

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

- 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 ☐ Hydroxyapatite ☐ 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
☐ Lumboperitoneal
☐ Subdural peritoneal
☐ 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. [D][D] / [M][M][M] / [Y][Y] []
Revision shunt surgery (approx) 2. [D][D] / [M][M][M] / [Y][Y] []
Revision shunt surgery (approx) 3. [D][D] / [M][M][M] / [Y][Y] []
Re-admissions for complications 1. [D][D] / [M][M][M] / [Y][Y] []
Re-admissions for complications 2. [D][D] / [M][M][M] / [Y][Y] []
Re-admissions for complications 3. [D][D] / [M][M][M] / [Y][Y] []

- 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

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