

STAGE 4 (TO BE RETURNED AS SOON AS COMPLETED)



PATIENT DETAILS

Participant Initials: [][][] Date of Birth: [D][D] / [M][M][M] / [Y][Y] Subject ID: []-[][][][][][]

CRANIOPLASTY DETAILS

Did the participant receive a decompressive craniotomy ☐ Yes ☐ No
If No, go to SHUNT Section

Did the participant receive a cranioplasty ☐ Yes ☐ No

If No, Please specify why ? ☐ Active infection ☐ Suspected infection ☐ Other

Complication codes

Revision Cranioplasty (approx)	1.	[][]	/	[][][][]	/	[][]	[]
Revision Cranioplasty (approx)	2.	[][]	/	[][][][]	/	[][]	[]
Revision Cranioplasty (approx)	3.	[][]	/	[][][][]	/	[][]	[]
Re-admissions for complications	1.	[][]	/	[][][][]	/	[][]	[]
Re-admissions for complications	2.	[][]	/	[][][][]	/	[][]	[]
Re-admissions for complications	3.	[][]	/	[][][][]	/	[][]	[]

- Complication codes:
- 1 Superficial infection
 - 2 Deep infection
 - 3 Exposed Implant
 - 4 Bone flap resorption
 - 5 Cosmesis
 - 6 Pseudomeningocele
 - 7 New seizures
 - 8 Extradural hemorrhage
 - 9. Other

History of CSF infection since trauma ☐ Yes ☐ No

Syndrome of the Trephined ☐ Yes ☐ No

If the admission is in a different hospital from where the initial surgery was conducted, please provide address of the hospital

INITIAL MATERIALS FOR CRANIOPLASTY

Autografts ☐ Cranium ☐ Others

Where were autografts stored? ☐ Within patient ☐ Cryopreservation ☐ Others

Non-metal Allografts ☐ Celluloids ☐ Hydoxyapatite ☐ Silicon ☐ Ceramic ☐ Cortoss ☐ Polyethylene ☐ Polyetheretherketone ☐ Methyl-methacrylate ☐ Chorale ☐ Other

Metal Allografts: ☐ Stainless steel ☐ Titanium ☐ Aluminium ☐ Platinum ☐ Silver ☐ Vitallium ☐ Gold ☐ Tantalum ☐ Ticonium

SHUNT

Did the participant develop hydrocephalus ? ☐ Yes ☐ No

Did the participant receive a shunt ☐ Yes ☐ No

Type of shunt ☐ Ventriculoperitoneal ☐ Subdural peritoneal ☐ Lumboperitoneal ☐ Other, please Specify

Date of Shunt replacement [D][D] / [M][M][M] / [Y][Y]

If the admission is in a different hospital from where the initial surgery was conducted, please provide address of the hospital

Complication codes

Revision shunt surgery (approx)	1.	[][]	/	[][][][]	/	[][]	[]
Revision shunt surgery (approx)	2.	[][]	/	[][][][]	/	[][]	[]
Revision shunt surgery (approx)	3.	[][]	/	[][][][]	/	[][]	[]
Re-admissions for complications	1.	[][]	/	[][][][]	/	[][]	[]
Re-admissions for complications	2.	[][]	/	[][][][]	/	[][]	[]
Re-admissions for complications	3.	[][]	/	[][][][]	/	[][]	[]

- Complication codes:
- 1 Shunt infected
 - 2 Shunt blockage
 - 3 Over- Drainage
 - 4 Under- Drainage
 - 5 Mechanical failure
 - 6 CSF leak
 - 7Pseudomeningocele
 - 8 Wound dehiscence
 - 9. Observation/ Infusion study
 - 10. Other

At the last day of follow-up (1 year post-injury) is the patient alive

☐ Yes ☐ No, give principal cause of death → ☐ Head Injury/ Initial Injury ☐ Head Injury/Secondary Intracranial damage ☐ Medical Complications ☐ Systemic Trauma ☐ Unknown ☐ Other,

Date of death [D][D] / [M][M][M] / [][]

Completed by [] [D][D] / [M][M][M] / [Y][Y]