FORM 2A:
PERIOPERATIVE MEDICAL INFORMATION
(Filled in by surgeon at the same time as the operation description and may be supplemented by discharge or by reporting)

Registration form for patients operated for degenerative cervical spine disorders

NORspine

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Version 2

Date of surgery ☐☐ Day ☐☐ Month ☐☐ Year

Date of completion ☐☐ Day ☐☐ Month ☐☐ Year

Patient data (barcode)

Name

National identity numbe ☐☐☐☐☐☐☐☐☐☐☐

Medical history (check all that apply)

Previously operated in the cervical spine?

☐ Yes, same level ☐ Yes, different level ☐ No

The patient has already been operated ☐☐ times in the cervical spine

Does the patient use anticoagulant medication daily?

☐ No ☐ Yes If yes, whitch one?_____

If applicable, specify the date of discontinuation ☐☐ day ☐☐ month ☐☐ year

Was postoperative thromboprophylaxis medication given?

☐ No ☐ Yes If yes, please specify_____ First dose given preoperatively ☐

Other relevant diseases, injuries or ailments

☐ No

Yes, specify:

- ☐ Rheumatoid arthritis
- ☐ Ankylosing spondylitis
- ☐ Other rheumatic disease
- ☐ Undergoing immunotherapy
- ☐ Chronic musculoskeletal pain
- ☐ Carpal tunnel syndrome
- ☐ Shoulder arthrosis (osteoarthritis)/ impingement
- ☐ Whiplash / neck injury
- ☐ Osteoporosis
- ☐ Depression / anxiety
- ☐ Migraine
- ☐ Cerebrovascular disease
- ☐ Chronic neurological disease
- ☐ Hypertension
- ☐ Cardiovascular disease
- ☐ Vascular claudication
- ☐ Cancer
- ☐ Asthma /chronic obstructive pulmonary disease (COPD)
- ☐ Diabetes mellitus
- ☐ Other endocrine disorders

Other, pleace specify _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Radiological assessment (check all that apply)

1. Examination

- ☐ CT
- ☐ MRI
- ☐ Myelography
- ☐ EMG/Neurography
- ☐ Nerve root block
- ☐ Cervical spine X-ray
  - ☐ With flexion/extension

2. Findings

- ☐ Normal
- ☐ Disc herniation
- ☐ Cervical spinal stenosis
- ☐ Degenerative changes in more than operated level(s)
- ☐ Other, please specify _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
- ☐ Root canal stenosis
- ☐ Spondylolisthesis
- ☐ Intramedullary signal changes on MRI

Surgical indication(s) (check all that apply)

☐ Pain: ☐ Neck ☐ Arm

☐ Paresis, Grade (0-5): _ _ _

☐ Myelopathy: ☐ Sensory ☐ Motor

How long has the patient had myelopathy? (check only one box)

- ☐ Less than 3 months
- ☐ 3 - 6 months
- ☐ 6 - 12 months
- ☐ 1 - 2 year
- ☐ More than 2 year

Etiology if reoperated within 90 days (check only one box)

- ☐ Cerebrospinal fluid leak
- ☐ Deep wound infection
- ☐ Superficial wound infection
- ☐ Hematoma
- ☐ Postoperative spondylolisthesis
- ☐ Loosening/misplacement of osteosynthesis material
- ☐ Misplacement of implant
- ☐ Wrong level surgery
- ☐ Inadequate decompression
- ☐ Other, please specify _____

Operation category (check only one box)

☐ Elective ☐ Emergency ☐ Urgent

Day surgery (no overnight stay in hospital)

☐ Yes ☐ No

ASA-classification (check only one box)

- ☐ I No organic, physiological, biochemical or mental disorders
- ☐ II Moderate illness or disorder
- ☐ III Serious illness or disorder
- ☐ IV Life-threatening organic disease
- ☐ V Dying patient

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Operation method (check all that apply)

Approach

☐ Posterior

Anterior: ☐ Right side ☐ Left side

Did the surgeon use visual enhancement device?

☐ No ☐ Micros-cope ☐ Surgical loupes ☐ Endoscope

Endoscopic approach ☐ Inter laminar ☐ Frontal ☐ Other

Endoscopic technique (check only one box) ☐ Uniportal ☐ Biportal

Anterior cervical discectomy and fusion or arthroplasty

☐ Discectomy

☐ Bone block ☐ Plate ☐ Cage ☐ Disc arthro-plasty

☐ Corpectomy

☐ Plate ☐ Cage ☐ Bone block

Surgical decompression

☐ Posterior foraminotomy ☐ Unilateral ☐ Bilateral

Other posterior decompression

☐ Laminec-tomy ☐ Lamino-plasty ☐ Skip lamin-ectomy ☐ Hemilamin-ectomy

Other surgical methods (check only one box)

☐ Revision of osteosynthesis material ☐ Revision of cage

☐ Removal of osteosynthesis material ☐ Revision of disc prosthesis

Other, please specify _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Posterior fusion (check all that apply)

☐ Cervical ☐ Occipitocervical ☐ Cervicothoracal

Instrumentation ☐ Wire ☐ Screws ☐ Rod

Proximal level, e.g. C0 ☐☐ Distal level, e.g. TH1 ☐☐☐

Type of bone graft (check all that apply)

☐ Autograft ☐ Bone substitute ☐ Bone bank

Decompressed level and side (check all that apply)

☐ C0/C1	☐ Right	☐ Left	☐ C4/C5	☐ Right	☐ Left
☐ C1/C2	☐ Right	☐ Left	☐ C5/C6	☐ Right	☐ Left
☐ C2/C3	☐ Right	☐ Left	☐ C6/C7	☐ Right	☐ Left
☐ C3/C4	☐ Right	☐ Left	☐ C7/TH1	☐ Right	☐ Left

Other, please specify _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Antibiotic prophylaxis

☐ No ☐ Yes, specify;

Medication:.....Dosage:..... Amount:.....

Example Keflin 2000 mg x1

☐ Day of surgery only

☐ Or specify number of days .....

Wound drainage

☐ Yes ☐ No

Knife time (skin to skin), state time of day

Operation start ☐☐ ☐☐ (hour/ minutes) Operation end ☐☐ ☐☐ (hour/ minutes)

Peroperative complications (check all that apply)

☐ Dural tear ☐ Anaphylactic reaction

☐ Nerve root injury ☐ Medulla injury

☐ Wrong level/side surgery ☐ Esophageal injury

☐ Misplacement of implant ☐ Large blood vessel injury

☐ Perioperative transfusion due to bleeding ☐ Cardiovascular complications

☐ Respiratory complications ☐ Other nerve injury

☐ Other, please specify _

State maximum two operation codes that best describe the procedure (NCSP):

☐☐☐ ☐☐ ☐☐☐ ☐☐

To be filled in at the end of hospital stay/discharge

Date of discharge and length of hospital stay

Date of discharge ☐☐ ☐☐ ☐☐ day month year ☐☐☐ (total number of days)

Outcome of complications during admission

☐ Death

☐ Reoperated during the current admission