

PRE-PROCEDURE INFORMATION

Date and time of admission: [dd-mm-yyyy] [hh:mm]

Informed consent signed on: [dd-mm-yyyy]

Birth year:

Gender (at birth):

History of smoking: YES NO

If yes, packyears:

Height (cm):

Weight (kg):

MEDICAL HISTORY

Does the patient have any relevant diseases? YES NO

Please check if the following anamnestic conditions exist:

Diabetes		Sleep apnea	
Hypertension		GERD	
Cardiovascular Co-morbidity		Depression	
COPD or Impaired Respiratory Function		Osteoarthritis	
Impaired renal function		Chronic pain (if yes baseline consumption of pain medication)	
Liver disease		Stroke	
Others, please specify (if medically relevant)			

Investigator name: _____ Date: _____

Signature: _____

SITE #: _____ PATIENT #: _____

SURGICAL HISTORY

Has the patient any prior relevant abdominal surgery? YES NO

If yes, please specify:

Method of procedure:	open	laparoscopic
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Investigator name: _____ Date: _____

Signature: _____

SURGERY

Date of procedure: _____ [dd-mm-yyyy]

1. Surgeon (ID-number)	
2. Surgeon (ID-number)	

Gastrointestinal procedure performed:

Cholecystectomy	
Bariatric procedures	
Esophageal resection	
Gastric resection	
Hemicolectomy right	
Liver surgery	
Inguinal hernia unilateral	
Inguinal hernia bilateral	
Ventral hernia	
Fundoplication	
Sigmoid resection	
Rectal surgery	
Implant of an electric stimulator of the lower esophagus sphincter	
Implant of magnetic anti reflux band LINX	
Others	

Investigator name: _____ Date: _____

Signature: _____

SITE #: _____ PATIENT #: _____

Please complete:

Indication for performing procedure:	
Procedural details:	
Specification:	
Special conditions present:	

Investigator name: _____ Date: _____

Signature: _____

SURGERY

Date of procedure: _____ [dd-mm-yyyy]

1. Surgeon (ID-number)	
2. Surgeon (ID-number)	

Gynecological procedure performed:

Ovarian cyst enucleation	
Ovarian endometriosis	
Monolateral salpingectomy	
Bilateral salpingectomy	
Monolateral oophorectomy	
Bilateral oophorectomy	
Monolateral salpingo-oophorectomy	
Bilateral salpingo-oophorectomy	
Total hysterectomy	
Radical hysterectomy	
Supracervical hysterectomy	
Pelvic lymphadenectomy	
Sentinel node mapping	
Sacrocolpopexy	
Myomectomy	
Adhesiolysis	
Others	

Investigator name: _____ Date: _____

Signature: _____

SITE #: _____ PATIENT #: _____

Please complete:

Indication for performing procedure:	
Procedural details:	
Specification:	
Special conditions present:	

Investigator name: _____ Date: _____

Signature: _____

SURGERY

Date of procedure: _____ [dd-mm-yyyy]

1. Surgeon (ID-number)	
2. Surgeon (ID-number)	

Urological procedure performed:

Radical prostatectomy	
Lymph node dissection	
Adrenalectomy	
Simple prostatectomy	
Partial nephrectomy	
Radical nephrectomy	
Radical cystectomy	
Ureter reimplant	
Pyeloplasty of the UPJ	
Others	

Investigator name: _____ Date: _____

Signature: _____

SITE #: _____ PATIENT #: _____

Please complete:

Specification:	
Indication:	
Procedural details:	
Special conditions/comments:	

Investigator name: _____ Date: _____

Signature: _____

SURGICAL PROCEDURAL DETAILS

Surgery start time (first incision)	hh:mm	
Docking begins (camera connected to the robot arm)	hh:mm	
Docking ends (equal to start of console time)	hh:mm	
Console start time (robotic start)	hh:mm	
Console end time (robotic end)	hh:mm	
Surgery end time (skin closure)	hh:mm	

Height of table prior to docking (measured at patient umbilical level, cm): _____

Patient positioning on table:

Supine position (head low)	
Lithotomy position (head up)	
Lateral position	
Prone position	
Beach chair position	
Others (please specify):	

