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**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 | |  | GERD | [GERD] | |  |  |
|  |  | | [HYPERTENSION] |  |  | |  |  |
|  | Cardiovascular Co- | |  | Depression | [DEPRESSION] | |  |  |
|  | morbidity | | [CARDIOVASCULAR] |  |  |  |  |  |
|  |  | |  |  |  | |  |  |
|  | COPD or Impaired | | [CORD] | Osteoarthritis | [OSTEO] | |  |  |
|  | Respiratory Function | |  |  |  |  |  |  |
|  |  | |  |  |  | |  |  |
|  | Impaired renal | |  | Chronic pain (if yes baseline | [CHRONIC] | |  |  |
|  | function | | [RENAL\_DISEASE] | consumption of pain |  | |  |  |
|  |  |  |  | medication) |  | |  |  |
|  | 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\_SURGERY]

If yes, please specify:

[SURGION\_DESCRIPTION]

|  |  |  |
| --- | --- | --- |
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SITE #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PATIENT [PACIENT]



**SURGERY**

Date of procedure: [PROCEDURE\_DATE]

First surgeon [FIRST\_SURGEON]

Second surgeon [SECOND\_SURGEON]

**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] |
| Other |  |

|  |  |  |
| --- | --- | --- |
| Investigator name: |  | Date: |
| Signature: |  |  |
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SITE #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PATIENT [PACIENT]



**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: |
| Signature: |  |  |
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SITE #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PATIENT #:\_\_\_\_\_\_\_\_\_\_\_\_\_



**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 hystereoctomy

Radical hystereoctomy

Supracervical hystereoctomy

Pelvic lymphadenectomy

Sentinel node mapping

Sacrocolpopexy

Myomectomy

Adhesiolysis

Others

|  |  |  |
| --- | --- | --- |
| Investigator name: |  | Date: |
| Signature: |  |  |
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SITE #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PATIENT #:\_\_\_\_\_\_\_\_\_\_\_\_\_



**Please complete:**

Indication for performing procedure:

Procedural details:

Specification:

Special conditions present:

|  |  |  |
| --- | --- | --- |
| Investigator name: |  | Date: |
| Signature: |  |  |
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**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: |  |  |
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SITE #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PATIENT #:\_\_\_\_\_\_\_\_\_\_\_\_\_



**Please complete:**

Specification:

Indication:

Procedural details:

Special conditions/comments:

|  |  |  |
| --- | --- | --- |
| Investigator name: |  | Date: |
| Signature: |  |  |
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SURGICAL PROCEDURAL DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| Surgery start time (first incision) | hh:mm |  |  |
|  |  |  |  |
| Docking begins (camera | hh:mm |  |  |
| connected to the robot arm) |  |  |
|  |  |  |
|  |  |  |  |
| Docking ends (equal to start of | hh:mm |  |  |
| console time) |  |  |
|  |  |  |
|  |  |  |  |
| 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):

|  |  |  |
| --- | --- | --- |
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ROBOTIC ARM LOCATION

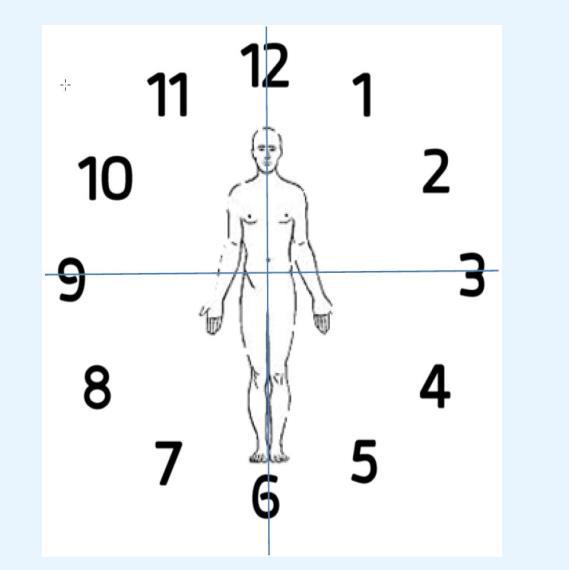
How many numbers of arms were used?

