

Registration form for patients undergoing back surgery

Patient data (Barcode)

Name

National identity number

Admission date _____ Date of surgery _____

Previous lumbar spine surgery

Has the patient previously had lumbar spine surgery? (check all that apply)

 Yes, same level Yes, different level NoThe patient has been operated times in the lumbosacral spine

Which of the following best describes the most recent procedure

- Prolapse surgery Disc prosthesis
- Microdecompression for spinal stenosis Fusion surgery
- Laminectomy for spinal stenosis Removal/revision of implants
- Endoscopy

Use of anticoagulants and antiplatelet or immunosuppressive medication

Does the patient use such medication on a daily basis?

 No Yes If yes, which 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

Compression stockings postoperatively?

 No Yes Steroids Other immunosuppressive treatment

Other relevant diseases, injuries or problems (check all that apply)

- No
- Yes, please specify:
- Rheumatoid arthritis Polyneuropathy
- Ankylosing spondylitis Vascular claudication
- Other rheumatic disease Chronic pulmonary disease
- Hip- or knee arthrosis Cancer
- Depression / anxiety Osteoporosis
- Generalised pain syndrome Osteoporotic thoracolumbar fracture
- Chronic neurological disease Hypertension
- Cerebrovascular disease Diabetes mellitus
- Cardiovascular disease Other endocrine disorders
- Prostatism

Other, please specify _____

Radiological assessment (check all that apply)

1. Examination

- CT MRI
- Lumbosacral spine x-ray
- Diagnostic blockade
- Facet Joint
- Nerve Root

2. Findings

- Prolapse Isthmisch spondylolysis
- Intraforaminal prolapse Isthmisch spondylolistesis
- Extreme lateral/extraforaminal prolapse Meyerding grade(I-IV)
- Central spinal stenosis Degenerative spondylolisthesis (on MRI)mm of displacement
- Lateral/recess stenosis Degenerative scoliosis
- Foraminal stenosis Kyphosis
- Only disc degeneration / spondylolysis without nerve affection Synovial cyst
- Intraspinial lipomatosis

Neurological symptoms and findings

- Paresis, grade (0-5):
- Duration (check only one box)
- Less than 24 hours, or specify number of hours
- Less than one week, or specify number of days
- 1 week to 3 months, or specify number of weeks
- More than 3 months

 Cauda equina syndrome

- Duration (check only one box)
- Less than 24 hours, or specify number of hours
- Less than one week, or specify number of days
- 1 week to 3 months, or specify number of weeks
- More than 3 months

Operation category

- Elective Emergency Urgent
- (handled faster than ordinary waiting time, but not emergency surgery)

Day surgery (no overnight hospital stay)

 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

Operation method (check all that apply)

Was the surgical safety checklist used? (check all that apply)

 Yes, at the start Yes, at the end No

Did the surgeon use vision enhancement?

 No Microscope Surgical loupes EndoscopeEndoscopic approach Inter-laminar Trans-foraminal ExtraforaminalEndoscopic technique (check only one box) Uniportal Biportal

Was a computer navigation used?

No Yes If yes, use of robotic arm? Yes No

Removal of prolapse?

No
 Yes, with emptying of the disc (discectomy) Yes, without emptying the disc

Surgical decompression

Decompression with preservation of midline structures Unilateral Bilateral with unilateral approach Bilateral with bilateral approach

Spinous process osteotomy

Laminectomy

Other surgical methods

Percutaneous fusion surgery Removal of osteosynthesis material
 Disc prosthesis Pedicle Subtraction Osteotomy (PSO)
 Fusion for axial back pain without radiating pain (no decompression) Interpedicular osteotomy (Ponte/Smith-Petersen)
 Revision of osteosynthesis material

Other, please specify _____

Adjacent level stenosis (check only one box)

Is this surgery for spinal stenosis in the most adjacent level of a previously fused level? Yes No

Which level? f.eks. L3/L4: _____

Which level(s) is/are previously fused) Number of levels: _____

Upper level, e.g. Th11 Lower level, e.g. S1

Surgical approach (check only one box)

Midline Lateral (Wiltze)
 Anterior Extraforaminal access via midline

Levels of decompression (check all that apply)

Th12/L1 L1/2 L2/3 L3/L4
 L4/L5 L5/S1 Other, please specify _____

Number of levels decompresses: _____

Fusion surgery (instrumented/ non-instrumented)

Yes No If yes:
 Posterolateral fusion (PLF) Instrumented Non-instrumented
Type PLF Unilateral Bilateral
 Anterior lumbar interbody fusion ALIF Posterior lumbar interbody fusion PLIF
 Transforaminal lumbar interbody fusion TLIF Extreme lateral interbody fusion XLIF

Type of bone graft (check all that apply)

Autograft Local bone (check all that apply)
 From iliac crest
 Bone graft substitutes
 Bone bank

Fused levels

Upper level, e.g. Th11 Lower level, e.g. S1

Number of fusion level(s): _____

Iliac screws used? Yes No

If yes: Unilateral Bilateral

Cemented screws

Cement augmentation used? Yes No

Antibiotic prophylaxis

No Yes, please specify

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

Example: Cephalotin 2000 mg x1

Only the day of surgery

If applicable, please specify number of days

Wound drainage

Yes No

Knife time (skin to skin)

Surgery start (hours/minutes)

Surgery end (hours/minutes)

Alternatively, total knife time (hours/minutes)

Perioperative complications (calculated automatically)

Dural tear, millimeters _____
 Whit CSF leak Without CSK leak Herniation of nerve root(s)

Treatment (check all that apply)

Suture Other wound sealant Fibrin sealant None

Nerve root tear
 Operated on wrong level/side
 Misplaced implant
 Bleeding requiring transfusion
 Respiratory complications
 Cardiovascular complications
 Anaphylactic reaction
 Other, please specify _____

Enter up to two operation codes that best describe the procedure (NCSP)

To be completed at discharge

Discharge date
day month year

Outcome of complications during admission

Death
 Reoperated during the current admission