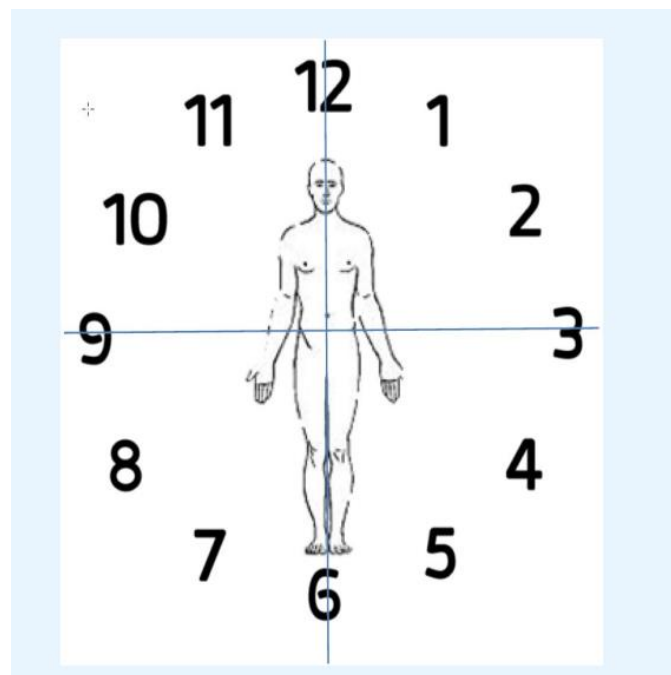
Investigator name: _____ Date: _____

Signature: _____

ROBOTIC ARM LOCATION

How many numbers of arms were used?	
How many situations did the patient undergo? (a situation describes the position/location of the robotic arms)	

With patient head at 12 o'clock, note the location of each robotic arm around patient:

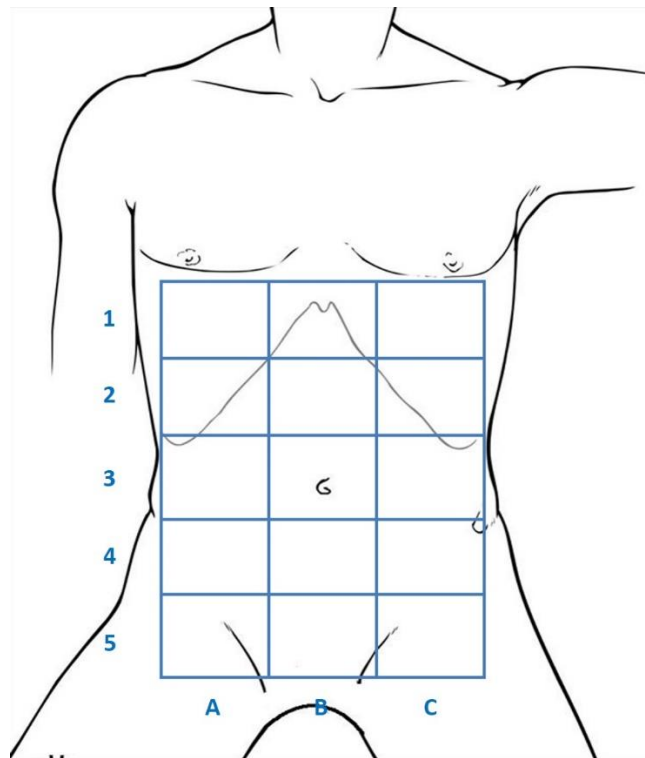


	Camera arm o'clock	Robotic arm 1 o'clock	Robotic arm 2 o'clock	Optional arm o'clock
First situation				
Second situation				
Third situation				
Fourth situation				

Investigator name: _____ Date: _____

Signature: _____

LOCATION OF TROCARS



Please select the locations of each trocar/incision with a number/letter (use the graphic aid above):

	Camera arm	Robotic arm 1	Robotic arm 2	Optional arm
First situation				
Second situation				
Third situation				
Fourth situation				

Investigator name: _____ Date: _____

Signature: _____

Was a local anesthetic used at the incision site? YES NO

If yes, specify type and dose:

Blood loss / Unplanned conversion

Blood loss (ml):

Unplanned conversion:

Did the patient undergo conversion to lap/open surgery? YES NO

If yes, please specify reason for conversion:

Did the patient have to undergo conversion to open surgery? YES NO

If yes, please specify reason for conversion:

