FOLLOW-UP FORM - 3 months

Patient seqnr.
|__|__|__|__|__|-|__|__|__| **Hospital:** …… **Physician:**……

DATE OF VISIT

Exact date of visit ..... |__|__||__|__||__|__|__|__|

Number of months after surgery..... |__|

COMPLICATIONS

Posteroperative complications (0-90 days)(0=No, 1=Yes)..... |__|

Anastomotic leak/ (pre)sacral abscess(0=No, 1=Yes) ..... |__|

Date of anastomotic leak ..... |__|__||__|__||__|__|__|__|

Grade of anastomotic leakage..... |__|

1= Requiring no active therapeutic intervention
2= Requiring active therapeutic intervention but manageable without relaparotomy
3= Requiring re-laparotomy

Diagnosis by (1= CT scan, 2= Endoscopy, 3=MRI) ..... |__|

Treated by (0=None, 1= Percutaneous drainage, 2=Trans anastomotic drainage, 3=Endovac,

4= Colostomy (Takedown of anastomosis)(0=No, 1=Yes)..... |__|

Clavien Dindo (1-2-3a-3b-4a-4b-5)..... |__|

Complication	**0=No, 1=Yes**	**Clavien-Dindo** (1-2-3a-3b-4a-4b-5)	**Date complication**
Intra-abdominal abscess	|__|	|__|__|	|__|__||__|__||__|__|__|__|
Bleeding	|__|	|__|__|	|__|__||__|__||__|__|__|__|
Perforation	|__|	|__|__|	|__|__||__|__||__|__|__|__|
Ileus	|__|	|__|__|	|__|__||__|__||__|__|__|__|
Wound infection (superficial)	|__|	|__|__|	|__|__||__|__||__|__|__|__|
Fascial dehiscence	|__|	|__|__|	|__|__||__|__||__|__|__|__|
	0=No, 1=pulm embolism, 2= venous thrombosis		
Thromboembolic event	|__|	|__|__|	|__|__||__|__||__|__|__|__|
	0=No, 1=Myocardial infarction2= Decompensation		
Cardiac complications	|__|	|__|__|	|__|__||__|__||__|__|__|__|
	0=No, 1=Pneumonia, 2=other		
Respiratory complications	|__|	|__|__|	|__|__||__|__||__|__|__|__|

Intensive care unit stay (0=No, 1=Yes) ..... |__|

If yes, how many days ..... |__|__|__|

Transfusion (0=No, 1=Yes) ..... |__|__|

If yes, how many units ..... |__|__|

Date of discharge primary surgery ..... |__|__||__|__||__|__|__|__|

Date:…….. ..... **Investigator's signature:**……

FOLLOW-UP FORM - 3 months

Patient seqnr.
|__|__|__|__|__|__|-|__|__|__| **Hospital:** …… **Physician:**……..…

RE-ADMISSIONS

Re-admissions (0=No, 1=Yes) ..... |__|

If yes please complete serious adverse event form

RE-INTERVENTIONS (incl. ileostomy reversal)

Re-interventions(0=No, 1=Yes) ..... |__|

If yes please complete serious adverse event form

Has ileostomy been reversed (0=No, 1=Yes) ..... |__|

If yes, date ..... |__|__||__|__||__|__|__|__|

Complications of ileostomy reversal (0=No, 1=yes) ..... |__|

Ileus (0=No, 1=Yes) ..... |__|

Diagnosis by (1= CT scan, 2= Endoscopy, 3=MRI, 4=Other ..... |__|

If other, specify .....

Treated by .....

ClavienDindo (1-2-3a-3b-4a-4b-5) ..... |__|__|

Anastomotic leak(0=No, 1=Yes) ..... |__|

Grade of anastomotic leakage ..... |__|

1= Requiring no active therapeutic intervention
2= Requiring active therapeutic intervention but manageable without relaparotomy
3= Requiring re-laparotomy

Diagnosis by (1= CT scan, 2= Endoscopy, 3=MRI, 4=Other ..... |__|__|

If other, specify .....

Treated by (0=None, 1= Percutaneous drainage, 2=Trans anastomotic drainage, 3=Endovac,

4= Colostomy (Takedown of anastomosis)(0=No, 1=Yes) ..... |__|

Clavien Dindo (1-2-3a-3b-4a-4b-5) ..... |__|__|

Abdominal abscess(0=No, 1=Yes) ..... |__|

Treated by .....

ClavienDindo (1-2-3a-3b-4a-4b-5) ..... |__|__|

Wound infection(0=No, 1=Yes) ..... |__|

Treated by .....

ClavienDindo (1-2-3a-3b-4a-4b-5) ..... |__|__|

Other(0=No, 1=Yes) ..... |__|

Specify .....

Treated by .....

ClavienDindo (1-2-3a-3b-4a-4b-5) ..... |__|__|

ADJUVANT TREATMENT

Adjuvant therapy (0=None, 1= Chemotherapy, 2= Radiotherapy, 3= Chemo + RT) ..... |__|

Date:…….. ..... **Investigator's signature:**……

FOLLOW-UP FORM - 3 months

Patient seqnr.
|__|__|__|__|__|-|__|__|__| **Hospital:** …… **Physician:**……..…

Specify .....

EXAMINATIONS

CEA level ..... |__|__|__|.|__|

DEATH

Death (0=No, 1=Yes)..... |__|

Date of death ..... |__|__||__|__||__|__|__|__|

Cause of death (1= Not cancer related, 2=Rectal cancer related, 3= Other cancer)..... |__|

Specify cause of death ……..

COMMENTS

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TABLE 2. Clavien-Dindo Classification of Surgical Complications	
Grade I	Any deviation from the normal postoperative course without the need for pharmacological treatment or surgical, endoscopic, and radiological interventions. Allowed therapeutic regimens are: drugs such as antiemetics, antipyretics, analgetics, diuretics, electrolytes, and physiotherapy. This grade also includes wound infections opened at the bedside.
Grade II	Requiring pharmacological treatment with drugs other than allowed for grade I complications. Blood transfusions and total parenteral nutrition are also included.
Grade IIIa	Surgical, endoscopic, or radiological intervention that is not under general anesthesia
Grade IIIb	Surgical, endoscopic, or radiological intervention that is under general anesthesia
Grade IVa	Life-threatening complication requiring intermediate care or intensive care unit management, single organ dysfunction (including dialysis, brain hemorrhage, ischemic stroke, and subarrachnoidal bleeding)
Grade IVb	Life-threatening complication requiring intermediate care or intensive care unit management, multi-organ dysfunction (including dialysis)
Grade V	Death of a patient
Suffix "d"	If the patient suffers from a complication at the time of discharge, the suffix "d" (for "disability") is added to the respective grade of complication. This label indicates the need for a follow-up to fully evaluate the complication

Date:…….. ..... **Investigator's signature:**……