How many situations did the patient

undergo? (a situation describes the

position/location of the robotic arms)

With patient head at 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 |  |  |  |  |
|  |  |  |  |  |
| Second |  |  |  |  |
| situation |  |  |  |  |
|  |  |  |  |  |
| Third situation |  |  |  |  |
|  |  |  |  |  |
| Fourth situation |  |  |  |  |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
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| Signature: |  |  |
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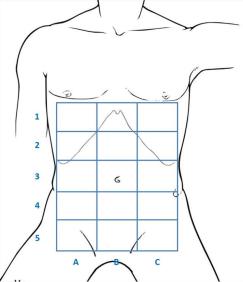
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LOCATION OF TROCARS



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

|  |  |  |
| --- | --- | --- |
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| Signature: |  |  |
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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

|  |  |  |
| --- | --- | --- |
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| Signature: |  |  |
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SITE #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PATIENT #:\_\_\_\_\_\_\_\_\_\_\_\_\_



**Robot malfunction**

Console malfunction

Monitor/camera malfunction

Limited motion

Collision

Other malfunction:

Comment

|  |  |  |
| --- | --- | --- |
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| Signature: |  |  |
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**Endoscope used:**

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**INSTRUMENTS USED**

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

**Please select all Senhance robotic instruments used:**

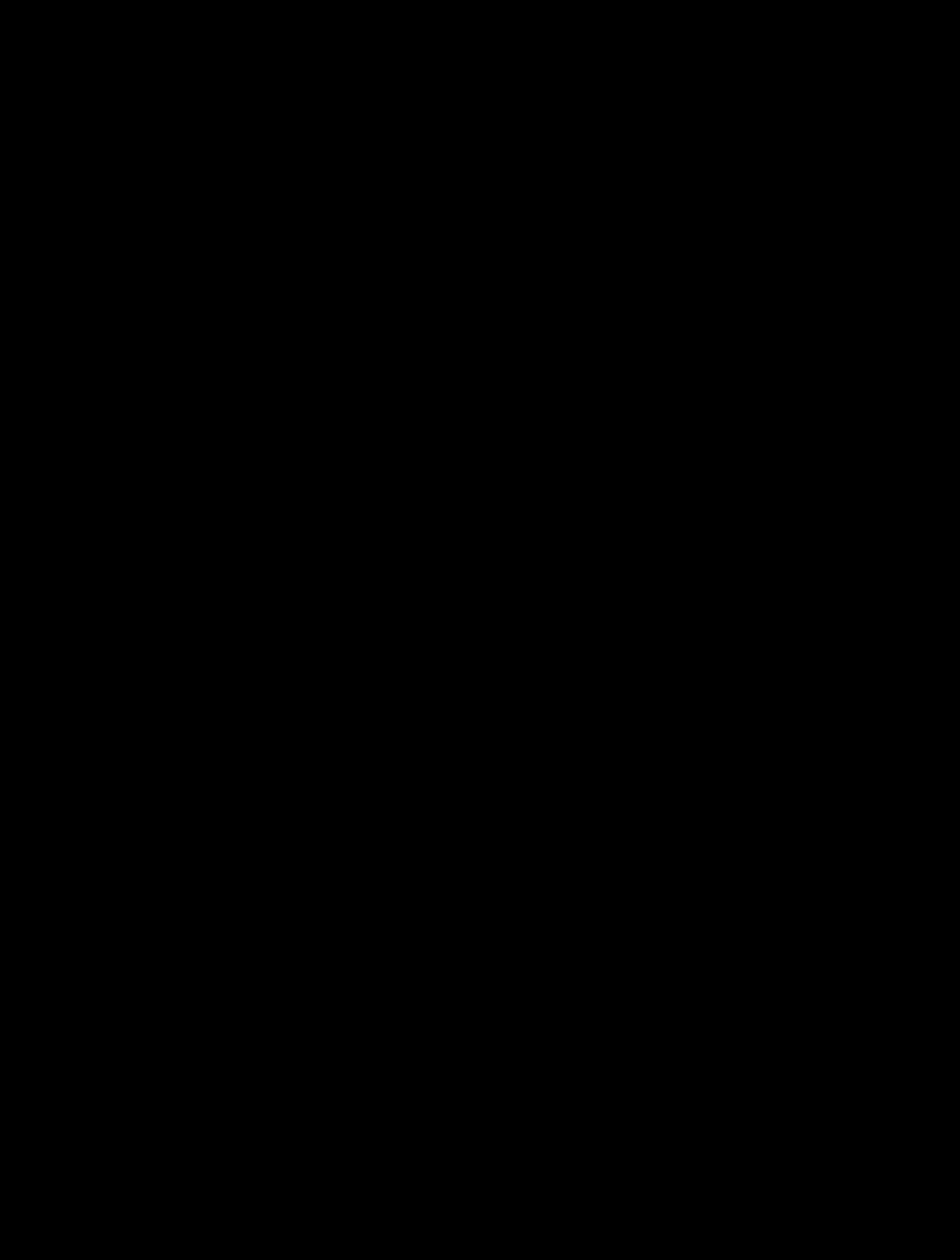
|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **GENERIC** | **NAME/DESCRITPION** | |  | **REFERENCE** | |  |  |  |
|  |  |  |  |  | **NUMBER** | |  |  |  |
|  | **Passive** | Atraumatic Single Action, Long | |  | X0007203 | |  |  |  |
|  | **Instruments** | (Ø 3 mm, length 280 mm) | |  |  |  |  |  |  |
|  | **(Ø 3 mm)** |  |  |  |  |  |  |  |  |
