11.1.15 Did the patient develop surgical site infection (deep)?		<input type="checkbox"/>	<input type="checkbox"/>			
If YES, please answer the following questions. If NO, please skip to next question 11.1.16						
11.1.15.1 Surgical site infection (deep) EPCO severity grading	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>			
11.1.15.2 Surgical site infection (deep) Clavien-Dindo Scale	I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>	V <input type="checkbox"/>	NONE <input type="checkbox"/>

<b>SURGICAL SITE INFECTION (ORGAN/SPACE)</b>		<b>YES</b>	<b>NO</b>			
11.1.16 Did the patient develop surgical site infection (deep)?		<input type="checkbox"/>	<input type="checkbox"/>			
If YES, please answer the following questions. If NO, please skip to next question 11.1.17						
11.1.16.1 Surgical site infection (organ/space) EPCO severity grading	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>			
11.1.16.2 Surgical site infection (organ/space) Clavien-Dindo Scale	I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>	V <input type="checkbox"/>	NONE <input type="checkbox"/>

<b>URINARY TRACT INFECTION</b>		<b>YES</b>	<b>NO</b>			
11.1.17 Did the patient develop urinary tract infection?		<input type="checkbox"/>	<input type="checkbox"/>			
If YES, please answer the following questions. If NO, please skip to next question 11.1.18						
11.1.17.1 Urinary tract infection (organ/space) EPCO severity grading	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>			
11.1.17.2 Urinary tract infection Clavien-Dindo Scale	I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>	V <input type="checkbox"/>	NONE <input type="checkbox"/>

<b>PARALYTIC ILEUS</b>		<b>YES</b>	<b>NO</b>			
11.1.18 Did the patient develop paralytic ileus?		<input type="checkbox"/>	<input type="checkbox"/>			
If YES, please answer the following questions. If NO, please skip to next question 11.1.19						
11.1.18.1 Paralytic ileus EPCO severity grading	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>			
11.1.18.2 Paralytic ileus Clavien-Dindo Scale	I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>	V <input type="checkbox"/>	NONE <input type="checkbox"/>

<b>DELIRIUM</b>		<b>YES</b>	<b>NO</b>
11.1.19 Did the patient develop delirium?		<input type="checkbox"/>	<input type="checkbox"/>
If YES, please answer the following questions. If NO, please skip to next question 11.2			
11.1.19.1 Delirium severity (INTENSIVE CARE DELIRIUM SCREENING CHECKLIST)	_		

11.2 Did the patient receive a transfusion of RBC in the postoperative period?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If YES, please answer the following questions. If NO, please skip to section 12

11.2.1 Units RBC transfused |\_\_|\_\_| units

**12. POSTOPERATIVE JOURNEY**

12.1 LEVEL OF CARE ON THE FIRST NIGHT AFTER SURGERY	Tick one
Critical care level 3	<input type="checkbox"/>
Critical care level 2	<input type="checkbox"/>
Post-anaesthesia care unit	<input type="checkbox"/>
Surgical ward	<input type="checkbox"/>

**The level of care should be defined according to the care the patient receives rather than the location:**

- Critical care level 3: care includes advanced organ support e.g. invasive ventilation, renal replacement therapy.
- Critical care level 2: care may include advanced cardiorespiratory monitoring (e.g. invasive arterial / central venous monitoring) and basic organ support (e.g. non-invasive ventilation, inotropic/vasoactive drugs).
- Post-anaesthetic care unit: designated area for patient care immediately after anaesthesia.
- Surgical ward (level 0/1): normal ward care without capability for level 2 or 3 interventions or monitoring.

12.2 Time in hours until beginning of oral intake	
What was the time in hours until beginning of oral tolerance? Please note that not tolerating on POD 3 implies Postoperative ileus complication. Please note that not tolerating on hour 6 implies non compliance with the item "early oral intake"	__ __  h
<b>12.3 Did the patient receive Peripherally acting <math>\mu</math>-opioid receptor antagonists (e.g. alvimopan) Bisacodyl, magnesium oxide, daikenchuto and/or coffee Peripherally acting <math>\mu</math>-opioid receptor antagonists (e.g. alvimopan) Bisacodyl, magnesium oxide, daikenchuto and/or coffee</b>	
YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, please answer the following question. If NO, please skip to next question 12.4	
12.3.1 Which one of them?	
Almipovan <input type="checkbox"/>	Bisacodyl <input type="checkbox"/>
Magnesium oxide <input type="checkbox"/>	Daikenchuto <input type="checkbox"/>
	Coffee <input type="checkbox"/>
12.4 Time in hours until start of mobilization	
What was the time in hours until start of mobilization? Please note that not mobilization on hour 12 implies non compliance with the item "early mobilization"	__ __  h
<b>12.5 What day was the urinary catheter removed after surgery? Please check 0 if it was removed on the same day after surgery</b>	
__ __  days	

<b>12.6 Was there any deviation of the enhanced recovery pathway planned in this patient?</b>			
YES <input type="checkbox"/>		NO <input type="checkbox"/>	
If YES, please answer the following questions. If NO, please skip to next question 12.7			
12.6.1 What was the reason for the deviation of the enhanced recovery pathway planned in this patient?			
Medical complication <input type="checkbox"/>	Surgical complication <input type="checkbox"/>	Inability for early oral tolerance <input type="checkbox"/>	Inability for early mobilization <input type="checkbox"/>
<b>12.7 If the patient had any of the predefined complications (answered YES 11.1) , was there an unplanned critical care admission to treat a complication?</b>			
YES <input type="checkbox"/>		NO <input type="checkbox"/>	
<b>12.8 If the patient had any of the predefined complications (answered YES 11.1) , was there a planned critical care admission prolonged to treat a complication?</b>			
YES <input type="checkbox"/>		NO <input type="checkbox"/>	
12.9 If any, what was the total duration of the level 2 or 3 critical care stay within 30 days of inclusion?  __ __  days			

<b>12.10 If the patient had any of the predefined complications (answered YES 11.1): Surgical reoperation due to a complication?</b>		
YES <input type="checkbox"/>		NO <input type="checkbox"/>
12.10.1 If YES, please indicate the reason for repeat surgery. Tick one:		
Infection	<input type="checkbox"/>	
Bleeding	<input type="checkbox"/>	
Anastomotic leak	<input type="checkbox"/>	
Other	<input type="checkbox"/>	
12.11 Duration of primary hospital length of stay from surgery  __ __  days		
The hospital stay is calculated from the day of surgery and until the day of discharge. The day of surgery is day 1. For example, if a right hemicolectomy is performed on a patient on January 1 and leaves the hospital on January 4, then the hospital stay is 4 days.		
12.12 Readmission to hospital within 30 days of surgery	YES <input type="checkbox"/>	NO <input type="checkbox"/>
12.13 Did the patient survive to discharge of primary hospital admission?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
12.11.1 If NO, please indicate the day after surgery death occurred  __ __ __  POD		