|  |  |  |
| --- | --- | --- |
| TransEnterix  **Senhance**  **Registry** | SITE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | PATIENT: [PACIENT] |

**PRE-PROCEDURE INFORMATION**

Date and time of admission: [ADMISSION\_DATE]

Informed consent signed on: [SIGN\_DATE]

Birth year: [BIRTH\_YEAR]

Gender (at birth): [GENDER]

History of smoking: [SMOKER]

If yes, packyears: [PACKYEARS]

Height (cm): [HEIGHT]

Weight (kg): [WEIGHT]

**MEDICAL HISTORY**

Does the patient have any relevant diseases? [RELEVANT\_DISEASE]

Please check if the following anamnestic conditions exist:

|  |  |  |  |
| --- | --- | --- | --- |
| Diabetes | [DIABETES] | Sleep apnea | [APNEA] |
| Hypertension | [HYPERTENSION] | GERD | [GERD] |
| Cardiovascular Co morbidity | [CARDIOVASCULAR] | Depression | [DEPRESSION] |
| COPD or Impaired Respiratory Function | [CORD] | Osteoarthritis | [OSTEO] |
| Impaired renal function | [RENAL\_DISEASE] | Chronic pain | [CHRONIC] |
| Liver disease | [LIVER] | Stroke | [STROKE] |
| Others |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Investigator name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: | [CREATION\_DATE] |
| Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
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| TransEnterix  **Senhance**  **Registry** | SITE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | PATIENT: [PACIENT] |

**SURGICAL HISTORY**

Has the patient any prior relevant abdominal surgery? [HAS\_ABDOMINAL\_DISEASE]

If yes, please specify:

[SURGEON\_DESCRIPTION]

|  |  |  |  |
| --- | --- | --- | --- |
| Investigator name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: | [CREATION\_DATE] |
| Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
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| TransEnterix  **Senhance**  **Registry** | SITE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | PATIENT: [PACIENT] |

**SURGERY**

Date of procedure: [PROCEDURE\_DATE]

First surgeon [FIRST\_SURGEON\_G]

Second surgeon [SECOND\_SURGEON\_G]

**Gastrointestinal procedure performed:**

|  |  |
| --- | --- |
| Cholecystectomy | [CHOLECYSTECTOMY] |
| Bariatric procedures | [BARIATRIC] |
| Esophageal resection | [ESOPHAGEAL] |
| Gastric resection | [GASTRIC] |
| Hemicolectomy right | [HEMIRIGHT] |
| Liver surgery | [LIVER\_SURG] |
| Inguinal hernia unilateral | [UNILATERAL] |
| Inguinal hernia bilateral | [BILATERAL] |
| Ventral hernia | [VENTRAL] |
| Fundoplication | [FUNDO] |
| Sigmoid resection | [SIGMOID] |
| Rectal surgery | [RECTAL\_SURG] |
| Implant of an electric stimulator of the lower  esophagus sphincter | [IMPLANT] |
| Implant of magnetic anti reflux band LINX | [LINX] |
| Other | [OTHER\_G] |

**Please complete:**

|  |  |
| --- | --- |
| Indication for performing procedure: | [INDICATION\_FOR\_PROCEDURE\_G] |
| Procedural details: | [PROCEDURAL\_DETAIL\_G] |
| Specification: | [SPECIFICATION\_G] |
| Special conditions present | [SPECIAL\_PRESENT\_G] |

|  |  |  |  |
| --- | --- | --- | --- |
| Investigator name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: | [CREATION\_DATE] |
| Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
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| TransEnterix  **Senhance**  **Registry** | SITE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | PATIENT: [PACIENT] |

**SURGERY**

Date of procedure: [PROCEDURE\_DATE]

First surgeon [FIRST\_SURGEON\_U]

Second surgeon [SECOND\_SURGEON\_U]

**Urological procedure performed:**

|  |  |
| --- | --- |
| Radical prostatectomy | [RADICAL\_PROSTAT] |
| Lymph node dissection | [LYMPH\_DISS] |
| Adrenalectomy | [ADRENALEC] |
| Simple prostatectomy | [SIMPLE\_PROSTAT] |
| Partial nephrectomy | [PARTIAL\_NEPHR] |
| Radical nephrectomy | [RADICAL\_NEPHR] |
| Radical cystectomy | [RADICAL\_CYSTEC] |
| Ureter reimplant | [UTERER\_RE] |
| Pyeloplasty of the UPJ | [UPJ\_PYE] |
| Others | [OTHER\_U] |