Temporary conversion: YES NO

Procedure end on robot? YES NO

Investigator name: _____ Date: _____

Signature: _____

Robot malfunction

Console malfunction	
Monitor/camera malfunction	
Limited motion	
Collision	
Other malfunction:	
Comment	

Investigator name: _____ Date: _____

Signature: _____

INSTRUMENTS USED

Endoscope used:

Diameter	5mm	10mm			
Dimension	2D	3D	4D		
Optic degree	0°	30°			
Manufacturer	Conmed	NovaDAQ	Wolf	Stryker	Storz Olympus

Please select all Senhance robotic instruments used:

GENERIC	NAME/DESCRIPTION	REFERENCE NUMBER	
Passive Instruments (Ø 3 mm)	Atraumatic Single Action, Long (Ø 3 mm, length 280 mm)	X0007203	
	Cobra Grasper, Long (Ø 3 mm, length 280 mm)	X0007206	
	DeBakey, Long (Ø 3 mm, length 280 mm)	X0007209	
	Needle Holder, Long (Ø 3 mm, length 280 mm)	X0007218	
Monopolar Instruments (Ø 3 mm)	Monopolar Maryland Dissector, Long (Ø 3 mm, length 280 mm)	X0007212	
	Monopolar Curved Metzenbaum Scissors, Long (Ø 3 mm, length 280 mm)	X0007215	
	Monopolar L-Hook Electrode, Long (Ø 3 mm, length 280 mm)	X0007221	
Bipolar Instruments (Ø 3 mm)	Bipolar Maryland Dissector, Long (Ø 3 mm, length 280 mm)		
	Bipolar Atraumatic Grasper, Long (Ø 3 mm, length 280 mm)		
Passive Instruments (Ø 5 mm)	Allis Grasper (Ø 5 mm, length 310 mm)	X0007002	
	Allis Grasper, Long (Ø 5 mm, length 410 mm)	X0007003	

Investigator name: _____ Date: _____

Signature: _____

	Johan Grasper 15mm (Ø 5 mm, length 310 mm)	X0007005	
	Johan Grasper 15mm, Long (Ø 5 mm, length 410 mm)	X0007006	
	Kocher Grasper (Ø 5 mm, length 310 mm)	X0007008	
	Kocher Grasper, Long (Ø 5 mm, length 410 mm)	X0007009	
	Strong Grasper (Ø 5 mm, length 310 mm)	X0007011	
	Strong Grasper, Long (Ø 5 mm, length 410 mm)	X0007012	
	Mixer Dissector (Ø 5 mm, length 310 mm)	X0007014	
	Mixer Dissector, Long (Ø 5 mm, length 410 mm)	X0007015	
	Babcock Forceps (Ø 5 mm, length 310 mm)	X0007017	
	Babcock Forceps, Long (Ø 5 mm, length 410 mm)	X0007018	
	Needle Holder Right (Ø 5 mm, length 310 mm)	X0007020	
	Needle Holder Right, Long (Ø 5 mm, length 410 mm)	X0007021	
	Needle Holder Left (Ø 5 mm, length 310 mm)	X0007023	
	Needle Holder Left, Long (Ø 5 mm, length 410 mm)	X0007024	
	Fundus Grasper (Ø 5 mm, length 310 mm)	X0007038	
	Fundus Grasper, Long (Ø 5 mm, length 410 mm)	X0007039	
Monopolar Instruments (Ø 5 mm)	Monopolar Curved Metzenbaum Scissors (Ø 5 mm, length 310 mm)	X0007026	
	Monopolar Curved Metzenbaum Scissors, Long (Ø 5 mm, length 410 mm)	X0007027	
	Monopolar Curved Metzenbaum Scissors Short Tip (Ø 5 mm, length 310 mm)	X0007029	
	Monopolar Curved Metzenbaum Scissors Short Tip, Long (Ø 5 mm, length 410 mm)	X0007030	
	Monopolar Maryland Dissector (Ø 5 mm, length 310 mm)	X0007032	

