|  |  |  |
| --- | --- | --- |
| TransEnterix Senhance  Registry | SITE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | PATIENT: Тестовый Пациент |

PRE-PROCEDURE INFORMATION

Date and time of admission: 02-03-2018 09:29

Informed consent signed on: 04-03-2017

Birth year: 25-06-2022

Gender (at birth): FEMALE

History of smoking: YES

If yes, packyears: 1

Height (cm): 111

Weight (kg): 111

MEDICAL HISTORY

Does the patient have any relevant diseases? YES

Please check if the following anamnestic conditions exist:

|  |  |  |  |
| --- | --- | --- | --- |
| Diabetes | YES | Sleep apnea | YES |
| Hypertension |  | GERD |  |
| Cardiovascular Co morbidity |  | Depression | YES |
| COPD or Impaired Respiratory Function | YES | Osteoarthritis |  |
| Impaired renal function | YES | Chronic pain |  |
| Liver disease | YES | Stroke | YES |
| Others |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Investigator name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: | 31-12-2021 |
| Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
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| TransEnterix Senhance  Registry | SITE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | PATIENT: Тестовый Пациент |

SURGICAL HISTORY

Has the patient any prior relevant abdominal surgery? YES

If yes, please specify:

Значимость этих проблем настолько очевидна, что высокотехнологичная концепция общественного уклада создаёт необходимость включения в производственный план целого ряда внеочередных мероприятий с учётом комплекса модели развития. Ясность нашей позиции очевидна: консультация с широким активом позволяет оценить значение распределения внутренних резервов и ресурсов.

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| Investigator name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: | 31-12-2021 |
| Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
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| TransEnterix Senhance  Registry | SITE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | PATIENT: Тестовый Пациент |

SURGERY

Date of procedure: 02-03-2018 09:29

First surgeon Первый хирург

Second surgeon Второй хирург

Gastrointestinal procedure performed:

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

Please complete:

|  |  |
| --- | --- |
| Indication for performing procedure: | Это пиздец |
| Procedural details: | Согласен братка |
| Specification: | ну вообще круть |
| Special conditions present | вававафцаыфвафцасыцвыкф |

|  |  |  |  |
| --- | --- | --- | --- |
| Investigator name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: | 31-12-2021 |
| Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
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| TransEnterix Senhance  Registry | SITE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | PATIENT: Тестовый Пациент |

SURGERY

Date of procedure: 02-03-2018 09:29

First surgeon Первый

Second surgeon Второй

Urological procedure performed:

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

Please complete:

|  |  |
| --- | --- |
| Indication for performing procedure: | ффффффч мыфвмпывкп |
| Procedural details: | ыВПМ кпм УПМ |
| Specification: | увпмифуапмиыфм фывп |
| Special conditions present | фывпамвмыВМ ЦВрдщгнор |

|  |  |  |  |
| --- | --- | --- | --- |
| Investigator name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: | 31-12-2021 |
| Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
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| TransEnterix Senhance  Registry | SITE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | PATIENT: Тестовый Пациент |

SURGICAL PROCEDURAL DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| Surgery start time (first incision) | hh:mm | 11:11:00 |  |
|  |  |  |  |
| Docking begins (camera | hh:mm |  |  |
| connected to the robot arm) | 09:29:00 |  |
|  |  |  |
|  |  |  |  |
| Docking ends (equal to start of | hh:mm | 09:29:00 |  |
| console time) |  |  |
|  |  |  |
|  |  |  |  |
| Console start time (robotic start) | hh:mm | 09:29:00 |  |
|  |  |  |  |
| Console end time (robotic end) | hh:mm | 09:29:00 |  |
|  |  |  |  |
| Surgery end time (skin closure) | hh:mm | 07:29:00 |  |
|  |  |  |  |

Height of table prior to docking (measured at patient umbilical level, cm): 111

Patient positioning on table: Положение лежа на спине

Please complete:

|  |  |
| --- | --- |
| Indication for performing procedure: | 111 |
| Procedural details: | 111 |
| Specification: | 111 |
| Special conditions present | 11 |

|  |  |  |  |
| --- | --- | --- | --- |
| Investigator name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: | 31-12-2021 |
| Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
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| TransEnterix Senhance  Registry | SITE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | PATIENT: Тестовый Пациент |

ROBOTIC ARM LOCATION

|  |  |
| --- | --- |
| How many numbers of arms were used? | 112 |
| How many situations did the patient  undergo? (a situation describes the position/location of the robotic arms) | 12112 |

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 |  |  |  |  |
|  | 1 | 6 | 12 | 2 |
| Second |  |  |  |  |
| situation | 1 | 2 | 3 | 1 |
|  |  |  |  |  |
| Third situation |  |  |  |  |
|  | 5 | 5 | 5 | 5 |
| Fourth situation |  |  |  |  |
|  | 2 | 2 | 2 | 12 |

|  |  |  |  |
| --- | --- | --- | --- |
| Investigator name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: | 31-12-2021 |
| Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
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| --- | --- | --- |
| TransEnterix Senhance  Registry | SITE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | PATIENT: Тестовый Пациент |