**Please complete:**

|  |  |
| --- | --- |
| Indication for performing procedure: | [INDICATION\_FOR\_PROCEDURE\_U] |
| Procedural details: | [PROCEDURAL\_DETAIL\_U] |
| Specification: | [SPECIFICATION\_U] |
| Special conditions present | [SPECIAL\_PRESENT\_U] |

|  |  |  |  |
| --- | --- | --- | --- |
| Investigator name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: | [CREATION\_DATE] |
| Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
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| --- | --- | --- |
| TransEnterix  **Senhance**  **Registry** | SITE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | PATIENT: [PACIENT] |

**SURGICAL PROCEDURAL DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Surgery start time (first incision) | hh:mm | [SURG\_START\_TIME] |  |
|  |  |  |  |
| Docking begins (camera | hh:mm |  |  |
| connected to the robot arm) | [DOCK\_START\_TIME] |  |
|  |  |  |
|  |  |  |  |
| Docking ends (equal to start of | hh:mm | [DOCK\_END\_TIME] |  |
| console time) |  |  |
|  |  |  |
|  |  |  |  |
| Console start time (robotic start) | hh:mm | [CONSOLE\_START\_TIME] |  |
|  |  |  |  |
| Console end time (robotic end) | hh:mm | [CONSOLE\_END\_TIME] |  |
|  |  |  |  |
| Surgery end time (skin closure) | hh:mm | [SURG\_END\_TIME] |  |
|  |  |  |  |

Height of table prior to docking (measured at patient umbilical level, cm): [TABLE\_HEIGHT]

Patient positioning on table: [POSITION\_PACIENT]

**Please complete:**

|  |  |
| --- | --- |
| Indication for performing procedure: | [INDICATION\_FOR\_PROCEDURE\_SPD] |
| Procedural details: | [PROCEDURAL\_DETAIL\_SPD] |
| Specification: | [SPECIFICATION\_SPD] |
| Special conditions present | [SPECIAL\_PRESENT\_SPD] |

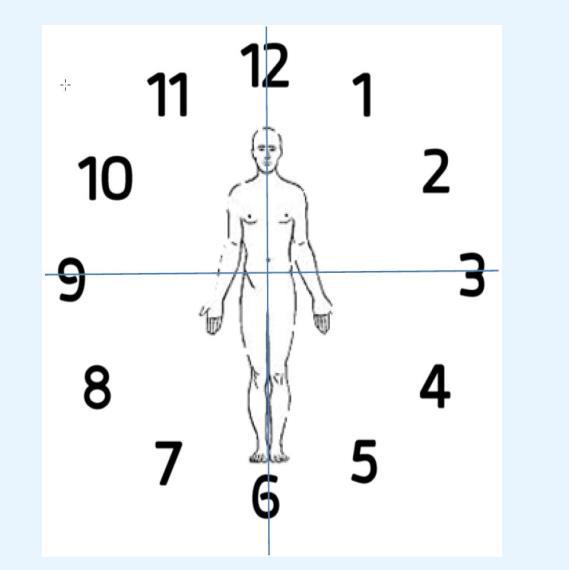
|  |  |  |  |
| --- | --- | --- | --- |
| Investigator name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: | [CREATION\_DATE] |
| Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
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| --- | --- | --- |
| TransEnterix  **Senhance**  **Registry** | SITE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | PATIENT: [PACIENT] |

**ROBOTIC ARM LOCATION**

|  |  |
| --- | --- |
| How many numbers of arms were used? | [ARMS\_NUMBER] |
| How many situations did the patient  undergo? (a situation describes the  position/location of the robotic arms) | [UNDERGO\_SITUATIONS] |

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



|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Camera arm | Robotic arm 1 | Robotic arm 2 | Optional arm |
|  | o´clock | o´clock | o´clock | o´clock |
| First situation |  |  |  |  |
|  | [RAL\_11] | [RAL\_12] | [RAL\_13] | [RAL\_14] |
| Second |  |  |  |  |
| situation | [RAL\_21] | [RAL\_22] | [RAL\_23] | [RAL\_24] |
|  |  |  |  |  |
| Third situation |  |  |  |  |
|  | [RAL\_31] | [RAL\_31] | [RAL\_31] | [RAL\_31] |
| Fourth situation |  |  |  |  |
|  | [RAL\_41] | [RAL\_42] | [RAL\_43] | [RAL\_44] |

|  |  |  |  |
| --- | --- | --- | --- |
| Investigator name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: | [CREATION\_DATE] |
| Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
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| --- | --- | --- |
| TransEnterix  **Senhance**  **Registry** | SITE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | PATIENT: [PACIENT] |