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Signature: _____

	Monopolar Maryland Dissector, Long (Ø 5 mm, length 410 mm)	X0007033	
	Monopolar L-Hook Electrode (Ø 5 mm, length 310 mm)	X0007035	
	Monopolar L-Hook Electrode, Long (Ø 5 mm, length 410 mm)	X0007036	
Bipolar Instruments (Ø 5 mm)	Bipolar Large Grasping Forceps (Ø 5 mm, length 310 mm)	X0005146	
	Bipolar Curved Grasping Forceps (Ø 5 mm, length 310 mm)	X0005147	
	Bipolar Curved Scissors (Ø 5 mm, length 310 mm)	X0005148	
	Adapter, Bipolar Maryland Dissector (Ø 5 mm, length 310 mm)	X9000058	
	Adapter, Bipolar Curved Scissors (Ø 5 mm, length 310 mm)	X9000059	
Passive Instruments (Ø 10 mm)	Right Angle Dissector (Ø 10 mm, length 310 mm)	X0007405	
	Right Angle Dissector, Long (Ø 10 mm, length 410 mm)	X0007406	
Clip Appliers	Hem-o-lok ML (Ø 5 mm, length 310 mm)	X0007041	
	Hem-o-lok ML, Long (Ø 5 mm, length 410 mm)	X0007042	
	Hem-o-lok L (Ø 10 mm, length 310 mm)	X0007402	
	Hem-o-lok L, Long (Ø 10 mm, length 410 mm)	X0007403	
Ultrasonic	Ultrasonic Handpiece (Ø 5.5 mm, length 370 mm) (box of 10)	X9007619	
Articulating Instruments (Ø 5 mm)	Articulating Bipolar Atraumatic Grasper (Ø 5 mm, length 310 mm) (box of 5)	X9007613	
	Articulating Bipolar Metzenbaum Scissors (Ø 5 mm, length 310 mm) (box of 5)	X9007614	
	Articulating Bipolar Maryland Dissector (Ø 5 mm, length 310 mm) (box of 5)	X9007615	
	Articulating Needle Holder (Ø 5 mm, length 310 mm) (box of 5)	X9007616	

Investigator name: _____ Date: _____

Signature: _____

RADIA Instruments (Ø 10 mm)	RADIA Atraumatic Grasping Forceps Tip, sterile, single use (box of 5)	X0005222	
	RADIA Self-Aligning Needle Holder Tip, sterile, single use (box of 5)	X0005221	
	RADIA Universal Needle Holder Tip, sterile, single use (box of 5)	X0005300	

Ancillary instruments

List all ancillary instruments used:

Tacker	
Clips	
Staplers linear	
Stapler circular	
Others, please specify:	

List of energy used (type of energy and ESU):

Monopolar	
Bipolar	
Ultrasound	
High energy device	

Investigator name: _____ Date: _____

Signature: _____

POST-PROCEDURAL

Please complete One Day Post-Procedural Senhance Registry Patient Questionnaire (extra sheet)

Was the patient brought to ICU/PAC after surgery? YES NO

If yes:

Beginning of ICU/PAC: [dd-mm-yyyy] [hh:mm]
End if ICU/PAC: [dd-mm-yyyy] [hh:mm]

Pain Medication

Specify any pain medication that has been administered to the patient post-procedure through the time of discharge

Pain medication group	Medication name (generic)	Total dosage administrated	Units (mg, g, ml, µg, IU, drops, other)
WHO-Medication-Level 1 , non-opioid analgetica (e.g. Aspirin, Diclofenac, Ibuprofen, Paracetamol)			
WHO-Medication-Level 2 , weak opioids (e.g. Tramadol, Tilidin)			
WHO-Medication-Level 3 , strong opioids (e.g. Morphine, Fentanyl)			

Discharge

Please complete Discharge Senhance Registry Patient Questionnaire (extra sheet)

Date and time of discharge: [dd-mm-yyyy] [hh:mm]

Investigator name: _____ Date: _____

Signature: _____

Adverse Events

Were any adverse events noted post-procedure through the time of discharge? YES NO

If yes, please complete the AE/SAE form (extra sheet)

Investigator name: _____ Date: _____

Signature: _____

SITE #: _____ PATIENT #: _____

FOLLOW-UP

Date of follow-up visit: _____ [dd-mm-yyyy]

Was there any AE/SAE?: YES NO

If yes, please complete the AE/SAE form (extra sheet)

Please complete Follow-Up Senhance Registry Patient Questionnaire (extra sheet)

Investigator name: _____ Date: _____

Signature: _____