



Surgeon:

Clinic Date:

Patient Name:

Date of Birth:

30 Day Follow Up: (skip if this is an additional follow up visit after 30 days post-op)

Date of Discharge from repair: _____

Was this patient seen in any of the following settings between discharge and this 30 day follow up visit? (Check all that apply, LEAVE BLANK IF ANSWER IS 'NO'): Clinic Emergency Room

Readmission: YES NO If Yes, reason for readmission(s): Pain Prosthetic-related Wound complication Bleeding Thrombotic (non-cardiac) Gastrointestinal
 Cardiac Respiratory Specify other: _____

What method of follow up is being performed? In-person Phone Obtained from medical record (abstraction) → (Data Abstractors: not included on 30 Day Follow Up Form)

Hernia recurrence assessment method: Clinical Radiographic – [which type: CT US MRI Endoscopy Upper GI] Unable to assess

Procedure type: Ventral/Inguinal

Recurrence: YES NO If Yes, Type of Recurrence: Incisional hernia Port site hernia New ostomy site hernia Inguinal/Femoral hernia Diastasis recurrence

Hernia Symptoms: Symptomatic Asymptomatic

Hernia Midline: M1 – Subxiphoidal M2 – Epigastric M3 – Umbilical M4 – Infraumbilical M5 – Suprapubic No midline component

Lateral: L1 – Subcostal L2 – Flank L3 – Iliac L4 – Lumbar No lateral component

Hernia length (cm): _____ Hernia width (cm): _____

Reoperation: YES NO If Yes, Date of Reoperation: _____

Reoperation type (check all that apply): Unrecognized Enterotomy Wound Complication Mesh excision Postop Bleeding Recurrence
 Bowel obstruction Other Intra-abdominal pathology, specify: _____
 Hernia at a new ostomy site Port site hernia

Was Mesh excised? YES (PARTIAL or COMPLETE) NO

SSI: YES NO If Yes, Infection type (check all that apply): Superficial SSI Deep incisional SSI Organ space SSI

SSI Treatment (check all that apply): No treatment/intervention needed Oral antibiotics IV antibiotics Wound opening Wound debridement
 Suture excision Percutaneous drainage Partial mesh removal Complete mesh removal

SSO: YES NO If Yes, Complication Type: Wound cellulitis Non-healing incisional wound Fascial disruption Skin or soft tissue ischemia Skin or soft tissue necrosis

Wound serous drainage Wound purulent drainage Chronic sinus drainage Localized stab wound infection Stitch abscess
 Seroma Infected seroma Hematoma Infected hematoma Exposed biologic mesh Exposed synthetic mesh
 Contaminated synthetic mesh Infected biologic mesh Infected synthetic mesh Mucocutaneous anastomosis disruption
 Enterocutaneous fistula Unspecified SSO

SSO Treatment: No treatment/intervention needed Oral antibiotics IV antibiotics Wound opening Wound debridement
 Suture excision Percutaneous drainage Partial mesh removal Complete mesh removal

Other Complications: YES NO If Yes, check all that apply: Ileus Bowel obstruction Pain requiring intervention Pulmonary embolism Stroke DVT Sepsis

Septic shock MI Cardiac arrest (requiring CPR) Urinary retention requiring catheter placement
 Progressive renal insufficiency Acute renal failure Pneumonia Ventilator > 48 hrs Coma > 48 hrs
 Peripheral nerve injury Post-Op Bleeding transfusion Graft/Prosthetic/Flap failure Death
 Postop respiratory failure requiring ET intubation Other: _____

Pain Medications Questions:

If this is the 30-day post-op visit, questions refer to the time of hospital discharge (i.e. were opioids prescribed when the patient was discharged?)

If this is an additional follow up visit (past 30 days post-op), the questions refer to this visit or within the past 30 days (i.e. were opioids prescribed recently/outpatient?)

Were opioids prescribed for pain? YES NO

If Yes, select the opioid: Oxycodone (Oxycotin) Oxycodone/Acetaminophen (Percocet, Roxicet)

- Hydrocodone/Acetaminophen (Vicodin, Lorcet, Lortab, Norco) Hydromorphone (Dilaudid, Exalgo) Codeine
 Methadone (Dolophine, Methadose) Morphine (MS Contin, Kadian, Morphabond) Meperidine (Demerol)
 Tapentadol (Nucynata) Tramadol Fentanyl Transdermal/Oral Other: _____

Dosage (mg): _____ Number of opioid tablets prescribed: _____

Was a refill necessary after discharge? YES NO

If Yes, select the prescription opioid: Oxycodone (Oxycotin) Oxycodone/Acetaminophen (Percocet, Roxicet)

- Hydrocodone/Acetaminophen (Vicodin, Lorcet, Lortab, Norco) Hydromorphone (Dilaudid, Exalgo) Codeine
 Methadone (Dolophine, Methadose) Morphine (MS Contin, Kadian, Morphabond) Meperidine (Demerol)
 Tapentadol (Nucynata) Tramadol Fentanyl Transdermal/Oral Other: _____

Dosage (mg): _____ Number of opioid tablets prescribed: _____

Additional Follow up (past 30 days post-op):

Did the patient receive the ACHQC Postoperative Opioid Education Information Sheet? YES NO

Is the patient still taking opioids? YES NO

If Yes, select the best reason why:

- Prolonged opioid use – being prescribed by surgeon Prolonged opioid use – prescribed by another provider
 Chronic user – back to normal preoperative regimen Chronic user – now taking higher dose than pre-operative state
 Chronic user – now taking lower dose than preoperative state Opioid refill prescribed Other reason

Were non-opioids prescribed for pain? YES NO

If Yes, select the prescription non-opioid: Acetaminophen Ibuprofen Naproxen Meloxicam Celecoxib (Celebrex)

- Pregabalin (Lyrica) Gabapentin (Neurontin) Other: Robaxin Other, specify: _____

Was a refill necessary? YES NO

Were over the counter medications recommended for pain? YES NO

If Yes, which medication: Acetaminophen (Tylenol) Ibuprofen (Motrin, Advil)

- Naproxen (Naprosyn, Naprelan, Anaprox, Aleve) Aspirin Other
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Did the patient receive the ACHQC Postoperative Opioid Education Information Sheet? YES NO

Did this patient undergo any component of the ACHQC Abdominal Core Surgery Rehabilitation protocol or any postoperative outpatient physical therapy (completed or planned)?

YES NO

If Yes, check all that apply:

- ACHQC Abdominal Core Surgery Rehabilitation protocol self-directed exercises completed in Patient Guide ACHQC Abdominal Core Surgery Rehabilitation protocol postoperative outpatient physical therapy completed or ordered Other postoperative outpatient physical therapy completed or ordered