

**IAI (Intra-abdominal Injury) Study: Clinical
Outcome- Surgeon Data Collection Form #6c**

Surgeon completes this form: **For patients undergoing Laparoscopy or Laparotomy**
Data Source: Surgical report

Patient Study ID Number:

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Study # Site # Patient #

Abdominal Procedure #: _____ **Procedure Date:** ____/____/____ **Procedure Time:** ____:____

1) Type of abdominal procedure: (please check all that apply)

- ☐ Exploratory Laparotomy
☐ Decompressive Laparotomy
☐ Laparoscopy

2) Did the patient have an Intra-abdominal Injury at laparotomy? ☐ No ☐ Yes

3) Did the patient have Hemoperitoneum (blood in the abdominal cavity)? ☐ No ☐ Yes

4) Did the patient have a therapeutic surgical intervention at laparotomy? ☐ No ☐ Yes

5) Abdominal Organs Injured:

Please check "Yes" or "No" for injury to each organ. If injury is present to a particular organ, please check the intervention performed. If no intervention to the injured organ, please check, "no intervention".

Splenic injury:→

☐ No ☐ Yes → Check all interventions performed:

- ☐ No Intervention
☐ Splenectomy
☐ Sutured splenography
☐ Use of hemostatic agent(s)
☐ Other _____

Liver injury:→

☐ No ☐ Yes → Check all interventions performed:

- ☐ No Intervention
☐ Resection
☐ Packing
☐ Use of hemostatic agent(s)
☐ Suture repair
☐ Other _____

Stomach injury:→

☐ No ☐ Yes → Check all interventions performed:

- ☐ No Intervention
☐ Stomach resection
☐ Stomach repair
☐ Other stomach repair (list type) _____

Small intestine injury:→

☐ No ☐ Yes → Check all interventions performed:

- ☐ No Intervention
☐ Bowel resection
☐ Bowel re-anastomosis
☐ Full thickness repair
☐ Serosal repair
☐ Hematoma drainage
☐ Mesenteric Repair
☐ Other gastrointestinal repair (list type) _____

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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Large Intestine injury:→ ☐ No ☐ Yes→Check all interventions performed:
☐ No Intervention
☐ Bowel resection
☐ Bowel re-anastomosis
☐ Full thickness repair
☐ Serosal repair
☐ Hematoma drainage
☐ Mesenteric Repair
☐ Other gastrointestinal repair (list type) _____

Kidney injury:→ ☐ No ☐ Yes→Check all interventions performed:
☐ No Intervention
☐ Resection
☐ Other _____

Pancreas injury:→ ☐ No ☐ Yes→Check all interventions performed:
☐ No Intervention
☐ Resection
☐ Drainage
☐ Other _____

Gallbladder injury:→ ☐ No ☐ Yes→Check all interventions performed:
☐ No Intervention
☐ Resection
☐ Other _____

Fascial injury (traumatic abdominal wall hernia):→
☐ No ☐ Yes→Check all interventions performed:
☐ No Intervention
☐ Repair of fascia/hernia
☐ Other _____

Urinary Bladder injury:→ ☐ No ☐ Yes→Check all interventions performed:
☐ No Intervention
☐ Repair of bladder injury
☐ Other _____

Other abdominal injury:→ ☐ No ☐ Yes→Check all interventions performed:
☐ No Intervention to the other injury identified
☐ Other _____