|  |  |  |
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| 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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**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] |

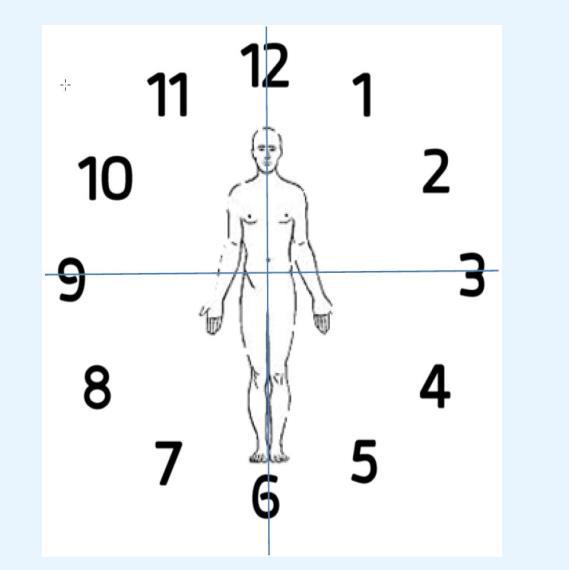
|  |  |  |  |
| --- | --- | --- | --- |
| Investigator name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: | [CREATION\_DATE] |
| Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
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| TransEnterix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