LOCATION OF TROCARS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Camera arm | Robotic arm 1 | Robotic arm 2 | Optional arm |
|  | o´clock | o´clock | o´clock | o´clock |
| First situation |  |  |  |  |
|  | [TL\_11] | [TL\_12] | [TL\_13] | [TL\_14] |
| Second |  |  |  |  |
| situation | [TL\_21] | [TL\_22] | [TL\_23] | [TL\_24] |
|  |  |  |  |  |
| Third situation |  |  |  |  |
|  | [TL\_31] | [TL\_31] | [TL\_31] | [TL\_31] |
| Fourth situation |  |  |  |  |
|  | [TL\_41] | [TL\_42] | [TL\_43] | [TL\_44] |
|  |  |  |  |  |

Was a local anesthetic used at the incision site? [LAU]

If yes, specify type and dose:

[TYPE\_DOSE]

|  |  |  |  |
| --- | --- | --- | --- |
| Investigator name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: | [CREATION\_DATE] |
| Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
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| --- | --- | --- |
| TransEnterix  **Senhance**  **Registry** | SITE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | PATIENT: [PACIENT] |

**Blood loss / Unplanned conversion**

Blood loss (ml): [BLOOD\_LOSS]

Unplanned conversion:

Did the patient undergo conversion to lap/open surgery? [UNDERGO\_LAP]

If yes, please specify reason for conversion:

[UNDERGO\_LAP\_R]

Did the patient have to undergo conversion to open surgery? [UNDERGO\_OPEN]

If yes, please specify reason for conversion:

[UNDERGO\_LAP\_R]

Temporary conversion: [TEMP\_CONV]

Procedure end on robot? [ROBOT\_END]

|  |  |  |  |
| --- | --- | --- | --- |
| Investigator name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: | [CREATION\_DATE] |
| Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
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|  |  |  |
| --- | --- | --- |
| TransEnterix  **Senhance**  **Registry** | SITE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | PATIENT: [PACIENT] |

**Robot malfunction**

Malfunction: [MALFUNCTION]

[MALFUNCTION\_COMMENT]

|  |  |  |  |
| --- | --- | --- | --- |
| Investigator name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: | [CREATION\_DATE] |
| Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
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| --- | --- | --- |
| TransEnterix  **Senhance**  **Registry** | SITE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | PATIENT: [PACIENT] |

**INSTRUMENTS USED**

Diameter [DIAMETER]

Dimension [DIMENSION]

Optic degree [OPTIC\_DEGREE]

Manufacturer [MANUFACTURER]