|  | Cobra Grasper, Long | |  | X0007206 | |  |  |  |
|  |  |  |  |  |  |
|  |  | (Ø 3 mm, length 280 mm) | |  |  |  |  |  |  |
|  |  |  | |  |  | |  |  |  |
|  |  | DeBakey, Long | |  | X0007209 | |  |  |  |
|  |  | (Ø 3 mm, length 280 mm) | |  |  |  |  |  |  |
|  |  |  | |  |  | |  |  |  |
|  |  | Needle Holder, Long | |  | X0007218 | |  |  |  |
|  |  | (Ø 3 mm, length 280 mm) | |  |  |  |  |  |  |
|  |  |  | |  |  | |  |  |  |
|  |  |  | |  |  | | |  |  |
|  | **Monopolar** | Monopolar Maryland Dissector, Long | |  | X0007212 | |  |  |  |
|  | **Instruments** | (Ø 3 mm, length 280 mm) | |  |  |  |  |  |  |
|  | **(Ø 3 mm)** |  |  |  |  |  |  |  |  |
|  | Monopolar Curved Metzenbaum Scissors, Long | |  | X0007215 | |  |  |  |
|  |  |  |  |  |  |
|  |  | (Ø 3 mm, length 280 mm) | |  |  |  |  |  |  |
|  |  |  | |  |  | |  |  |  |
|  |  | Monopolar L-Hook Electrode, Long | |  | X0007221 | |  |  |  |
|  |  | (Ø 3 mm, length 280 mm) | |  |  |  |  |  |  |
|  |  |  | |  |  |  |  |  |  |
|  |  |  | |  |  |  |  |  |  |
|  | **Bipolar** | Bipolar Maryland Dissector, Long | |  |  |  |  |  |  |
|  | **Instruments** | (Ø 3 mm, length 280 mm) | |  |  |  |  |  |  |
|  | **(Ø 3 mm)** | Bipolar Atraumatic Grasper, Long | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  | (Ø 3 mm, length 280 mm) | |  |  |  |  |  |  |
|  |  |  | |  |  | |  |  |  |
|  |  |  | |  |  | | |  |  |
|  | **Passive** | Allis Grasper (Ø 5 mm, length 310 mm) | |  | X0007002 | |  |  |  |
|  | **Instruments** |  |  |  |  |  |  |  |  |
|  | **(Ø 5 mm)** |  |  |  |  |  |  |  |  |
|  | Allis Grasper, Long (Ø 5 mm, length 410 mm) | |  | X0007003 | |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  | |  |  |  |
| Investigator name: | |  |  | Date: | | | |  |  |
| Signature: | |  |  |  |  |  |  |  |  |
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|  |  |  |  |
| --- | --- | --- | --- |
|  | 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 |  |
|  |  |  |  |
|  | Mixter Dissector (Ø 5 mm, length 310 mm) | X0007014 |  |
|  |  |  |  |
|  | Mixter 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)**

Investigator name:

Signature:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Monopolar Curved Metzenbaum Scissors | |  | X0007026 | |  |  |
| (Ø 5 mm, length 310 mm) | |  |  |  |  |  |
|  | |  |  | |  |  |
| Monopolar Curved Metzenbaum Scissors, Long | |  | X0007027 | |  |  |
| (Ø 5 mm, length 410 mm) | |  |  |  |  |  |
|  | |  |  | |  |  |
| Monopolar Curved Metzenbaum Scissors Short Tip | |  | X0007029 | |  |  |
| (Ø 5 mm, length 310 mm) | |  |  |  |  |  |
|  | |  |  | |  |  |
| Monopolar Curved Metzenbaum Scissors Short Tip, | |  | X0007030 | |  |  |
| Long (Ø 5 mm, length 410 mm) | |  |  |  |  |  |
|  | |  |  | |  |  |
| Monopolar Maryland Dissector | |  | X0007032 | |  |  |
| (Ø 5 mm, length 310 mm) | |  |  |  |  |  |
|  |  |  |  | |  |  |
|  |  | Date: | |  | |  |

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Monopolar Maryland Dissector, Long | X0007033 |  |  |
|  | (Ø 5 mm, length 410 mm) |  |  |  |
|  |  |  |  |  |
|  | Monopolar L-Hook Electrode | X0007035 |  |  |
|  | (Ø 5 mm, length 310 mm) |  |  |  |
|  |  |  |  |  |
|  | Monopolar L-Hook Electrode, Long | X0007036 |  |  |
|  | (Ø 5 mm, length 410 mm) |  |  |  |
|  |  |  |  |  |
|  |  |  | |  |
| **Bipolar** | Bipolar Large Grasping Forceps | X0005146 |  |  |
| **Instruments** | (Ø 5 mm, length 310 mm) |  |  |  |
| **(Ø 5 mm)** |  |  |  |  |
| Bipolar Curved Grasping Forceps | X0005147 |  |  |
|  |  |  |
|  | (Ø 5 mm, length 310 mm) |  |  |  |
|  |  |  |  |  |
|  | Bipolar Curved Scissors | X0005148 |  |  |
|  | (Ø 5 mm, length 310 mm) |  |  |  |
|  |  |  |  |  |
|  | Adapter, Bipolar Maryland Dissector | X9000058 |  |  |
|  | (Ø 5 mm, length 310 mm) |  |  |  |
|  |  |  |  |  |
|  | Adapter, Bipolar Curved Scissors | X9000059 |  |  |
|  | (Ø 5 mm, length 310 mm) |  |  |  |
|  |  |  |  |  |
|  |  |  | |  |
| **Passive** | Right Angle Dissector | X0007405 |  |  |
| **Instruments** | (Ø 10 mm, length 310 mm) |  |  |  |
| **(Ø 10 mm)** |  |  |  |  |
| Right Angle Dissector, Long | X0007406 |  |  |
|  |  |  |
|  | (Ø 10 mm, length 410 mm) |  |  |  |
|  |  |  |  |  |
|  |  |  | |  |
| **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) | X9007619 |  |  |
|  | (box of 10) |  |  |  |
|  |  |  |  |  |
|  |  |  | |  |
| **Articulating** | Articulating Bipolar Atraumatic Grasper | X9007613 |  |  |
| **Instruments** | (Ø 5 mm, length 310 mm) (box of 5) |  |  |  |
| **(Ø 5 mm)** |  |  |  |  |
| Articulating Bipolar Metzenbaum Scissors | X9007614 |  |  |
|  |  |  |
|  | (Ø 5 mm, length 310 mm) (box of 5) |  |  |  |
|  |  |  |  |  |
|  | Articulating Bipolar Maryland Dissector | X9007615 |  |  |
|  | (Ø 5 mm, length 310 mm) (box of 5) |  |  |  |
|  |  |  |  |  |
|  | Articulating Needle Holder (Ø 5 mm, length 310 mm) | X9007616 |  |  |
|  | (box of 5) |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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**RADIA Instruments (Ø 10 mm)**

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

**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: |  |  |
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**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** | **Total dosage** | **Units (mg, g,** |
|  | **(generic)** | **administrated** | **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: |  |  |  |  |
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**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: |  |  |
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**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: |  |  |
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