LOCATION OF TROCARS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Camera arm | Robotic arm 1 | Robotic arm 2 | Optional arm |
|  | o´clock | o´clock | o´clock | o´clock |
| First situation |  |  |  |  |
|  | yy | qq | ee | aa |
| Second |  |  |  |  |
| situation | qq | rr | nn | hh |
|  |  |  |  |  |
| Third situation |  |  |  |  |
|  | qq | qq | qq | qq |
| Fourth situation |  |  |  |  |
|  | ww | aa | bb | ll |
|  |  |  |  |  |

Was a local anesthetic used at the incision site? YES

If yes, specify type and dose:

Должно быть скрыто

|  |  |  |  |
| --- | --- | --- | --- |
| Investigator name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: | 31-12-2021 |
| Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
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| TransEnterix Senhance  Registry | SITE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | PATIENT: Тестовый Пациент |

Blood loss / Unplanned conversion

Blood loss (ml): 0

Unplanned conversion:

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

If yes, please specify reason for conversion:

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

If yes, please specify reason for conversion:

Temporary conversion: NO

Procedure end on robot? NO

|  |  |  |  |
| --- | --- | --- | --- |
| Investigator name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: | 31-12-2021 |
| Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
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| --- | --- | --- |
| TransEnterix Senhance  Registry | SITE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | PATIENT: Тестовый Пациент |

Robot malfunction

Malfunction: Другое

Должно быть открыто при "Другое"

|  |  |  |  |
| --- | --- | --- | --- |
| Investigator name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: | 31-12-2021 |
| Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
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| TransEnterix Senhance  Registry | SITE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | PATIENT: Тестовый Пациент |