**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 | [TABLE\_PI1\_3] |
| Cobra Grasper, Long (Ø 3 mm, length 280 mm) | X0007206 | [TABLE\_PI2\_3] |
| DeBakey, Long (Ø 3 mm, length 280 mm) | X0007209 | [TABLE\_PI3\_3] |
| Needle Holder, Long (Ø 3 mm, length 280 mm) | X0007218 | [TABLE\_PI4\_3] |
|  | | | |
| **Monopolar Instruments (Ø 3 mm)** | Monopolar Maryland Dissector, Long (Ø 3 mm, length 280 mm) | X0007212 | [TABLE\_MI1\_3] |
| Monopolar Curved Metzenbaum Scissors, Long (Ø 3 mm, length 280 mm) | X0007215 | [TABLE\_MI2\_3] |
| Monopolar L-Hook Electrode, Long (Ø 3 mm, length 280 mm) | X0007221 | [TABLE\_MI3\_3] |
|  | | | |
| **Bipolar Instruments (Ø 3 mm)** | Bipolar Maryland Dissector, Long (Ø 3 mm, length 280 mm) |  | [TABLE\_BI1\_3] |
| Bipolar Atraumatic Grasper, Long (Ø 3 mm, length 280 mm) |  | [TABLE\_BI2\_3] |
|  | | | |
| **Passive Instruments (Ø 5 mm)** | Allis Grasper (Ø 5 mm, length 310 mm) | X0007002 | [TABLE\_PI1\_5] |
| Allis Grasper, Long (Ø 5 mm, length 410 mm) | X0007003 | [TABLE\_PI2\_5] |
| Johan Grasper 15mm (Ø 5 mm, length 310 mm) | X0007005 | [TABLE\_PI3\_5] |
| Johan Grasper 15mm, Long (Ø 5 mm, length 410 mm) | X0007006 | [TABLE\_PI4\_5] |
| Kocher Grasper (Ø 5 mm, length 310 mm) | X0007008 | [TABLE\_PI5\_5] |
| Kocher Grasper, Long (Ø 5 mm, length 410 mm) | X0007009 | [TABLE\_PI6\_5] |
| Strong Grasper (Ø 5 mm, length 310 mm) | X0007011 | [TABLE\_PI7\_5] |
| Strong Grasper, Long (Ø 5 mm, length 410 mm) | X0007012 | [TABLE\_PI8\_5] |
| Mixter Dissector (Ø 5 mm, length 310 mm) | X0007014 | [TABLE\_PI9\_5] |
| Mixter Dissector, Long (Ø 5 mm, length 410 mm) | X0007015 | [TABLE\_PI10\_5] |
| Babcock Forceps (Ø 5 mm, length 310 mm) | X0007017 | [TABLE\_PI11\_5] |
| Babcock Forceps, Long (Ø 5 mm, length 410 mm) | X0007018 | [TABLE\_PI12\_5] |
| Needle Holder Right (Ø 5 mm, length 310 mm) | X0007020 | [TABLE\_PI13\_5] |
| Needle Holder Right, Long (Ø 5 mm, length 410 mm) | X0007021 | [TABLE\_PI14\_5] |
| Needle Holder Left (Ø 5 mm, length 310 mm) | X0007023 | [TABLE\_PI15\_5] |
| Needle Holder Left, Long (Ø 5 mm, length 410 mm) | X0007024 | [TABLE\_PI16\_5] |
| Fundus Grasper (Ø 5 mm, length 310 mm) | X0007038 | [TABLE\_PI17\_5] |
|  | | | |
| **Monopolar Instruments (Ø 5 mm)** | Monopolar Curved Metzenbaum Scissors (Ø 5 mm, length 310 mm) | X0007026 | [TABLE\_MI1\_5] |
| Monopolar Curved Metzenbaum Scissors, Long (Ø 5 mm, length 410 mm) | X0007027 | [TABLE\_MI2\_5] |
| Monopolar Curved Metzenbaum Scissors Short Tip (Ø 5 mm, length 310 mm) | X0007029 | [TABLE\_MI3\_5] |
| Monopolar Curved Metzenbaum Scissors Short Tip, Long (Ø 5 mm, length 410 mm) | X0007030 | [TABLE\_MI4\_5] |
| Monopolar Maryland Dissector (Ø 5 mm, length 310 mm) | X0007032 | [TABLE\_MI5\_5] |
| Monopolar Maryland Dissector, Long (Ø 5 mm, length 410 mm) | X0007033 | [TABLE\_MI6\_5] |
| Monopolar L-Hook Electrode (Ø 5 mm, length 310 mm) | X0007035 | [TABLE\_MI7\_5] |
| Monopolar L-Hook Electrode, Long (Ø 5 mm, length 410 mm) | X0007036 | [TABLE\_MI8\_5] |
|  | | | |
| **Bipolar Instruments (Ø 5 mm)** | Bipolar Large Grasping Forceps (Ø 5 mm, length 310 mm) | X0005146 | [TABLE\_BI1\_5] |
| Bipolar Curved Grasping Forceps (Ø 5 mm, length 310 mm) | X0005147 | [TABLE\_BI2\_5] |
| Bipolar Curved Scissors (Ø 5 mm, length 310 mm) | X0005148 | [TABLE\_BI3\_5] |
| Adapter, Bipolar Maryland Dissector (Ø 5 mm, length 310 mm) | X9000058 | [TABLE\_BI4\_5] |
| Adapter, Bipolar Curved Scissors (Ø 5 mm, length 310 mm) | X9000059 | [TABLE\_BI5\_5] |
|  | | | |
| **Passive Instruments (Ø 10 mm)** | Right Angle Dissector (Ø 10 mm, length 310 mm) | X0007405 | [TABLE\_PI1\_10] |
| Right Angle Dissector, Long (Ø 10 mm, length 410 mm) | X0007406 | [TABLE\_PI2\_10] |
|  |  |  |  |
| **Clip Appliers** | Hem-o-lok ML (Ø 5 mm, length 310 mm) | X0007041 | [TABLE\_CA1] |
| Hem-o-lok ML, Long (Ø 5 mm, length 410 mm) | X0007042 | [TABLE\_CA2] |
| Hem-o-lok L (Ø 10 mm, length 310 mm) | X0007402 | [TABLE\_CA3] |
| Hem-o-lok L, Long (Ø 10 mm, length 410 mm) | X0007403 | [TABLE\_CA4] |
|  | | | |
| **Ultrasonic** | Ultrasonic Handpiece (Ø 5.5 mm, length 370 mm) (box of 10) | X9007619 | [TABLE\_US] |
|  |  |  |  |
| **Articulating Instruments (Ø 5 mm)** | Articulating Bipolar Atraumatic Grasper (Ø 5 mm, length 310 mm) (box of 5) | X9007613 | [TABLE\_AI1] |
| Articulating Bipolar Metzenbaum Scissors (Ø 5 mm, length 310 mm) (box of 5) | X9007614 | [TABLE\_AI2] |
| Articulating Bipolar Maryland Dissector (Ø 5 mm, length 310 mm) (box of 5) | X9007615 | [TABLE\_AI3] |
| Articulating Needle Holder (Ø 5 mm, length 310 mm) (box of 5) | X9007616 | [TABLE\_AI4] |
|  |  |  |  |
| **RADIA Instruments (Ø 10 mm)** | RADIA Atraumatic Grasping Forceps Tip, sterile, single use (box of 5) | X0005222 | [TABLE\_RAD1] |
| RADIA Self-Aligning Needle Holder Tip, sterile, single use (box of 5) | X0005221 | [TABLE\_RAD2] |
| RADIA Universal Needle Holder Tip, sterile, single use (box of 5) | X0005300 | [TABLE\_RAD2] |

