



Fellow GAS form

FILL IN SECTIONS A-D IMMEDIATELY AFTER THE OPERATION !

A. SURGEON

A1 Operating Hospital <input type="text"/>	A2 Trainer Please Select <input type="text"/>
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B. PATIENT

B1 Patient Identification number <input type="text"/>	B2 Initials <input type="text"/>	B3 DOB mm <input type="text"/> dd <input type="text"/> yyyy <input type="text"/>	B4 Gender <input type="radio"/> male <input type="radio"/> female
B5 Operating date mm <input type="text"/> dd <input type="text"/> yyyy <input type="text"/>	B6 Height <input type="text"/> cm	B7 Weight <input type="text"/> kg	B8 ASA Grade <input type="radio"/> I <input type="radio"/> II <input type="radio"/> III <input type="radio"/> IV

C. OPERATION

C1 Urgency <input type="radio"/> Elective <input type="radio"/> Emergency	C2 Diagnosis <input type="radio"/> Benign polyps <input type="radio"/> Cancer <input type="radio"/> IBD <input type="radio"/> Diverticulitis <input type="radio"/> Other - Specify <input type="text"/>	C3 Prior abdominal surgery <input type="radio"/> Yes <input type="radio"/> No
C4 Resection <input type="radio"/> R/hemi <input type="radio"/> L/hemi <input type="radio"/> Transverse Colectomy <input type="radio"/> Sigmoid Colectomy <input type="radio"/> Hartmann <input type="radio"/> Anterior Resection <input type="radio"/> Low Anterior Resection <input type="radio"/> Total Colectomy <input type="radio"/> Proctocolectomy <input type="radio"/> Abdomino-perineal Resection <input type="radio"/> Panproctocolectomy <input type="radio"/> Subtotal Colectomy <input type="radio"/> Other Other - please state <input type="text"/>		
C5 Anastomosis <input type="radio"/> None <input type="radio"/> Intracorporeal <input type="radio"/> Extracorporeal	C6 Intraoperative findings <input type="checkbox"/> Abscess <input type="checkbox"/> Fistula <input type="checkbox"/> Phlegmon <input type="checkbox"/> Adhesions	C7 Conversion to open <input type="radio"/> Yes <input type="radio"/> No
C8 Reason for conversion <input type="checkbox"/> N/A <input type="checkbox"/> Equipment problems <input type="checkbox"/> Bleeding <input type="checkbox"/> Exposure/Anatomy <input type="checkbox"/> Bowel perforation		C9 Stoma <input checked="" type="radio"/> None <input type="radio"/> Ileostomy <input type="radio"/> Colostomy
C10 Intra-operative event <input type="checkbox"/> None <input type="checkbox"/> Emphysema <input type="checkbox"/> Pulmonary insufficiency <input type="checkbox"/> Bleeding hematoma <input type="checkbox"/> Duodenal injury <input type="checkbox"/> Small bowel injury <input type="checkbox"/> Ureteric injury <input type="checkbox"/> Major vessel injury <input type="checkbox"/> Gross faecal contamination <input type="checkbox"/> Bladder injury <input type="checkbox"/> Injury by trocar <input type="checkbox"/> Other <input type="text"/>		

D. SELF-ASSESSMENT (DOPS)

- 1 Not performed, step had to be done by trainer
- 2 Partly performed, step had to be partly done by trainer
- 3 Performed, with substantial verbal support
- 4 Performed with minor verbal support
- 5 Competent performance, safe (without guidance)
- 6 Proficient performance, couldn't be better

EXPOSURE			
D1 Correct theatre setup <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	D2 Appropriate patient positioning <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	D3 Safe access technique <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	D4 Exposure of operating field <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6
VASCULAR			
D5 Safe dissection of vascular pedicle <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	D6 Dissection of mesentery <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	D7 Identification of ureter or duodenum <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	
MOBILISATION			
D8 Dissection of hepatic or splenic flexure <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	D9 Mesorectal dissection (where applicable) <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	D10 Safe dissection of bowel <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	
ANASTOMOSIS			
D11 Safe evacuation of specimen <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	D12 Anastomosis <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6		
OVERALL PERFORMANCE			
D13 Overall performance <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	D14 How difficult was this operation (1=very easy, 6=very difficult) <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6		
D15 Comments			

E. POSTOPERATIVE COURSE

E1 Post operative complication <input type="radio"/> Yes <input type="radio"/> No			
E2 Abdominal complication <input type="checkbox"/> anastomotic leak <input type="checkbox"/> bleeding/hematoma <input type="checkbox"/> abdominal sepsis (superficial/deep) <input type="checkbox"/> postoperative ileus <input type="checkbox"/> bowel obstruction <input type="checkbox"/> other			
			Other
E3 Medical complication <input type="checkbox"/> Chest infection <input type="checkbox"/> UTI <input type="checkbox"/> Cardiac event <input type="checkbox"/> Stroke	E4 Reoperation <input type="radio"/> Yes <input type="radio"/> No	E5 Readmission for complication <input type="radio"/> Yes <input type="radio"/> No	E6 Hospital stay <input style="width: 50px;" type="text"/> days
E7 Intra-hospital death <input type="radio"/> Yes <input type="radio"/> No	Date of death mm <input style="width: 30px;" type="text"/> dd <input style="width: 30px;" type="text"/> yyyy <input style="width: 30px;" type="text"/>		