INSTRUMENTS USED

Diameter 5mm

Dimension 3D

Optic degree 0°

Manufacturer NovaDAQ

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 | YES |
| Cobra Grasper, Long (Ø 3 mm, length 280 mm) | X0007206 | YES |
| DeBakey, Long (Ø 3 mm, length 280 mm) | X0007209 | YES |
| Needle Holder, Long (Ø 3 mm, length 280 mm) | X0007218 | YES |
|  | | | |
| Monopolar Instruments (Ø 3 mm) | Monopolar Maryland Dissector, Long (Ø 3 mm, length 280 mm) | X0007212 | YES |
| 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) |  | YES |
| Bipolar Atraumatic Grasper, Long (Ø 3 mm, length 280 mm) |  | YES |
|  | | | |
| Passive Instruments (Ø 5 mm) | Allis Grasper (Ø 5 mm, length 310 mm) | X0007002 | YES |
| Allis Grasper, Long (Ø 5 mm, length 410 mm) | X0007003 | YES |
| Johan Grasper 15mm (Ø 5 mm, length 310 mm) | X0007005 | YES |
| Johan Grasper 15mm, Long (Ø 5 mm, length 410 mm) | X0007006 | YES |
| Kocher Grasper (Ø 5 mm, length 310 mm) | X0007008 | YES |
| Kocher Grasper, Long (Ø 5 mm, length 410 mm) | X0007009 | YES |
| Strong Grasper (Ø 5 mm, length 310 mm) | X0007011 | YES |
| Strong Grasper, Long (Ø 5 mm, length 410 mm) | X0007012 | YES |
| Mixter Dissector (Ø 5 mm, length 310 mm) | X0007014 | YES |
| Mixter Dissector, Long (Ø 5 mm, length 410 mm) | X0007015 | YES |
| Babcock Forceps (Ø 5 mm, length 310 mm) | X0007017 | YES |
| Babcock Forceps, Long (Ø 5 mm, length 410 mm) | X0007018 | YES |
| Needle Holder Right (Ø 5 mm, length 310 mm) | X0007020 | YES |
| Needle Holder Right, Long (Ø 5 mm, length 410 mm) | X0007021 | YES |
| Needle Holder Left (Ø 5 mm, length 310 mm) | X0007023 | YES |
| Needle Holder Left, Long (Ø 5 mm, length 410 mm) | X0007024 | YES |
| Fundus Grasper (Ø 5 mm, length 310 mm) | X0007038 | YES |
|  | | | |
| Monopolar Instruments (Ø 5 mm) | Monopolar Curved Metzenbaum Scissors (Ø 5 mm, length 310 mm) | X0007026 | YES |
| Monopolar Curved Metzenbaum Scissors, Long (Ø 5 mm, length 410 mm) | X0007027 | YES |
| Monopolar Curved Metzenbaum Scissors Short Tip (Ø 5 mm, length 310 mm) | X0007029 | YES |
| Monopolar Curved Metzenbaum Scissors Short Tip, Long (Ø 5 mm, length 410 mm) | X0007030 | YES |
| Monopolar Maryland Dissector (Ø 5 mm, length 310 mm) | X0007032 | YES |
| Monopolar Maryland Dissector, Long (Ø 5 mm, length 410 mm) | X0007033 | YES |
| Monopolar L-Hook Electrode (Ø 5 mm, length 310 mm) | X0007035 | YES |
| Monopolar L-Hook Electrode, Long (Ø 5 mm, length 410 mm) | X0007036 | YES |
|  | | | |
| Bipolar Instruments (Ø 5 mm) | Bipolar Large Grasping Forceps (Ø 5 mm, length 310 mm) | X0005146 | YES |
| Bipolar Curved Grasping Forceps (Ø 5 mm, length 310 mm) | X0005147 | YES |
| Bipolar Curved Scissors (Ø 5 mm, length 310 mm) | X0005148 | YES |
| Adapter, Bipolar Maryland Dissector (Ø 5 mm, length 310 mm) | X9000058 | YES |
| Adapter, Bipolar Curved Scissors (Ø 5 mm, length 310 mm) | X9000059 | YES |
|  | | | |
| Passive Instruments (Ø 10 mm) | Right Angle Dissector (Ø 10 mm, length 310 mm) | X0007405 | YES |
| Right Angle Dissector, Long (Ø 10 mm, length 410 mm) | X0007406 |  |
|  |  |  |  |
| Clip Appliers | Hem-o-lok ML (Ø 5 mm, length 310 mm) | X0007041 | YES |
| Hem-o-lok ML, Long (Ø 5 mm, length 410 mm) | X0007042 | YES |
| Hem-o-lok L (Ø 10 mm, length 310 mm) | X0007402 | YES |
| Hem-o-lok L, Long (Ø 10 mm, length 410 mm) | X0007403 | YES |
|  | | | |
| Ultrasonic | Ultrasonic Handpiece (Ø 5.5 mm, length 370 mm) (box of 10) | X9007619 | YES |
|  |  |  |  |
| Articulating Instruments (Ø 5 mm) | Articulating Bipolar Atraumatic Grasper (Ø 5 mm, length 310 mm) (box of 5) | X9007613 | YES |
| Articulating Bipolar Metzenbaum Scissors (Ø 5 mm, length 310 mm) (box of 5) | X9007614 | YES |
| Articulating Bipolar Maryland Dissector (Ø 5 mm, length 310 mm) (box of 5) | X9007615 | YES |
| Articulating Needle Holder (Ø 5 mm, length 310 mm) (box of 5) | X9007616 | YES |
|  |  |  |  |
| RADIA Instruments (Ø 10 mm) | RADIA Atraumatic Grasping Forceps Tip, sterile, single use (box of 5) | X0005222 | YES |
| RADIA Self-Aligning Needle Holder Tip, sterile, single use (box of 5) | X0005221 | YES |
| RADIA Universal Needle Holder Tip, sterile, single use (box of 5) | X0005300 | YES |

|  |  |  |  |
| --- | --- | --- | --- |
| Investigator name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: | 31-12-2021 |
| Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
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| TransEnterix Senhance  Registry | SITE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | PATIENT: Тестовый Пациент |

Ancillary instruments

List all ancillary instruments used:

|  |  |
| --- | --- |
| Tacker | YES |
| Clips |  |
| Staplers linear |  |
| Stapler circular |  |
| Other |  |

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

|  |  |
| --- | --- |
| Monopolar | YES |
| Bipolar | YES |
| Ultrasound |  |
| High energy device |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Investigator name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: | 31-12-2021 |
| Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
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| TransEnterix Senhance  Registry | SITE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | PATIENT: Тестовый Пациент |

POST-PROCEDURAL

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

If yes:

Beginning of ICU/PAC: 2022-11-23 21:00:00+00:00

End if ICU/PAC: 2022-11-23 21:00:00+00:00

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) | fffwaf | 223 | mu |
| WHO-Medication-Level 2, weak opioids (e.g. Tramadol, Tilidin) | sfdASDasd | 222 | Нет |
| WHO-Medication-Level 3, strong opioids (e.g. Morphine, Fentanyl) | Нет | 0 | Нет |

Date and time of discharge: 24-11-2022

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

|  |  |  |  |
| --- | --- | --- | --- |
| Investigator name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: | 31-12-2021 |
| Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
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| --- | --- | --- |
| TransEnterix Senhance  Registry | SITE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | PATIENT: Тестовый Пациент |

FOLLOW-UP

Date of follow-up visit: 24-11-2022

Was there any AE/SAE?: YES

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

|  |  |  |  |
| --- | --- | --- | --- |
| Investigator name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: | 31-12-2021 |
| Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
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