|  |  |  |  |
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| Investigator name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: | [CREATION\_DATE] |
| Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
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| --- | --- | --- |
| TransEnterix  **Senhance**  **Registry** | SITE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | PATIENT: [PACIENT] |

**Ancillary instruments**

List all ancillary instruments used:

|  |  |
| --- | --- |
| Tacker | [TACKER] |
| Clips | [CLIPS] |
| Staplers linear | [ST\_LIN] |
| Stapler circular | [ST\_CIR] |
| Other | [OTHER\_AI] |

[COMMENT\_AI]

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

|  |  |
| --- | --- |
| Monopolar | [MONOPOLAR] |
| Bipolar | [BIPOLAR] |
| Ultrasound | [ULTRASOUND] |
| High energy device | [HED] |

|  |  |  |  |
| --- | --- | --- | --- |
| Investigator name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: | [CREATION\_DATE] |
| Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
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| TransEnterix  **Senhance**  **Registry** | SITE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | PATIENT: [PACIENT] |

POST-PROCEDURAL

Was the patient brought to ICU/PAC after surgery? [BROUGHT\_ICU]

If yes:

Beginning of ICU/PAC: [START\_ICU]

End if ICU/PAC: [END\_ICU]

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) | [GENERIC\_L1] | [DOSE\_L1] | [UNIT\_L1] |
| WHO-Medication-Level 2, weak opioids (e.g. Tramadol, Tilidin) | [GENERIC\_L2] | [DOSE\_L2] | [UNIT\_L2] |
| WHO-Medication-Level 3, strong opioids (e.g. Morphine, Fentanyl) | [GENERIC\_L3] | [DOSE\_L3] | [UNIT\_L3] |

Date and time of discharge: [DATE\_DISCHARGE]

Were any adverse events noted post-procedure through the time of discharge? [ADVERSE\_EVENT]

|  |  |  |  |
| --- | --- | --- | --- |
| Investigator name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: | [CREATION\_DATE] |
| Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
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| --- | --- | --- |
| TransEnterix  **Senhance**  **Registry** | SITE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | PATIENT: [PACIENT] |

**FOLLOW-UP**

Date of follow-up visit: [FOLLOW\_DATE]

Was there any AE/SAE?: [ANY\_AE]

If yes, please complete the AE/SAE form (extra sheet)  
Please complete Follow-Up Senhance Registry Patient Questionnaire (extra sheet)

|  |  |  |  |
| --- | --- | --- | --- |
| Investigator name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: | [CREATION\_DATE] |
| Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
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